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Exploring the impact of housing insecurity on the health and well-being of children and young people: a systematic review

Emma Hock, Lindsay Blank, Hannah Fairbrother, Mark Clowes, Diana Castelblanco Cuevas, Andrew Booth and Elizabeth Goyder

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Exploring the impact of housing insecurity on the health and well-being of children and young people: a systematic review

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Abstract

Exploring the impact of housing insecurity on the health and well-being of children and young people: a systematic review

Emma Hock,[1*] Lindsay Blank,[1] Hannah Fairbrother,[2] Mark Clowes,[1] Diana Castelblanco Cuevas,[1] Andrew Booth[1] and Elizabeth Goyder[1]

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Background: Housing insecurity can be understood as experiencing or being at risk of multiple house moves that are (1) not through choice and (2) related to poverty. For example, due to short-term private rental tenancies, temporary or emergency housing, and homelessness. Housing insecurity has grown due to recent trends in the cost and availability of housing. The quality, affordability and stability of housing have all been shown to impact children's health and well-being. However, the pathways linking housing and child health and well-being are complex and poorly understood.

Objectives: To identify, appraise and synthesise research evidence that explores the relationship between housing insecurity and the health and well-being of children and young people.

Data sources: MEDLINE via Ovid (searched 8 April 2022), EMBASE via Ovid (searched 8 April 2022), PsycINFO via Ovid (searched 8 April 2022).

Review methods: We undertook a systematic review synthesising qualitative data. We searched databases, reference lists and United Kingdom grey literature. We extracted and tabulated key data from the included papers, and appraised study quality. We synthesised the data qualitatively into an a priori conceptual framework using best-fit framework synthesis combined with thematic synthesis, and generated logic models to highlight links between specific exposures, impacts and outcomes.

Results: We included 59 studies and identified four populations: those experiencing housing insecurity in general (40 papers); associated with domestic violence (nine papers); associated with migration status (13 papers) and those forced to relocate due to demolition (two papers). Most published studies had an overall assessment of moderate-high quality, and most grey literature originated from known and valued sources.

Housing insecurity took many forms and resulted from several, often inter-related, situations, including being evicted or having a forced move, living in temporary accommodation, exposure to problematic behaviour, overcrowded/poor-condition/unsuitable property, and making multiple moves. The resultant housing insecurity had multiple impacts, including school-related, psychological, financial and family well-being impacts, long-distance travel to attend school and see friends, living in a poor-condition or unsuitable property, all of which could further exacerbate housing insecurity. These experiences impacted health and well-being, in terms of mental health problems (often manifesting physically/behaviourally) and physical health problems related to poor housing conditions. Some factors lessened the impact of housing insecurity, including friendship and support, staying at the same school, having hope for the future and protective parenting. The negative impacts of housing insecurity on health and well-being may be compounded by specific situations and life circumstances, such as escaping domestic violence, migration status, or a forced relocation due to housing demolition.

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Limitations: Many accounts were from parents or other informants, and more data directly from children and young people may give a more nuanced picture. Likewise, there was little information relating to outcomes, and it is difficult to know whether the current evidence has captured all relevant outcomes, and the links from impacts to health and well-being outcomes are less well understood. The complexity and diversity of the data added additional challenges to the synthesis process.

Conclusions: Our findings suggest that policies should focus on reducing housing insecurity among families, particularly in relation to reducing eviction, improving and reducing the need for temporary accommodation, minimum requirements for property condition, and support to reduce multiple moves and moves far from families' desired location. Those working with children and families experiencing housing insecurity should give them optimal choice and control over situations that affect them.

Future work: Future qualitative research should focus explicitly on the health and well-being of children and young people experiencing housing insecurity, and how it links with the impacts identified in the current review, foregrounding the accounts of children and young people themselves, including specific groups of young people who are likely to be marginalised. Qualitative research focusing on the impact of interventions to address housing insecurity among families in the United Kingdom is also needed.

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List of supplementary materials

Report Supplementary Material 1 Grey literature searching and screening, and studies excluded at full text

Supplementary material can be found on the NIHR Journals Library report page (https://doi.org/10.3310/TWWL4501).

Supplementary material has been provided by the authors to support the report and any files provided at submission will have been seen by peer reviewers, but not extensively reviewed. Any supplementary material provided at a later stage in the process may not have been peer reviewed.

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List of abbreviations

A&E	accident and emergency	FIP	Family Intervention Programme
AACODS	authority, accuracy, coverage, objectivity, date, significance	IBSS	International Bibliography of the Social Sciences
ASSIA	Applied Social Sciences Index and Abstracts	JRF	Joseph Rowntree Foundation
B&B	bed and breakfast	NRPF	no recourse to public funds
CASP	Critical Appraisal Skills Programme	PPI	patient and public involvement
CYP	children and young people	RCPCH	Royal College of Physicians and Child Health

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Plain language summary

Introduction

Housing insecurity is being at risk of moving house many times, due to poverty and having no choice, for example, due to a short-term rental house/flat, emergency housing and homelessness. Children's health and well-being are known to be affected by how suitable, affordable and stable their housing is. However, the reasons for this are poorly understood.

Methods

We looked for studies exploring how housing insecurity can affect the health and well-being of children and young people (aged 0–16) in the United Kingdom. We included the views of children, parents/close family members and professionals (e.g. teachers). We searched for studies published in academic journals, searched relevant websites and received suggestions from experts.

Results

We included 59 studies on the impact of housing insecurity on young people. We found that children are affected in many ways including their social life (e.g. being far from friends), schooling (e.g. joining a new school), health, financial and family well-being. This led to anxiety/stress, trouble eating and sleeping, wetting the bed and health problems, such as asthma, due to poor living conditions. Some things can help to protect children experiencing housing insecurity, including friendship and support, staying at the same school, and support from parents. The problems of housing insecurity may be made worse by life circumstances, including domestic violence, being a migrant/refugee/asylum seeker and a forced relocation. Most studies included parents/professionals, with few seeking the views of the children and young people themselves.

Conclusions

Our review suggests that it is important to reduce housing insecurity among families. All those working with children and families experiencing housing insecurity should give them as much choice and control over situations that affect them as possible. Future studies should gather the views of children and young people themselves.

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Scientific summary

Introduction

Housing insecurity can be understood as experiencing or being at risk of multiple house moves that are (1) not through choice and (2) related to poverty. This may include a range of precarious housing situations (e.g. private rental accommodation with short-term or insecure tenancy agreements; temporary or emergency housing and homelessness). Housing insecurity has grown as a result of a number of trends in the cost and availability of housing, reflecting in particular the rapid increase in the number of low-income families with children in the private rental sector. The evidence from cohort studies that show a relationship between housing insecurity, homelessness or frequent moves in childhood and health-related outcomes can usefully quantify the proportion of children and families at risk of poorer health associated with housing instability. Such evidence, however, cannot determine causal associations, and the complex pathways linking housing and child health and well-being have not been synthesised.

Objectives

The current review aimed to identify, appraise and synthesise research evidence that explores the relationship between housing insecurity and the health and well-being of children and young people (CYP). We aimed to highlight the relevant factors and causal mechanisms.

Methods

We undertook a systematic review synthesising qualitative data, employing elements of rapid review methodology. Database searches [of MEDLINE, EMBASE, PsycINFO, Applied Social Sciences Index and Abstracts (ASSIA), International Bibliography of the Social Sciences (IBSS) and the Social Sciences Citation Index] were accompanied by scrutiny of reference lists of included papers and relevant systematic reviews, and grey literature searching of key websites, including those identified by stakeholders. We extracted and tabulated key data from the included papers. Data extraction was performed by one reviewer, with a 10% sample checked by a second reviewer. We appraised study quality of the published literature using the Critical Appraisal Skills Programme (CASP) qualitative checklist, and the quality of grey literature sources using the authority, accuracy, coverage, objectivity, date, significance (AACODS) checklist. Before commencing the review, we developed an initial a priori conceptual framework in consultation with stakeholders and topic experts, to inform and guide the review and synthesis. The framework consisted of: the policy context, population, exposures, impacts (i.e. interim outcomes) and outcomes (health and well-being outcomes in childhood/youth). We synthesised the data qualitatively into the conceptual framework using best-fit framework synthesis combined with thematic synthesis, and generated logic models to highlight the links between specific exposures, impacts and outcomes by population.

