

HDRC Southampton

**Evidence on interventions to
address the negative effects
of living in interim accommodation
on Homeless Families**

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1. Background

The number of households living in interim accommodation, and the length of time they spend there, has been increasing. Evidence indicates that living in interim accommodation can have negative effects on physical and mental wellbeing. This brief evidence overview focuses on literature relating to interventions intended to mitigate these negative effects for homeless families.

2. Method

The first 10 pages of Google results were searched by two reviewers for grey literature (evidence not published in commercial publications) and journal articles using the search term “Interventions to address the negative effects of living in interim accommodation on homeless families”. Titles and abstracts of retrieved studies were screened independently by the reviewers who identified 19 potentially relevant records. Full-text screening of these records resulted in 15 included articles.

Data on interventions to address the negative effects of living in interim accommodation on homeless families were extracted primarily by one reviewer and reviewed with a second reviewer to ensure completeness.

3. Results

The literature indicates that interventions can be grouped into key themes: mental health interventions, financial support, support for children, food provision, improvements to the physical environment, social support, and accommodation-related approaches.

3.1 Interventions for Mental Health

[Effectiveness of interventions to improve the health and housing status of homeless people: a rapid systematic review](#) (Fitzpatrick-Lewis et al.) published by PubMed (USA) 2011, found that cognitive behavioural therapy and ‘education and general support’ were equally effective in decreasing depressive symptomatology among homeless women with mental health concerns and substance use issues.

[Addressing health inequalities in homeless children, young people and families A toolkit for Public Health Nurses](#), published by The Queen’s Institute of Community Nursing. Noted that services work best when they are working together to support the needs of a homeless family and recommended a Psychologically Informed Environments (PIE), a whole organisational integrated approach is used to improve outcomes for young people and families experiencing homelessness, particularly with individuals with experiences of complex trauma.

[Improving the health of people living in Temporary Accommodation in London: A Groundswell project funded by Trust for London](#) published in 2023 recommended an NHS Mental Health Implementation Plan should include the requirement for mental health needs assessments for people living in temporary accommodation. It is also recommended that provision should be psychologically informed and that a trauma-informed floating support which works alongside drug and alcohol services with the residents should be provided.

[The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: a systematic review](#) (Jean Zhou Wang et. al.) published by BMC Public Health in 2019. Found that CBT interventions showed improvements in depression and substance use outcomes Family interventions led to improvements in alcohol and drug use measures and may have had an impact on family cohesion

3.2 Financial support

[Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: a systematic review](#) (T. Aubry et. al.) published in PubMed (USA). Found that Income assistance are valuable interventions for homeless individuals and were effective in reducing homelessness. Interventions to increase income have been found to improve health-related quality of life in low-income individuals and are strongly associated with disease prevalence. Income assistance interventions might include housing subsidies, financial education and empowerment, and employment support. These interventions help individuals meet essential costs of living, including housing, food, and transportation. research on low-income families and pregnant women accessing income supplements, has demonstrated positive outcomes

[Families living in temporary accommodation](#) from the West Midlands Combined Authority Homelessness Taskforce published in 2021. Found that one of the good practice recommendations is an approach to support with debt issues by working with families in temporary accommodation who have accrued rent arrears, both prior to and while in temporary accommodation. The offer of help includes clearing rent arrears in order to remove that blockage to move on from temporary accommodation. For some, this is about “income maximisation”, ensuring families are claiming all the welfare benefits they are entitled to. Some of this stretched to securing discretionary housing payments (DHPs) or a prevention loan to pay off arrears, as well as setting up payment plans to pay off debt. In one authority, having the housing team in the same directorate as welfare benefits helped. Budgeting support is also provided by some local authorities and agencies, particularly important in temporary accommodation.

3.3 Children

The [Children’s Rights Alliance: child poverty monitor](#) published in 2023 has recommended that every child living in homeless accommodation has a child and family support worker to help them to navigate the challenges they face in this situation. A dedicated child or family support worker should provide tailored support to help children, and their families deal with the trauma of homelessness and/or the challenges that they faced before becoming homeless. Such interventions can help children to address some of the detrimental impacts of homelessness and by extension, they help to reduce the pressure and stress on parents. This enables parents to engage much more fully both with supporting their children through a traumatic experience, as well as on the process of exiting homelessness.

Child Support Workers are a vital link connecting families with specialists supports therapeutic services, social workers, and schools. They work directly with children and support their well-being, with homework and where appropriate engage therapeutic interventions.

