Breaking the Cycle

Opportunities for Systemic Intervention for Neurodivergent Children in Temporary Accommodation

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Introduction

Overview

Between 25,000 and 120,700 neurodivergent children are estimated to be living in temporary accommodation (TA) across the UK. For these families, the intersection of neurodiversity and housing insecurity is not just a logistical challenge; it is a compounded crisis resulting from structural barriers that can restrict a child's development, health, and access to essential childhood experiences like play, peer relationships, and social participation.

For local authorities, funding bodies, and policymakers, this report serves as a critical call to action. The UK policy landscape is currently undergoing a period of intense reform, marked by the National Child Poverty Strategy: *Our Children, Our Future*, the National Plan to End Homelessness, and School's Whitepaper: *Every Child Achieving and Thriving*. While these frameworks present significant opportunities, they currently treat housing instability and neurodiversity in isolation. As a result, the specific needs of these children remain structurally invisible, creating a high risk that they will continue to fall between the cracks of these vital systemic changes.

This report draws on the lived experiences of families and insights from frontline practitioners, educators, and healthcare professionals to demonstrate why a new approach is essential. Our research suggests that unsuitable housing conditions, such as overcrowding, sensory overload, and the instability of frequent moves, are often associated with increased neurodivergent challenges and can create significant barriers to early intervention.

We identify five interconnected pillars for actionable change, designed to build more preventative, coordinated, and child-centred responses:

1. **Developing systemic wrap-around support services** that coordinate housing, education, health, and family support.
2. **Improving the suitability of temporary accommodation** to better meet the sensory and developmental needs of neurodivergent children.
3. **Prioritising access to health and care services**, including earlier identification and intervention.
4. **Ensuring continuity in Education** during periods of housing instability.
5. **Empowering parents and carers** through employment, welfare, and work support.

By adopting these pillars, local authorities, schools and local services can move beyond reactive crisis management. Together, these interventions offer a framework to reduce the long-term social and economic costs of fragmented service provision and provide neurodivergent children with the stable foundation they need to thrive, regardless of their housing circumstances.

Objectives

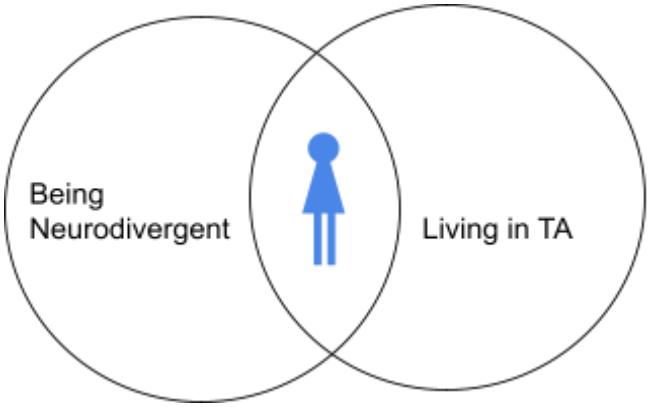
The primary objective of this work is to understand the lived experiences of neurodivergent children aged 7–11 and their families living in temporary accommodation and to identify opportunities for future intervention, service redesign, and system improvement.

This research is exploratory in nature and seeks to build a deeper understanding of how housing insecurity interacts with neurodiversity to shape children's experiences, developmental trajectories, educational participation, and overall wellbeing.

We recognise that neurodivergent children face a range of challenges regardless of where they live, and that all children living in temporary accommodation can experience significant disruption and disadvantage. However, the intersection of neurodiversity and homelessness creates a compounding effect that can intensify existing vulnerabilities and generate additional barriers to support.

This report therefore focuses specifically on understanding what life looks like for children and families living at this intersection, identifying the unique challenges they face, and exploring how public services, schools, healthcare providers, housing teams, and community organisations can work together more effectively to meet their needs.

Ultimately, the aim is to inform the development of future interventions that are preventative, evidence-informed, and centred on improving outcomes for neurodivergent children and their families while reducing the long-term social and economic costs associated with poor housing, unmet need, and fragmented service provision.



Research Context and Lines of Enquiry

We partnered with Brent Council in London to engage families and professionals with direct experience of the intersection between neurodiversity and temporary accommodation.

For the purposes of this research, and to reflect the local context in Brent, we define temporary accommodation (TA) as accommodation provided to a family where they have limited control over the location, quality, duration, or timing of a move. This may include bed and breakfast accommodation, hotels, shared temporary accommodation, supported accommodation, or accommodation provided by the local authority or a private landlord while the family awaits a longer-term housing solution.

Our investigation was structured around four interconnected lines of enquiry:

- The impact of temporary accommodation on neurodivergent children's development, learning, health, and wellbeing.
- Attendance, learning, and wellbeing within school systems.
- Community-based support for parents and carers of neurodivergent children.
- Employment and welfare support for parents and carers.

Understanding the cycle of disadvantage

A newly published report from the Department for Education's Neurodivergence Task and Finish Group suggests that "Neurodivergent children and young people are at greatly increased risk of poorer education and health outcomes than their peers. They are more likely to be suspended or absent from school, out of work, need mental health services, have poor long-term health, or end up in the criminal justice system. [...] This inequity of access [to education] is compounded by structural inequalities associated with ethnicity, gender, and socioeconomic position." This report brings forward evidence of how this compounding effect puts neurodivergent children living in temporary accommodation in a cycle of disadvantage very early on in their lives.

Every child's experience growing up in temporary accommodation is unique. However, our research identified a number of common patterns that repeatedly emerged across interviews with families, practitioners, educators, and support services.

For many families, experiencing homelessness and placement in unsuitable or unstable temporary accommodation can initiate a chain of negative outcomes. Housing instability, overcrowding and sensory challenges all impact a child's wellbeing, developmental progress, and ability to engage with their environment. These structural failures may be reflected in challenges with school attendance and social participation, and in some instances, children may find the school environment completely inaccessible.

As children's support requirements evolve under these conditions, parents and carers often experience chronic stress, trauma, and a loss of autonomy while navigating fragmented systems. This can contribute to social isolation and deteriorating mental health, making it increasingly difficult to sustain employment or pursue training. Such circumstances can further entrench housing instability and deepen the experience of poverty.

The result is a self-reinforcing cycle in which housing insecurity, structural barriers to neurodevelopmental support, educational disruption, and financial hardship interact. The challenge is therefore a systemic one, requiring a coordinated response that addresses the quality of life for the whole family.

Wider policy context

Emerging evidence suggests that a significant number of neurodivergent children are currently living in temporary accommodation across the UK. A 2026 report from King's College London estimates that between 25,000 and 120,700 neurodivergent children may be living in TA nationally.

In high-pressure housing areas such as London, families can remain in TA for years. For neurodivergent children, the impact of this instability can be particularly severe. Environments characterised by sensory stressors, overcrowding, and unpredictability can correlate with emotional distress, disrupted sleep, and restricted opportunities for play, autonomy, and social connection. Structural hazards and a lack of access to green space may further compound these difficulties, while frequent moves can lead to a loss of continuity in friendships and support networks.

The experience of temporary accommodation must also be understood within the wider context of child poverty. Homelessness is one of the most acute forms of poverty, and living in TA is often one of its most visible consequences.

This project began shortly after the publication of the Government's Child Poverty Strategy in December 2025, which committed to lifting 450,000 children out of relative poverty during this Parliament. Around the same period, the *National Plan to End Homelessness* was published, setting out commitments to address the most unacceptable forms of homelessness, including unlawful use of bed and breakfast accommodation for families and poor-quality temporary accommodation.

Neurodivergent children living in TA are among the children most exposed to the combined harms of poverty, housing instability, unmet SEND needs, and fragmented public services. However, despite their heightened vulnerability, their specific needs are not sufficiently recognised within these national policy frameworks. This creates a risk that they remain structurally invisible within both homelessness and child poverty policy.

Education policy is also undergoing significant reform. The Schools White Paper, *Every Child Achieving and Thriving,* published in early 2026, recognises that barriers to engagement with schools are greater for families experiencing intersecting challenges such as poverty, housing insecurity, and insecure work. Alongside this, consultation on SEND reform has proposed an "Experts at Hand" approach, bringing local authorities, healthcare professionals, and mainstream schools together to strengthen support for children with SEND.

This wider policy landscape is therefore highly active, with reforms across homelessness, child poverty, education, SEND, and health. In this context, it is essential that neurodivergent children living in temporary accommodation are not overlooked. Their needs sit across multiple systems, and without intentional coordination, they risk falling between them.

Local authorities, schools, healthcare professionals, housing teams, and community-based organisations are all well placed to support children living at this intersection. However, meaningful impact will only be achieved if these services work collaboratively, share information effectively, and build support around the needs of the child and family.

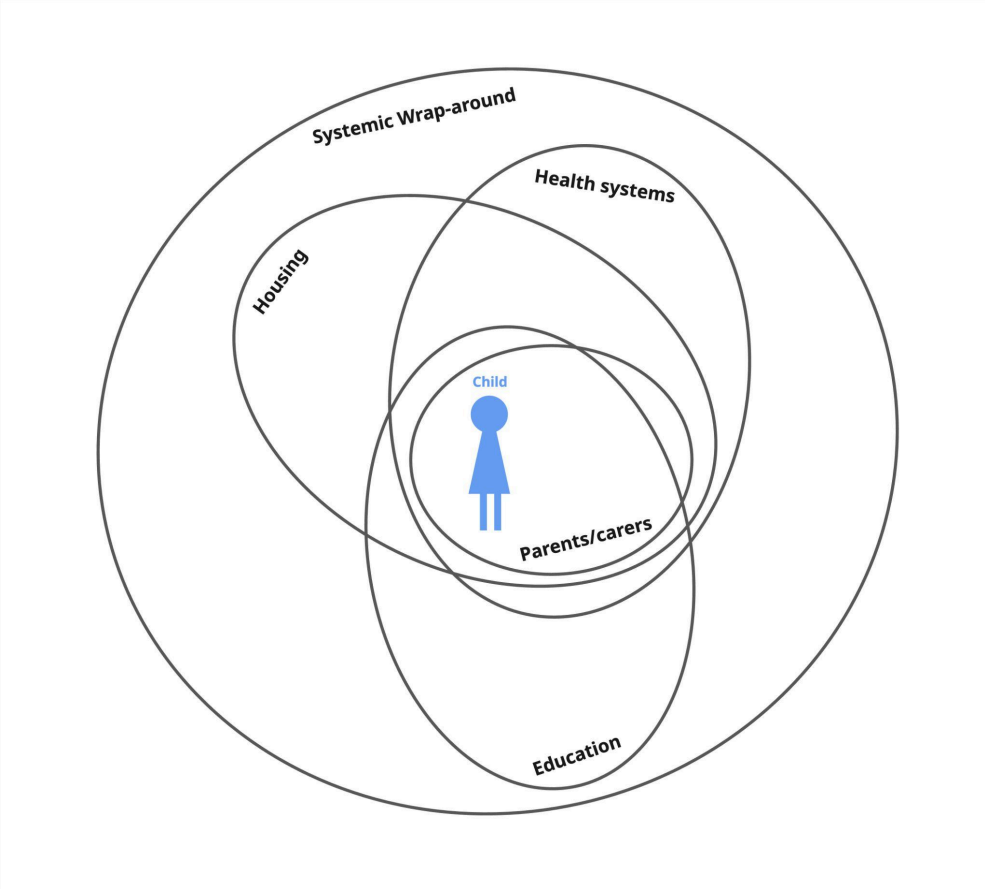
Five pillars of opportunities for change

For any child to thrive, multiple layers of support need to work together. For neurodivergent children living in temporary accommodation, this support must include parents and carers, suitable housing, access to health and care services, educational stability, and a wider system that joins these elements together.

Throughout this research, we identified five key opportunities where targeted intervention could disrupt this cycle and improve outcomes for neurodivergent children and their families:

1. **Develop systemic wrap-around services (Pillar 1)** to improve coordination between housing, education, health, and family support services and reduce the burden on families navigating fragmented systems.
2. **Improve the suitability of temporary accommodation (Pillar 2)** to better meet the sensory, developmental, and wellbeing needs of neurodivergent children.
3. **Prioritise access to health and care services (Pillar 3)** to enable earlier identification of needs, improve access to specialist support, and reduce escalation into crisis.
4. **Ensure educational continuity (Pillar 4)** by reducing disruption to schooling, supporting attendance, and strengthening the partnership between schools and families.
5. **Empower parents and carers through employment, welfare, and work support (Pillar 5)** to strengthen family resilience and improve pathways towards stable and permanent housing.

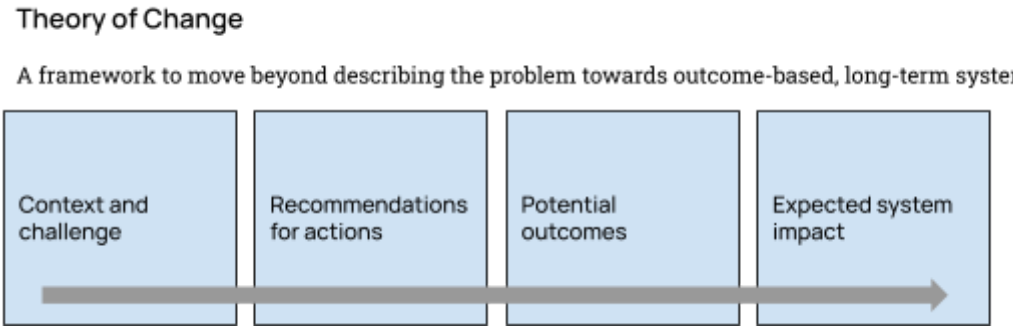
This report explores these opportunities layer by layer, beginning with the wider system of support before moving closer to the child and family at the centre.



Theory of change framework

Addressing the challenges experienced by neurodivergent children living in temporary accommodation requires change across multiple systems and services. As a result, this report adopts a Theory of Change approach to understand how specific interventions may contribute to improved outcomes for children, families, and public services.

A Theory of Change provides a structured framework for understanding the relationship between identified challenges, proposed interventions, and the outcomes they are intended to achieve. It helps illustrate how short-term actions can contribute to longer-term systemic change.

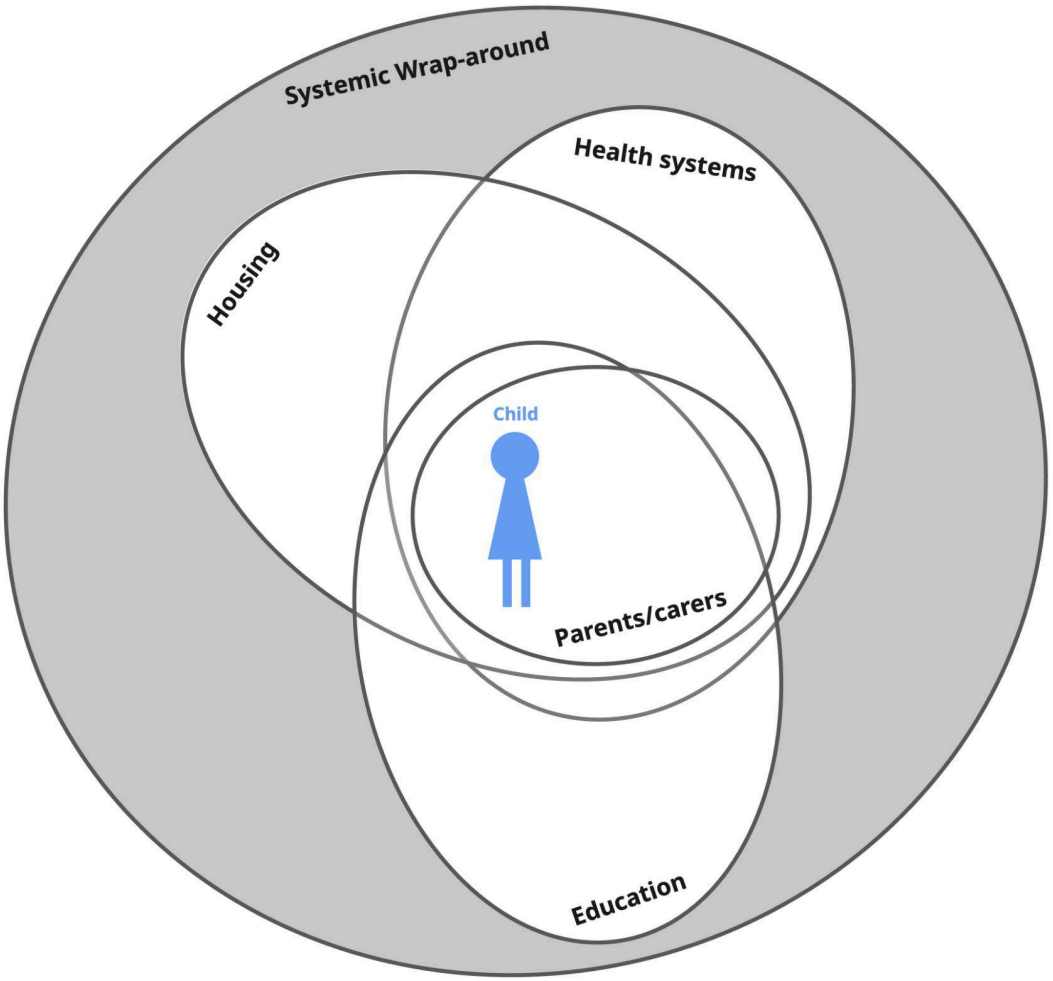


For each of the five pillars, we use a simplified Theory of Change framework to present:

- **Context and challenge:** The key issue identified through research and stakeholder engagement. What families, practitioners, and existing research tell us about the problem.
- **Recommendations for actions:** Potential actions that could address the identified challenges.
- **Potential outcomes:** The short-, medium-, and long-term changes that could result from successful implementation.
- **Expected system impact:** How these changes could contribute to improved outcomes across housing, education, health, employment, and poverty reduction.

This allows us to move beyond describing problems and towards identifying practical opportunities for change that can inform future policy, service design, and intervention development.

Pillar 1. Develop systemic wrap-around services



Introducing Pillar 1

Families with neurodivergent children often need to navigate multiple services simultaneously, including housing, education, health, social care, and community support. However, these systems are typically designed and delivered independently of one another, resulting in fragmented pathways that place a significant burden on families.

For families living at the intersection of neurodiversity and temporary accommodation, these challenges are particularly acute. Children may receive SEND support through schools and healthcare services that have limited understanding of how housing instability affects their development, behaviour, wellbeing, and educational engagement. Equally, housing and homelessness services may have limited awareness of how neurodivergence influences a child's experience of temporary accommodation and what adjustments may be required to meet their needs.

As a result, families are often required to act as coordinators between services, repeatedly explaining their circumstances, relaying information between professionals, and advocating for support across multiple systems. For many parents and carers already managing significant caring responsibilities, this creates additional stress and increases the risk of families falling through gaps in provision.

These challenges are also experienced by professionals. Practitioners across housing, education, health, and community services frequently report difficulties identifying the appropriate contacts within other organisations, understanding respective roles and responsibilities, and determining how best to address concerns that sit across organisational boundaries. This can lead to delays, duplication of effort, inconsistent decision-making, and frustration for both professionals and families.