Inclusion criteria

Population

The population included families with children aged 0–16 experiencing or at risk of housing insecurity, living in a family unit, in the UK. This could include, but not be limited to, those on low incomes, lone parents and ethnic minority groups including migrants, refugees and asylum seekers. Informants could include the children themselves, parents/close family members (e.g. grandparents, if the children live

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with them), or other informants with insight into the child's/children's experiences (e.g. teachers, clinicians). Children outside a family unit (i.e. who had left home or who were being looked after by the local authority) and traveller families were excluded.

Exposure

We defined 'housing insecurity' according to the Children's Society (3) definition: those experiencing and at risk of multiple moves that are (1) not through choice and (2) related to poverty. This included actual or perceived insecurity related to housing situations, which may include the following: private rental accommodation with short-term or insecure tenancy agreements; temporary emergency housing; homelessness (including 'hidden' homelessness). We also aimed to include research related to interventions that have the specific aim of reducing housing insecurity and/or mitigating the impact of housing insecurity on the health and well-being of children, where identified.

Context

The current UK policy context shows exacerbation of factors that can lead to housing insecurity. These include the following: trends in poverty and inequality exacerbated by the COVID pandemic; changes in the housing market (an increase in investment properties, loss of social housing); increased numbers of low-income families living in the private rental sector; insecure or short-term tenancies; increasing housing costs (and fuel/food costs) and lack of affordable properties (see *Background*).

Outcomes

Any reported immediate and short-term outcomes related to childhood mental and physical health and well-being (up to the age of 16) were included. Studies reporting on the long-term outcomes and impacts in adulthood of housing insecurity experienced in childhood were excluded, as were short-term outcomes reported by adults.

Studies

We included studies reporting qualitative data on the views of young people and/or parents with young children on how housing insecurity has impacted on their (or their children's) well-being. Books (with the exception of searchable e-books) and dissertations were excluded. Conference abstracts were only included if they contained relevant data unavailable elsewhere.

Results

In total, 59 studies were included in the review, which included 16 from database searches, 37 from grey literature searches, and 6 from reference lists of included studies and relevant reviews. Most published studies had an overall assessment of moderate-high quality, although few reported reflexivity. Most of the grey literature included originated from known and valued sources, and although methodologies and methods were often poorly described, primary data in the form of quotations were usually available.

We identified four distinct populations for which research evidence was available during the process of study selection and data extraction:

- general population (housing insecurity in general) (reported in 40 papers)
- domestic violence population (housing insecurity associated with domestic violence) (reported in nine papers)
- migrant, refugee and asylum seeker population (housing insecurity associated with migration status) (reported in 13 papers)
- relocation population (families forced to relocate due to planned demolition) (reported in two papers).

We detected all elements of the conceptual framework in the data from the included studies and identified an additional element through thematic synthesis: protective factors. We included this new element in our logic models and constructed a separate logic model for each population.

Although we anticipated potentially different experiences of housing insecurity and its impacts and outcomes across the four populations, the evidence reviewed suggests many similarities across all the populations in terms of impacts, exposures, outcomes and protective factors. Common exposures included being evicted or having a forced move, living in temporary accommodation, experiencing overcrowding, exposure to problematic behaviour, poor-condition/unsuitable property and making multiple moves. Common impacts included social, school-related, psychological, financial and family well-being impacts, having to travel long distances to attend school and see friends, having to live in a property that was unsuitable or in a poor state of repair, overcrowded and often noisy, all of which could then further exacerbate housing insecurity. Common outcomes reported were mental health problems (which could manifest in physical ways, e.g. trouble eating and sleeping, or wetting the bed) and physical health problems, such as skin complaints and asthma related to poor housing conditions. Protective factors common to several populations included friendship and support, staying at the same school, having hope for the future, and protective parenting. Pervasive throughout all populations and accounts was an overall lack of choice or control over the housing situation.

In addition, some considerations specific to certain populations were identified. In the domestic violence population, there was an additional consideration of the family choosing to remain in the property or leave the property, but both options came with insecurity attached, as those who stayed were not sure if they would be evicted due to the perpetrator defaulting on the mortgage. Some positive results were reported in relation to an intervention that helped families to feel safe if they chose to stay in their property (the Sanctuary Scheme), which reduced fear related to the perpetrator returning. Housing insecurity negatively impacted on friendships in all populations, with CYP reporting greater difficulty in forming close bonds and a peer network in each new location. However, this could be potentially more challenging for those escaping domestic violence, due to the need to keep information about themselves confidential to keep the family safe.

In the migrant, refugee and asylum seeker population, parents and children spoke of having very little notice before having to move out of a property, in some cases only 48 hours. This could lead to a housing emergency for the family, and in this population there were several accounts of families becoming homeless and having to sleep in unsuitable places, such as the accident and emergency (A&E) waiting room and on a night bus. In some families, parents had no recourse to public funds, so even in cases where a child or children were born in the UK, the family still ended up destitute and homeless. This situation caused significant worry for the parents, which in turn was perceived and experienced by the children.

A key commonality across everyone in the relocation population was that they were forced to move by a particular date, as their property (a flat in a high-rise block) was scheduled for demolition. Many families desired a move, due to a lack of space, overcrowding and unsafe outdoor spaces; however, many did not want to leave behind social networks and schools in the community, and even some who wanted to move had difficulty finding a property that was suitable (e.g. for their family size).

In synthesising the evidence, a key challenge was the complexity of the data, in particular of the relationships between exposures and impacts. Factors that were exposures in the first instance could then become impacts, and particular impacts could then drive housing insecurity. Another key challenge in synthesising the qualitative evidence was that many elements of the experience of housing insecurity have been separated out in the logic models, but are likely to have been experienced simultaneously by the CYP, such that the experience of these elements may have been conflated and difficult to separate out. It has been particularly challenging to highlight this complexity in our synthesis. Policy-makers and practitioners should consider that the logic models presented here may be somewhat simplified, and that conflation of the factors represented as well as complexity in relationships is likely to occur among families experiencing housing insecurity.

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Conclusions

Housing insecurity among CYP in families in the UK can take many forms and result from several, often inter-related, situations including being evicted or having a forced move, living in temporary accommodation, experiencing overcrowding, exposure to problematic behaviour, poor-condition/unsuitable property, and making multiple moves. The resultant housing insecurity can have multiple (often simultaneous) impacts, including school-related, psychological, financial and family well-being impacts, having to travel long distances to attend school and see friends, having to live in a property that was unsuitable or in a poor state of repair, overcrowded and often noisy, all of which could then further exacerbate housing insecurity. These experiences can impact on health and well-being, in terms of mental health problems (which could manifest in physical ways) and physical health problems related to poor housing conditions. Some experiences and situations can lessen the impact of housing insecurity, including friendship and support, staying at the same school, having hope for the future and protective parenting; and in some groups, as the relocation population, influencing the decision was also a protective factor. The negative impacts of housing insecurity on health and well-being may be compounded by specific situations and life circumstances, such as escaping domestic violence, being a migrant, refugee or asylum seeker (or having a parent with that status), or a forced relocation due to housing demolition.

Our review findings suggest that policies should focus on reducing housing insecurity among families, particularly in relation to reducing eviction, improving and reducing the need for temporary accommodation, minimum requirements for property condition, and support to reduce multiple moves and moves far from families' desired location. All those working with children and families experiencing housing insecurity should give them optimal choice and control over situations that affect them, as far as possible.