The Family Centre provides a safe space for “messy play” and sensory one-on-one play which is often not possible in emergency accommodation due to cramped conditions or a lack of privacy. Focus Ireland’s Child Support Workers can apply for funding to ensure that children have access to specialist medical supports or event therapeutic supports such as equine therapy. Caseworkers are also based in the Family Centre to assist families with specialised supports and plans to exit homelessness, working alongside the specialised support provided by dedicated Child Support Workers

[Supporting the mental health of children in families that are homeless: a trauma informed approach](#) a discussion paper based on research by Rikke Siersbaek and Camille Loftu published in 2020 (Ireland). Documents that responses to family homelessness need to address the trauma of losing home, safety and security, as well as other traumatic events which may precede or accompany homelessness. Homelessness can exacerbate experiences of childhood trauma. In the absence of a trauma-informed response to family homelessness, “children may suffer negative consequences that last a lifetime including potential damage to their mental, physical, cognitive and social functioning”

To implement such an approach, the [National Centre on Family Homelessness](#) (USA) stresses the importance of providing child-specific services at the earliest opportunity, so as to reduce the negative impact on their development, for example, therapeutic interventions that are creative and non-verbal e.g. play therapy, art and movement therapy, along with mental health support service for children and parents.

Implementing a trauma informed approach also means that staff providing service responses to families who are homeless should understand the impact of trauma, along with the survival strategies children and adults use to cope.

A trauma-informed approach supports appropriate responses to these kinds of coping behaviours. Interventions that reduce stress for both children and parents have double benefits: adults are better able to provide the responsive relationships that can mitigate the impact of trauma; children can be better supported to develop healthy stress responses.

Psychosocial treatments, the evidence base for cognitive behavioural therapy (individual, group, and individual and parent) are well-established, efficacious treatments for children who are suffering a variety of symptoms in response to trauma. The only treatment promoted for children experiencing PTSD in the most recent NICE guidelines from the UK, is [Trauma Focused Cognitive Behavioural Therapy \(National Institute for Health and Care Excellence\)](#)

In serving the psychological health needs of children in families experiencing homelessness. Monthly meeting of representatives of all agencies that serve these children would be a useful way to begin to bring various practitioners into contact with each other.

In the report [Towards a Family Homelessness Strategy](#) from Focus Ireland found that an increase in therapeutic supports and child support workers that could be implemented to support the resilience, dignity and self-worth of children and parents while they are living in emergency accommodation. Not only do child support workers help to address some of the detrimental impacts of homelessness, by extension, they can help to reduce the pressure and stress on parents. This enables parents to engage much more fully both with supporting their children through a traumatic experience, as well as on the process of exiting homelessness. Expanding this support to parents and families could significantly improve family wellbeing while in emergency accommodation and support families to successfully exit homelessness for good.

[Families living in temporary accommodation](#) from the West Midlands Combined Authority Homelessness Taskforce published in 2021, one of the good practice recommendations is children and young people can develop a relationship with a dedicated worker who maintains a focus around recovering from trauma, engaging with education and reducing anti-social behaviour. [Whitechapel centre](#) partnered with children's therapy service called 'White Path' and can bypass the waiting list. The therapist only works if there is guarantee of being able to work with someone for a minimum of 14 weeks. Engaging with education is regarded as a "life changing route out of poverty" and [Doorstop Homeless Families Project](#) in Camden run an after school homework club which is facilitated in partnership with a local private school.

The focus on working with both parents and children enables both short term and long-term prevention where parents are connecting with their children's education who may also be engaging in less anti-social behaviour. The changes in children and young people can promote the recovery and changes in parents that can contribute to an increased chance of independently maintaining a tenancy. The long-term prevention is envisaged to manifest as young people enter the world of work with experience, qualifications and less and or no complex needs.

3.4 Food Provision

[Food Access and Nutritional Health among Families in Emergency Homeless Accommodation in the Dublin Region](#) (M. Share et. al.) published in 2017. Recommended that the future development of any temporary or emergency accommodation for family's needs to incorporate family autonomy and the rights of the family in its design and delivery and Standards in relation to food provision and access to cooking, storing and dining facilities should be underpinned by principles of dignity and respect for children and families. Families should have unrestricted access to their own kitchen, including adequate storage, preparation, and cooking facilities. As a minimum standard in all emergency settings a kitchen table in a private and appropriately sized space should be provided. Due to the lack of adequate storage and cooking facilities nutrition education programmes should not be considered as an appropriate intervention for homeless family's resident in emergency accommodation.

3.5 Social support

[Supporting the mental health of children in families that are homeless: a trauma informed approach](#) a discussion paper based on research by Rikke Siersbaek and Camille Loftu published in 2020 (Ireland). The report has recommended that every family which becomes homeless should have an initial needs assessment which should include consideration of mental health needs; where indicated this should be followed by a more detailed assessment and therapy plan; Every child who requires additional support should have access to a Child Support Worker with an appropriate case load. The recent report of the [Local Government and Social care Ombudsman](#) highlighted the important role that Child Support Workers can play in helping children to cope with the challenges of being homeless. There are potentially wider benefits from employing a trauma informed approach to working with families who are homeless, for example, effective support for mental health increases educational participation and achievement. This is particularly important if children who have experienced homelessness are not to become homeless again as independent adults.