The evidence gathered through this research suggests that improving outcomes for neurodivergent children living in temporary accommodation requires more than individual service improvements. It requires a systemic intervention that creates stronger connections between existing services and enables professionals to work collaboratively around the needs of the child and family.

Objectives

The objective of a systemic wrap-around intervention is to create a coordinated, family-centred support model that improves communication, strengthens joint working, reduces duplication, and enables earlier intervention. Rather than creating entirely new services, the focus is on improving how existing services work together to deliver more effective support.

Five Opportunities for Change

We identified five interconnected opportunities that together could form the foundations of a systemic wrap-around model:

1.1 Establish multi-agency approach
1.2 Enhance communication system between services
1.3 Improve communication and engagement with families
1.4 Strengthen community hubs and trusted access points
1.5 Build family understanding, confidence, and advocacy around neurodiversity needs

Building the Model Incrementally

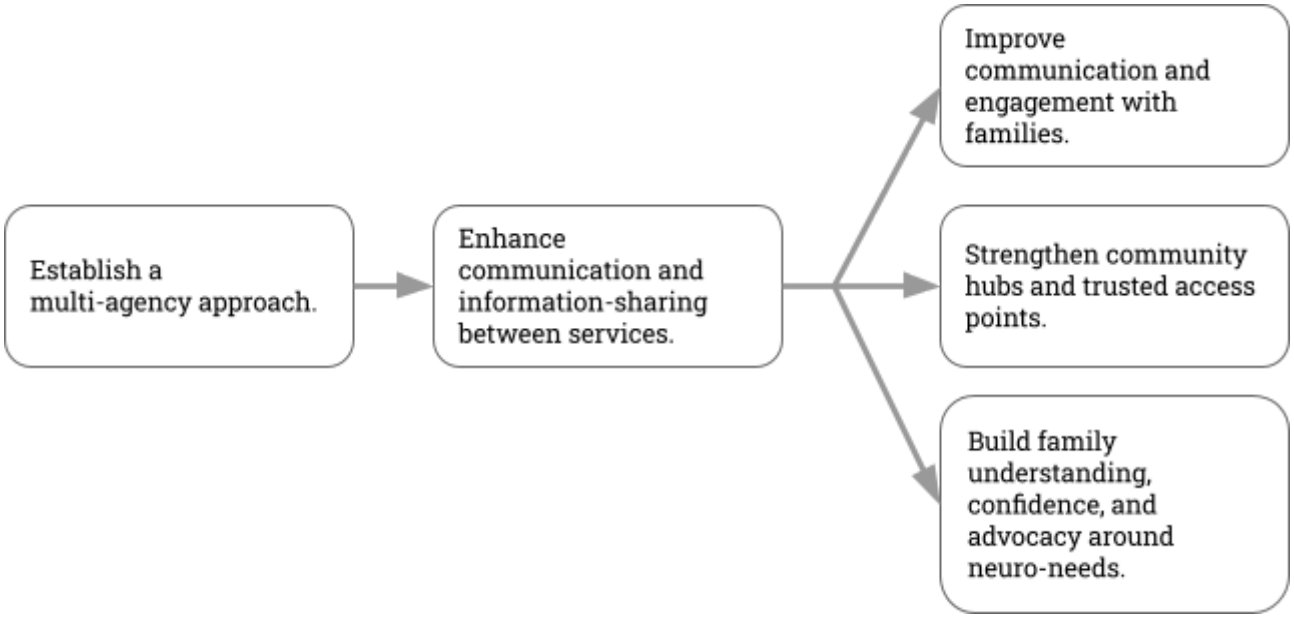
While the greatest impact would likely be achieved through implementing all five elements as part of a comprehensive wrap-around model, the approach can also be developed incrementally based on available resources and local priorities.

The establishment of a multi-agency approach should form the foundation of any intervention. Without mechanisms for joint working, many of the barriers experienced by families and professionals will remain. This should be accompanied by improvements to communication and information-sharing between services, ensuring that professionals have the tools and structures required to collaborate effectively.

Once these system-level foundations are in place, attention can shift towards strengthening community-based support, improving engagement with families, and empowering parents and carers to advocate for their children's needs.

This creates a logical progression from system integration to community delivery, ensuring that improvements at the frontline are supported by the infrastructure and partnerships required to sustain them.

Suggested implementation sequence:



Together, these elements create the foundation for a more preventative, coordinated, and child-centred system that is better equipped to support neurodivergent children living in temporary accommodation.

1.1 Establish multi-agency approach

Context and challenge
Current support for families with neurodivergent children living in temporary accommodation relies heavily on the initiative, persistence, and goodwill of individual practitioners. School staff, family support workers, community practitioners, and healthcare professionals frequently advocate for families, write supporting letters, attend meetings, and attempt to coordinate support across organisational boundaries. However, these efforts often take place without a clear framework for collaboration and alongside already significant workloads. As a result, support is frequently dependent on individual relationships rather than embedded within a coordinated system.

"Previously we have written supporting letters when parents have asked for them to support their application for housing, but I don't know how much weight that carries. I know the physios and OTs used to do it, and I believe now they've stopped because the admin is taking up too much of their time and it doesn't seem to be working or achieving anything."
- Professional working with families at home visits

Many professionals described frustration with the apparent lack of impact their advocacy has on housing decisions. Over time, this can create disengagement and reduce the willingness of professionals to contribute evidence or participate in housing-related discussions. The result is a fragmented system where education, health, housing, and community services continue to operate in parallel rather than in partnership.

"I don't think there is a clear pathway. I think you do it as you know the families... We do have quite a number of people that have had to move into either a hotel or temporary accommodation, and it's been very hard for the family. But our family support worker does write letters to housing, but I don't think those letters have any impact personally."
- Professional working at school as a SEN coordinator

When professionals lose confidence that their contributions influence outcomes, opportunities for preventative intervention are missed. Families are left carrying the responsibility of coordinating support between services while simultaneously managing the challenges of raising a neurodivergent child in unsuitable temporary accommodation. This can leave families trapped in poor housing conditions for extended periods, often until a crisis point is reached.

Emerging Policy Direction
The Government's National Plan to End Homelessness recognises the need for a more collaborative and preventative approach. The proposed "Duty to Collaborate" seeks to strengthen joint working between public services to prevent homelessness and respond more effectively to families experiencing housing insecurity.

As part of the plan, the Family First Partnership Programme promotes a whole-family model of support through a designated lead practitioner who coordinates a wider multi-disciplinary team around the needs of the family. The strategy also proposes a new duty on local authorities to notify schools, health visitors, and GPs when a child enters temporary accommodation, recognising the importance of information sharing and coordinated support.

These reforms provide a strong foundation upon which local areas can build more integrated support models for neurodivergent children and their families who are living in TA.

Recommendations for actions

1. **Integrate Housing Within Multi-Agency Decision-Making**
   Housing services should be embedded within existing multi-agency forums involving education, health, social care, and community support services. This would allow housing considerations to be discussed proactively alongside wider family needs, rather than only after concerns have escalated.
   Potential outcomes:

   - Earlier identification of housing-related risks.
   - Reduced numbers of housing reviews, complaints, and escalation requests.
   - Better informed housing decisions that take account of children's developmental and neurodiversity needs.
   - Improved efficiency across the system by addressing issues before they become crises.
   - Greater understanding between professionals of each other's responsibilities, constraints, and decision-making processes.

2. **Provide a Dedicated Key Worker for Families**
   Families should have access to a single point of contact responsible for coordinating support across housing, education, health, care, and where appropriate, employment services. Building on the Family First Partnership model, this role should include specialist training on neurodiversity, temporary accommodation, trauma-informed practice, and poverty.
   Potential outcomes:

   - Reduced burden on families to coordinate support themselves.
   - Less repetition of traumatic experiences and personal circumstances.
   - Increased trust and confidence in public services.
   - Better continuity of support during periods of instability.
   - Reduced risk of families falling through gaps between services.

3. **Establish Shared Training Across Agencies**
   All members of the multi-agency team should receive a shared foundation of knowledge covering:

   - Housing and homelessness processes.
   - Neurodiversity and SEND.
   - Trauma-informed practice.
   - The impact of poverty and temporary accommodation on children and families.

   Potential outcomes:

   - Greater consistency in support provided across services.
   - Improved understanding of the intersection between housing instability and neurodivergence.
   - More effective evidence gathering to inform housing and support decisions.
   - Stronger collaboration and mutual respect between professionals.
   - Better outcomes for children through a more coordinated response.

Expected system impact

A successful multi-agency approach would move the system from one that relies on individual advocacy and reactive crisis management to one built around shared responsibility, coordinated action, and early intervention. Rather than operating as separate services responding to different aspects of a family's circumstances, housing, education, health, and community support professionals would work together towards a common goal: ensuring neurodivergent children and their families have the stability, support, and opportunities they need to thrive.

1.2 Enhance communication system between services

Context and challenge

A recurring theme throughout our research was the fragmentation of information across housing, education, health, and family support services. Professionals supporting the same family often have access to only a small part of the overall picture, limiting their ability to make informed decisions and provide coordinated support.

For example, housing officers may have no visibility of whether a child has an Education, Health and Care Plan (EHCP), receives specialist support, or has specific sensory, behavioural, or developmental needs. Equally, education and health professionals may be unaware that a child is living in temporary accommodation or experiencing housing conditions that are affecting their wellbeing, development, or ability to engage in learning.

This lack of shared information can have significant consequences. A housing officer may not be aware that a child's self-regulation behaviours include climbing, jumping, or impulsive risk-taking, and therefore may not recognise the potential risks associated with placing the family in a high-rise property without appropriate safeguards. Conversely, a school may observe a deterioration in a child's behaviour, concentration, or attendance without understanding that the root cause lies in unsuitable housing conditions, such as overcrowding, disrupted sleep, or sensory overload within temporary accommodation.

"If I get a child in my clinic, I have no idea whether they are living in temporary housing or not. I can't tailor my treatment for the child if I don't know. There is nothing on the NHS system that says anything about it."
- Paediatrician working at NHS hospital

In the absence of effective information-sharing systems, families themselves become the primary mechanism through which information travels between services. Parents and carers are often expected to explain their circumstances repeatedly, relay information between professionals, and ensure that relevant details are communicated across multiple organisations.

However, homelessness and temporary accommodation are not always issues that families feel comfortable discussing. Parents describe concerns about stigma, judgement, or negative assumptions. Others may not recognise the relevance of their housing circumstances to their child's education, health, or development. As a result, critical information is often not shared, leaving professionals unable to fully understand the context in which families are living.

The Need for a Shared Information Framework
The evidence suggests that one of the greatest barriers to coordinated support is not a lack of professional commitment, but a lack of mechanisms for sharing relevant information safely, consistently, and efficiently. Professionals repeatedly highlighted the need for a shared framework that enables practitioners across housing, education, health, and community services to understand key aspects of a family's circumstances and identify risks earlier.

Professionals reported spending significant amounts of time attempting to obtain information from colleagues across different services, often relying on emails, phone calls, and informal relationships. Even where services sit within the same local authority, information systems frequently operate independently, creating barriers to communication and coordination.

"I think we already have integrated systems in Brent, like Synergy and Mosaic. But within Brent, the thing is that we use a data system called Synergy under Inclusion, Early Help uses Mosaic, and the NHS has their own. All three aren't connected. Ideally, they should be connected so that you can access them."
- Professional working with families at home visits

The absence of shared systems also creates organisational risk. High levels of staff turnover can result in important information being lost within email chains, personal contacts, or undocumented conversations, reducing continuity of support and increasing the likelihood of duplication or delay.

Importantly, this is not about unrestricted access to personal information. Rather, it is about ensuring that the right information is available to the right professionals at the right time to support informed decision-making and better outcomes for children and families.

Policy Recognition
This need for a system that all public services involved in supporting the family can see and reference is also recognised by the government policy. Through the Children's Wellbeing and Schools Bill, the Government is introducing a single unique identifier for children to improve information sharing, coordination between agencies, and safeguarding outcomes. This will require practitioners and services working with children and families to share relevant information more effectively, enabling a more comprehensive understanding of needs and risks.

This presents a significant opportunity to improve outcomes for neurodivergent children. Alongside safeguarding information, a child's neurodivergent profile, support needs, reasonable adjustments, communication preferences, and any associated vulnerabilities should be clearly recorded and visible within the system. Embedding neurodiversity-related information within a national identification and information-sharing framework would support earlier intervention, more joined-up service delivery, and better-informed decision-making across education, health, social care, housing, and other public services.

Recommendations for actions

1. **Develop a Shared Digital Information Platform**
   A shared digital platform should be developed to enable secure, transparent, and timely information sharing between housing, education, health, social care, and community support services.
   This platform should align with the single unique identifier for children proposed through the Children's Wellbeing and Schools Bill, enabling professionals to access relevant information about a child's circumstances, support needs, and safeguarding concerns. The system should allow authorised professionals to record, update, and verify key information, ensuring that housing officers, health professionals, school staff, and community support workers have a shared understanding of the factors affecting a child's wellbeing.

   Particular consideration should be given to recording information relating to neurodivergent needs, temporary accommodation status, safeguarding concerns, communication preferences, and reasonable adjustments required across services.
   Potential outcomes:

   - Reduced time spent on manual information requests and follow-up communications.
   - Faster identification of children with SEND who are living in temporary accommodation.
   - Improved coordination between housing, education, health, and community services.
   - More informed decision-making across public services.
   - Greater professional confidence and shared accountability for supporting vulnerable children and families.

2. **Integrate Housing Notifications and Transition Planning**
   The platform should be integrated with emerging national notification arrangements to notify schools, health services, and other relevant professionals when a child enters temporary accommodation. Where a family is due to move, particularly across borough boundaries, professionals supporting the family should receive advance notification wherever possible. This would enable schools, health services, community practitioners, and housing officers to work proactively with families to prepare children for the transition and minimise disruption.
   Potential outcomes:

   - Earlier intervention when housing changes are planned.
   - Improved transition planning for children and families.
   - Reduced anxiety and disruption associated with sudden moves.
   - Greater continuity of educational, healthcare, and support arrangements.
   - Increased parental confidence and ability to prepare children for change.

3. **Develop Cross-Borough Information-Sharing and Transition Protocols**
   Given the frequency with which families are placed outside their home borough, any future information-sharing system should be designed with cross-borough working in mind[1].
   The system should support seamless communication between placing and receiving local authorities, ensuring that relevant information follows the family and that support arrangements are maintained during transitions. This includes housing support, SEND provision, healthcare arrangements, and transport services. In line with recommendations from the London Councils task force, the placing council must proactively notify the receiving council immediately upon placement and guarantee the continuation of transport for up to four weeks after the move.
   Potential outcomes:

   - Reduced disruption to children's routines and support networks.
   - Better continuity of education and healthcare provision.

[1] One inspiring example of such a cross-borough data-sharing exercise is the "Free School Meals Data Sharing for Cross-Border Pupils" project piloted in four London borough local authorities that allows local authorities to identify and support children living and attending school in different boroughs for free meal services with data sharing protocols. More details can be found here: https://loti.london/projects/cross-border-free-school-meals/

- Improved coordination between local authorities.
- Fewer delays in accessing services following a move.
- Reduced administrative burden on families required to re-establish support arrangements.

4. **Prioritise Continuity of Education and Transport**
   For neurodivergent children, routine, predictability, and trusted relationships are often essential for educational engagement and emotional wellbeing. Disruption caused by changes in accommodation can therefore have a disproportionate impact.

   Information-sharing systems and cross-borough protocols should support continuity of education wherever possible (more details about other recommendations focused on education continuity are described in Pillar 4). This could include maintaining home-to-school transport during transition periods, providing dedicated SEND transport with familiar drivers and escorts where appropriate, or offering direct travel support to families when specialist transport is unavailable.
   Potential outcomes:

   - Reduced disruption to educational attendance and attainment.
   - Preservation of trusted relationships with schools and support staff.
   - Reduced stress and anxiety for children and families during housing transitions.
   - Greater recognition of neurodivergent children's need for stability and routine.
   - Lower risk of educational disengagement and school absence.

Expected System Impact

Together, these actions would create a more connected and responsive system in which information follows the child rather than relying on families to repeatedly explain their circumstances. Professionals would be better equipped to understand the full context of a family's situation, coordinate support more effectively, and intervene earlier when risks emerge.

Most importantly, a shared information infrastructure would help ensure that neurodivergent children living in temporary accommodation are no longer invisible within fragmented service systems, enabling decisions about housing, education, health, and support to be made with a fuller understanding of their needs and circumstances.

1.3 Improve effectiveness in communicating with families

Context and challenge

There is a large workforce of frontline professionals who engage regularly with children and families and play a crucial role in supporting neurodivergent children living in temporary accommodation.

These include, but are not limited to, triage officers within Family Wellbeing Centres, Special Educational Needs Coordinators (SENCos) in schools, family support workers, community outreach teams, and other practitioners who work directly with families in their homes and communities. These professionals often act as the trusted point of contact for families, helping them navigate complex and fragmented systems. Their support extends beyond service referrals and practical assistance; they frequently act as communication facilitators between families and statutory services, including housing, education, health, and social care.

Many families rely on these trusted professionals to interpret correspondence, explain service decisions, complete forms, advocate on their behalf, and facilitate communication with agencies. In some cases, parents bring letters from multiple services to appointments to have them explained. In others, support workers contact services directly on behalf of families to seek clarification, resolve issues, or make complaints.

These professionals often depend on physical leaflets and interpreter services to bridge communication gaps with these families. Each acts as a curator of local knowledge of specialised

services and initiatives, which also means duplicated work in updating and translating the same information across the system.

"I have this folder full of flyers [of services or events for SEND support or for other specialised supports]that I bring with me and show the families I work with. Some of them are also on the notice board on my office wall. Now I need to remember to take this one out, and also take the same one off the wall. It's helpful to have them in multiple languages for families who don't speak English."
- Professional working at Family Wellbeing Centre

These examples highlight the extent to which frontline workers currently compensate for fragmented information systems. Many rely on physical leaflets, local knowledge, personal networks, and interpreter services to bridge communication gaps and connect families with appropriate support. While effective at an individual level, this approach creates significant duplication across the system, with multiple professionals independently maintaining and updating information about the same services, translating resources, and supporting families to navigate the same challenges.

The expertise and trusted relationships of these professionals represent a significant but underutilised asset within the wider support system for neurodivergent children and their families.

Recommendations for actions

In addition to formally integrating these frontline professionals into multi-agency support structures, we recommend consideration of the following interventions:

1. **Develop a centralised digital resource hub for families to access**
   Create a digital hub where typical information about how to navigate neurodiversity and temporary housing is included. It should be a single, regularly updated platform containing information on local services, SEND support, housing pathways, benefits advice, community activities, and specialist interventions. This hub serves support workers in the area as a 'source of truth' for anyone supporting neurodivergent children living in TA. It should provide resources in multiple languages and accessible formats.
   Potential outcomes:
   - Reduce duplication of effort across organisations while improving consistency of information provided to families.
   - Reduce time spent on providing language support for translating documents.
   - Increase the number of non-English speaking families reached by the service.