Study registration

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Background

The impacts of social class in childhood on adult health outcomes and mortality are well documented in quantitative analyses (e.g. Smith *et al.*).[1] Housing is one element that can impact on health via social and structural inequalities.[2] The impact of housing conditions on child health is well established.[3]

Kohler[4] presents the field of 'child public health', advocating for a move away from a narrow focus on clinical paediatric medicine, to place child health within its social, economic and political context, and uses the methods and tools of public health. This approach highlights the importance of children's health and well-being within public health overall, due to the high proportion of children worldwide, their vulnerability and, in many cases, lack of agency, and the formative nature of childhood.[4] Cresswell[5] argues that young people (and their families) who are homeless are a vulnerable group with particular difficulty in accessing healthcare and other services, and, as such, meeting their needs should be a priority.

There is an extensive and diverse evidence base on the relationships between housing and health, including both physical and mental health outcomes. Much of the evidence relates to the quality of housing and specific aspects of poor housing including cold and damp homes, poorly maintained housing stock or inadequate housing leading to overcrowding. There is also increasing concern about the health impacts of housing insecurity and concern that children may be particularly vulnerable to these effects of not having a secure and stable home environment. The current review was commissioned within the National Institute for Health and Care Research (NIHR) Public Health Research (PHR) programme in response to concerns about the health inequalities related to the impact of housing insecurity on the health and well-being of children and young people (CYP).

Terminology and definitions related to housing insecurity

A wide variety of related terms and definitions are available to assess 'unstable' or 'insecure' housing and there is no standard definition or validated instrument.

Housing insecurity

The terminology and definitions used by the Children's Society are based directly on research with children that explores the relationship between housing and well-being.[6] They use the term 'housing insecurity' for *those experiencing and at risk of multiple moves that are (1) not through choice and (2) related to poverty*.[6] This reflects their observation that multiple moves may be a positive experience if it is through choice and for positive reasons (e.g., employment opportunities; moves to better housing or areas with better amenities).

Housing instability

Housing instability is variably defined as having difficulty paying rent, spending more than 50% of household income on housing, having frequent moves, living in overcrowded conditions or doubling up with friends and relatives.[7]

Unstable or precarious housing

Public Health England (PHE) [now the Office for Health Improvement and Disparities (OHID)] distinguish between 'unhealthy', 'unsuitable' and 'unstable' (or 'precarious') housing. The latter is defined as 'a home that does not provide a sense of safety and security including precarious living circumstances and/or homelessness'.[8]

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Three-dimensional housing insecurity

Preece and Bimpson[9] use a broad definition of 'housing insecurity' to explore the relationship with mental health. Their definition has three dimensions:

1. Financial insecurity includes issues such as the affordability of housing and its relationship with mental health, relationships with tenure, and the impact of housing-related debts and other financial stressors.
2. Spatial insecurity relates to the (in)ability of an individual or household to remain in a given dwelling or wider neighbourhood area. This includes issues such as eviction and forced moves and their relationship with mental health, tenure security and insecurity and rurality.
3. Relational insecurity draws out the ways in which individuals' experiences of housing and home are bound up with relationships with others.

There are also specific and quantitative definitions used in research literature:

Residential mobility

This term may be defined in terms of frequency and/or number or distance of moves.[10]

Residential transience

This term generally denotes a high frequency of moves and more specifically may be defined by a specific minimum number of moves before a specific age. For example, 'moving three or more times before age 7 was associated with 36% greater likelihood of lifetime major depression and more than twice the likelihood of developing depression before age 14 compared with those who moved less' (p. 683).[11]

Homelessness/temporary housing

Regardless of housing tenure and the condition and suitability of housing for families, unstable or insecure housing circumstances are the most likely direct precursor to homelessness. This implies that evidence for the direct health effects of homelessness and/or living in temporary council-provided accommodation is directly relevant to understanding the impacts of unstable housing.

While acknowledging the lack of a standard definition or validated instrument for housing insecurity or instability, this review mobilises The Children's Society definition of housing insecurity, which focuses on the actual experience of and risk of multiple moves that are (1) not through choice and (2) related to poverty. The rationale for this is that the definition goes some way towards acknowledging that the wider health and well-being impacts of housing insecurity may be experienced by families who may not have experienced frequent moves but for whom a forced move is a very real possibility. The definition allows for a range of precarious housing situations (e.g., private rental accommodation with short-term or insecure tenancy agreements; temporary or emergency housing and homelessness) and a range of reasons for insecurity, which link to poverty (e.g., domestic violence, recent migration). This is articulated in more detail in the inclusion criteria (see *Methods*).

Housing insecurity in the UK today – the extent of the problem

Recent policy and research reports from multiple organisations highlight a rise in housing insecurity among families with children.[7,9,12] Housing insecurity has grown as a result of a number of trends in the cost and availability of housing, reflecting in particular the rapid increase in the number of low-income families with children living in the private rental sector.[9,12,13] This is partly due to a lack of social housing and unaffordability of home ownership.[7] The nature of tenure in the private rented sector and gap between available benefits and housing costs means even low-income families that do not experience frequent moves may experience the impact of perceived housing insecurity.[14]

The increase in homeless families, including 'hidden homeless' living with relatives or friends and those in temporary accommodation provided by local authorities, is a related consequence of the lack of suitable or affordable rental properties, which is particularly acute for lone parents and larger families. The numbers of children entering the care system or being referred to social services because of family homelessness contributes further evidence on the scale and severity of the issue.[15]

COVID-19 has exacerbated housing insecurity in the UK.[13] This is related to increased financial pressures for families (due to loss of income and increased costs for families with children at home) meaning they are unable to keep up with mortgage/rent payments and compounded by a reduction in informal temporary accommodation being offered by friends and families due to social isolation precautions related to the virus itself.[13] Further, the COVID-19 pandemic has underscored the risks posed by poor housing quality (including overcrowding) and housing insecurity during a public health crisis.[13,16] Recent research with young people in underserved communities across the country has also highlighted their experience of the uneven impact of COVID-19 for people in contrasting housing situations. Young people described how lockdown measures keeping people at home more than usual had a more damaging effect on young people living in unsuitable accommodation.[17] The cost-of-living crisis is also likely to exacerbate housing insecurity among families in the UK, with private rental prices increasing steeply from December 2021 to December 2022.[18]

While the temporary ban on bailiff-enforced evictions, initiated due to the pandemic, went some way towards acknowledging the pandemic's impact on housing insecurity, housing organisations are lobbying for more long-term strategies to support people with pandemic-induced debt and rent arrears.[16] The Joseph Rowntree Foundation (JRF) has warned of the very real risk of a 'two-tier recovery' from the pandemic, highlighting the 'disproportionate risks facing people who rent their homes' (para. 1).[19] Their recent large-scale survey found that 1 million renting households 'are worried about being evicted in the next 3 months' and half of these are families with children.[19] The survey also found that households with children, renters from ethnic minority backgrounds and households on low incomes are disproportionately affected.

