SHELTER SCOTLAND BRIEFING: *IN THEIR OWN WORDS: CHILDREN'S EXPERIENCES IN TEMPORARY ACCOMMODATION, MARCH 2025*

Shelter Scotland exists to defend the right to a safe home and fight the devastating impact the housing emergency has on people and society. We work in communities to understand the problem and change the system. We run national campaigns to fight for home.

Every child in Scotland has the right to grow up in a safe, secure and affordable home. However, the most recent Scottish Government statistics show that there are currently a record breaking 10,360 children who are growing up trapped in temporary accommodation.

There is a need to understand the impact that temporary accommodation is having on Scotland's children. Despite the fact housing is devolved there was a lack of any Scotland-specific research into this area. We therefore commissioned leading researchers from De Montford University and University College London to fill this gap and amplify the voices of these children, and tell us their experiences, *In Their Own Words*.

Summary

- **This research lays bare for the first time children's experiences of Scotland's housing emergency, in their own words.**
- **Across the three themes of safety, health, and education, this research shows the damage being done to children every single day in Scotland.**
- **Children told us of black mould, urine-soaked carpets, vermin infestations, violence, fear and isolation.**
- **These children are being harmed by Scotland's broken housing system.**
- **The findings of this research are a national shame. They bring to light what until now has been hidden from view or discussed only in the abstract - the reality that Scotland is failing a generation of children, and that it is children who are bearing the brunt of Scotland's Housing Emergency.**
- **This must be a wake-up call to all of us – no child should have to experience harm from the very system that is meant to protect them.**
- **There must be urgent action to reduce the number of children living in these dangerous and damaging conditions. That means more permanent family homes, investment to prevent homelessness, improved quality of temporary accommodation, taking a children's rights-based approach to policymaking, and ensuring support is person-centred.**

Findings

The research utilised the SHE (every child to be Safe, Healthy and Educated) framework, a tool developed by the two lead researchers, Prof. Monica Lakhanpaul and Prof. Nadzeya Svirydzenka, to assess children's rights and wellbeing in homelessness and temporary accommodation. This allowed the researchers to structure the work across the three themes, and to make recommendations based on these themes.

Safety

The research revealed safety issues faced by children living in temporary accommodation, both within the homes and in the surrounding areas.

Inside, overcrowding, dampness, mould, and inadequate maintenance **are observable and pervasive features children's daily lives**, impacting their emotional wellbeing, and physical health. Overcrowded conditions strain family dynamics, disrupt routines, and hinder children's privacy and development.

Substandard housing conditions, such as mould, broken or non-existent heating, and pest and vermin infestations, exacerbate health risks and contribute to stress. **One mother recounted her child's hospitalisation due to an infection linked to exposure to rats.**

Outside, **children can face physical dangers from unsafe streets, exposure to crime**, and antisocial behaviour, contributing to a sense of insecurity.

Additional issues including poor lighting, mobility issues, and confrontational neighbours, amplify vulnerability and make for difficult experiences of temporary accommodation.

In Their Own Words: stories from children and families

1:

Researcher: *I'm guessing there wasn't any where that you could go in your home or your area that you felt was safe?*

Child (Age 15): *No, I had thumping music on at all hours, and to go to school after that, it's just like so annoying. And also, you **don't really feel safe because you can't exactly go and ask him to turn the music down** or something, because he's got lots of mental issues.*

2:

Researcher: *And you feel okay doing that in this area?*

Child (aged 13): *Yeah, but not going to lie, **I did get a bit scared after the stabbing that happened last night**, there was a stabbing here.*

Researcher: *Do you know what happened?*

Child (aged 17): *So apparently, I'm not fully sure, but apparently **there was two gangs and there was a stabbing**, and there was police everywhere.*

3:

Mother: *It is very cold. And **in winter is like all damp and wet**. I tried to clean it with, because I have two boys who have asthma, I try always to clean, open the window but **it is very, very cold**.*

4:

Mother: *Now, in the within the first three months, there was a **moth infestation**. The carpet had a hole in it had been eaten, but a cupboard had just been placed on top. And I had been like, what? Where are all these moths coming from? Till I moved everything. There was that and there were holes in the sofa and stuff […] **I had to fight to get new carpets and stuff that took months**.*

*I had rats, never really. Professionals probably disagree, but **my son, who had been in high defence, ended up back in hospital with an infection that comes from animals**. And he had been in hospital for two weeks ill. It did hit his chest again, yeah, **to get help, to get rid of the rats, was almost near impossible.***

Health

The research shows how temporary accommodation impacts children's physical, mental and social health.

Sleep deprivation is a common issue for the children in this research. Inadequate sleeping arrangements, overcrowding, and noise disturbances from neighbours or busy streets disrupt restful sleep. **Children's nutrition and food security are also made difficult** due to poor kitchen facilities, often forcing families to rely on convenience foods or food banks. Access to physical activity is uneven, with some children participating in organised sports while others face barriers such as safety concerns and restricted outdoor spaces. **Hygiene conditions are often poor, with unsanitary living environments leading to illnesses**. Additionally, health conditions are frequently exacerbated by cold, damp, and poorly maintained housing, leading to **repeated hospitalisations for children with asthma or infections** (linking to previous section on Safety). **Accessing healthcare is often complicated by logistical challenges**, including long travel times to GPs.

In terms of mental health, experiences of temporary accommodation are found to have an **emotional toll on children, their siblings, and their parents** leading to anxiety, sadness, and depression. It was also found to cause **behavioural changes in children**, such as increased aggression, separation anxiety, and sleep disturbances, as well as **parents' struggles with a lack of control and prolonged stress**. These emotional impacts often persist even after the families' transition to more stable housing.

When looking at social health, temporary accommodation was found to lead to **increased isolation for children and their families due to limited space, stigma, and safety concerns**, restricting their ability to maintain relationships with friends and family. Children face difficulties staying connected to friends due to frequent moves and unsafe environments. This furthers **feelings of disconnection and instability**. It is seen that stable housing provides opportunities to rebuild social ties and foster a sense of belonging for children.

In Their Own Words: stories from children and families

1:

Child (Age 6): *And we have to brush our teeth in the bedroom sink.* ***People were pooing on the ground.***

Researcher: *On the ground, really, outside or inside?*

Child (age 6): *Inside, inside the toilet.* ***Sometimes, if they poo, they get them on the wall, and sometimes they poo on the ground***.

Researcher: *Was it very smelly?*

Child (age 6): *Yeah, it was.*

Researcher: *What do you think about that?*

Child (age 6): ***That was the worst time***.

2:

Researcher: *The upstairs neighbours, would that affect how you were at home, would it affect sleep?*

Mother (of Child R, aged 6): *Yes. So, I think **the whole environment, you can't really sleep**, it's right off the main street anyway where the pubs and stuff are as well. So, it was always quite noisy. **R probably only sleeps about three to four hours a night** most nights.*

3:

Child (Age 6): ***Because I didn't want to go to the hospital***.

Researcher: *You didn't want to go to the hospital. But you went to the hospital in the end. How long were you in the hospital for?*

Mother: *Maximum of about six weeks in total. **Twice he had to get referred back in, and that was just because two environments were dirty**, and that's what I blame it on.*

Researcher: *You think it was a direct...*

Mother: *Yeah, because he was told to be in a clean environment. And both times, both environments weren't clean. And **he ended up spewing blood from his mouth due to it, and that was an infection. So, yeah, in the six weeks he was in he lost about two and a half stone**, it was quite scary. And obviously, because he is on the spectrum, trying to get a cannula in was quite, I had to pin him down, the nurses had to pin him down. And **that was quite traumatic**. You didn't like that at all, did you?*

Child (Age 6): *No.*

4:

Researcher: *Do you know what kind of things might have been affected?*

Mother: ***I feel he is like more sensitive and sad.***

Researcher: *Really, it's like a mood?*

Mother: *Yeah. Always, I try to play with him, his brother plays with him too.*

Researcher: *He's quiet?*

Mother: *Yeah.*

Researcher: *And that's a change you think?*

Mother: *Yeah.*

5:

Researcher: *Would you have liked to be in a place where you can have your friends over?*

Child (age 11): *Yeah.*

Researcher: *And have sleepovers and play and that sort of thing? Yeah. What about it, do you think it wasn't good for your friends to be there?*

Child (age 11): *No, **I think they would find it disgusting** as well to be honest.*

Education, Development and Quality of Life

Children and their parents often face logistical challenges when schools are located far from their temporary accommodation this leads to long commutes, lateness, and increased stress. **Frequent relocations disrupt school attendance, social connections, and emotional stability**, with many children having trouble adjusting to new schools and losing access to preferred resources or activities. Inconsistent school placements and frequent moves further exacerbated the emotional toll of housing instability.

Travelling long distances to school presents financial and logistical burdens, with some parents spending significant amounts on transportation. Noise and **inadequate sleep in temporary accommodation also negatively impact children's academic performance** and concentration. In addition, **instability affects teenagers' eligibility for Educational**

Maintenance Allowance, with frequent absences tied to transportation difficulties or school changes disrupting access to financial support. Participants also noted the **high financial cost of inadequate cooking facilities**, with families left reliant on expensive ready meals or takeaways.

Children and their parents in this study described the **significant emotional, practical, and material consequences of the loss of belongings** during, and because of, their time in temporary accommodation. Families frequently faced inadequate transportation, lack of storage, or environments that caused belongings to become damp or mouldy. Material losses were sometimes caused by negligence, such as landlords failing to properly store items or instances of theft. Overall, the **repeated loss of belongings not only disrupted participants' daily lives but also deepened their sense of instability** and diminished their ability to feel settled or secure.

Living in temporary accommodation was found to negatively impact children's quality of life in many ways. Particularly in terms of their ability to play and relax in their homes. **A lack of space meant that children were often limited in their opportunities for physical play inside**. Alongside this, feelings of instability meant that children often didn't feel able to unpack their belongings or decorate their space.

Children who had access to parks or outdoor spaces described feelings of happiness and opportunities for relaxation, recreation, and socialisation. However, this access was uneven and often inadequate. Access to gardens was also varied, some children were placed in TA with gardens, others spent extended periods in accommodations where outdoor spaces were non-existent, inaccessible, or poorly maintained.

Families living in temporary accommodation with a neurodivergent child faced significant challenge, often compounded by the limitations of their living environment. **Parents described the physical and emotional toll of trying to keep their children safe** in spaces that are not designed to accommodate their needs. Parents reported frequent incidents where their neurodivergent child accessed dangerous items due to insufficient storage or security measures.

In Their Own Words: stories from children and families

1:

Researcher*: I guess, so you didn't sleep very well there because of the music and things, and then do you think that also affected how it was at school?*

Child (age 15): *Yeah definitely.*

Researcher*: I guess everyday life as well.*

Child (age 15): *Yes, because **I would fall asleep in class and stuff** sometimes and it was harder.*

Researcher: *So, did you find that it affected what you could actually achieve at school?*

Child (age 15): *I think so, definitely living there, mostly with the noise thing, but that too*.

2:

Researcher: *Was it difficult to just get ready for school?*

Child (age 13): *Yeah and then you have to get ready in a real rush. And then, yeah, but the school is not that far from the hotel, but when we came in here, **it's like, basically half an hour by a bus. We used to be late every time**, basically. And we didn't move because we just started and then we don't know any other schools and stuff, we're still on the high school.*

Researcher: *Okay, so moving to this place took you further away from where your school was?*

Child (age 13): *Yeah.*

Child (age 17): *I would bring the school closer, or move the house closer to school, **because you have to wake up so early and you still miss the bus**, it's so annoying.*

3:

Mother: *Less than five minutes, it's literally top of the road and around the corner. But for the first year and a half they were still at East primary, so, **I was getting a taxi with them to school every morning for over a year**.*

Researcher: *Oh, really, that probably adds up.*

Mother: *Yeah, **it was something like £68 a week**. And then I realised I couldn't afford it and by that time they had all made their wee friends around here, so I said just enrol them at that school.*

4:

Researcher: *So, you were storing stuff and it would go…*

Mother: *Yeah, and then **I have to pay £110 a month for storage** because the council wouldn't give me storage space. Even though I was homeless and having to rent out storage space, I have always had to pay and I still do until I get everything sorted.*

Recommendations

Increasing the supply of permanent family homes

- There needs to be action taken to increase the supply of social homes to prevent children from being trapped for long periods of time in these unstable and resource-poor environments.

Preventing homelessness

- There should be a greater effort to prevent unnecessary and harmful evictions for rent arrears for households with children.
- At risk families must be supported by trained support workers and be directed to relevant and effective services to resolve crisis that might lead to homelessness, such as mental health services, employment support and addiction services.
- The research shows how important GPs and primary health care providers are for children. This should be a key consideration when designing new approaches to homelessness prevention.

Improving the quality of temporary accommodation

- Increase the availability of good quality permanent and temporary accommodation for families with children.
- All temporary accommodation, including Private Sector Leasing accommodation, should be maintained to the same standard as permanent social housing stock. This includes taking reports of disrepair seriously and fixing issues quickly, and ensuring comprehensive property checks are carried out before a family moves in.
- All children should have access to essential amenities to support safety, health and education – including white goods, good quality internet, working heating, decent washing facilities and good quality cooking facilities.
- Items spoiled by the quality of the accommodation, such as via damp or mould, should be replaced by the housing provider.

- Many participants noted the need for good lighting in temporary accommodation, both internal and external, to support development, safety and ability to study.

Taking a children's rights-based approach

- Decisions on allocating temporary accommodation should be made with consideration for children's rights.
- Homelessness legislation should be brought within the scope of the UN Convention on the Rights of the Child.
- Children must be provided with a space to play, access to safe spaces for physical activities, access to Wi-Fi and space to support their education.
- Allocation policies should consider a child's ethnicity and cultural background, age, neurodivergent and developmental needs, number of siblings, special educational needs and disability, with all children being placed in accommodation that keeps them safe and does not place additional burdens – financial or otherwise – on their parents.
- The number of moves between different temporary placements must be kept to a minimum.
- The use of hotel-like temporary accommodation for children must be ended.
- Local authorities must have policies which prioritises keeping children near existing social support networks, primary care providers and current school catchment areas when allocating temporary accommodation.
- Allocation of temporary accommodation must also be done in a way that prioritises safe and adequate sleep for children of all ages, including not being placed in shared accommodation with single adults.

Person-centred support

- Families should be given a say in their temporary accommodation placements.
- Greater investment is needed in mental health support with children in temporary accommodation guaranteed access to this support to help them process the trauma, depression, anxiety and sadness they are experiencing. Parents must also be given similar support alongside their children.
- There should be a reduction in barriers to accessing primary health and dental care, either through outreach services, supporting transport costs, or ensuring families can remain near existing services.
- Services providing care and support for children with disabilities need to be co-ordinated so there are no gaps in provision when children move.
- Helping children to remain in their existing school must be a priority.
- There must be flexibility in Education Maintenance Allowance policies so that older children in receipt of this payment do not risk losing lifeline financial support due to being moved far from their school or college.
- Local authorities must provide safe storage facilities for families, and offer movers for families when moving between temporary placements or onto permanent housing.
- Accessible guidance should be provided to families when they first move into temporary housing, including information on GP services, public transport, community groups and housing rights.
- Data sharing practices should be improved between health, housing, homelessness and other sectors to help plan services better. This will allow key services to be notified if a family have been moved from one location to another.

To see the report and recommendations in full, please visit
https://www.shelterscotland.org/InTheirOwnWords_report