Shared Health Foundation.

Reducing the Impact of Poverty on Health.

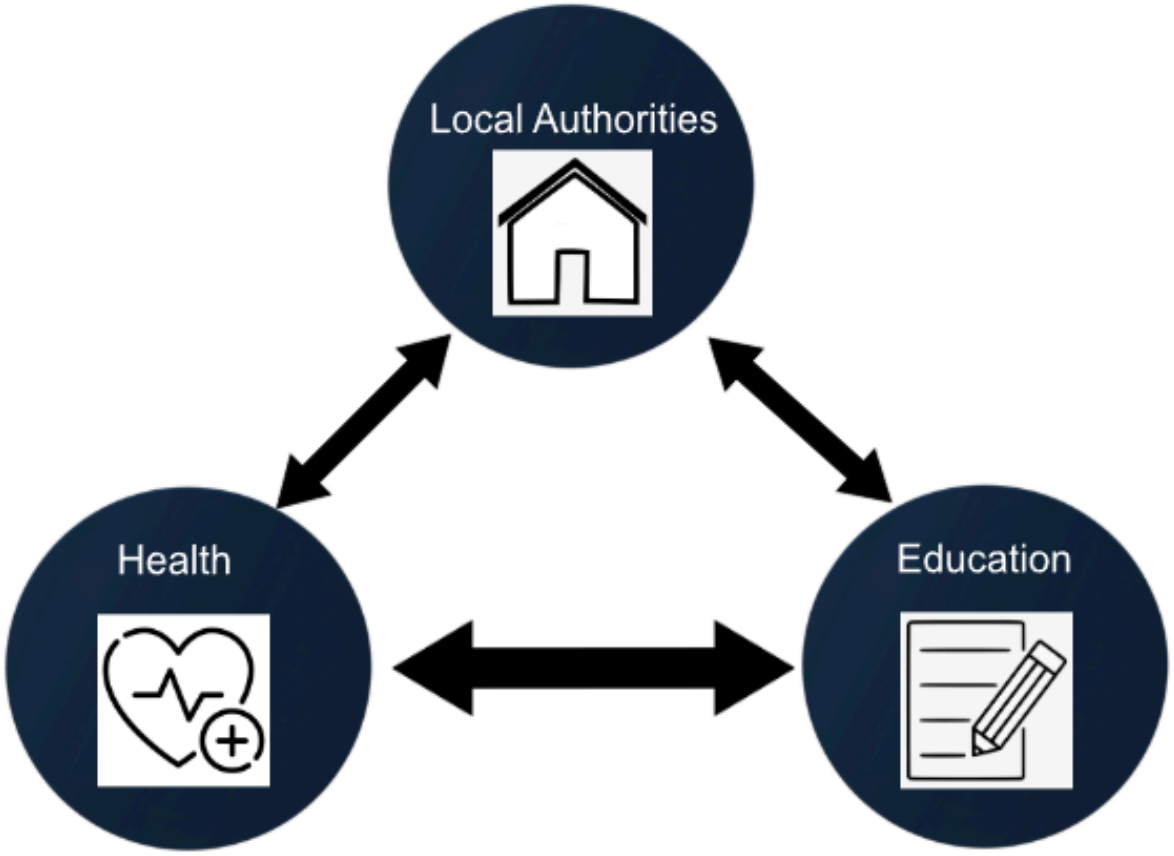
Temporary Accommodation Notification Duty:

The GP Practice and Health Visiting Team Toolkit

Temporary Accommodation Notification Duty

The Children's Wellbeing and Schools Act (2026) introduces a new requirement within the statutory homelessness duties for local authorities. It requires local authorities to notify a child's education settings, GP and health visitors when they move into temporary accommodation. This measure has been implemented through the Children's Wellbeing and Schools Act. It marks an important step toward better coordination between housing, health and education services.

This guidance document outlines practical steps GPs and health visiting teams can take immediately after receiving a notification, and in the weeks that follow, to support families throughout their homeless journey, improve their health outcomes and ensure the continuity of healthcare.



Guide for GP Administration Staff:

1. **Receive a notification that a child is in temporary accommodation**

2. **Add a note to your clinical system that the child (and individual family members if registered at the Practice) are in temporary accommodation. There is a SNOMED code 'living in temporary housing' (247521000000104) that we recommend using to help identification. You may want to consider adding an alert on your system stating that this patient is living in temporary accommodation.**

3. **During this process, Shared Health recommends that you:**
   - **Ask and record the date of which the family moved into temporary accommodation**
   - **Record the problem as 'significant' it is appropriate for this to be a time limited code for 1 year.**

4. **To promote early-identification and intervention of health concerns, Shared Health recommends that the practice makes contact with the family within 2 to 4 weeks of receiving the notification. The practice may use this opportunity to arrange an appointment to assess the family's health needs, this could initially be through a care co-ordinator or social prescribing role.**

Continuity of healthcare:

Measures GP Practices can take to ensure the continuity of healthcare during homelessness:

- **If the family wishes, allow them to stay registered at your GP practice while in temporary accommodation, even if outside your catchment. Continuity of care is vital during this unstable and vulnerable time. If not possible, agree an off-roll period so they can register with a GP in their new area.**

- **Consider registering the family at the practice address temporarily, especially if awaiting key referral letters. Frequent moves can make tracking addresses and sending appointment letters difficult.**

- **A family may need to switch to a pharmacy closer to their new address. When prescribing, Shared Health recommends checking their preference in case they have not considered this. If appropriate, also highlight that prescription delivery services are available.**

- **It may be helpful to explore whether mental health support is needed. Also consider the circumstances that lead up to the family living in temporary accommodation, often there are financial factors, relational breakdown, or domestic abuse.**

Guide for GP Doctors:

Living in temporary accommodation is associated with a number of physical and mental health concerns as a result of poor quality or substandard accommodation. In light of this, Shared Health suggests that the practice invites the family for a health needs check within 2 to 4 weeks of receiving the notification.