The cost-of-living crisis is now exacerbating the impact of the COVID-19 pandemic, with many households experiencing or set to experience housing insecurity due to relative reductions in income accompanying increases in rent and mortgage repayments.[20] People experiencing or at risk of housing insecurity are disproportionately affected, due to higher food and utility costs.[21]

Research evidence on relationships between housing in childhood and health

Housing is a key social determinant of health and there is a substantive evidence base of longitudinal cohort studies and intervention studies to support a causal relationship between the quality, affordability and stability of housing and child health.[22] This includes immediate impacts on mental and physical health outcomes and longer-term life course effects on wider determinants of health including education, employment and income as well as health outcomes.[23]

The negative health impact of poor physical housing conditions (damp, mould, cold, overcrowding and safety issues) has been well documented.[24] A survey of 266 paediatricians in 2017 found that more than two-thirds reported homelessness or housing as contributing to ill health of the children they work with.[25] A variety of pathways have been implicated in the relationship between housing insecurity and child health and well-being, including 'family processes such as maternal depression and psychological distress, material hardships, and parental nightly bedtime routines with children' (p. 8).[22] Frequent moves are also associated with poorer access to preventive health services, reflected in lower vaccination rates.[26,27] Housing instability and low housing quality are associated with worse psychological health among young people and parents.[28,29] However, the 'less tangible aspects of housing' (p. 1) for low-income, vulnerable households are poorly understood.[24] The National Children's Bureau[12] draws

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attention to US-based research that has shown that policies that reduced housing insecurity for young children can help to improve their emotional health,[30] and that successful strategies have the potential to reduce negative outcomes for children with lived experience of housing insecurity including the following: emotional and behavioural problems; lower academic attainment; and poor adult health and well-being.[31]

Housing tenure, unstable housing situations and the quality or suitability of homes are inter-related. For example, if families are concerned that if they lost their home they would not be able to afford alternative accommodation, they may be more likely to stay in overcrowded or poor-quality accommodation or in a neighbourhood where they are further from work, school or family support. This may be an additional causal pathway whereby housing insecurity can lead to diverse housing and neighbourhood-related negative impacts for children, even if it is not reflected directly in experience of frequent moves or homelessness. Thus, the relationship between housing insecurity and child health is likely to be complicated by the frequent coexistence of poor housing conditions or unsuitable housing with housing insecurity. The relationship between unstable housing situations and health outcomes is further confounded by other major stressors, such as poverty and changes in employment and family structure, which may lead to frequent moves.

The evidence from cohort studies that shows a relationship between housing insecurity, homelessness or frequent moves in childhood and health-related outcomes can usefully quantify the proportion of children and families at risk of poorer health associated with housing instability. It can, however, only suggest plausible causal associations. Further, the 'less tangible aspects of housing' (p. 1) for low-income, vulnerable households are poorly understood.[24] Additional (and arguably stronger) evidence comes from the case studies and qualitative interviews with CYP that explore the direct and indirect impacts of housing insecurity on their everyday lives and their physical and mental well-being.

Aim and objectives

The current review aimed to identify, appraise and synthesise research evidence that explores the relationship between housing insecurity and the health and well-being of CYP. We aimed to highlight the relevant factors and causal mechanisms in order to make evidence-based recommendations for policy, practice and future research priorities.

The objectives in order to achieve this aim were as follows:

- To produce a conceptual framework for exploring the relationship between insecure (or 'unstable') housing and the health and well-being of CYP.
- To conduct a systematic review to identify, appraise and synthesise the most relevant research evidence on the relationship between housing insecurity and the health and well-being of CYP.
- To identify evidence-based recommendations for housing policy and practice, and future research to address identified gaps in the literature.

Methods

Review methodology and approach

We undertook a systematic review synthesising qualitative data, employing elements of rapid review methodology,[32–34] recognising that the review was time-constrained. Rapid review methods are described in the methods subsections below (e.g. limiting the number of papers that were double extracted, and not routinely contacting included authors for additional references). The protocol is registered on the PROSPERO registry, registration number CRD42022327506.

Search strategy

Database searches were conducted on 8 April 2022 of the following databases: MEDLINE, EMBASE and PsycINFO (via Ovid); Applied Social Sciences Index and Abstracts (ASSIA) and International Bibliography of the Social Sciences (IBSS) (via ProQuest) and Social Sciences Citation Index (via Web of Science).

Due to the short timescales for this project, searches aimed to balance sensitivity with specificity, and were conceptualised around the following concepts:

> (housing insecurity) and (children or families) and (experiences)

including synonyms, and with the addition of a filter to limit results to the UK where available.

To expedite translation across different databases, searches consisted mainly of free-text search strings (including proximity operators), in order to retrieve these terms where they occurred in titles, abstracts or any other indexing field (including subject headings).

Since it was not possible to identify a UK geographic filter designed for PsycINFO (nor other reported procedures to limit results by geography), these results were screened separately from the others, with particular attention paid to study location.

The searches of ASSIA and IBSS (via ProQuest) and Social Sciences Citation Index (via Web of Science) used a simplified strategy based on those reproduced in *Appendix 1*.

Database searching was accompanied by scrutiny of reference lists of included papers and relevant systematic reviews (within search dates), and grey literature searching, which was conducted and documented using processes outlined by Stansfield *et al.*[35] (see *Report Supplementary Material 1*).

Inclusion criteria

Population

The population included families with children aged 0–16 experiencing or at risk of housing insecurity, living in a family unit, in the UK. This could include, but not be limited to, those on low incomes, lone parents and ethnic minority groups, including migrants, refugees and asylum seekers. Informants could include the children themselves, parents/close family members (e.g. grandparents, if the children live with them), or other informants with insight into the child's/children's experiences (e.g. teachers, clinicians). Children outside a family unit (i.e. who had left home or who were being looked after by the local authority) and traveller families were excluded, as their circumstances are likely to be very different from the target population.

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Exposure

We defined 'housing insecurity' according to the Children's Society[6] definition: those experiencing and at risk of multiple moves that are (1) not through choice and (2) related to poverty. This included actual or perceived insecurity related to housing situations, which may include the following: private rental accommodation with short-term or insecure tenancy agreements; temporary emergency housing; homelessness (including 'hidden' homelessness). We also aimed to include research related to interventions that have the specific aim of reducing housing insecurity and/or mitigating the impact of housing insecurity on the health and well-being of children, where identified.

Context

The current UK policy context shows exacerbation of factors that can lead to housing insecurity. These include the following: trends in poverty and inequality exacerbated by the COVID pandemic; changes in the housing market (an increase in investment properties, loss of social housing); increased numbers of low-income families living in the private rental sector; insecure or short-term tenancies; increasing housing costs (and fuel/food costs) and lack of affordable properties (see *Background*).

Outcomes

Any reported immediate and short-term outcomes related to childhood mental and physical health and well-being (up to the age of 16) were included. Studies reporting on the long-term outcomes and impacts in adulthood of housing insecurity experienced in childhood were excluded, as were short-term outcomes reported by adults.

Studies

We included studies reporting qualitative data on the views of young people and/or parents with young children on how housing insecurity has impacted on their (or their children's) well-being. This could include cross-sectional and longitudinal qualitative case studies, and mixed-methods studies that collected and analysed qualitative data. Books (with the exception of searchable e-books) and dissertations were excluded. Conference abstracts were only included if they contained relevant data unavailable elsewhere.

Study selection

Search results from electronic databases were downloaded to a reference management application (EndNote). The titles and abstracts of all records were screened against the inclusion criteria by one reviewer and checked for agreement by a second reviewer. A PDF version of each paper selected at the abstract screening stage by at least one of the two reviewers was downloaded and screened against the inclusion criteria by one reviewer. A proportion (10%) of papers excluded at the full text stage were checked by a second reviewer. Any disagreements were resolved through discussion.

Grey literature searches and screening were documented in a series of tables as recommended by Stansfield *et al.*[35] (see *Report Supplementary Material 1*). Titles of relevant data sources were screened against the inclusion criteria on each web platform searched, and the full documents of those with titles that suggested potential eligibility were downloaded in full for full text screening. The majority of grey literature sources were reports; however, briefings and web pages were also examined. One reviewer undertook full-text screening, and any queries were checked by another reviewer, with decisions discussed among the review team until a consensus was reached.

Reference lists of included studies and relevant reviews were screened for potentially relevant papers. The abstracts and full texts of relevant references were downloaded and examined for relevance by one reviewer.

Data extraction

A data extraction form was devised based on forms that the team has previously tested for similar reviews of public health topics. The extraction form was piloted by three reviewers and any suggested revisions were discussed and agreed.

We extracted and tabulated key data from the included papers. This included the study first author and year, location, population, study aims, whether housing insecurity was an aim of the study, study design and methods of analysis, informant/s, housing situation of family, reasons for homelessness/housing insecurity, conclusions, relevant policy/practice implications, any study limitations, and themes and qualitative data, including any relevant quotations, as reported in the findings of the study.