2. **Equip frontline workers with integrated referral and navigation tools**
   Create simple digital pathways that allow practitioners to identify appropriate services, make referrals, and track progress.
   Potential outcomes:
   - Reduce reliance on individual local knowledge and informal networks.

3. **Develop multilingual and accessible communications standards**
   Introduce consistent standards for correspondence issued by public services. Use plain language, visual formats, translated materials, and alternative communication methods to improve accessibility for families. Consider the use of short videos, which are shareable via WhatsApp alongside traditional pages or physical leaflets.
   Potential outcomes:
   - Reduce time spent on providing language support for translating documents.
   - Better understanding for the parents and carer of their neurodivergent children's experience, and feeling confident in supporting their particular needs.
   - Increase the number of non-English speaking families reached by the service.
   - Increase the number of families reached by sharable content on messaging services such as WhatsApp.

4. **Create mechanisms for shared learning and intelligence**
   Establish regular forums where frontline professionals can share emerging challenges,

effective practice, service gaps, and local innovations. It is essential to use the intelligence of frontline professionals who interact with the families on a daily basis to inform service design and commissioning decisions.

Potential outcomes:

- Better adoption of frontline professionals in new interventions and new platforms.
- Ongoing improvement in platform content as the information is being used at a community level.

Expected System Impact

Together, these interventions would reduce administrative burdens on both families and practitioners, strengthen coordination across services, and enable frontline professionals to spend more time providing meaningful support rather than navigating fragmented systems on behalf of the families they serve.

1.4 Strengthen community hubs and trusted access points

Context and challenge

The relationships between community support workers and the families they support are deep and long-standing. Some of these relationships have existed since the children were babies and have continued after they began attending school.

For families with limited English proficiency, low digital literacy, or little confidence engaging with statutory services, community support workers frequently act as vital intermediaries. These families rely on trusted professionals to interpret complex information and advocate on their behalf. School SEN support staff sometimes step into this role when resources permit. Furthermore, many professionals go above and beyond by advocating for parents' needs or accompanying families to appointments.

"What we do as a school is often help the parents even register with the GP, attend GP appointments with them. Then what we often do is put in the initial CAMHS [Child and Adolescent Mental Health Services] referral and then help families, uh, fill out the CAMHS forms." - Professional working at a School as SEN coordinator

"A huge part of my role is filtering information and acting on behalf of parents, with their consent, of course, like filling out forms, making phone calls, and using phone interpreter services. Families often bring me papers like housing letters or GP letters that they don't understand." - Professional working at Family Wellbeing Centre

The environment in which this support is delivered is equally important. Community hubs offer a more welcoming, accessible, and child-friendly setting than many formal public service environments. They often provide indoor and outdoor spaces where neurodivergent children can self-regulate, play, and engage safely. Parents describe feeling more relaxed and willing to seek support because they know their children will be understood, respected, and welcomed.

Importantly, community support workers provide not only practical assistance but also emotional support. For many families, these trusted relationships offer a level of understanding and continuity that they do not often experience elsewhere within the public service system.

Building on What Already Works

Local community-based hubs have been successful in reaching families with neurodivergent children living in TA and have gained their trust. It is essential to build on this. This is recognised in many policy reforms upcoming. Both the 2025 Child Poverty Strategy and the National Plan to End Homelessness propose to roll out and expand Best Start Family Hubs in England to act as a "single front door" for families struggling with poverty. Families will be connected to a wide range of support, including housing, employment, debt and welfare advice via these hubs. The School's Whitepaper also promised to equip these hubs with dedicated SEND practitioners to provide tailored support for neurodivergent children early on in their development journey.

For boroughs that already have community hubs, such as the Family Wellbeing Centres, these reforms provide an opportunity not only to expand capacity but also to develop more integrated and preventative models of support for families experiencing both housing instability and neurodivergence.

Recommendations for actions

1. **Develop SEND-focused outreach programmes with school-age children in mind**
   Reaches families who may be reluctant to engage with formal services through after-school activities, holiday provision, and peer support groups[2]. For example, some Family Wellbeing Centres in Brent offer homework clubs and SEND gatherings for parents and carers to offer peer support and opportunities for social connections. They are particularly valuable for children living in overcrowded temporary accommodation, where space for learning, play, and self-regulation may be limited.
   Potential outcomes:
   - Earlier identification of emerging needs.
   - Increased engagement from families who may be reluctant to access statutory services.
   - Reduced social isolation for children and parents.
   - Improved educational participation and wellbeing.

2. **Provide neurodiversity and housing-informed training for staff**
   All staff working within community hubs should receive training on the intersection between neurodiversity and housing instability. This should include understanding how temporary accommodation, displacement, overcrowding, and housing insecurity can affect neurodivergent children and their families.
   Potential outcomes:
   - Improved identification of housing-related risks.
   - More holistic support planning.
   - Better signposting and referrals.
   - Stronger integration between housing, education, health, and family support services.

3. **Include housing advice services in community hubs programmes**
   Housing advisors can leverage the relationship between the families to meet the parents and children in a relaxed, child-friendly environment. This could help them build an empathic understanding of the impact of their housing decisions on neurodivergent children, which, in turn, improves the suitability of TA allocations. For example, in Brent, some Family Wellbeing Centres already have housing advice sessions in the programme. Lessons about what worked and didn't work can offer valuable knowledge as the Best Start Family Hubs get rolled out.
   Potential outcomes:
   - Earlier prevention of homelessness.
   - Greater trust and engagement with housing services.
   - Improved understanding among housing practitioners of the impact of housing decisions on neurodivergent children.
   - More suitable temporary accommodation placements and housing solutions.

4. **Integrate Employment, Welfare and Financial Inclusion Support**
   Community hubs should provide access to employment, welfare, debt, and financial inclusion services alongside family support programmes. Existing activities, such as English language classes currently delivered in some Family Wellbeing Centre, could be expanded to include employment coaching, benefits advice, and skills development.

[2] Strong evidence from a ten-year-long research programme at the University of Bristol, led by Tom Allpot, explored how social isolation connects to health outcomes for migrated families, especially mothers, in Bristol. His study suggests that targeting and tailoring, crucially building sustained collaboration and trust, and improving local environments with these vulnerable families, can lead to substantial mutual benefits from early intervention and prevention actions, both for parents'/women's wellbeing and for children's early development and later multi-sectoral improved outcomes. More details about this project can be found here: https://migration.bristol.ac.uk/2025/06/24/find-your-village-activating-migrant-heritage-community-assets/

Staff delivering these services should receive basic awareness training on the realities of caring for neurodivergent children, particularly within the context of temporary accommodation.

Potential outcomes:

- Increased financial resilience for families.
- Improved access to employment opportunities.
- Reduced poverty-related stress.
- Earlier access to support that may prevent future housing instability.

Expected System Impact

Community hubs already possess one of the most valuable assets within the system: trust. Families who may struggle to engage with housing, health, education, or social care services are often willing to engage through trusted community settings. By expanding the role of these hubs and integrating them more effectively into wider service systems, local authorities have an opportunity to create earlier, more accessible, and more coordinated support for neurodivergent children living in temporary accommodation.

Instead of creating entirely new services, the evidence suggests there is significant value in building upon existing relationships, infrastructure, and community expertise to develop a genuinely preventative and family-centred model of support.

1.5 Build family understanding, confidence, and advocacy around neurodiversity needs

Context and challenge

The intersection between neurodiversity and housing is complex and often nuanced. Parents/carers are frequently overwhelmed by the immediate pressures of homelessness, and they struggle to address these needs in the housing context. Housing stability is a parent's primary concern, leaving many unable to connect the impact of TA housing on their child's specific developmental needs.

In many cases, parents struggle to anticipate the complexity of raising a neurodivergent child in an unstable environment, as one or both of these circumstances may be unfamiliar to them. Therefore, they may fail to identify or articulate the neuro-need to professionals who are trying to offer support. Or, they may misidentify the needs and render their requests 'unsuitable' for housing assessment.

"For the child who jumps, the mum once asked if I could help her to request a separate bedroom for the kid, but I'm like, I cannot do that because the kid's need is not a separate bedroom, it's the height." - Professional working at a school as a SEN coordinator

Recommendations for actions

1. **Provide easy-to-understand and tailored information for parents and carers**
   Local authorities should provide clear and understandable information to support families navigating the complex intersection of housing and neurodiversity, with signposting to local services. Give families access to tailored information to help them address their specific challenges due to the compounding effect of neurodiversity and temporary housing. Families will receive education and be empowered with a set of language to help them articulate what's relevant for their children's specific needs. This can be in printed format or online, which frontline professionals can hand out to families during their engagement or the families can access on their own.

   Potential outcomes:

   - Increase parents' confidence in advocating for their children's needs.
   - Earlier adoption of preventative interventions for neurodivergent children in TA.
   - Less stress for families to deal with the complexity in isolation in their housing journey.

2. **Prioritise simple language and infographics over dense English text**
   Parents with low English confidence will find it easier to understand the information if it is presented in a more visual way. There is a better chance for them to identify the specific support their child needs for their neurodivergent conditions while living in TA.
   Potential outcomes:
   - Less language barrier for families who are not native English speakers or are possibly Dyslexic.
   - Better understanding and more confidence in communicating the family's needs.
   - Earlier adoption of preventative interventions for neurodivergent children in TA.

3. **Create a dedicated support website for families with digital access**
   This website should be designed with a mobile-first and translation-friendly interface to cater to parents who only have access to a low-end mobile phone with limited data allowance. Make this accessible and design it keeping in mind that parents might find it from either the SEND support route or from the living in TA route, without a deep understanding of the intersectionality of the two. Having a portal to retrieve information allows a parent to go back to it for different occasions without constantly relying on the presence of a triage officer or a school family support worker for assistance.
   Potential outcomes:
   - Better understanding and more confidence in communicating the needs for the family's needs.
   - Less reliance on frontline professionals to deliver information in person.

Expected System Impact

Empowering families with accessible, tailored information to articulate neurodiversity needs transforms them from passive recipients of a complex system into active participants in their own care pathways. Suggestions here are not to replace the assistance from frontline professionals at schools and community centres. It is to compliment in-person services with clear, structured resources, so the valuable time of in-person engagement can be used for the most urgent and challenging matters. The long-term impact of equipping parents and carers with more tailored nuanced information about neurodivergent children means that their needs are likely to be identified earlier, thereby reducing unsuitable housing placements and the frequency of reactive crisis interventions. This approach aligns directly with broader policy mandates of embedding "lived experience" and parental voice at the heart of service design. Ultimately, this creates a more equitable system where family's voices function as critical evidence for informed housing and support decisions, fostering long-term stability rather than short-term management.

1.6 Key stakeholders

The five pillars outlined in this report demonstrate that the challenges experienced by neurodivergent children living in temporary accommodation cannot be addressed by any single service acting alone. Housing insecurity, neurodiversity needs, educational participation, health outcomes, family wellbeing, and poverty are deeply interconnected. As a result, effective interventions must be designed and delivered through a coordinated, multi-agency approach that brings together the full range of professionals, services, and communities that support these children and their families.

Success will depend not only on the engagement of individual organisations, but also on the development of shared accountability, common objectives, effective information-sharing arrangements, and a commitment to prevention rather than crisis management.

The following stakeholders have been identified as critical partners within any future wrap-around support model.

1. **Local Housing Authority**
   Local authority housing departments are central to improving outcomes for neurodivergent children living in temporary accommodation. Housing officers make decisions regarding placements, transfers, suitability assessments, and homelessness prevention interventions that can have profound impacts on a child's development, education, health, and wellbeing.

Housing services must therefore be fully integrated into multi-agency decision-making processes from the outset. Their participation is essential to shifting the system from a reactive approach, focused on managing housing crises, towards a preventative model that recognises housing as a key determinant of children's outcomes.

2. **Home-to-school Transport Services**
   Transport services play an important role in maintaining educational stability for children placed in temporary accommodation, particularly when families are housed outside their home borough.

   Effective transport arrangements can reduce school disruption, improve attendance, minimise family stress, and help alleviate the additional financial pressures often experienced by families living in temporary accommodation. Transport providers should therefore be considered active partners within any wider support model.
3. **Health and Clinical Professionals**
   Medical professionals hold the crucial evidence required to justify specific housing adaptations or placements. Key partners include General Practitioners (GPs), Occupational Therapists (OTs), Physiotherapists, Speech and Language Therapists (SaLTs), and Children and Adolescent Mental Health Services (CAMHS).

   The government's Experts at Hand initiative 2026-2027 provides specific funding for local authorities to partner with ICBs to deploy clinical health professionals, including new SaLT advanced practitioners and OTs, to offer strategic leadership, expert guidance, and direct support across educational settings.
4. **SEN teams at school**
   Schools are often the most consistent point of contact in a child's life and are uniquely placed to identify emerging concerns, monitor wellbeing, and coordinate support.

   Headteachers, Special Educational Needs Coordinators (SENCOs), and school-based family support workers and pastoral staff all play a critical role in supporting neurodivergent children and their families. Schools also frequently act as advocates for families experiencing housing instability, helping them navigate health, social care, and housing systems.

   As government reforms seek to strengthen SEND provision within mainstream education, schools will become increasingly important partners in delivering integrated support for children living in temporary accommodation.
5. **Community-based family support workers**
   Community triage officers, charity workers (such as Citizens Advice or Shelter), and family support workers are vital lifelines. These professionals frequently act as navigators, advocates, interpreters, and connectors between families and statutory services. Their trusted relationships enable them to engage families who may otherwise struggle to access support due to language barriers, low digital literacy, previous negative experiences, or distrust of formal institutions.

   The government's 2025 Child Poverty Strategy promises transformative funding to every local authority in England through Best Start Family Hubs, with open-access activities and referral routes for families with complex needs. Through hubs, families will be connected to a wide range of support, including housing, employment, debt and welfare advice, which complements the current service provided by Family Wellbeing Centres' children services. This presents an important opportunity to strengthen these community-based networks and establish them as key access points for integrated support.
6. **The Voluntary, Community, and Social Enterprise (VCSE) Sector**
   Many families access food support, advocacy, welfare advice, legal assistance, peer support, and specialist neurodiversity services through the VCSE sector. These organisations frequently have strong connections to local communities and are often able to identify emerging needs earlier than statutory services.

   The 2025 Child Poverty Strategy formally recognises the VCSE sector as the bedrock of community support and shifts towards integrating them into public service delivery through

the "Civil Society Covenant". The Government's commitment to strengthening partnerships with civil society through the Civil Society Covenant provides a strong policy foundation for deeper integration of VCSE organisations within local support systems.

7. **Parents and children with lived experience**
   Parents, carers, and neurodivergent children themselves must be recognised as equal partners in the design, delivery, and evaluation of future interventions. Voices from parents and carers of neurodivergent children are key for continuous engagement in the design, development and testing of the interventions. Their involvement is a central directive of the government's 2025 National Plan to End Homelessness, which commits to embedding "lived experience at the heart of homelessness policy and service design both nationally and locally".

System leadership
While each stakeholder plays a distinct role, the evidence presented throughout this report suggests that the greatest opportunity lies not within any individual service, but in the connections between them. Effective support for neurodivergent children living in temporary accommodation will require a shared system of responsibility in which housing, health, education, community services, the voluntary sector, and families themselves work towards common outcomes.

The challenge is systemic and therefore the response must be systemic. By creating integrated pathways, strengthening information sharing, embedding lived experience, and aligning resources around the needs of children and families, local areas have an opportunity to move from fragmented crisis responses towards a genuinely preventative, child-centred model of support.

1.7 Conclusion

The evidence presented throughout this report demonstrates that the challenges faced by families with neurodivergent children living in temporary accommodation are not the result of a single service failure. Rather, they emerge from the interaction of housing insecurity, poverty, fragmented public services, and a lack of coordinated support for children with complex and intersecting needs.

A systemic wrap-around intervention that integrates housing, education, health, community support, and family services has the potential to address many of the structural barriers currently experienced by these families. Such an approach shifts the responsibility for navigating complex systems away from vulnerable parents and carers and places it within a coordinated network of professionals working towards shared outcomes.

At its core, this intervention seeks to create two complementary forms of impact.

1. **Transforming Public Services**
   The proposed model moves public services away from a reactive, crisis-driven approach towards a preventative, coordinated, and child-centred system. By embedding housing within multi-agency discussions, improving information sharing, and creating clearer pathways between services, professionals can respond earlier to emerging risks and make more informed decisions.

   This approach has the potential to improve efficiency across the system by reducing duplication, minimising administrative burdens, and decreasing the time spent coordinating support through informal channels. Housing officers, educators, health professionals, and community practitioners would be better equipped to understand one another's roles, constraints, and responsibilities, fostering a culture of collaboration rather than escalation.

   Over time, this should lead to more effective use of public resources, reduced demand on crisis services, and improved outcomes across housing, education, health, and social care.

2. **Improving Outcomes for Families**
   A coordinated wrap-around model provides families with a single, trusted point of contact and a clearer pathway through services. This reduces the need for families to repeatedly explain

their circumstances, minimises the risk of retraumatisation, builds confidence in the system, and prevents families from falling through service gaps.

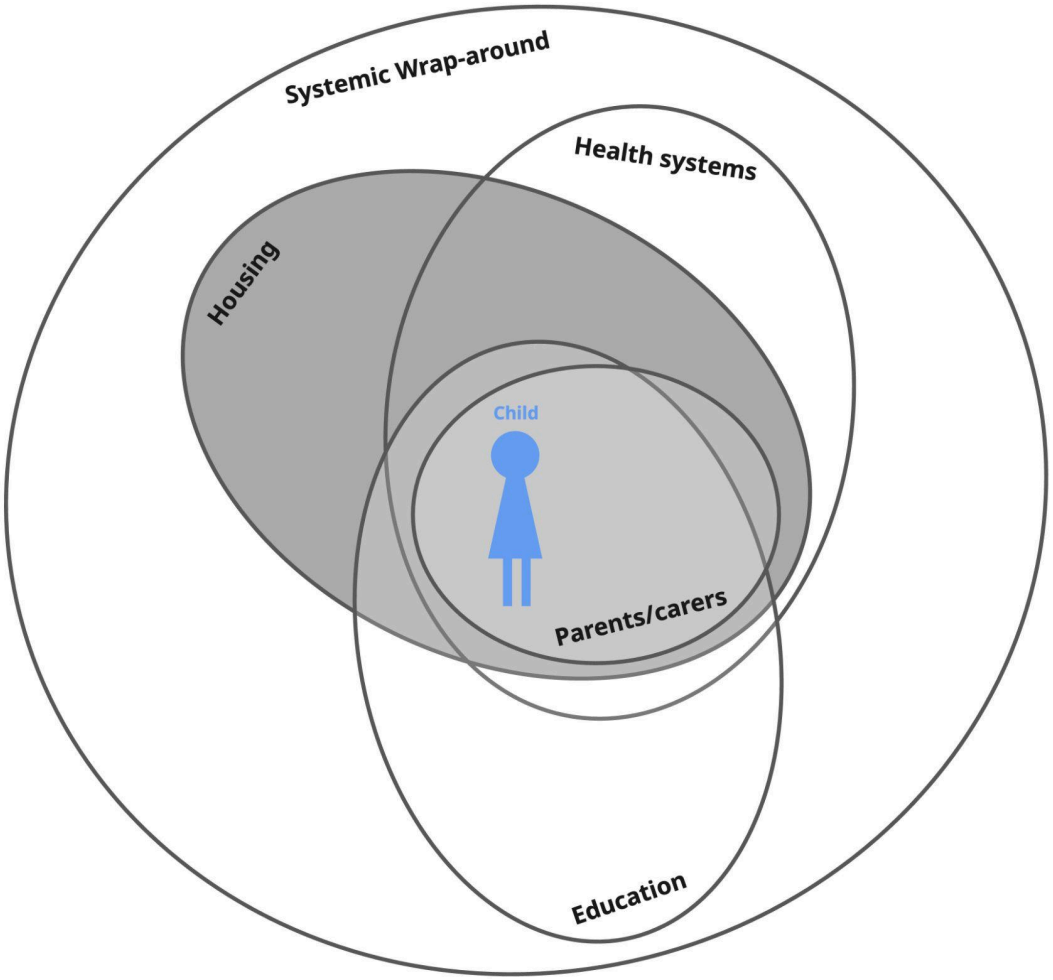
The report also highlights the importance of ensuring that all professionals involved in supporting these families understand the intersection between neurodiversity, poverty, and housing instability. Training that's targeted and tailored for families with neurodivergent children living in TA can ensure that these families' complex and intersectional needs are not forgotten by the professionals providing support.