There are a number of poor housing conditions associated with living in temporary accommodation:

1. **Damp, mould and poor ventilation**
2. **Overcrowding and shared sleeping arrangements (a particular risk for babies)**
3. **Higher risk of accidents, injuries, due to faulty equipment/electrics, fire hazards and overcrowding**
4. **Accommodation that is too hot or cold (poor heating, ventilation, insulation)**
5. **No/restricted access to a kitchen or somewhere to cook/ store food**
6. **Restricted access to / inadequate sanitation and washing facilities**
7. **Increased safeguarding concerns due to shared accommodation / impact on parental mental health**

1. **During an appointment with family, you could assess:**
   For Children:
   - **Immunisations, developmental checks and growth monitoring**
   - **Eczema, asthma, and other respiratory conditions (linked to damp/poor quality housing)**
   - **Accident and injury risk**
   - **Sleep disruption, anxiety and emotional wellbeing, constipation and bed wetting.**

   For Parents/carers, you may consider:
   - **Mental health**
   - **Long-term conditions**
   - **Any ongoing medication needs for whole family**
   - **Screening, cervical and breast screening**
   - **Wider safeguarding concerns which may have contributed to homelessness including undisclosed domestic abuse.**

Shared Health recommends that:

- **If a family has a child under the age of two, GPs and senior clinicians should provide safer sleep advice. This promotes safer sleep practices and reduces the risk of Sudden Infant Death Syndrome (SIDS).**
- **If a household member is pregnant GP teams should ensure they are connected to local Midwifery pathways.**
- **For women in the postnatal period, GP should ensure the post natal check is**

completed, preferably face to face.
2. To support the continuity of healthcare, GP teams may provide quarterly check ups for children and families in temporary accommodation to monitor and address their health needs.

Guide for Health Visitors:

Temporary accommodation can increase risks to health and safety, particularly for babies under 1 year of age. Therefore:

1. During the initial visit the health visitor will undertake a holistic health assessment to identify the level of support required. During this visit, health visitors should record the family's housing status, including whether they reside in temporary accommodation.
2. Where the notifying organisation alerts the health visiting team that a family expecting a newborn child or with a child aged <5 has moved into temporary accommodation, the health visiting team should respond to the notifying organisation. Shared Health recommends that the family should be contacted within 7 working days, and that a family visit should be arranged within 10 working days. This includes families whose accommodation is paid for by a different local authority, but where the temporary accommodation is located in your local authority.

1. Receive a notification that a child is in temporary accommodation. The notification may be communicated by email, letter, telephone, or Electronic Patient Record (EPR) note.
2. Receiving this notification should trigger a proactive response, including contacting the family to arrange a visit to their temporary accommodation.
3. Health visitors should undertake a holistic health assessment to identify needs and risks including the physical and mental health of both child and parent(s). In practice, this should look like: - Assessing and providing advice to the family regarding environmental risks in temporary accommodation. Health visitors should support families to access essential facilities: a fridge, sterilising equipment, and safer sleeping equipment. This may need an onward referral to source these provisions (e.g. local authorities, family hubs, VCSFE sector), and escalation if these essential facilities are not available. Also, providing tailored advice on navigating environmental hazards (for example, safer sleep advice).

- **Homelessness can impact a child's development. Professionals should closely monitor milestones through clinical assessments and the use of ASQ-3 (Ages and Stages Questionnaires). Being wary of delays linked to circumstance, e.g. lack of space to move and play, or speech delays.**
- **Homelessness is a turbulent time and can lead to missing routine health appointments, including immunisations for children. Health Visitors should support families to access these.**
- **Homelessness can lead to poor mental health. Professionals should routinely and regularly use mental health assessment tools for parents and carers, where appropriate (e.g. Edinburgh Postnatal Depression Scale).**
- **Health visitors should document risks and concerns within EPR.**

4. **Adjusting for out-of-area placements.**

   If the family has moved outside your Health Visiting boundary, Shared Health recommends that a handover is completed within 7 days to the receiving health visiting team in the family's new area. The handover should include details of the family's housing status, along with this guidance.

   If a family has moved into your health visiting boundary, follow the steps outlined above once a handover has been received from the previous health visiting team.

   In all circumstances:

   - **Where possible, health visitors should offer flexible appointment times for homeless families to support their wider needs during this period of vulnerability, including emotional and mental wellbeing.**
   - **Shared Health recommends that homeless families receive a specialist-level offer from health visitors. This is because homelessness may have been caused by, or contributes to, other safeguarding concerns including domestic abuse and poor quality accommodation that leads to safety risks.**