Data extraction was performed by one reviewer, with a 10% sample formally checked for accuracy and consistency by a second reviewer. Any qualitative data relating to housing insecurity together with some aspect of health or well-being in a child (or children) or young person (or young people) aged 0–16 were extracted in context (i.e., with relevant contextual data that aided the interpretation of the data in question). This included authors' interpretations and verbatim quotations from participants. Authors' themes relating to relevant data were also extracted to provide context and not for inclusion in the synthesis (see below in the *Data synthesis* subsection). Throughout the process of extraction, we sought to maintain fidelity to the authors' and participants' terminology and phrasing.

Quality appraisal

We assessed the quality of the included studies using appropriate checklists for the type of study and the type of literature source. Published literature was assessed using the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies,[36] and the quality of grey literature sources was appraised using the authority, accuracy, coverage, objectivity, date, significance (AACODS) checklist.[37] Quality assessment was performed by one reviewer, with a 10% sample checked for accuracy and consistency by a second reviewer.

Developing a model to visualise the results

We undertook preliminary literature searches to identify an appropriate conceptual framework or logic model to guide the review and data synthesis process; however, we were not able to identify a framework that specifically focused on housing insecurity among CYP and was sufficiently broad to capture relevant contexts, exposures and impacts. We therefore developed an a priori conceptual framework, based on a consultation with key policy and practice stakeholders and topic experts and examination of key policy documents (*Figure 1*). This conceptual framework was used to guide data synthesis (see *Data synthesis*).

Data synthesis

The review question required that the synthesis be both deductive and inductive. Therefore, we adopted a dual approach whereby we synthesised data according to the a priori conceptual framework (see *Figure 1*) and sought additional themes, categories and nuance inductively from the data, in an approach consistent with the second stage of 'best-fit framework synthesis'.[38,39] Inductive themes were analysed using the Thomas and Harden[40] approach to thematic synthesis, but with coding of text extracts instead of coding line by line.[41,42]

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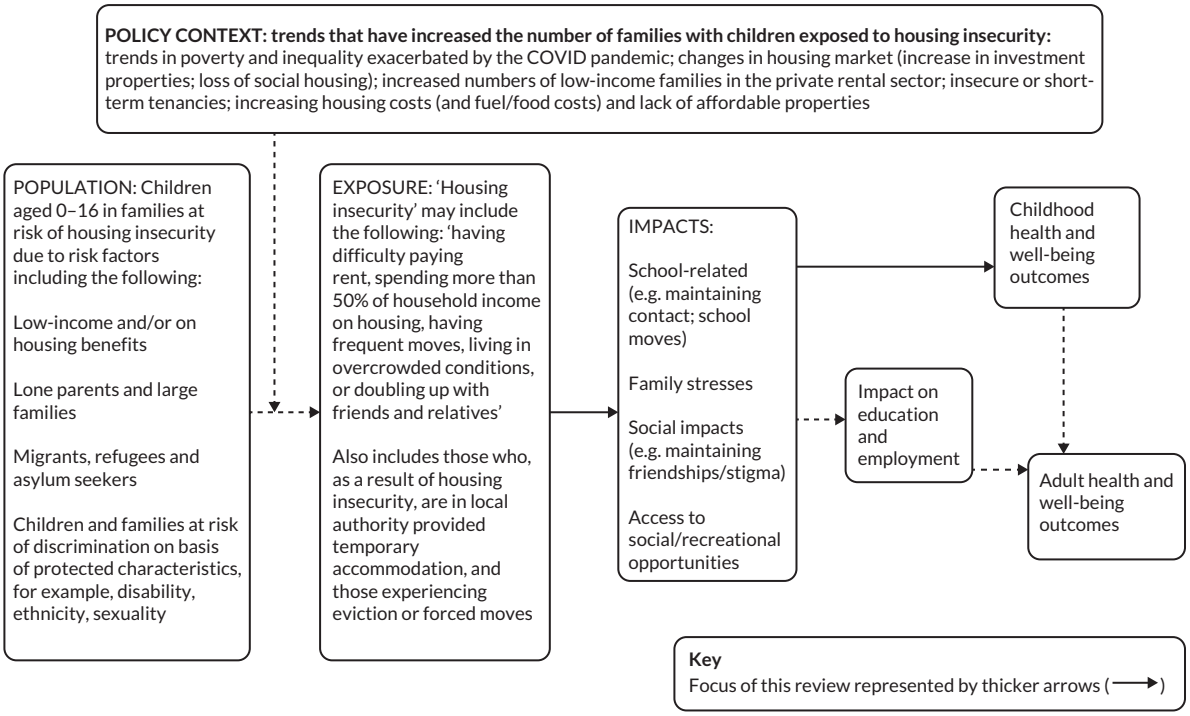


FIGURE 1 A priori conceptual framework for relationship between housing insecurity and the health and well-being of CYP.

First, one reviewer (of two) coded text extracts inductively and within the structure of the conceptual framework (see *Figure 1*), simultaneously. Each relevant text extract (which reported on at least one element of the framework as it related to some aspect of the health/well-being of a child/young person experiencing housing insecurity) was linked to both an inductive code based on the content of the text extract and an element of the conceptual framework. Some extracts were assigned multiple codes and could be linked to any one individual element or to multiple elements of the conceptual framework. During the process of data extraction, we identified four distinct populations (see *Results*), and data were coded discretely for each population. We initially coded data against the 'exposure', 'impacts' and 'outcomes' elements of the conceptual framework (see *Figure 1*); however, we subsequently added a further element within the data; 'protective factors' (see *Results*).

Next, the data were synthesised according to each element of the logic model in turn. Where a text extract was coded against multiple elements, the data extract was synthesised for each one. Data relating to each population were synthesised separately. One reviewer examined the codes relating to each element of the logic model and grouped the codes according to conceptual similarity and broader meaning. The thematic structure and relationships between concepts apparent from the text extracts are reported in a logic model, as well as being reported narratively, in more detail.

Quotations from included papers have been used for illustrative purposes, including both authors' interpretations and reporting, and verbatim quotations from study participants. All included studies used pseudonyms, and the same pseudonyms have been reported in the current synthesis.

Patient and public involvement and stakeholder involvement

During December 2021 key policy and practice stakeholders and topic experts were invited to comment on the potential focus of the review and the appropriate definitions and scope in terms of review questions and inclusion criteria. The list of stakeholders is in *Appendix 2*. We shared the protocol with the stakeholder advisory group, and sought their guidance on potentially relevant sources of grey

literature (web platforms) to search. We searched all web platforms suggested by the stakeholders. We consulted stakeholders on the review findings and invited them to give general feedback and suggest additions or amendments to the implementations for policy and practice.

This review is based on the perspectives of those who have experienced housing insecurity (including children, young people and parents/carers) and people close to them (e.g. teachers, clinicians). Our whole approach therefore foregrounds the lived experiences of children, parents/carers and those working with them. We have also sought to work closely with youth organisations in the North with whom we have existing productive research collaborations. While the timing of the review (while the organisation was involved in another research project and then over the school summer holidays) has meant that we have been unable to seek advice and guidance early on in the review, we consulted with this group over the review findings. We sought to understand if the review resonated with their experiences, if they thought anything was missing and with whom they thought we should share the findings. We are also planning to work with them to produce accessible and engaging outputs for a public audience.