Breaking the Cycle of Poverty and Crisis
Ultimately, the proposed intervention is not simply about improving service coordination. It is about preventing families from becoming trapped in cycles of crisis, instability, and poverty.

Their challenge is complex, but the evidence suggests that with the right partnerships, shared accountability, and sustained commitment to collaboration, a systemic wrap-around approach could deliver meaningful benefits for children, families, professionals, and public services alike.

By addressing housing challenges and neurodiversity needs together, it reduces the stress associated with navigating fragmented systems, supporting educational participation, and responding proactively to the needs of neurodivergent children and their families. The opportunity is therefore not only to improve the experiences of families currently living in temporary accommodation, but also to create a more integrated, preventative, and equitable system that supports neurodivergent children to thrive regardless of their housing circumstances.

Pillar 2. Improve the suitability of temporary accommodation



Introducing Pillar 2

Under the current statutory framework, the Temporary Accommodation (TA) pathway for homeless families requires local authorities to secure housing that passes a legal suitability assessment, which primarily evaluates factors such as affordability, room size, location, and basic physical fitness, such as being damp and mould free. However, this suitability assessment pathway is exceptionally challenging for families with neurodivergent children because the process is ill-equipped to capture complex sensory and developmental needs.

Housing officers usually lack specific training in neurodiversity, meaning they struggle to translate clinical diagnoses or medical evidence into housing requirements. Furthermore, the assessment process places an exhausting administrative burden on parents, requiring them to navigate complex written forms and gather extensive medical documentation to "prove" their child's invisible risks. Because families often enter the homelessness system without the vocabulary to advocate for neuro-inclusive adjustments, their children's needs are frequently overlooked during the initial assessment. Consequently, neurodivergent children are routinely placed in hazardous TA environments that are not really suitable for their complex needs and cost parents both money and time to cope.

Objective

To break the cycle of unsuitable housing and create a fairer, more responsive system for families with neurodivergent children living in temporary accommodation (TA).

Three opportunities for change

To rethink how local authorities approach the homelessness pathway, we identify the following three areas of opportunity for change:

2.1 Make TA assessment better at including neurodiversity needs
2.2 Reduce the cost of raising neurodivergent children in TA
2.3 Make special arrangements for families living in B&B, hotel and hostel

They offer three different directions for developing future interventions. They can be developed in parallel to each other, or as separate projects or interventions. Note that 2.1 in this pillar can complement Pillar 1 because housing assessment would benefit from a collaborative approach, but even if applied stand-alone, the actions suggested here are still going to make a positive impact on neurodivergent children living in TA.

2.1 Make TA assessment better at including neurodiversity needs

Context and challenge

Include neurodiversity needs in the TA assessment

The existing housing assessment processes do not always account for the neurodivergent needs of children. Parents rely on written forms to submit housing requirements, but this presents a barrier for parents who are not fluent or confident in written English. As a result, housing officers are poorly informed of critical health and safety risks the family faces due to a lack of information about children's neurodiversity needs. Furthermore, there is a significant disconnect between official assessments on paper and lived reality.

"No, no one asked me about the child with special needs. To begin with, it wasn't face-to-face, it was by email. 'Send this document, send that document.' They kept saying 'Send, send.' Finally, they just sent me the bidding number. I've never met anyone in person to explain it to them." - Parent with one neurodivergent child in TA

On the other hand, parents often enter the housing system without the necessary vocabulary to advocate for neurodiversity needs. Without a tool to translate medical evidence into housing needs, parents cannot effectively communicate the invisible risks associated with their child's condition,

leading to a reactive rather than proactive approach to housing requirements. The long diagnosis process itself adds to the difficulty for parents to describe or anticipate their children's needs.

"Many parents in TA do not read or write English, so text-based communication is difficult for them... The parent may not have the language or negotiation skills to communicate what they need from these services" - Professional working at Family Wellbeing Centre

To bridge the gap between what housing officers can use to make decisions about the suitability of their offer and what parents can provide and articulate for their children's neurodiversity needs, we suggest the following:

Recommendations for actions

1. **Offer training to housing officers to identify high-risk indicators**
   Housing officers should have training on identifying high-risk indicators, such as staircase risks, lack of danger awareness, or risk of falling in the toilet/bathroom, as critical health and safety concerns. Below are guidelines on neuro-inclusive best practices (see Box 1. Neuro-inclusive best practices in housing assessment below for details) in the housing assessment process that would help better consider evidence submitted from occupational therapists, physiotherapists, family support workers, and school staff, or even from parents themselves.
   Potential outcomes
   - Improved understanding of housing officers about the housing implications.
   - More suitable housing for families, and reducing the number of review requests.
   - Fewer incidents of accidents of neurodivergent children in TA.
   - Encourage families to collect and submit evidence to inform housing decisions.

Box 1. Neuro-inclusive best practices in housing assessment

It is not possible to make all housing officers SEND specialists, but providing some guidelines or best practices on capturing and translating neurodiversity needs into housing needs is helpful.

Firstly, making sure there is space to capture neurodiversity needs. For example, in Brent, the application form has a specific section called "Cognitive or other health issues which may impact your housing need" where the instruction includes "Autism, Dementia, ADHD, Dyslexia and / or other learning disabilities" and asks for "details of any diagnosis and support in place, any pending referrals with supportive organisations, and how these impact on your housing needs." These are good places to start nudging parents to think about how to articulate complex neurodiversity needs.

Here are a few examples that are likely to trigger critical health and safety concerns:

- Children with poor danger awareness or who are flight risks require ground-floor or basement properties located away from busy main roads, with secure boundary fencing and lockable front doors.
- Children with co-occurring physical or gross motor delays require sufficient, unobstructed floor space to safely use and store bulky specialist equipment (such as walking frames or orthopaedic beds) and may require structural adaptations like ramps.
- Children who need physical assistance in using toilet and bath/shower facilities require handlebars being installed or a big enough bathroom size to allow adult supervision to prevent fall or injury.
- Children who require physical assistance with toileting or personal hygiene require bathrooms with sufficient floor space to allow a parent or carer to safely assist them, alongside the specific provision of either a bath or a shower depending on the child's sensory tolerances.
- Children with Pica (the ingestion of non-food items) require properties that are strictly free from structural hazards, including damp, mould, flaking or peeling paint, and pest infestations.

Here are a few examples that are good to take into consideration for possible housing modification:

- Children with light sensitivities require the installation of blackout blinds or curtains, as well as

flicker-free or dimmable lighting, to prevent sensory overload and migraines.
- Children with noise sensitivities require well-soundproofed housing to minimise distress from external noises (e.g. thin walls, loud neighbours) and to prevent complaints when the child makes noise to self-regulate.

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2. **Assign medical staff to support housing officers**
   There is a need to assign medical staff to support housing officers, who can act as a bridge between families and the housing officers. These medical staff will help to translate the neurodiversity needs into housing needs. For example, in Brent, a District Medical Officer (DMO) is involved in helping housing officers assess the SEN reports or medical diagnoses.

   This person must be trained in SEN support and the full spectrum of autism, as well as trauma-informed practice. This is important as for children experiencing the intersection of neurodivergence and homelessness, their complex neurodiversity needs and mental health needs may require some further investigation and support.
   Potential outcomes
   - Improved ability of housing officials to understand the housing implications.
   - More suitable housing for families, and reducing the number of review requests.
   - Fewer incidents of accidents of neurodivergent children in TA.

3. **Offer parents a choice of formats to submit their needs**
   It is important to offer parents a choice between written submissions, phone or in-person interviews. Some parents do not wish to feel they are making an "exhibit" of their child, while others may feel it's necessary to show the reality to help explain their needs. Offering a choice gives the parents a sense of autonomy.
   Potential outcomes
   - Improved effectiveness of communication on families' complex needs.
   - Improved flexibility for a parent to arrange suitable communication aids.

Expected system impact
By integrating neuro-inclusive assessments and collaborative support, we expect to ensure that housing allocations accurately reflect complex developmental and safety needs. This will directly reduce the frequency of unsuitable placements and preventable accidents, while lowering the administrative burden on families and streamlining the decision-making process for housing officers.

2.2 Reduce the cost of raising neurodivergent children in TA

Context and challenge
Mitigating financial and structural costs of temporary accommodation
Families with neurodivergent children in TA face disproportionate and "hidden" costs of living. Utility costs such as water and electricity escalate significantly due to the hygiene requirements associated with many neurodivergent behaviour traits. Children who are hyperactive and/or have low risk awareness are prone to accidentally damaging furniture or windows, which causes additional repair costs for the parents.

"The bills, the electricity for example, because daily she needs the laundry for the bed. I clean it daily. And in the morning I do two laundry, so electric and water... But I'm paying a lot for electricity... I have £700 now for the water bill."
- Single Parent of six children in TA, one of them is neurodivergent

"So, to keep him from jumping on the floor, I have him jump on the sofa or the bed. The sofa is all broken from him jumping on it. Because jumping is mostly what he does, all the time"
- Single Parent of one child, who is neurodivergent , in TA

Making preventative adjustments to the house is often beyond what parents can afford. Apart from the financial pressure, parents also spoke of fear and uncertainty when it comes to adapting their living environment, such as installing safety gates or handles for bathrooms. They fear what the house owner might say or what their neighbour might say (especially for those in MHO). Many had negative and even traumatising experiences with landlords or neighbours in their homelessness journey, and therefore found it a difficult subject to think about or speak about.

"The people downstairs say our house is very loud... And the person downstairs disturbs us and makes noise [in return]." - Single Parent of one child, who is neurodivergent , in TA

"The others living in the house, I don't ask for help or tell them anything. They have their problems." - Parent of two children, one of them is neurodivergent

"You can't fix anything on the wall or put anything or decorate it the way you want because it's not [your house]" - Parent of one child, who is neurodivergent, in TA

Recommendations for actions

1. **Provide sensory needs fund to families**
   There is a need to support families by providing a specialised fund (see Box 2. Sensory Needs Fund below for details) to cover the cost for parents who need to purchase items to make necessary adjustments to meet their children's neurodiversity needs, especially if their TA housing is not adapted before moving in.
   Potential outcomes
   - Tailored support to a child's specific sensory profile and needs.
   - Less financial burden on parents for paying for adjustments, expenses or repairs.

Box 2. Sensory Needs Fund

The Sensory Lives report suggested a Sensory Needs Fund for families with neurodivergent children living in TA. We discussed this with some of the families and added a few items that the parents considered helpful. Some of these items might fall out of the housing department's remit and perhaps can be taken on by children's services or other suitable services.

Housing-related:

- Safety modifications: Installation of safety gates, window locks, accessible bathrooms, and ramps to protect children with poor danger awareness or mobility needs
- Environmental and spatial adaptations: The provision of soft furnishings, extra beds and bedding, rugs, and door bolsters to make the space safer and more comfortable
- Lighting adjustments: Blackout blinds or curtains to block out distressing external light, as well as flicker-free, dimmable lighting to prevent sensory overload and migraines
- Repairs for accidental damage: Financial support for making good on faulty fixtures and fittings, as well as covering the costs of repairing furniture or windows that are accidentally broken when a child is experiencing a meltdown or trying to physically self-regulate
- Wi-Fi access: Funding for internet contracts to ensure children can access the digital tools, games, and videos they rely on to calm down and emotionally regulate

Health & Development Related:

- Personal sensory equipment: Items tailored to the child's specific sensory profile, such as noise-cancelling headphones (or ear defenders) to block out chaotic TA noise, tinted glasses, balance boards, fidget toys, and weighted blankets
- Physical regulation equipment: Larger items like trampolines, scooters, bicycles, and swing chairs that allow children to expend energy and regulate their nervous systems
- Access to neuro-friendly leisure activities: Memberships or grants to attend gyms, soft play centres, indoor trampolining, adventure playgrounds, sports, arts, and drama clubs. This also includes funding for specific one-on-one SEN swimming lessons or autism-friendly cinema screenings

- Safe transport: The provision of taxi vouchers or free bus passes to help families travel safely to school, medical appointments, or leisure activities. This protects children from the severe sensory overload and flight risks often associated with navigating complex public transport routes
- Parental training and support: Grants that allow parents to attend specialised training or parenting programmes (such as those for ADHD or ASD) to equip them with the tools, strategies, and knowledge needed to better support their child's specific neuro-profile
- Utility and hygiene relief: Support for escalating electricity and water bills, or the provision of laundry vouchers, to help parents manage the high volume of washing required for certain neurodivergent hygiene and toileting needs

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2. **Direct funding to landlords or housing associations**
   Private landlords or housing associations should have access to direct funding from the council to make critical modifications to the physical house, such as flicker-free/ dimmable light switches, ramps, accessible bathrooms, safety gates, or lockable windows. This will make sure the house is ready for their needs before a family moves in.
   Potential Outcomes
   - More suitable housing for the needs of neurodivergent children.
   - Improved quality of the housing that is suitable for families with neurodivergent children.

Expected system impact

By establishing a dedicated Sensory Needs Fund and providing direct grants for landlord-led modifications, we expect to reduce the hidden financial costs families face. In addition, this will ensure that temporary accommodation environments are safe, accessible, and tailored to specific neurodevelopmental needs. This approach will stabilise housing suitability, reduce the need for costly emergency repairs, and alleviate the caregiver burden currently being compromised.

2.3 Make special arrangements for families living in B&Bs, hotels and hostels

Context and challenge

Supporting neurodivergent families in emergency accommodations

Currently in England, local authorities try their best to avoid placing families with dependent children in B&Bs, hotels or hostels. However, this type of accommodation is still being used for emergencies for a maximum period of six weeks. The National Plan to End Homelessness revealed that 2,070 families are currently living in B&B-type accommodation and hotels beyond the six-week statutory limit, admitting it is “deeply damaging.”

These families in B&Bs and hotels or hostels are trapped in an environment that is highly unsuitable for children, let alone neurodivergent children. For example, according to a report from Shelter Scotland, hostels are exceptionally challenging for autistic individuals due to bright lights and noise from other residents. The Sensory Lives report also pointed out the safeguarding concerns for this environment: Cramped rooms force children to share communal hallways and facilities with vulnerable single adults, some of whom may have complex trauma, substance abuse issues, or volatile behaviours. Hyperactive children may seek space in communal hallways, and consequently come into conflict with these residents or strict hostel staff. For neurodivergent children who lack social understanding or danger awareness, this exposure poses significant risks of aggression, trauma, and even sexual exploitation.

In many B&Bs, hotels and hostels, strict "no visitor" policies are enforced to protect residents. But as a consequence, this prevents relatives or friends from providing respite care these parents/carers need deeply. Parents/carers are forced to manage their child's high needs entirely alone in a single room, even while trying to do basic tasks like taking a shower or cooking.

For councils who have large numbers of families in this type of TA, it may take a while for them to be moved to more suitable accommodation. However, we suggest the following actions for these areas to ease the burden of families while they wait to be moved.

Recommendations for actions

1. **Offer basic trauma-informed training for staff members**
   It is important to offer basic trauma-informed training to hotel staff in B&Bs, hotels, and hostels so that they are aware and can support families with neurodiversity needs.
   Potential Outcomes
   - More empathic support from the staff for families with neurodivergent children.
   - Reduced social isolation for families who are struggling in silence.
   - Better support for parents to detect early signs of mental health problems or neurodivergent traits amongst their children.
   - Earlier introduction of preventative services or intervention.

2. **Make special arrangements to allow visitors**
   Make special arrangements for families living in hotels, B&Bs, or other accommodation with visitor restrictions to allow for essential childcare and respite, particularly for those with neurodivergent children.
   Potential outcomes
   - Enable essential respite and childcare support for families by implementing secure visitor protocols, such as staffed entries or sign-in systems.
   - Decrease parental isolation and the risk of mental health decline by fostering supported care environments.
   - Alleviate caregiver burden for single parents by facilitating access to necessary external help within the accommodation.

Expected system impact

Implementing trauma-informed training for staff and facilitating essential visitor access will transform the hotel and hostel into a more supportive, manageable space. These interventions will reduce social isolation and caregiver burnout currently experienced by families, allowing for critical respite and consistent support. By fostering a more empathic and connected environment, we can significantly improve parental mental health and child wellbeing, ensuring that emergency accommodation does not exacerbate the developmental risks neurodivergent children face while awaiting stable housing.

2.4 Key stakeholders

To successfully develop future interventions for the housing pathway—specifically creating neuro-inclusive temporary accommodation (TA) and reducing hidden financial burdens—it is essential to engage the stakeholders who directly control housing supply, statutory assessments, and allocations.

Here is a summary of the key stakeholders and partners who must be involved in the housing area:

1. **Local Authority Housing Teams and Housing Officers**
   These are the frontline statutory decision-makers responsible for managing homelessness applications, conducting housing needs assessments, and making TA or permanent housing placements. Under Part 7 of the Housing Act 1996 and the Homelessness Reduction Act 2017, local authorities have a legal duty to secure accommodation that is "suitable" for the applicant's specific household needs. They are under immense pressure to achieve the targets set out in the 2025 National Plan to End Homelessness, specifically the mandate to eliminate the unlawful use of Bed & Breakfasts for families. Because housing authorities face soaring TA costs (costing £2.8 billion in 2024/25 according to A National Plan to End Homelessness), they are highly motivated to adopt interventions that prevent costly placement breakdowns, avoid lengthy appeals over "suitability", and reduce the overall time families languish in emergency accommodation.
2. **Private Rented Sector (PRS) Landlords**
   Private property owners who provide a vast amount of nightly-paid temporary accommodation, as well as long-term private rented sector offers (PRSO) to homeless families. The Localism Act 2011 gives local authorities the power to end the main homelessness duty by

placing a family in the private rented sector without the applicant's consent. However, landlords make a market-based decision based on whether the financial benefits outweigh the costs. Landlords can be motivated to participate in neuro-inclusive housing interventions if they are supported by local authorities—for instance, by proactively utilising funds for physical adaptations like lockable windows or safe access to cooking facilities or bathrooms. Participating could offer them commercial advantages, a steady stream of tenants, and access to local authority support or financial incentives.