In the report [Supporting the mental health of children in families that are homeless: a trauma informed approach](#) (Rikke Siersbaek and Camille Loftu) published in 2020 (Ireland), social support is cited within the literature as a resource that can alleviate the stressors of homelessness experienced by mothers. Non-health indicators such as social support, may provide a potential pathway for addressing maternal mental well-being and children living under housing insecure conditions. For example, the community outcomes of social support and the social network had positive results which led to an increase in network size and quality of social relationships

[The Homelessness and Health: Factors, Evidence, Innovations That Work, and Policy Recommendations](#) published in PubMed (USA) in 2023 found that interventions pairing social needs screening with referrals to community resources were associated with downstream reductions in health care use.

[Family matters in Canada: understanding and addressing family homelessness in Ontario](#) published in the BMC Public Health (C. Forchuk et. al.) in 2022. Found that in a survey of homeless households the participants recommended that there should be an effective collaboration across services to enhance ease of flow of assistance between multiple programs and while most participants called for empathy from social service workers, they wondered whether social workers understood their situation.

[Families living in temporary accommodation](#) from the West Midlands Combined Authority Homelessness Taskforce published in 2021, found that one of the good practice recommendations is support services, including:

- pre-tenancy work, including help with furniture, white goods and carpeting
- whole-family support plan in some services
- help to sort out income and benefits first, then move onto housing, maximising income empowering families.
- An impact programme for 16–29 year olds e.g. into education, employment or training
- Tenancy ready courses, with evidence given to the new housing provider

[Homelessness and Public Health: A Focus on Strategies and Solutions](#) (D. Sleet et. al.) published in PubMed (USA) offers specific interventions, such as outreach programs and case management, are prioritized as necessary services, especially for individuals at a higher risk of returning to homelessness. Their findings stress the importance of implementing interventions aimed at increasing social support for homeless persons, something that may also increase skill development for distress tolerance and indirectly lead to a reduction in depression and PTSD.

3.6 Accommodation

[Families living in temporary accommodation](#) from the West Midlands Combined Authority Homelessness Taskforce published in 2021 looked at good practice and recommended:

- Birmingham’s Barry Jackson tower and Magnolia house, seen as a form of Housing First for families. It offers full wrap-around support, with safety and security designed into Magnolia, child friendly and more spacious rooms, with input in the design from those who run it.
- Nuneaton & Bedworth ensure full cooking facilities in hotels, with microwaves and fridges in rooms.
- P3 runs supported housing in Warwickshire specifically for young families, with an attractive communal lounge and outdoor play area. Staff are on-site 9am–5pm, while all families get peer support, including cake-making, art projects, day trips and picnics
- For families already living in temporary accommodation, providing decent housing and with more space for all household members can alleviate some of the stresses of living in temporary housing. While family centres allow a concentration of services, families prefer and prosper better in dispersed units.

[Supporting the mental health of children in families that are homeless: a trauma informed approach](#) (Rikke Siersbaek and Camille Loftu) published in 2020 (Ireland), the paper finds that it is unacceptable for children's access to family to be restricted due to an inability to have visitors, and recommends that clear guidance is developed for all providers of emergency accommodation to set a reasonable balance between child protection and normal family functioning.

Trauma-informed approaches, applied throughout the services response to family homelessness, can support parents and children in that regard. The US based [National Centre on Family Homelessness](#) sees this as an essential component of quality care, increasing effectiveness, improving outcomes and facilitating recovery.

Temporary accommodation for families experiencing homelessness should be provided to a consistent standard, including adequate facilities, a well-maintained and clean physical environment with timely repairs, and spaces for children to play. Children should not be housed in a single room shared with the whole family, including parents. Both children and parents require opportunities for privacy and independence.

4. Conclusions

This review identified a variety of interventions to address the negative effects of living in interim accommodation on homeless families. Promising interventions include an initial needs assessment which should include consideration of mental health needs. [Psychologically Informed Environments](#) (PIE) and cognitive behaviour therapy which showed improvements in depression.

A dedicated child or family support worker to provide tailored support to help children, and their families deal with the trauma of homelessness and/or the challenges that they faced before becoming homeless. Such interventions can help children to address some of the detrimental impacts of homelessness and by extension, they help to reduce the pressure and stress on parents. These include therapeutic interventions that are creative and non-verbal e.g. play therapy, art and movement therapy, along with mental health support service for children and parent. Interventions to increase income have been found to improve health-related quality of life in low-income individuals, good practice recommendations include Income maximisation, debt management and budgeting support.

Treating families with dignity and respect, more space should be provided so all household members can have privacy, and develop independence, with adequate storage, preparation, and cooking facilities and a kitchen table.

5. Recommendations

- All households to have a needs assessment when making a homelessness application.
- Children support workers allocated to every child.
- Households to be housed in interim accommodation as close to their existing support networks as possible.
- The interim accommodation to be self-contained with adequate storage and cooking facilities and enough space for family life. To provide privacy households should not all be expected to live in one room.
- A family centre drop in for homeless families where they can access support, the health visiting team and therapeutic play activities.
- All households when making a homelessness application to be offered a referral to welfare rights.