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Results

Study selection

The database searches generated 3261 records after the removal of duplicates, of which 236 full texts were retrieved and 16 were included. Due to the large number of full texts excluded, the reasons for exclusion of each individual paper are provided in the *Report Supplementary Material 1*. Altogether, 726 grey literature sources were examined at full text, of which 37 were included. A further 85 papers were identified as potentially relevant from the references lists of included papers and relevant reviews and the full texts were examined, of which 6 were included in the review. The process of study selection is summarised in *Figure 2* and a summary of study characteristics is presented in *Table 1*. Of the included studies, 16 took place across the UK as a whole, 1 was conducted in England and Scotland, 1 in England and Wales and 17 in England. In terms of specific locations, 13 were reported to have been conducted in

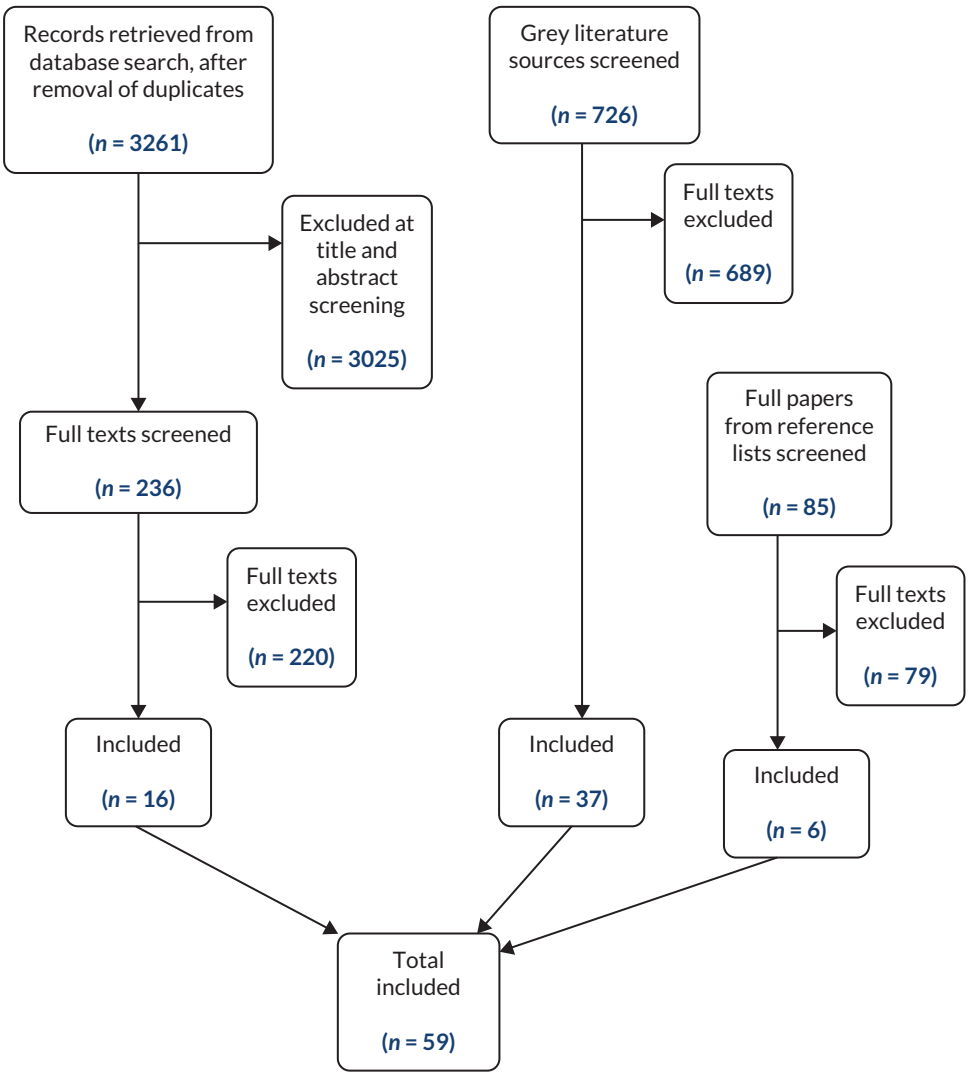


FIGURE 2 Flow diagram of study selection.

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London, a London Borough (Newham) or Greater London, 2 in Birmingham, 1 in Fife, 2 in Glasgow, 1 in Leicester, 1 in Rotherham and Doncaster, and 1 in Sheffield. The location of one study was not reported.

Studies included in the review

We identified four distinct populations for which research evidence was available during the process of study selection and data extraction:

- general population (evidence relating to housing insecurity in general) (reported in 40 papers)
- domestic violence population (evidence relating to those experiencing housing insecurity associated with domestic violence) (reported in nine papers)
- migrant, refugee and asylum seeker population [evidence relating to those experiencing housing insecurity associated with migration status – this included children who had migrated or arrived in the UK as a refugee or asylum seeker with their family and children born in the UK to one or more parents who had migrated to the UK under any of those circumstances, including those with no recourse to public funds (NRPF)] (reported in 13 papers)
- relocation population (evidence relating to families forced to relocate due to planned demolition) (reported in two papers).

Evidence relating to each of these populations has been synthesised separately, because the specific circumstances relating to their housing insecurity may impact differently on health and well-being and we anticipated that specific considerations would relate to each population. Some studies reported evidence for more than one population.

Quality of evidence

The quality of evidence varied somewhat between studies, with the published literature generally being of higher quality than the grey literature with methods that were generally more transparent, although reporting of methods of data collection and analysis varied considerably within the grey literature. From the 18 published studies all reported an appropriated methodology, addressing the aim of the study with an adequate design. Eleven of the 18 studies reported ethical considerations, and only 2 reported reflexivity. Most studies had an overall assessment of moderate-high quality, with approximately 13 of the 18 studies providing relevant data for the review. However, given the qualitative nature of the review, no studies were excluded based on quality. Most of the grey literature included originated from known and valued sources (e.g. high-profile charities specialising in poverty and housing). Although methodologies and methods were often poorly described (or not at all), primary data in the form of quotations were usually available and suitable to contribute to the development of themes within the evidence base as a whole. Quality appraisals of included studies are presented in *Appendix 3*, *Tables 2* and *3*.

Housing insecurity and the health and well-being of children and young people

General population

The final logic model for the impact of housing insecurity on the health and well-being of children aged 0–16 in family units is presented in *Figure 3* (coloured arrows are used to distinguish links relating to each element of the model). There were no gaps in the evidence in terms of elements identified in the a priori conceptual framework (see *Figure 1*).

Population

The general population covers families experiencing housing insecurity (as per the definition outlined in the *Background* section) in general.[6]

TABLE 1 Study characteristics of included studies

Study	Location	HI an aim?[a] (Y/N)	Population (numbers, where given)	Children (numbers, where given)	Informant/s (numbers, where given)	Study design analysis	Housing situation of family	Reasons for homelessness/HI
Backett-Milburn[43]	Scotland	N	General *N* = 15 children/ parent–child dyads	15 children, aged 9–12 years. Only one reported on housing.	Children and their parents	Semistructured interviews using child-appropriate techniques Thematic analysis	Vulnerably housed	Unemployment of parents
Bowyer[44]	Unclear	Y	Domestic violence *N* = 5 children, girls aged 10–16 exposed to domestic violence	5 children	Children	Semistructured interviews Interpretative phenomenological analysis	Temporary accommodation, mostly refuges	Domestic violence
Bradley[45]	London	N	General *N* = 13 parents, living in temporary accommodation	Numbers not reported. Families had one to four children. Aged 2–9 years (mean 3.6 years).	Parents	Semistructured interviews Thematic analysis	Temporary accommodation	Not reported
Coram Children's Legal Centre[46]	Greater London	N	Migrants No details	Not reported	Parents	Case studies Methods of data collection and analysis are unclear	Vulnerably housed	Immigration status
Dexter[47]	London	N	Migrants Families seeking support under Section 17, as well as those who are already living on this support	'Destitute migrant children, whose parents have no recourse to public funds'	*N* = 7 Children's Society practitioners, *N* = 1 professional from Hackney Migrant Centre	Semistructured interviews and a roundtable analysis of anonymised case files No analysis details	Varied, usually temporary	Poverty, immigration status
Jolly[48]	Birmingham	N	Migrants *N* = 15 immigrant families. Most from West Africa and Caribbean households	24 children	Children	17 semistructured interviews Qualitative: directive content analysis	Mainly temporary, or relocated	Immigration status. Not in receipt of public funds

continued

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TABLE 1 Study characteristics of included studies (*continued*)