3. **Partner Registered Providers (Housing Associations)**
   These are usually the not-for-profit organisations that own and manage social housing and supported accommodation. These housing providers work in formal partnership with local authorities. From a policy perspective, they are heavily incentivised by the government's new £39 billion Social and Affordable Homes Programme, which requires them to deliver a transformational increase in the safety, quality, and supply of affordable homes. Because they are responsible for building new stock and managing long-term social housing, their involvement is critical for embedding neuro-inclusive design standards (such as the BSI PAS 6463) into the permanent housing pipeline and preventing neurodivergent families from remaining trapped in TA.
4. **District Medical Officers (DMOs) and Occupational Therapists (OTs)**
   Clinical health professionals who work alongside or directly advise local authority housing departments regarding an applicant's medical and physical requirements. Housing officers currently rely heavily on the advice of DMOs to determine whether a property meets the legal threshold of "suitability". DMOs assess medical reports and advise housing officers on the specific type of accommodation a family requires. By actively integrating DMOs and OTs (ideally fully trained in SEN and trauma-informed practices) into the intervention design, local authorities can create a functional framework that successfully translates clinical evidence of neurodiversity into visible, actionable housing needs, directly satisfying their statutory safeguarding and suitability duties.
5. **Parents and children with lived experience**
   Voices from parents and carers of neurodivergent children are key for continuous engagement in the design, development and testing of the interventions. Their involvement is a central directive of the government's 2025 National Plan to End Homelessness, which commits to embedding "lived experience at the heart of homelessness policy and service design both nationally and locally".

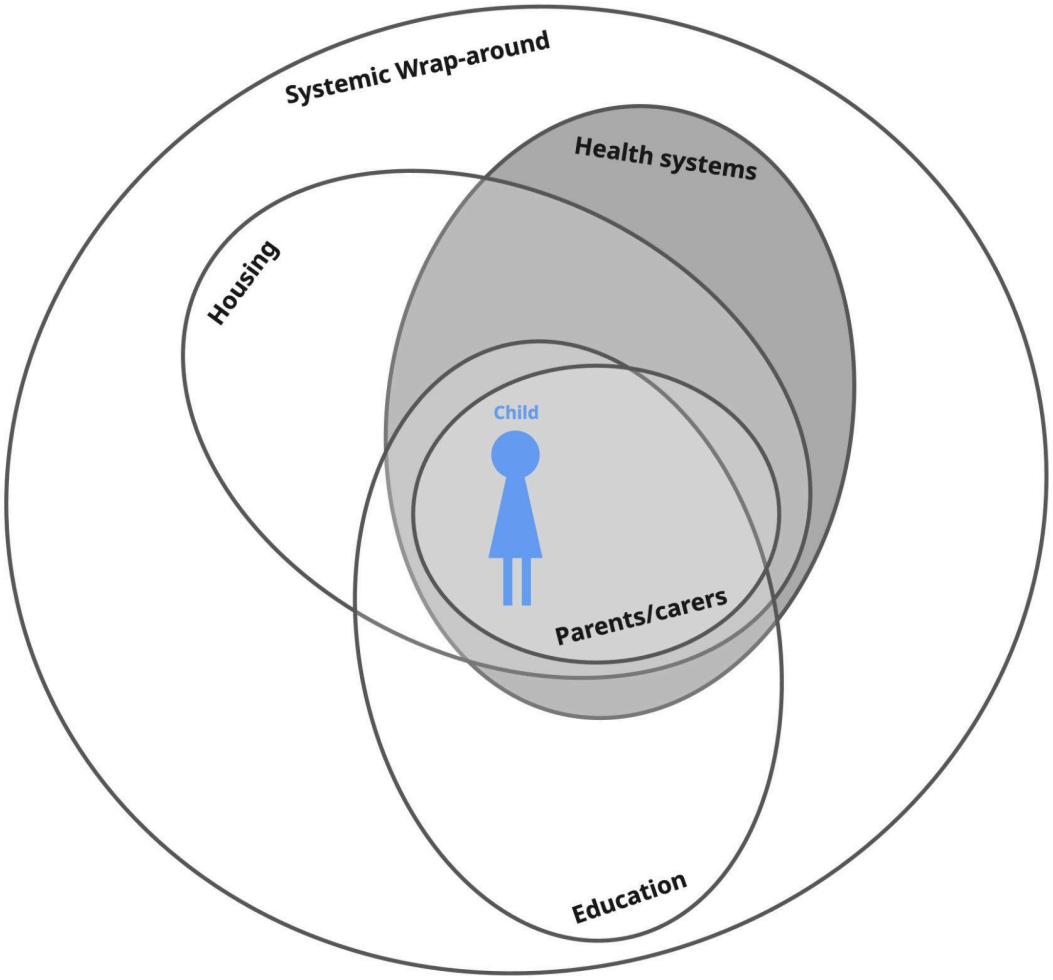
2.5 Conclusion

In summary, the transition toward neuro-inclusive housing represents a critical lever for systemic change, moving beyond immediate accommodation needs to address the root causes of poverty. By alleviating the poverty penalty[3] through targeted support such as the Sensory Needs Fund and by ensuring environments are safe and adaptable, we stabilise family life and reduce the overwhelming caregiving burden that often prevents parents from maintaining employment.

Ultimately, this approach aligns directly with national goals, such as the 2025 Child Poverty Strategy, by tackling the instability that traps families in cycles of disadvantage. By prioritising neuro-inclusive standards today, we safeguard children's well-being, secure educational continuity, and dismantle the frequent, disruptive relocations that sever access to vital support services.

[3] Also known as the "poverty premium". It describes the unfair reality that people with low incomes often pay more for basic goods, services, and credit than wealthier people. The core idea has roots in 1960s sociology. In 1963, sociologist David Caplovitz published a landmark study titled *The Poor Pay More*. The term was later popularised in 2005 by business theorist C.K. Prahalad in his book, *The Fortune at the Bottom of the Pyramid*. Prahalad highlighted how the world's poorest populations are often exploited.

Pillar 3. Prioritise access to health and care services



Introducing Pillar 3

Housing instability creates a damaging cycle for families with neurodivergent children, negatively affecting their health and wellbeing[4]. Sensory overload in unsuitable housing space and the absence of stable routines often contribute to sleep deprivation, anxiety and emotional distress - all of which severely impact the mental health of both children and adults in the household. It is essential to recognise that these difficulties and challenges are frequently the result of an environment that lacks the stability, safety, and inclusive design needed for healthy development, rather than issues located within the child or the family.

Repeated relocations, particularly out-of-borough placements, disrupt connections with GPs, health visitors, and mental health services, reducing continuity of care and limiting access to essential support networks. Out-of-borough placement is common in high-demand areas like London, due to the high living costs and limited supply. This makes out-of-borough housing a common practice for housing families in temporary accommodation (TA). It is worth noting that a child's wellbeing encompasses more than health and developmental metrics; it includes opportunities for spontaneous play, the maintenance of friendships and peer relationships, a sense of identity and belonging, autonomy, access to nature, and overall quality of life and participation. When housing is unstable, these fundamental aspects of childhood are often eroded. Meanwhile, parental wellbeing is similarly impacted by these structural constraints. Parents and carers are frequently navigating chronic stress, trauma, and a profound loss of control.

When it comes to accessing health and care services, families often face a dilemma. If they choose to stay with the care and health services they currently use (if they are allowed), they need to take into account the cost of transportation and travel time, and the fact that their children will have to endure the long trip regularly. Parents of neurodivergent children tend to take this option because for neurodivergent children to establish a stable, trusted relationship with a healthcare professional is hard work. Once such a relationship is established, many parents try to hold on to the last bit of stability and continuity as the family goes through a stressful, turbulent time of moving. If the family decides to switch to a new health provider closer to the new housing, they may face the uncertainty of building new relationships from scratch. This likely comes with resistance or withdrawal from their children, who often don't understand why everything has changed. They have to re-establish a routine for the children to adjust to new programmes while living in an unfamiliar environment. In some cases, families who are on a waiting list for diagnosis or treatment lose their position while switching to the new service provider, and thus, all the work done before was wasted.

Objective

The objective of Pillar 3, Prioritise access to health and care services, is to address these challenges and provide continuous health support for families with neurodivergent children in TA that is tailored and targeted to their needs.

Four opportunities for change

We offer four different directions of developing future interventions within this pillar. They can be developed in parallel to each other, or as separate projects on smaller budgets.

3.1 Create a smooth transition within the healthcare system when families move
3.2 Provide targeted and tailored mental health support to families
3.3 Offer financial support to cover the cost of accessing healthcare services
3.4 Encourage alternate forms of communication with families when they are moved

[4] More details about how neurodivergence and temporary accommodation impacts the health of neurodivergent children are described in Sensory Lives Report and Shelter Scotland report.

3.1 Create a smooth transition within the health system when families move

Context and challenge

Disrupted care pathway due to out-of-borough placement

Out-of-borough placements often disrupt a family's established network of trusted healthcare professionals, including GPs, health visitors, Occupational Therapists (OTs), and Child and Adolescent Mental Health Services (CAMHS), according to the IoUH report, 2025. A neurodivergent child could have medical and care history documents from various professionals, including a GP, a SEN support worker at school, specialised therapists and community or at-home care workers in the original borough. When the family is moved, if the family decides to move to a new medical system closer to their new location, they will have to navigate swiftly to a network of equivalent new providers they are not familiar with and no existing social contacts in the area.

When families are moved between local authorities, they often drop off long NHS waiting lists for critical diagnostic assessments and therapeutic services, forcing them to start the process all over again, according to the Sensory Lives Report, 2025.

New duty to bring housing, school and healthcare together

The upcoming SAFE Protocol that requires a local authority to notify their health and care professionals as soon as a child is placed in or moved between TA is positioned to help tackle the same issue. But we believe a mere notification system would not be enough. Follow-up actions still need to be taken by different service agents in a coordinated manner to prevent things from getting delayed or lost, as different boroughs operate slightly differently with their own documents and information systems.

This opportunity complements Pillar 1, systemic wrap-around services described earlier, because a smooth transition would benefit from a collaborative systemic approach. But even if developed without Pillar 1, actions suggested in this opportunity area are still going to make a positive impact on neurodivergent children living in TA.

Recommendations for actions

1. **Ensure a rapid and accurate transfer of SEND records across local authorities**
   When a family is moved across boroughs, their children's SEND and related medical records should be transferred without delay. Any SEND-related housing requirements should also be highlighted to the receiving local authority's housing team to make sure that the family's special needs are met or any adjustment or compromise is discussed with the family. A clear transfer procedure should be included in the multi-agency approach described in Pillar 1. For example, between the two multi-agency teams, the transfer can be handled by one representative who then makes sure equivalent service options are provided to the parent.
   Potential outcomes:
   - Fewer cases of families losing access to specialised health service.
   - Reduced number of cases of delays in diagnosis and treatment.
   - Better continuity in EHCP progress tracking.

2. **Create a way to re-assess the priority of a child's diagnosis or treatment needs in the receiving borough**
   When a family is moved across boroughs, they often lose their place on the waiting list for diagnoses or treatment, consequently being placed at the bottom of the list when they move to a new borough. This delays diagnosis and treatment, which can potentially worsen the child's health outcomes. A procedure should be developed to make sure this is handled fairly, taking into account the waiting time they have already served in the original borough.
   Potential outcomes:
   - Faster diagnosis for neurodivergent children who are moved across boroughs.
   - Earlier targeted preventative interventions .

3. **Highlight TA status and specific vulnerability in children's NHS records**

For each child with SEN, create a marker in their NHS record to highlight their TA status and specific vulnerability. This could be added by the GP, school, or housing service.

All the key SEN information of this child can stay in this document, so professionals from different departments are made aware of their particular vulnerability and can make adjustments to accommodate TA constraints or sudden moves.

Currently, when a midwife identifies a pregnant woman who is homeless or at risk of homelessness, the situation is handled systematically within the NHS record systems and local authority networks. A similar marker/flag can be introduced for neurodivergent children in TA as well.

Potential outcomes:

- Reduce the chances of any professionals supporting the families missing the fact that they are neurodivergent and living in TA.
- Reduce the chances of families falling through the cracks in different support services pathways.

Expected system impact

Implementing these actions creates a fundamental shift from a reactive, fragmented model of care to a proactive, integrated system. By enforcing rapid record transfers, establishing cross-borough priority reassessment, and introducing specific NHS markers for TA status, the health system can directly counteract the disruption experienced by many families with neurodivergent children. While the upcoming SAFE Protocol provides a necessary foundation for notification, these measures ensure that notification translates into coordinated, follow-up action. Ultimately, this approach ensures that neurodivergent children remain visible and prioritised in the health system regardless of where they move.

3.2 Provide targeted and tailored mental health support to families

Context and challenge

Living in TA creates a mental health crisis for neurodivergent children, primarily driven by the poor physical environment and lack of stability. Temporary accommodation is typically sparse and rigidly designed, with no flexibility to adjust furnishings or layout, leading to overstimulation from noise, bright lighting, and unsuitable textures, which causes heightened stress and behavioral difficulties. Unsanitary conditions like damp, mould, and extreme cold often lead to physical health issues, such as asthma and respiratory illnesses, which compound emotional distress.

Crucially, the absence of stable routines and the high risk of sensory overload severely impact a child's well-being, manifesting in chronic sleep deprivation, increased anxiety, behavioral regression, self-harm, and meltdowns. Overcrowding contributes to sleep disturbances, strained family relationships, and a pervasive sense of insecurity, hopelessness, and isolation. Studies show this psychological impact is profound, with homeless youth exhibiting significantly higher levels of psychological distress, anxiety, and depression compared to housed adolescents.

Recommendations for actions

Invest in mental health services that are tailored to families in this intersection

Provide tailored and contextually relevant mental health support that understands the specific journey of homeless families with neurodivergent children's specific mental health needs. This research did not dive deep into mental health within the family engagement activities, but there are a few recommendations from the Shelter Scotland report, *In Their Own Words: Children's Experiences in Temporary Accommodation*, which offers some relevant best practices for example.

1. Provide Trauma-Informed Mental Health Support:
   The emotional toll of homelessness requires robust, trauma-informed mental health services that are contextually relevant to the realities of living in TA. Because a

parent's psychological distress and anxiety are directly mirrored in their children, best practices dictate that parents and children must be treated in tandem.

2. Restore Agency with Person-centred Approach:
   The chronic unpredictability of TA strips families of their agency, leading to feelings of helplessness, emotional exhaustion, and a loss of control. To protect their mental wellbeing, services must adopt a person-centred approach that gives families a voice and choice in their homelessness journey. This includes ensuring clear communication, involving families in the decision-making process, and explicitly preventing surprise moves, which are highly dysregulating for neurodivergent children who rely on routine.
3. Maintain Proximity to Trusted Support Networks:
   To foster a sense of belonging and emotional stability, families benefit from mental health support from social connections, primary care providers, and existing school services. Furthermore, providing families with travel support or outreach services can mitigate the logistical stress of navigating long distances to trusted GPs or mental health services.
4. Ensure Safe Spaces for Sibling Relief:
   The lack of suitable environments for play limits a neurodivergent child's ability to safely explore and self-regulate, while also severely impacting their siblings. Siblings of neurodivergent children in TA often lack personal space, must sleep in common areas, and struggle to find peace for study or relaxation. Ensure mental health services take a whole family approach to include siblings' mental health challenges into their support services.

Potential outcomes:

- Reduced anxiety and disruption associated with sudden moves.
- Greater continuity of healthcare and support arrangements.
- Better EHCP progress.
- Earlier diagnosis and preventative intervention for mental health issues for the whole family.

Expected system impact

Shifting mental health provision toward a trauma-informed, whole-family model marks a critical departure from reactive service delivery, recognising that a child's wellbeing is inextricably linked to their environment and the stability of their primary caregivers. Ultimately, by integrating targeted mental health interventions into the systemic fabric of support, local authorities can mitigate the long-term psychological scarring often associated with housing instability, ensuring that families remain supported, visible, and empowered, rather than isolated by bureaucratic gaps.

3.3 Offer financial support to cover the cost of accessing healthcare services

Context and challenge

When families are moved to another location, either within the local authority or outside it, they face significant logistical and financial barriers to accessing healthcare, including long, expensive travel times on public transport back to their original doctors. As parents explore healthcare options closer to their new location, they may still want to continue some treatment in the original borough.

Recommendations for actions

Establish a Dedicated Healthcare Travel Support Fund

Recognising that families displaced from their local area often face extra financial burden when trying to maintain existing healthcare relationships, local authorities should implement a dedicated travel support fund. This goes beyond simple reimbursement. For example, it can include the provision of pre-paid travel passes or taxi vouchers for families with children who have complex sensory or mobility needs, making travel back to their original borough accessible and low-stress.

Potential outcomes:

- Reduce the number of families dropping out of the health and care system for neurodivergent children.
- Better health and developmental outcomes for the children thanks to healthcare continuity.
- Reduce financial burden on parents to keep up with appointments and treatment or therapy.

Expected system impact

Providing financial support for healthcare travel is a critical lever for dismantling the poverty penalty[5] that often forces families to sacrifice medical continuity for housing survival. By subsidising the logistical costs of maintaining existing care relationships, the system prevents the unintended, yet systemic, abandonment of critical treatment plans that frequently occurs when families are displaced. This measure directly operationalises the National Child Poverty Strategy's commitment to alleviating the burden of essential costs for vulnerable households, recognising that access to specialised support is a developmental necessity rather than an optional expense.

Ultimately, this creates a more resilient service ecosystem where families are not structurally incentivised to disconnect from the professionals who understand their children's specific neurodiversity needs, thereby stabilising long-term health trajectories and preventing the broader systemic costs associated with missed interventions and preventable health regressions.

3.4 Encourage alternative forms of communication with families when they are moved

Context and challenge

Important letters can be lost as the family is moved to/between TA, especially for those who are moved multiple times in a short period.

"They were in a Holiday Inn [hotel] and they moved rooms four times. Their CAMHS [Child and Adolescent Mental Health Services] forms went to the wrong room and nobody... said, 'Oh, your CAMHS forms are here,' so CAMHS closed the case."
- Professional working at a school as a SEN coordinator

The upcoming SAFE protocol requires a local authority to notify their health and care professionals as soon as a child is placed in or moved between temporary accommodations. This can help with the situation if the parent consents to have their new address shared automatically with their original care providers. For parents who may not want to share their new address, for whatever reason, alternative solutions would be a great help.

Recommendations for actions

1. **Offer family a choice to adopt an alternative address for temporary measures**
   The school, GP[6], pharmacist or even a trusted relative can offer a safe and stable address for important letters from SEN services or other support services. If the family is still able to visit these places regularly, it offers a better chance for the family to collect letters even though their addresses or phone numbers change frequently.
   Potential outcomes:
   - Reduce chances of misplacing important medical letters during address changes.

[5] Also known as the "poverty premium". It describes the unfair reality that people with low incomes often pay more for basic goods, services, and credit than wealthier people. The core idea has roots in 1960s sociology. In 1963, sociologist David Caplovitz published a landmark study titled *The Poor Pay More*. The term was later popularised in 2005 by business theorist C.K. Prahalad in his book, *The Fortune at the Bottom of the Pyramid*. Prahalad highlighted how the world's poorest populations are often exploited.

[6] Shared Health Foundation produced a few guidelines for primary care to better support families living in TA. One of these suggests GPs "consider offering to register the family using the practice address as a temporary measure, particularly if a patient is waiting for an important referral letter. Families could be moved multiple times over a number of months or years and keeping track of address history and where to send appointment letters can be tricky." Full guidelines can be found here: https://sharedhealthfoundation.org.uk/publications/how-to-support-homeless-families-guidance-for-schools-and-gps/

- Reduce incidents of missing medical appointments.

2. **Support families to register and use the NHS app as a portable health hub.**
   For families in TA who have access to the internet and a smartphone device, the NHS app can offer a "digital anchor" that remains stable even when physical housing is volatile. Rather than simply signposting the app, support services should provide active, hands-on onboarding to ensure parents can independently manage appointments, access medical records, and receive urgent updates regardless of how often their physical address changes. This approach effectively decouples the child's health management from the instability of their housing situation, eliminating the lost letter barrier and ensuring that critical healthcare continuity is maintained.
   Potential outcomes:
   - Reduce chances of missing out on important information related to their children's healthcare.
   - Reduce incidents of missing medical appointments.
   - Better health outcome thanks to healthcare continuity for the children's neurodiversity diagnosis, therapy or treatment.

Expected system impact

Implementing flexible communication channels for families in TA fundamentally transforms the interaction between public services and populations experiencing homelessness. By allowing the address on healthcare records to include stable community anchors such as schools, GP, pharmacies, or trusted relatives. On top of this, leveraging digital infrastructure like the NHS app, the system effectively decouples the continuity of health delivery from the volatility of physical residency as a temporary measure. This systematic shift moves services away from a rigid, paper-based administrative model that inadvertently excludes those in housing precarity, toward a resilient, patient-centered architecture. Aligning with broader digital transformation agendas across the NHS and local government, these measures ensure that service continuity is maintained not by the stability of a family's housing, but by the reliability of their digital and community networks, ultimately safeguarding vulnerable children from falling through bureaucratic gaps during periods of intense instability.

3.5 Key stakeholders

Strengthening the health and care system for neurodivergent children in TA requires moving beyond siloed, departmental responsibilities toward a cohesive, multi-stakeholder collaboration where accountability is shared across institutional boundaries.

The following stakeholders must be actively involved in shaping interventions in this area:

1. **Health and Clinical Professionals**: Medical professionals at the frontline of providing continuous care and support for children with SEN are essential. At a strategic level, these professionals could be involved in designing systems that ensure the rapid and accurate transfer of medical records. It is crucial to include mental health support workers as well, as shown in the suggestions above, neurodivergent children are more prone to chronic stress and the compound effects of it on their specific neurodiversity needs.
2. **Integrated Care Boards (ICBs) and Health Commissioners:** As the primary architects of service design and funding, ICBs are crucial for moving beyond local initiatives to wider systemic change. They are responsible for commissioning the integrated pathways and digital interoperability required to ensure records and care plans move seamlessly across borough lines.
3. **Local Authority Housing Teams:** Housing departments and social care teams are critical partners in establishing safety nets during transitions for families. To prevent families from losing their place in healthcare waiting lists, housing authorities must be involved in creating automated notification systems that alert a family's GP and health visitor when families move. More details of how a multi-agency approach can be developed is described in Pillar 1, and more housing specific opportunities for intervention are explored in Pillar 2
4. **Education Professionals (SENCOs and Safeguarding Leads):** Since schools frequently act as a child's most consistent "community anchor," SENCOs are vital in identifying early warning signs of housing instability and facilitating the link between health and school-based support.

Their insight into a child's daily routine makes them essential partners in ensuring continuity when a child is moved. More details of how a multi-agency approach can be developed is described in Pillar 1, and more education- and school-specific opportunities for intervention are explored in Pillar 4.

5. **Voluntary and Community Sector (VCS) organisations:** These organisations often hold the trust of marginalised families and are uniquely positioned to advocate for lived experience. They play a critical role in service co-design and can provide the "on-the-ground" support that statutory services frequently miss, ensuring that systemic changes remain grounded in the reality of family life.
6. **Parents, Carers, and Children with Lived Experience**
   Across all recent major policy frameworks, including the SEND Reform, Schools White Paper, and National Plan to End Homelessness, there is a strong mandate that interventions must be co-designed with those holding lived experience.

Health and care leadership
By aligning the commissioning power of ICBs with the frontline operational power of health and care professionals, education professionals, housing teams, and VCS organisations, the system can establish a unified safety net that follows the child rather than their address. This collaboration hinges on seamless data interoperability and proactive communication protocols, ensuring that when a family moves, their care plan is sufficiently synchronised and updated. Ultimately, by centring the lived experience of parents and children in the co-design of these pathways, these stakeholders can work together to transform the current fragmented model of healthcare into a resilient support network. Even amidst the volatility of housing instability, the child's neurodiversity needs should always remain the constant priority at the heart of every intervention.

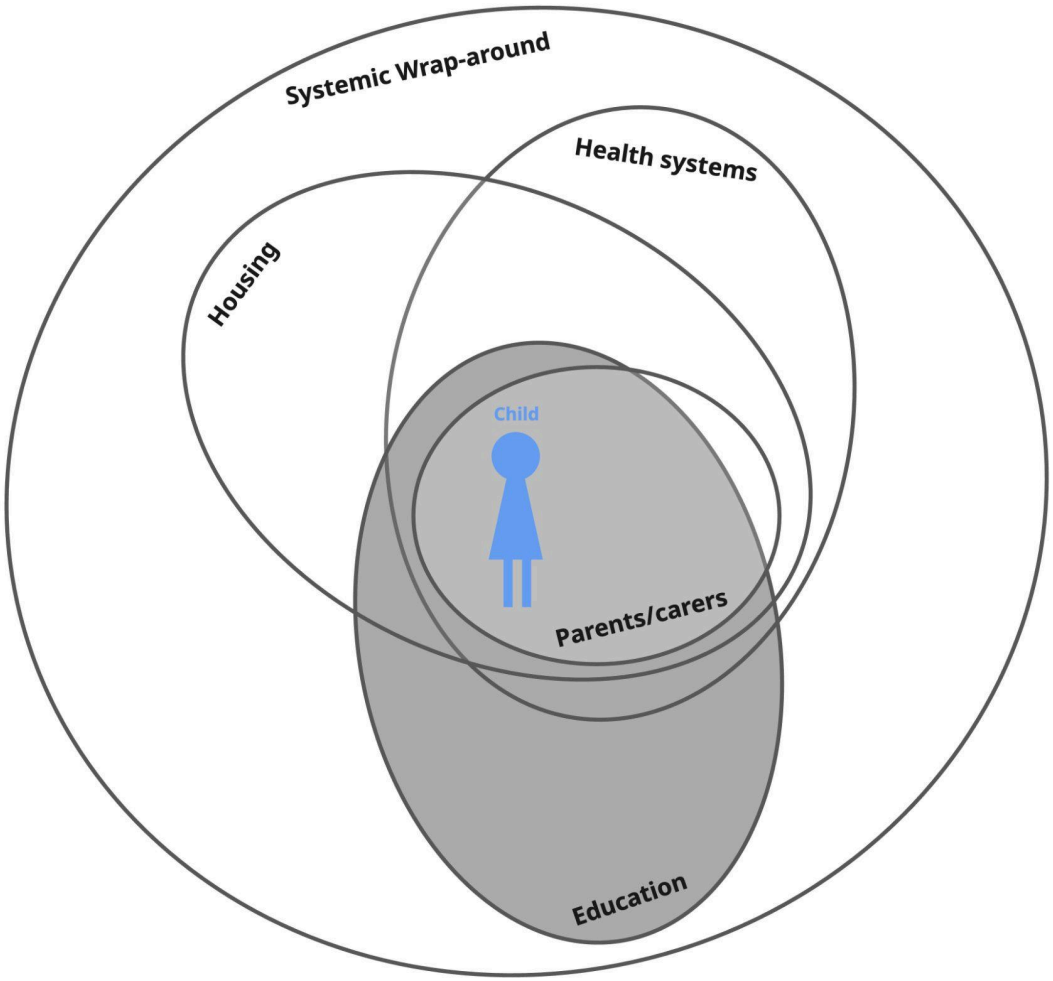
3.6 Conclusion

Prioritising health and care continuity for neurodivergent children in TA is not merely a logistical necessity. It is a systemic imperative that directly operationalises the commitments of the National Child Poverty Strategy. The strategy explicitly acknowledges that poverty and poor health are mutually reinforcing; a child in poverty is statistically more likely to experience mental and physical health issues, which in turn diminishes their educational attainment and long-term earning potential.

By implementing targeted interventions, such as rapid, automated medical record transfers, financial support for travel to essential appointments, and enhanced digital health systems and communication systems, the proposed actions directly address the structural barriers that trap these families in a cycle of instability and service exclusion. These proposals shift the current healthcare system from a reactive, postcode-dependent model toward a resilient, child-centered ecosystem.

Ultimately, this approach secures the stability required to prevent the compounding effects of trauma and poverty, ensuring that every child, regardless of their housing circumstance or neurodivergent profile, receives the continuous, tailored support they need to flourish.

Pillar 4. Ensure educational continuity



Introducing Pillar 4
Due to the limitation of in-borough housing availability, out-of-borough housing is used when the priority is to 'put a roof over the head'. This is understandable for solving other homelessness demands, but for families with neurodivergent children this poses a particular issue: Neurodivergent children in temporary accommodation (TA) are already at a disadvantage in their educational progress due to the trauma of their experience of homelessness. When this urgent educational need is not being prioritised by housing, both school and parents are left to put in extra resources to compensate for the negative impact on the children. The cost of educational continuity is paid somewhere else in the system.

There is an important policy context that we should not overlook. As this project is taking place, there is a nation-wide consultation going on for SEND reform and a Schools Whitepaper being published in early 2026. This policy shift mandates a vital shift from "sidelined to included," promising early intervention, inclusive mainstream education, and ensuring children with SEND receive support locally and fairly without parents having to battle the system.

Current systems of housing children and families present a huge barrier to this ambition. While the Schools White Paper rightly acknowledges the educational impact of homelessness by introducing a new duty on councils to automatically notify schools, health visitors, and GPs when a child is placed in TA to reduce lost school days, notification alone cannot mitigate the physical dangers of the accommodation.

Objective
The objective of this pillar is to transform mainstream schools into proactive, stable anchors for neurodivergent children in TA. It seeks to equip staff with the necessary training, resources, and flexible policies to maintain educational continuity and mitigate the trauma caused by housing instability.

4.1 Equip mainstream schools to support both neurodiversity and homelessness

Context and challenge
The burden of unsuitable housing frequently shifts onto schools, which are forced into a reactive stance with minimal training and resources. If local authorities were to consider the school-level impact of a housing placement, then schools need training and resources to be better equipped to manage the heightened behaviours that arise when a home environment is unstable and/or unsuitable.

"Because for us as a school, we've got to manage maybe 900 children... I think the local authority, maybe there needs to be something which is maybe like an outreach programme or something, that when children who are neurodivergent are housed [in TA], they need to understand what impact it can have back in schools and then support schools with that."
- Professional working at school as a SEN coordinator

In some cases, proactive staff at mainstream schools feel compelled to provide support beyond their remit to support neurodivergent children living in TA, which is not sustainable for the school or the staff.

"Often these parents just need that help... so they often say, 'Can you just do it for us?' But recently we had an inspector around, and she was saying, 'I think you do too much, maybe you shouldn't be doing [the extra work] you gotta leave it for the other services,' but if the other services are not proactive in doing these things, then someone's going to have to pick it up and then also we've got to think about what impact does it have back into school." - Professional working at school as a SEN coordinator

In 2024, Shared Health Foundation published a set of guidelines on How to Support Homeless Families (2024) for schools. We discussed a few of these with parents and schools in our project. Our suggestions for actions below are built on the basis of this guideline, with inputs from parents and school SEN coordinators from the Brent area.

We acknowledge that a more proactive multi-agency approach described in Pillar 1 would ultimately help schools to turn their support around from being reactive to proactive. Still, in parallel to the systemic multi-agency approach, the following Recommendations for actions can make a positive impact when developed and implemented without the systemic change.

Recommendations for actions

1. **Invest in trauma-informed training tailored to child homelessness to all school staff**
   Specialised training can better equip school staff to manage the emotional and behavioural dysregulation triggered by experiencing homelessness or unsuitable TA. This would benefit all children no matter their neurodiversity profile, however, as explained in earlier chapters, neurodivergent children's experiences are often more intense. Being equipped with a trauma-informed practice framework and practical guidelines also motivates school staff to move away from rigid attendance and discipline policies, recognising and linking a child's distress with their trauma and housing instability.
   Potential outcomes:
   - Proactive, preventative, early intervention for children experiencing homelessness.
   - Reduce the number of school dropouts caused by moving into/between TA for neurodivergent children.

2. **Encourage schools to implement adjustments for travel and arrival times.**
   A more flexible attendance policy and arrival time would reduce the physical and mental strain on families placed out-of-borough. For example, if a child is permitted a later start to accommodate a long commute, then the morning routine might become less combative and distressing for both parent and child.

   While flexibility is vital during the initial crisis, the school is concerned with the number of days lost at school for children living in TA in the long run. Therefore, schools and parents need to work together to gradually re-establish a stable routine to gradually extend the hours a child can attend school, when the child has the headspace and emotional stability needed to catch up on learning objectives and reach their educational potential.
   Potential outcomes:
   - Reduce pressure on families on school attendance and performance.
   - More open and collaborative attitudes of school staff who are relieved of the pressure of attendance.
   - Reduce the number of school dropouts caused by moving into/between TA for neurodivergent children.

3. **Utilise the government's expanded attendance mentoring programme**
   The expanded attendance mentoring programme set out in the School's Whitepaper, 2026 offers an opportunity for schools to utilise one-to-one support from trained mentors for persistently absent children. These mentors should be trained to understand the intersectional needs of children who are neurodivergent and living in TA.
   Potential outcomes:
   - More children can receive attendance support that is trauma-informed and suitable to their specific needs.
   - Reduce the number of school dropouts caused by moving into/between TA for neurodivergent children.

4. **Utilise the government's new Experts at Hand funding to bring therapeutic support to target specialised support**
   With this fund, OTs and mental health practitioners can proactively address the sensory and emotional dysregulation caused by TA environments at an earliest possible stage to prevent the children or the families reaching a crisis point.
   Potential outcomes:

- Early, proactive therapy interventions reach the children who need them the most in a tailored way that meets their intersectional needs.
- Improve neurodivergent children's experience in the school environment.
- Better EHCP progress.
- Reduce the burden on parents to seek separate medical help or take children out of school for therapy sessions.

Expected system impact
Developing the recommendations of this pillar help to pivot the mainstream school from a reactive institution, which is currently under-resourced and overwhelmed to meet the complex needs of neurodivergent children in TA, into a proactive, stabilising anchor for them in a difficult time. By operationalising trauma-informed practice and institutionalising flexible, inclusive attendance policies, the system effectively decouples a child's educational trajectory from the volatility of their housing status. This shift moves away from a punitive, compliance-heavy model that inadvertently penalises neurodivergent distress, toward a resilient, supportive framework that aligns with the government's inclusive mainstream agenda.

Ultimately, this approach prevents the hidden educational exclusion triggered by frequent and/or out-of-borough housing moves, mitigates the compounding effects of trauma, and preserves the family's capacity to maintain economic stability, ensuring that a child's right to learn is protected regardless of their addresses.

4.2 Key stakeholders

To successfully implement the recommendations outlined in this pillar, a coordinated, multi-agency effort is essential. The following stakeholders are critical to this transformation, each holding specific statutory responsibilities and operational levers that, when aligned, can create the stable, supportive educational environment necessary for neurodivergent children in TA. By leveraging recent policy shifts such as the SEND Reform and the National Plan to End Homelessness, which mandate greater collaboration across departmental boundaries, these stakeholders can collectively move from reactive crisis management toward a proactive, integrated support system.

1. **Mainstream Schools, Headteachers, and SENCOs**
   The frontline educators, pastoral care teams, and Special Educational Needs Coordinators (SENCOs) would interact with neurodivergent children in TA on a daily basis in a school environment. Schools are highly motivated to participate as a key stakeholder because the Schools White Paper, *Every Child Achieving and Thriving* and the SEND Reform place them at the centre of a new inclusive education system. Crucially, the government is introducing the SAFE protocol (a temporary accommodation notification system), which places a statutory duty on councils to automatically notify schools the moment a child is placed in TA. This notification triggers an expectation that schools will provide targeted pastoral support, homework assistance, and access to free breakfast clubs. Furthermore, schools are also incentivised by the new £1.6 billion Inclusive Mainstream Fund, which provides direct resources to implement targeted, evidence-based interventions to ensure children's special needs are identified early and met consistently.
2. **Local Authority Housing Teams**
   The housing officer plays a crucial role in TA allocation decisions which have a direct impact on a child's health and their access to school services. The 2025 National Plan to End Homelessness introduces a statutory "duty to collaborate" for key public services, legally compelling housing, education, and health departments to work together to prevent homelessness and support those in crisis. More details of how a multi-agency approach can be developed is described in Pillar 1 Systemic Wrap-Around, and more housing-specific opportunities for intervention are explored in Pillar 2 Neuro-inclusive Housing.
3. **Local Authority Attendance Support Services**
   Local authority Attendance Support Services could play a strategic role to unblock the systemic barriers to a child's attendance, actively championing the "support-first" ethos. When out-of-school barriers are identified (such as unsafe housing or lack of SEN support), the

Attendance Support Team can take an active role in the multi-agency effort, acting as the lead practitioner to facilitate access to formal early help or family support services.

4. **Health Professionals and Integrated Care Boards (ICBs)**
   This includes clinical health experts, including Educational Psychologists, Speech and Language Therapists (SaLTs), Occupational Therapists (OTs), and the ICBs responsible for commissioning local health services. The SEND Reform introduces a transformative £1.8 billion "Experts at Hand" initiative, which explicitly tasks ICBs and local authorities with deploying health professionals directly into mainstream schools and early years settings. Health professionals are highly motivated to engage in new interventions because this policy shifts their work away from drawn-out bureaucratic assessments and toward delivering early, preventative support directly in the school environment.
5. **The Voluntary, Community, and Social Enterprise (VCSE) Sector**
   The 2025 Child Poverty Strategy formally recognises the VCSE sector as the bedrock of community support and shifts towards integrating them into public service delivery through "Civil Society Covenant". Charities and community workers already act as essential, trusted human information hubs for marginalised families who face language barriers or lack digital literacy. By co-locating anti-poverty resources, housing advice, and food programmes within the trusted environment of the school, they can reach vulnerable families far more effectively.
6. **Parents, Carers, and Children with Lived Experience**
   Across all recent major policy frameworks, including the SEND Reform, Schools White Paper, and National Plan to End Homelessness, there is a strong mandate that interventions must be co-designed with those holding lived experience.