Study	Location	HI an aim?[a] (Y/N)	Population (numbers, where given)	Children (numbers, where given)	Informant/s (numbers, where given)	Study design analysis	Housing situation of family	Reasons for homelessness/HI
Karim[49]	UK	N	General *N* = 35 families at follow-up.	Mean number of children = 3 (range 1–7).	Main carer, usually mother	Semistructured interviews Thematic content coding	Hostel (or other temporary accommodation)	Domestic violence (20%), neighbour harassment (23%), relationship breakdown (23%) and eviction (17%)
Lawson[50]	Glasgow	Y	Gentrification 23 households, 21 of which 'family households' (≥ 1 adult + ≥ 1 child/young person)	Gentrification Not described	Parents	Longitudinal qualitative study (18 months) Semistructured interviews Grounded theory	Being relocated due to regeneration	Regeneration (gentrification of local area)
Lawson[51]	Glasgow	Y	Gentrification 20 family households (10 at follow-up)	Gentrification 40 CYP	Parents	Longitudinal qualitative study (18 months) Semistructured interviews Grounded theory	Being relocated due to regeneration	Regeneration (gentrification of local area)
Minton[52]	England and Scotland	Y	General 'nearly 50 individuals'	Not reported	Children, parents, doctors, teachers, religious leaders, housing and homelessness professionals	Study design not reported Analysis method unclear	Various, including homeless, in temporary accommodation, and precariously housed/moved round a lot	Mainly eviction. Mostly poverty-related
Moffatt[53]	North East England	N	General *N* = 38 tenants, all in receipt of welfare benefits	11 children altogether – 9 households had 1 child aged < 18 years, 2 had 2, and 1 had 3 children.	Parents, service providers	Semistructured interviews Qualitative interpretive analysis	Living in social rented properties	Poverty, bedroom tax

Study	Location	HI an aim?[a] (Y/N)	Population (numbers, where given)	Children (numbers, where given)	Informant/s (numbers, where given)	Study design analysis	Housing situation of family	Reasons for homelessness/HI
Nettleton[54]	London	Y	General 20 families lived in London Boroughs	17 children (including siblings), age 7–18 years	Children and their parents	Qualitative Semi structured interviews No reporting of analysis methods	Mortgage repossession (implies currently in rented accommodation)	Mortgage repossession
Office of the Deputy Prime Minister[55]	England	N	General *N* = 82 ethnic minority homeless households, 72 had a child, pregnancy, or children	No details	One adult within each household interviewed, 73% female. Also, local authority service providers, charitable/voluntary sector service providers	Interviews Thematic analysis	Homeless	Various (domestic violence), relationship breakdowns, family disputes, eviction, social exclusion, pregnancy, severe poverty, losing accommodation tied to a job, loss of NASS accommodation, racial harassment
Oldman[56]	UK	N	General 40 parents of children with physical disabilities or sensory impairments	Physical disabilities or sensory impairments	Parents Children	In-depth interviews Qualitative analysis	Wide range of housing unsuitability and included those who had adapted or moved house in response to their housing needs	Disabled child
Price[57]	England and Wales	N	Migrants *N* = 91 interviewees, including parents, local authority workers, and third sector workers/ advocates	Not reported	Parents, local authority workers, advocates, voluntary sector staff	Mixed methods – survey first, then in-depth interviews No detail on analysis	Various, usually temporary	Poverty, immigration status, NRPF

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TABLE 1 Study characteristics of included studies (*continued*)

Study	Location	HI an aim?[a] (Y/N)	Population (numbers, where given)	Children (numbers, where given)	Informant/s (numbers, where given)	Study design analysis	Housing situation of family	Reasons for homelessness/HI
Rowley[58]	UK	N	Migrants 9 adults; 5 males, 4 females Refugees	Not reported	Parents	Qualitative interviews Thematic analysis	Homeless or temporarily housed	Refugee status
Thompson[59]	Newham, East London	Y	General 20 families (*N* = 40) at wave 1, 15 families (*N* = 28) at wave 2	Age of children 11–16	Parents and children	Ethnography Described as narrative family interviews and narrative analysis with Bakhtinian interpretation	Private renters, owned or were buying their own home.	Various including: overcrowding; joblessness; extremely poor quality of current housing; having 'nowhere else to go' (homelessness); and health problems
Tischler[60]	Leicester	Y	Domestic violence 49 homeless families (couple or single mother with children)	Families had a mean number of 3 children (range = 1–7)	Carer (usually mother)	Qualitative (semistructured) interviews Thematic analysis	Large statutory hostel for homeless parents and children	Domestic violence
Tischler[61]	Birmingham	Y	Domestic violence 28 homeless women with dependent children	Children aged ≥ 3 years. The median number of children was 2, with a range of 1–6	Mother	Semistructured interviews Thematic analysis	Living in one of three local-authority-run hostels	Domestic violence
Tod[62]	Rotherham and Doncaster	N	General 35 families – low-income households	Not reported	1 parent from each family and 25 health, education and social care staff	In-depth semistructured individual and group interviews Framework analysis	Mixture of privately owned, private rented and council rented	Low-income households at risk of instability
Warfa[63]	London	Y	Migrants Somali refugees in the UK (21 families)	School-age children	Adults Professionals in supporting roles	In-depth group discussions	Refugees Frequent moves	Migration – Somali refugees

Study	Location	HI an aim?[a] (Y/N)	Population (numbers, where given)	Children (numbers, where given)	Informant/s (numbers, where given)	Study design analysis	Housing situation of family	Reasons for homelessness/HI
Watt[64]	East London	Y	General 5 young mothers (aged 18–24 years) and 12 female lone parents	Not reported	Mothers	Interviews and participant observation	Hostel (homeless)	Family disputes, domestic violence and evictions
Wilcox[65]	Sheffield	N	Domestic violence 20 white working class women	Not reported	Mothers	In-depth interviews and participant observation Analysis not reported	Council estate property	Fleeing domestic violence
Young Women's Trust[66]	London	N	General 4 young women living on low incomes	Not reported	Mothers	Focus group Analysis not reported	Unsuitable housing	Not reported
Children's Commissioner[67]	England	N	General *N* = 15 children *N* = 25 parents and carers	No details	Children and parents	Observation 'mosaic approach' No analysis details	In rented accommodation	Poverty (worry about being evicted)
Children's Commissioner[68]	England	Y	General Children and families living in temporary accommodation	No details	Children, parents, specialist health visitor team	Described only as: 'visiting and speaking with participants, and conducting analysis'	In temporary accommodation, including B&Bs, converted office blocks and converted shipping containers	Various, not clearly described
Children's Commissioner[69]	England, Scotland, Wales and Northern Ireland	N	General Described as 'young people'	No details	Children	'Surveys, virtual visits to prisons, youth groups and children's homes' Analysis unclear	Unclear	Unclear – reasons include poverty and migration
Children's Commissioner[70]	England	N	General *N* = 557,077 overall sample	Aged 4–17	Children	Online survey with focus groups and interviews Analysis unclear	Unclear	Unclear

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TABLE 1 Study characteristics of included studies (*continued*)

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Children's Society[71]	England	N	Domestic violence Migrants *N* = 60 No details	Not reported	Children	Longitudinal fieldwork – annual semistructured interviews Thematic analysis	Temporary insecure housing	Various: to build a better life in the UK; to accommodate growing numbers of siblings; to live closer to extended family; parent with new partner; domestic violence, neighbourhood violence, family breakdown; eviction; poor-quality housing; health problems; current accommodation temporary
Pinter 2020 (Children's Society)[72]	England	N	Migrants *N* = 11 parents/carers	Representing 21 children	Parents/carers	Mixed methods – analysis of database and case notes, semistructured interviews No detail on analysis	Temporarily housed, mainly	Immigration status and having NRPF
Children's Society[6]	UK	Y	General *N* = 24 participants recruited through schools	No details	Children	In-depth interviews, conducted annually over 3 years Thematic analysis	Various, mainly temporarily housed, or in 'permanent' or indefinite housing but with threat of moving	Evicted for non-payment of rent, DV, being housed in temporary housing, unsuitability of housing