Collaborative implementation
Effectively operationalising the recommendations of this pillar requires these stakeholders to work together using school as a hub for both educational and health development for neurodivergent children in TA. By leveraging the statutory "duty to collaborate" set out in the 2025 *A National Plan to End Homelessness*, housing officers can ensure timely notifications via the SAFE protocol, immediately triggering the school's pastoral and support response. Simultaneously, ICBs and Attendance Support teams can align their resources such as "Experts at Hand" therapeutic staff and attendance mentors directly within the school environment, minimising the burden on families to navigate separate, fragmented systems. When the VCSE sector and parents with lived experience are integrated into this framework, they help to ensure interventions remain relevant, accessible, and culturally attuned to the lived experiences of the specific needs of these children. Together, this coalition creates a resilient, stable anchor at school for neurodivergent children, ensuring that educational continuity is maintained by systemic reliability rather than family endurance.

4.3 Conclusion

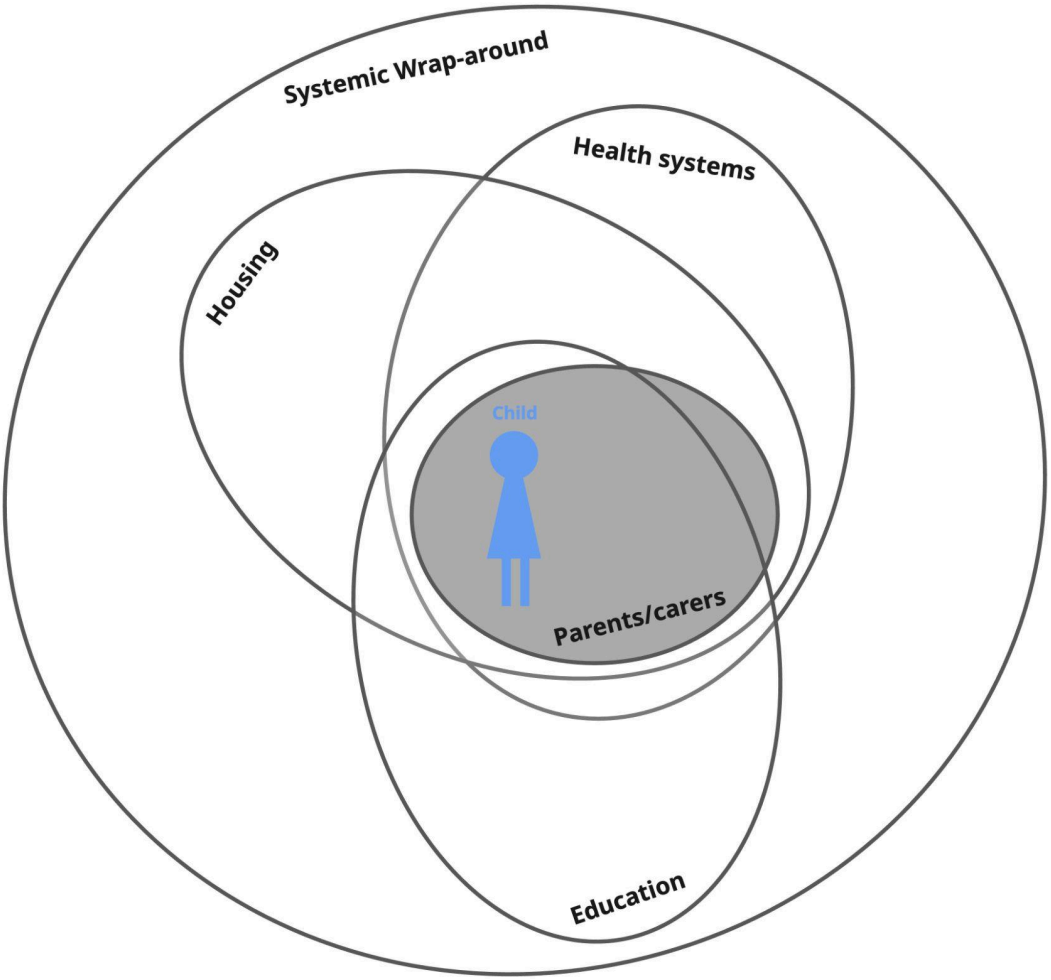
Securing educational continuity for neurodivergent children in temporary accommodation is not merely an operational goal—it is a fundamental systemic imperative. As evidenced by OECD data and the 2025 Child Poverty Strategy, the churn of frequent housing moves risks deepening the poverty gap, where disadvantaged children can fall up to 19 months behind their peers by age 16, potentially trapping families in disadvantage for up to five generations.

The recommendations in this pillar provide the architecture to reverse this trend. By pivoting mainstream schools into proactive, stable anchors, we move away from a reactive, compliance-heavy model toward a resilient, inclusive ecosystem that refuses to equate a child's housing status with their educational potential. These recommendations can be developed as an integrated part of the systematic wrap-around service described in Pillar 1, however, even if developed and deployed on their own, they will better equip mainstream schools to provide tailored support for neurodivergent children living in TA.

This strategy does more than support the child's learning; it acts as a crucial economic release valve for the entire family. By alleviating the exhaustive, unpaid burden of crisis management and round-the-clock supervision currently placed on parents, we restore the mental bandwidth they need to secure and sustain stable employment. This systemic integration not only protects a child's right to

learn regardless of their postcode, but also establishes the necessary foundation for wider family financial resilience, a theme we will explore further in Pillar 5.

Pillar 5. Empower parents and carers through employment, welfare, and work support



Introducing Pillar 5

It is probably not very obvious how employment is involved in a report that discusses supporting children in temporary accommodation (TA). But think of the parent and carer as the closest and most important support a child can get, and it becomes clear that when the parent and carer are supported and thriving, then their children receive the best support they can ever have. So work and employment comes into the picture of supporting neurodivergent children in TA in two ways:

1. When parents can work and bring home income, they are on a path to lift the whole family out of TA and eventually find a stable permanent home.
2. Work brings not only financial support, but also self-esteem and a social connection that are essential for mental health and resilience.

However, living in TA creates significant barriers to re-entering the workforce, particularly when individuals are placed far from their established support networks. In addition, the lack of a fixed address prevents many from opening a bank account, making it incredibly difficult to secure employment or access benefits. Furthermore, the social security system currently creates a "work disincentive" for people living in temporary and supported accommodation, according to the 2025 National Plan to End Homelessness. The interaction between Housing Benefit and the Universal Credit personal allowance creates a situation where individuals are sometimes better off limiting the hours they work.

It is important to acknowledge that parents and carers in these circumstances are rarely just caregivers. They take on a multitude of roles, serving as advocates, navigators, coordinators, case managers, housing officers, educators, and protectors, often simultaneously. This complex, unpaid work is essential to their child's development, yet it is rarely acknowledged or supported by the systems they are forced to navigate.

Work and employment's long-term impact on family

Providing interventions that free up parents' capacity to work has a profound, long-term impact on breaking the generational cycle of poverty. The Child Poverty Strategy 2025 explicitly states that "growing up in a working family is strongly associated with better educational attainment and a significantly reduced risk of poverty and worklessness for those children when they become adults".

While almost three-quarters of children in poverty today are in a working family, the depth of poverty is heavily influenced by the number of hours parents can work. The strategy highlights that for single parents, 43% of children are in poverty if the parent works part-time, but this falls dramatically to 19% if they work full-time. While for households with two parents, if one parent works full time and the other does not, 41% of children are in poverty; this drops to 16% if one parent works full time and the other part time, and to 8% if both work full time.

While employment is a vital pathway to stability, it is not a panacea. Employment support must be accompanied by broader systemic efforts to increase the supply of affordable social housing and ensure housing and employment contracts are secure and of high quality.

Objective

This pillar aims to break the cycle of poverty and improve family well-being by removing barriers to employment for parents and carers in TA. By addressing the compounding challenges of housing instability, intensive caregiving, and social security disincentives, we seek to empower parents to secure stable employment, ultimately ensuring they have the capacity and security to provide consistent support for their neurodivergent children.

Two opportunities for change

This project itself generated a few observations that echoed what's published in the *Sensory Lives* report, but we did not dive into the specifics of employment and welfare due to limited time of engagement with parents. Still, from what we have heard from the parents, there are a few ideas on how to support families to reach more equal chances of work and employment.

5.1 Reduce caregiving and administrative burden to free up parent for work

5.2 Offer flexible employment opportunities to support parents

When we discuss the opportunity for creating a multi-agency approach in Pillar 1, there is room for having someone from Work and Employment support services to join the conversation as a stakeholder to further explore what role welfare support and employment service can play for the families living in the intersection of neurodivergence and homelessness. Still, in parallel to the multi-agency approach, there are other actions that can be taken to better support a parent or carer raising neurodivergent children in TA.

5.1 Remove childcare barriers to free up parents

Context and challenge

The instability of TA, combined with associated care responsibilities, creates barriers for parents to participate in work. TA properties frequently contain severe safety hazards for neurodivergent children, including unsecured windows, accessible gas hobs, unsafe staircases, and a lack of safe outdoor space. As a result, parents are forced to remain on constant high alert, providing round-the-clock supervision. In addition, the inability of children to safely self-regulate in cramped and noisy environments often leads to severe sleep deprivation for the entire family. Consequently, parents are, both physically and mentally, too drained to sustain employment, often forcing them out of the workforce, partially or entirely.

"I have a job but I don't have enough time at home because I have to pay the bills. I don't have enough money. Six months ago I was working two jobs, so I didn't have time to care for my kids. I often worked an afternoon job but now I only have one. The time is not enough, I come back at 7:30 or something, and I leave at 9 in the morning."
- Single parent of six children in TA, one of which is neurodivergent

It should be noted that there are close links between parents' opportunity to work and childcare. When the children are not coping with a new school routine or even refuse to attend school, which is common with neurodivergent children who are extremely reliant on a familiar environment and routine for self-regulation, parents who cannot obtain childcare for school-age children struggle to work or to even seek work.

Recommendations for actions

1. **Offer neuro-inclusive, safe housing that is suitable for the neurodiversity needs of the children**
   When TA properties lack basic safety features (such as secure windows, safe cooking facilities, or quiet, regulated spaces) parents are forced into a state of constant hyper-vigilance. This requirement for round-the-clock supervision prevents parents from engaging in consistent, stable employment. By encouraging the housing team and healthcare professionals to work together to prioritise the allocation of neuro-inclusive, safe housing, we can address these immediate physical dangers, stabilise the home environment, and reduce the immense mental and physical exhaustion that currently forces many parents to withdraw from the workforce. More details about improving suitability in temporary housing is discussed in Pillar 2.
   Potential outcomes:
   - Minimises disruptions caused by hazardous living environments, allowing parents to establish reliable routines for work and childcare.
   - Increased workforce retention with parents being better equipped to sustain employment.
   - More equal opportunity for parents to seek work or attend training.

2. **Offer flexible free or compensated childcare for the parents who are struggling with children's school attendance**
   For many parents of neurodivergent children, there are delays when schools struggle to create supportive conditions for continuity of relationships, belonging and inclusion, peer

connections, play, and extracurricular participation, as well as providing flexibility around attendance and transport for their children at a time of transition. In these cases, the responsibility of immediate care often falls entirely on the parent, frequently making traditional 9-to-5 employment impossible. By providing flexible, subsidised childcare that is specifically designed to support neurodivergent children during these out-of-school periods, we offer an option for parents to balance between their child's well-being and their financial stability. Creative solutions developed with the community and voluntary sector may provide solutions where mainstream schools are constrained by resource and capacity.

This intervention can work with the upcoming change on the Universal Credit system, proposed in the Child Poverty Strategy, for eligible parents to receive upfront support for childcare costs rather than paying out of pocket first.

Potential outcomes:

- Stabilise household income by preventing job loss during school-related care emergencies.
- Reduce caregiver isolation and burnout by providing a professional network of support for neurodivergent needs.
- Allow parents to maintain consistent employment records, improving long-term career progression and salary potential.

3. **Invest in training to include best practice for families experiencing compounding effects of neurodivergence-relevant disability and homelessness for Department of Work and Pension (DWP) and Jobcentre staff**
   The staff working within DWP and Jobcentre must be properly trained and available to directly help families complete complex applications for Disability Living Allowance (DLA) and Personal Independence Payments (PIP), and to assist them in appealing banding awards where necessary. With the right training, it shifts the staff-client relationship from a process-driven approach to a proactive, empathetic partnership where families in poverty gradually build trust and engagement with employment services, and therefore actively seek support and work with the staff for a sustainable solution.
   Potential outcomes:
   - Improve the accuracy of benefit awards.
   - Reduce parental administrative burden for both parents and staff.
   - Foster a more supportive engagement between staff and client.
   - Foster employment solutions that are sustainable and suitable for the parental needs of these families.
   - Prevent families from missing out on support by demystifying how different funding routes interact.

4. **Provide guidelines on how to utilise Carer's Allowance and Short Breaks respite care**
   Local authority staff should help parents assess their eligibility for Carer's Allowance and Short Breaks respite care, and provide clear, accessible guidance on how these different funding routes interact.
   Potential outcomes:
   - Increase uptake of essential financial and respite support.
   - Reduce burn-out caused by the intense caregiving in TA.
   - Prevent families from missing out on support by demystifying how different funding routes interact.

Expected system impact

Removing childcare barriers provides a critical economic and social release valve for the entire family. By providing access to affordable, inclusive, and neuro-sensitive childcare, the system enables parents to secure or sustain employment and potentially into long-term stability. This intervention transforms the family unit from one dependent on reactive support services to one with increased financial resilience and autonomy. A supported, less stressed caregiver is better positioned to advocate for their child and provide the consistent environment necessary for their development. Ultimately, this approach reduces the long-term strain on public services by preventing crisis escalation and addressing the root cause of poverty-driven housing insecurity.

5.2 Offer flexible employment opportunities to support parents

Context and challenge

Managing both homelessness and neurodivergent caregiving leaves parents severely depleted. Many parents report experiencing intense guilt, stress, and mental exhaustion as they attempt to balance the financial necessity of working, sometimes across multiple jobs, with the need to care for highly vulnerable children.

"For me sometimes it's challenging as I'm not working, I'm a full-time carer. But sometimes, you know, living alone without any work or something just stuck in routine and just behind him and my mind is constantly in the house, house, house! I want to do a job, but that is challenging. How and which sector can be good for me like when he comes from school I will be at home, when he gets a holiday I get a holiday because I need to look after [him] in holidays and all. So that is a challenge for me. I'm searching but I... yeah, it's difficult to find a job like that." - Parent of two children in TA, one of them is neurodivergent

Out-of-borough placement in TA further compounds these challenges by imposing long and difficult daily commutes, which consume the time parents need to access work. Removing this logistical barrier would directly return valuable time to parents, improving their ability to engage in the labour market.

Recommendations for action

Incentivise employers to provide high-quality, flexible work

The government's Make Work Pay agenda and the Employment Rights Act 2025 Bill both aim to increase workplace protections by ending exploitative zero-hours contracts and introducing day-one rights to flexible working and unpaid parental leave. To facilitate this, the government is introducing a new "reasonableness test" expected to come into force in 2027, which shifts the expectation toward employers accepting flexible working requests unless there is a concrete, justifiable business reason to refuse. By requiring managers to actively consult with employees before rejecting a request, the policy encourages a collaborative dialogue to find creative solutions, such as part-time hours, compressed weeks, or remote working, that break down barriers to employment for carers. Ultimately, embedding these flexible protections not only provides vulnerable families in TA with the job security needed to escape deep poverty, but it also delivers a win-win for the British economy by helping businesses reduce the costs of unplanned staff turnover, retain skilled workers, and boost overall productivity.

Potential outcomes:

- Increase access to secure and flexible employment for parents and carers.
- Improve financial stability for the whole family.
- Reduce mental strain by facilitating a manageable work-life balance.
- Improve business productivity through higher staff retention and reduced turnover costs.

Expected system impact

Offering flexible employment opportunities creates a critical shift in the economic stability of families navigating the dual pressures of temporary accommodation and neurodivergent care. This flexibility is a primary engine for securing the consistent income needed as one of the means to move families out of temporary housing and into long-term stability. Systemically, this reduces reliance on reactive welfare support and mitigates the poverty-driven stress that often compromises parental mental health. A supported, working parent is not only an economic participant but a more resilient primary carer, creating a more stable foundation for the child's development and ultimately reducing the long-term strain on public services.

5.3 Key stakeholders

Effectively supporting parents and carers to balance the demands of neurodivergent caregiving and housing instability requires a shift in how they get employment and welfare support. Success in this pillar depends on a collaborative approach where employment and welfare services are integrated into a broader support network, with acknowledgement to the complexity of raising neurodivergent children in TA. The following stakeholders are essential to co-designing and delivering interventions that provide families with the stability, flexibility, and recognition needed to move towards sustainable employment and financial security.

1. **Employers and Businesses**
   Employers are essential partners in delivering high-quality, flexible work that accommodates the realities of parents raising neurodivergent children in temporary accommodation (TA).
2. **Department for Work and Pensions (DWP) and Jobcentres**
   DWP and local Jobcentres are critical stakeholders in removing work disincentive barriers and rolling out specialist employment support, such as the Connect to Work and Pathways to Work programmes. These programmes are designed to offer tailored help to individuals who are furthest from the labour market and facing multiple, compounding barriers, including homelessness, disability, and complex health conditions.
3. **Local Housing Authority**
   Local housing authorities are fundamental to parents' ability to work. By intervening to provide neuro-inclusive, safe housing and ensuring families are not placed in out-of-borough TA, local authorities directly free up parents' capacity and mental bandwidth to engage in training and employment.
4. **Parents and Carers with Lived Experience**
   Across all recent major policy frameworks, including the SEND Reform, Schools White Paper, and National Plan to End Homelessness, there is a strong mandate that interventions must be co-designed with those holding lived experience.
5. **Healthcare Providers (GPs, Paediatricians)**
   Essential for providing health-based assessments and continuity of care that reduce family stress and support parents' physical and mental well-being.
6. **Community and Voluntary Sector**
   Key providers of local respite care, peer support, and advocacy services that help support the family and reduce caregiving isolation.

A collaborative approach with the stakeholders listed above ensures that employers are incentivised to provide flexibility, while public services provide the stability that parents need to engage with the workforce. By centring the lived experience of these families in every design and allocation decision, we can shift the system from reactive crisis management toward a proactive framework that empowers parents, secures financial stability, and ensures that children in temporary accommodation receive the stable support they need to thrive.

5.4 Conclusion

Breaking the cycle of poverty and worklessness for families in TA requires a fundamental shift in a whole family approach in tackling child poverty. When we treat the parent not merely as a job-seeker, but as the child's primary pillar of support, it becomes clear that their stability, mental health, and economic security are the most effective interventions for the child's long-term development.

The recommendations outlined in this pillar are not just administrative adjustments. Interventions that prioritise local, in-borough housing directly return valuable time to parents. Suitable housing, flexible working arrangements, tailored childcare support, and welfare services all contribute to the infrastructure that helps parents and carers to gain self-reliance step by step. Together, they form a cohesive strategy to dismantle the systemic barriers that currently force parents into a state of survival rather than stability.

By removing the logistical hurdles that drain a parent's time and mental capacity, we restore their agency and ability to engage meaningfully with the workforce. This transition, moving families from the precarity of reactive crisis management to the security of sustained employment, creates a vital financial buffer against the rising cost of living. Ultimately, empowering parents to thrive provides them with the emotional bandwidth and resources necessary to build a stable, nurturing environment—ensuring that their children are not defined by the circumstances of their housing, but are supported to reach their full potential.

Conclusion

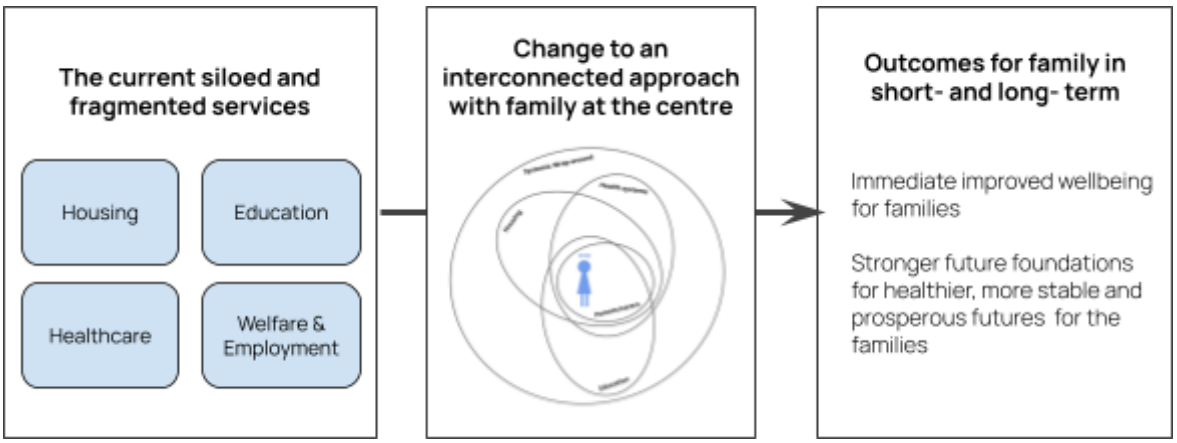
The evidence presented throughout this report demonstrates that neurodivergent children and families living in temporary accommodation experience interconnected compounding disadvantages that cannot be addressed through housing interventions alone. Unsuitable and unstable housing conditions directly influence physical and mental health, educational attainment, family stability, employment opportunities and long-term life chances. These outcomes do not exist in isolation; they reinforce one another, creating cycles of disadvantage that become increasingly difficult to break without coordinated intervention.

Childhood housing instability and the compound disadvantages of growing up in temporary accommodation significantly increase the risk of socio-economic deprivation in adulthood. The government's *National Plan to End Homelessness* states that childhood poverty is one of the strongest indicators of homelessness later in life. The *Child Poverty Strategy* from 2025 highlights that adults who received free school meals as children earn around 25% less at age 30 than their peers, evidencing how early-life deprivation traps children in poverty cycle into their adulthood. The cycle of disadvantage becomes increasingly difficult to break with fragmented interventions delivered in isolated services that only focus on one aspect of these children's life and their struggles.

Breaking this cycle requires a fundamental shift toward the systemic, whole-family support outlined in our five pillars. By developing systemic wrap-around services (Pillar 1) and improving the suitability of temporary accommodation (Pillar 2), we address the immediate physical and sensory triggers that destabilise family life. Prioritising access to health and care services (Pillar 3) and ensuring educational continuity (Pillar 4) protects a child's developmental and learning trajectory, preventing the long-term attainment gaps that lead to reduced adult earnings. Finally, by empowering parents through employment and welfare support (Pillar 5), our recommendations concur with the *Child Poverty Strategy*'s finding that growing up in a stable, working family is directly associated with a reduced risk of poverty and worklessness in adulthood.

This report also suggests possible outcomes that can help guide future data collection for measurement and longitudinal evaluation. Setting up consistent measurement from the outset will enable commissioners and policymakers to measure impact, understand value for money, and continuously refine interventions based on evidence rather than assumption.

With this report, we present an opportunity not simply to improve service delivery, but to reshape how support for families can be designed, commissioned, and evaluated with their needs at the centre. By recognising the interdependence of the five pillars and adopting an outcomes-focused approach, it is possible to improve immediate wellbeing while creating stronger foundations for healthier, more stable, and prosperous futures for neurodivergent children and their families.



Appendix

This appendix provides supplementary data and supporting documentation to the findings presented in the main report, *Breaking the Cycle: Opportunities for Systemic Intervention for Neurodivergent Children in Temporary Accommodation*.

Readers will find expanded data sets and supporting resources that underpin our five-pillar framework for systemic intervention. It includes detailed methodological insights, such as research protocols and an anonymised list of contributors and consultation participants. We also include a list of limitations of this research for future projects to reference.

Recommendations for actions with less priorities

In this project we mapped out a wide range of opportunities for potential future interventions. We have included a selection of the high priority ones in the main report chapters. Here, we include a list of the low priority ones, for future reference in case these should be revisited in the future.

Pillar 1 Develop systemic wrap-around services

1. **Enhancing quality of life with neurodiversity-friendly activities**
   Temporary accommodation often lacks the space for regulation, making out-of-home activity a necessity rather than a luxury. If the fund facilitates access to neurodiversity-friendly activities, such as specific swimming sessions, cinema screenings, then the child's developmental progress will be better supported. Additionally, if transport vouchers were provided to allow families to escape the confines of TA, then the risk of emotional isolation for both parents and children might be lower.
2. **Create awareness early in the journey**
   If local authorities were to provide a single, comprehensive "neurodiversity-friendly housing handbook" at the point of homelessness, then parents might better understand how housing, healthcare, and education services could interlink to support their child. On the other hand, bringing in some awareness of how housing situations or home environments can impact SEN interventions for children early in the diagnosis journey or as part of the EHCP process, can help parents to connect the dots in their mind faster.
3. **Offer parents multiple channels to get help**
   Combining a well-maintained digital platform with the existing trusted networks of family hubs, parents have the option to alternate between a self-service digital portal and guided support from a trusted professional depending on what is appropriate.
4. **Include school as part of the community hub for homelessness support**
   Include school as part of the official homeless support system for children, so that parents find it easier to access housing and neurodiversity information in one place during their daily routine. Since parents interact with school more consistently than any other touchpoint, they are likely to come across information distributed via school communities. Since many schools are already connected to a wider range of support for families facing challenging situations, including food banks etc, it is natural to include them into the signposting system for housing and homelessness support services.

Pillar 2 Improve the suitability of temporary accommodation

1. **Offer guideline on assessing, commission and modifying housing stock for neuro-inclusivity**
   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. Where possible, when housing is made available for allocation, housing teams should be provided with information such as which floor it is located on, whether the windows have locks, whether it is located next to busy roads, if it comes with secure outdoor space, the size of its bathroom and whether it is equipped with a shower or bath.

2. **Holistic and realistic allocation**
   Shift assessments from focusing solely on the individual child to a holistic review of the family, acknowledging that multiple family members may have overlapping or conflicting needs. For families with complex needs from multiple members, the housing officer should offer space for conversation with the family about what the trade-offs are and allow the family to take time to come to an agreement.
3. **Feedback loop as needs changes**
   The reality that a family can stay in a TA for years as the children grow rapidly, both physically and mentally, is a fact that cannot be ignored, even though the housing is only meant to be 'temporary'. If the system allows for an easier feedback loop as a child grows or a parent/carer's health declines, then it might be more successful at offering timely adjustment based on the reality of SEN over time.
4. **Avoid placing families with neurodivergent children in hotels or hostels**
   Hotels and hostels are unsuitable for families in general, and especially for families with neurodivergent children. Avoiding placing families in this type of housing can mitigate many issues in the long run.
5. **Prioritising in-borough allocation for family with complex needs**
   Out-of-borough moves often derail the EHCP assessment process, which can already take over a year. If housing placement policies were to prioritise in-borough allocations for children with complex needs, then the disruption to educational and medical continuity might be avoided. If an out-of-area move is absolutely unavoidable, then it is better if the host borough were notified immediately to ensure that essential provisions and specialist transport assistance are seamlessly transferred, preventing the child from falling through the cracks of a new administrative system.

Pillar 4 Ensure continuity in education.

1. **Include housing as part of SEN intervention**
   Housing stability should be viewed as an essential for successful SEN intervention, therefore local authorities should consider including housing in the EHPC assessment panel when relevant. If housing, education and health services were coordinated more closely, then diagnostic pathways and therapeutic support could be less interrupted. For example when a child is forced to move rooms or boroughs frequently, important letters can be easily misplaced and their cases are closed as a consequence.
2. **Reduce the impact of long-distance school commute**
   The financial and emotional cost of long-distance travel to school acts as a significant disadvantage to neurodivergent children. Public transport such as buses and underground can trigger sensory overload and stress out the children before they even reach the school gate. Therefore, interventions such as taxi vouchers or dedicated school transport for SEN children cross-borough can help to reduce the burden on families with the purpose of maintaining school attendance.
3. **Enhance safety and capacity in mainstream school settings**
   If mainstream schools were provided with enhanced SEN safety resources, then they might be able to offer a more secure environment for children with complex needs who are experiencing homelessness and display dangerous behaviour as a consequence. If local authorities could fast-track support for "two-to-one" staffing or temporary sensory equipment when a child is in a housing crisis, then the school might be able to manage the child safely without reaching a point of total breakdown.
4. **Fast-track the special school placement for extreme cases**
   Unstable or unsuitable housing can trigger regressive behaviour in children, this is particularly complex with neurodivergent children. Given the fact that families in TA often do not have control over their housing choices, in cases where a child's needs exceed the capacity of a mainstream school setting, creating an escalation path for urgent transfers to specialist settings before a child's safety or that of their peers is compromised is essential.

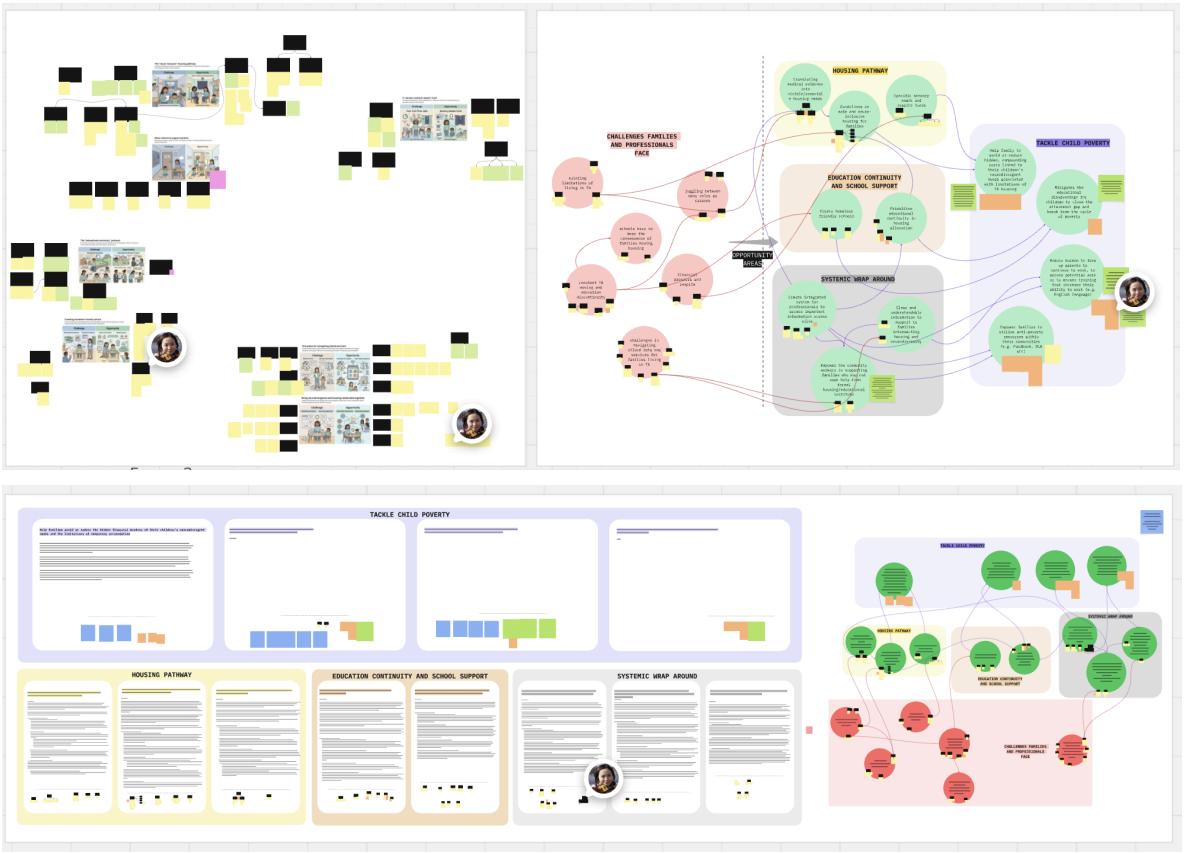
Consultation Methodology

The consultation was designed to understand and identify opportunities to better support neurodivergent children (aged 7-11) and their families living in temporary accommodation (TA). This phase of consultation focused on gathering insights and exploring opportunities for future service development. It included:

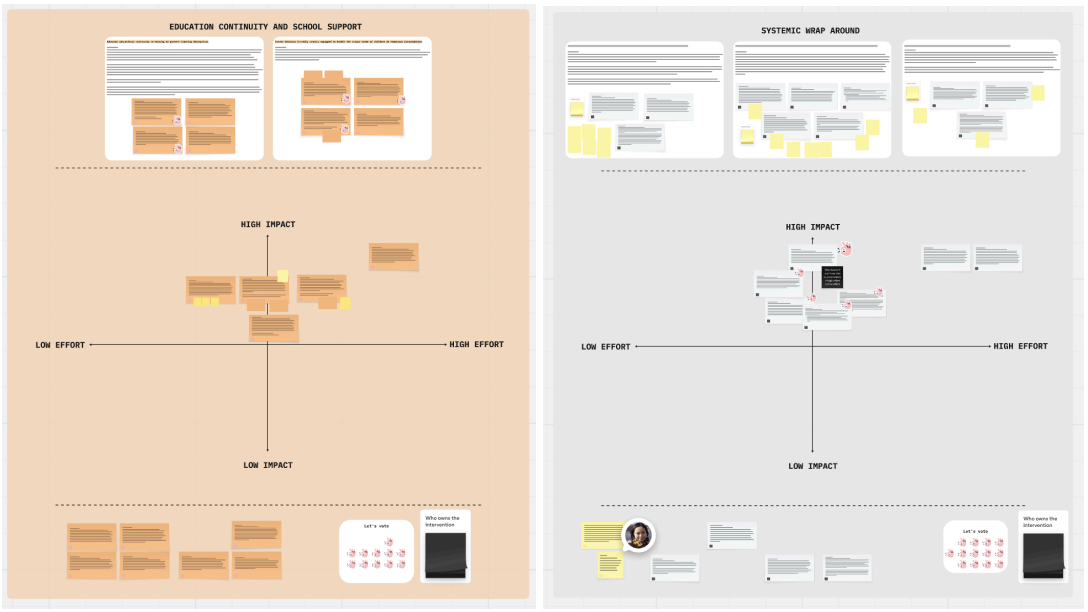
1. **Review of existing evidence** of the multi-dimensional challenges faced by neurodivergent children in age 7-11 and their families in TA. Some reports include, Sensory Lives Report from King's College (2026) and Meeting the needs of neurodivergent children living in TA from IoUH (2026), supported with earlier and contextual reports from Shelter Scotland (2025), CHAMPIONS (2019-2025), and Autism and Homelessness Toolkit (2019).
2. **Consultation sessions with 10 families and 5 professionals supporting the families** to get feedback and validate the opportunities and recommendations from the reports mentioned above. Families are engaged in mapping and art-making exercises to help them give reflective feedback based on their lived experiences. Below are some evidence of maps and visuals created by the family as part of the consultation exercise:



3. We used a visual cluster technique to analyse stories, reflections, feedbacks and suggestions from both families and practitioners and findings of desk research in three iterations. This created a range of directions for future intervention opportunities. Below are the analysis iterations that took place during the analysis phase,



4. These directions and ideas are presented to various stakeholders in online workshops as well as online 1-to-1 conversations to prioritise opportunities. At the end this resulted in a map of opportunities across housing, education, health, and employment to inform future development. During this consultation exercise, a number of policy changes and initiatives were brought to our attention. We brought these into our synthesis exercise in the writing of this report. Below are evidence of prioritisation in the stakeholder workshop:



Overview of Participants

The consultation gathered learnings from 10 families and five professionals in Brent Council.

Parents and families
The consultation gathered insights from 10 families in Brent. Sessions were held in person at community centres across Brent Council.

Eight of the ten sessions were conducted in English, while the remaining two were conducted in Amharic with the support of a live telephone interpreter.

Participants included 10 mothers and one father. One mother attended the session with her 7-year-old child who is neurodivergent.

Most families had children aged 7–11 years who had either been diagnosed with, or were currently undergoing assessment for, a neurodivergent condition. Some families had more than one child with a neurodivergent condition.

A small number of parents were employed part-time; however, most were unable to work due to their caregiving responsibilities and the level of support required by their children.

All participating families were living in privately leased temporary accommodation and had been residing in their current accommodation for at least two years.

Professionals
Professional participants included Portage officers, family support workers, and school SEN coordinators. Sessions were conducted either in person or online via Zoom, depending on participants' availability.

Limitations of this project

This report provides a strategic framework for intervention based on qualitative research; however, it is important to contextualise the findings within the following parameters:

- **Contextual Dependency**
  The work is grounded in the specific local context of Brent, with references of desk research reports and case studies produced from other UK locations. While the challenges highlighted are likely to resonate with many urban local authorities, local housing conditions, existing support infrastructures, and political frameworks vary significantly. Readers should exercise caution when applying these recommendations to other boroughs, as the specific operational environment may impact the feasibility and efficacy of the suggested interventions.
- **Scope Constraints**
  Certain critical areas were identified but not explored in depth due to the project's scope. These include a clinical analysis of family mental health, the root economic drivers of parental unemployment, and upstream prevention strategies to stop families from entering temporary accommodation (TA) in the first place. These areas remain vital for future inquiry.
- **Qualitative Scope and Sample Size**
  This project was not designed as a large-scale quantitative research study. The insights presented are based on a relatively small, qualitative sample of families and professionals. While this allowed for a deep, nuanced understanding of lived experiences, the findings are intended to be illustrative and generative rather than statistically generalisable.
- **Directional Recommendations**
  The recommendations offered are directional and design-oriented rather than fully costed implementation plans or tested pilots. They provide a blueprint for a new approach, but they have not yet undergone rigorous financial modelling or operational testing.
- **Systemic Intervention Development and Implementation Challenges**
  Several recommendations from this report rely heavily on robust cross-agency coordination and broader system change (such as linking housing, health, and education data). The ease of

delivery, timeline, and scale of these interventions will be highly dependent on the existing maturity of local multi-agency partnerships and the political willingness to break down long-standing service silos.