Study	Location	HI an aim?[a] (Y/N)	Population (numbers, where given)	Children (numbers, where given)	Informant/s (numbers, where given)	Study design analysis	Housing situation of family	Reasons for homelessness/HI
CPAG and CoE[73]	UK	N	General 21 parents (some lone parents/some part of couples) on low income	1–5 children	Parents	Interviews Thematic analysis	No details	Low income
CPAG[74]	UK	N	General *N* = 129 professional informants	Not reported	117 social workers and 12 other professionals	Survey No details on analysis	Homeless	Low income
Hardy and Gillespie[75]	London	Y	General No details	No details	Parents	64 structured interviews (32 recorded) No details on analysis	Approached Newham Council to address a housing or homelessness need within the last year	Rent rises, cuts to benefits leading to rent arrears and family breakdown
Jones[76]	England	N	Domestic violence Adult and child sanctuary service users	2 children, no details	Parents, children, professionals	Telephone interviews (semistructured). Thematic analysis.	In own home	DV
Joshi[77]	England	N	General Family participation events: *N* = 16 parents; *N* = 15 children, Interviews: *N* = 9 parents	Children aged 0–4 years	Children, parents	Conversations 'mosaic approach' Thematic analysis	Renting	Poverty, high rents
JRF[78]	England	Y	General 145 tenants experiencing forced moves and evictions Age 18+, 84 females, 61 males. 67 Families	Not reported	Parents	Qualitative interviews Thematic analysis	Facing forced move or eviction	Facing a forced move or eviction, or who had experienced a forced move or eviction within the recent past

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TABLE 1 Study characteristics of included studies (*continued*)

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JRF[79]	UK	N	General 72 participants in 6 case study areas	Not reported	Parents	Qualitative longitudinal panel study Analysis not reported	Home owners, private renters, social renters	Not defined
JRF[80]	UK	N	General In poverty	Not reported	Insights from the JRF GPAG	Charity annual report	Social housing	Not reported
Maternity Action[81]	England	N	Migrants *N* = 10 women with recent experience of pregnancy and asylum support	No details	Mothers	Online group discussion No analysis details	Temporary accommodation	Asylum seeking
Project 17[82]	London	N	Migrants *N* = 2 families	Children aged 6–12	Parents and children	'Informal qualitative research'	Homeless	Refusal of Section 17 support (for migrant children or children of adult migrants with no recourse to public funds)
Project 17[83]	London	N	Migrants 11 families being supported under Section 17	*N* = 17 children aged 7–17	Children	Mixed-methods approach No analysis details	Temporary, transient, some were street homeless for periods of time	Immigration status, no recourse to public funds
RCPCH[84]	London	Y	General No details	No details	Parents, carers and young people	Workshop No analysis details	Living in temporary accommodation	Poverty
RCPCH[25]	London	N	General *N* = 266 professionals	No details	Professionals	Survey No analysis details	Living in poverty	Not reported
Renters' Reform Coalition[85]	UK	Y	General No details	Not reported	Parents	Not reported	Private renters	Eviction and increasing costs

Study	Location	HI an aim?[a] (Y/N)	Population (numbers, where given)	Children (numbers, where given)	Informant/s (numbers, where given)	Study design analysis	Housing situation of family	Reasons for homelessness/HI
Scottish Women's Aid[86]	Fife	Y	Domestic violence *N* = 4 (interviews), women who had experienced or been at risk of homelessness as a result of domestic abuse	3 had dependent children	Parents	Participatory action research Mixed-methods survey/interviews No analysis details	Homeless/ temporary accommodation	Domestic abuse
Mustafa Z[87]	UK	Y	General Homeless children	*N* = 29 children 17 males, 12 females Age 4–16	Children	Writing and drawing in activity books, completing a questionnaire and participating in drama exercises Follow-up interviews No analysis details	All of the children were, or had recently been, homeless. Rehoused in private/social rented or hostels	Relationship breakdown or eviction, or the need to escape violence or racist abuse
Mustafa Z[88]	England	N	Domestic violence No details	Not reported	Parents	Not reported	Temporary accommodation	Fleeing domestic violence
Mustafa Z[89]	England	Y	General No details	Not reported	Parents	Policy briefing. No analysis methods reported	Private rental	Private rental insecurity
Mustafa Z[90]	UK	Y	General 171 adults at baseline (within 1 month of moving in) 71 women and 57 men at 19 months (final visit), 'with a fairly even split of single households and households with children'	No details on children	Parents	Qualitative semistructured and unstructured interviews. 19-month follow-up No analysis details	Homeless – recently been resettled into private rented accommodation	Not stated

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Mustafa Z[91]	England	Y	General 194 families: 72% lone parents, 28% couples	62% had a child/children under the age of 4 living with them, 38% had a child/children aged 5–10 years living with them, 26% had a child/children aged 11–16 living with them, 9% had a child/children aged 17–18 living with them	Parents	Questionnaires In-depth case history interviews No analysis details	Temporary accommodation	Not reported
Mustafa Z[92]	England	Y	General 20 families 6 teachers/learning mentors	14 families had children under 10 years	Parents/teachers	Qualitative interviews Thematic framework analysis	Families in non-self-contained accommodation, such as B&Bs and hostels	Not reported
Mustafa Z[93]	UK	Y	General 25 parents living in emergency accommodation	Not reported	Parents	Qualitative interviews. Thematic framework analysis	Living in emergency accommodation (some for 6 months or more)	Not clear
Mustafa Z[94]	UK	N	General *N* = 19, including 11 families with dependent children, 3 couples and 4 single people	11 families with dependent children (no details)	Parents	In-depth interviews Qualitative Thematic analysis	Currently, or have previously been at risk of becoming homeless	Debt
Mustafa Z[95]	England	Y	General 23 families currently living in emergency accommodation, or who had left within the last 3 months	10 children aged 6–16 years	Parents and children	Qualitative interviews. Thematic framework analysis	Emergency accommodation	Not reported

Study	Location	HI an aim?[a] (Y/N)	Population (numbers, where given)	Children (numbers, where given)	Informant/s (numbers, where given)	Study design analysis	Housing situation of family	Reasons for homelessness/HI
Mustafa Z[96]	England	Y	General Primary and secondary schools' populations	No details	8 teachers and 3 education professionals 10 different primary and secondary schools	Qualitative interviews Thematic analysis	Homeless	Not reported
Mustafa Z[97]	UK	N	General Social housing tenants and private rented (no details on individual children)	Not reported		Mixed-methods study. Qualitative data presented as case studies No analysis details.	Social housing tenants plus struggling private renters	Varied – most at risk rather than homeless
Mustafa Z[98]	UK	N	General No details	Not reported	Professionals (no details)	Website with case study quotations	Evicted from private rented accommodation	Eviction
White[99]	England	N	General 9 family case studies (with 18 families, 2 per case study), based on 9 (9-day) site visits	No details	Families (any family member aged ≥ 5 years), FIP staff, local agencies and services that work with a FIP	Mixed-methods evaluation: 9 case studies, 44 telephone interviews No analysis details	Housed, mostly local authority renting, most families had housing enforcement actions (threat of removing tenants)	Antisocial behaviour

B&B, bed and breakfast; CoE, Church of England; CPAG, Child Poverty Action Group; FIP, Family Intervention Programme; GPAG, Grassroots Poverty Action Group; HI, housing insecurity; NASS, National Asylum Support Service; NRPF, no recourse to public funds; RCPCH, Royal College of Physicians and Child Health.
a This field is concerned with whether or not exploring housing insecurity was an aim of the study.

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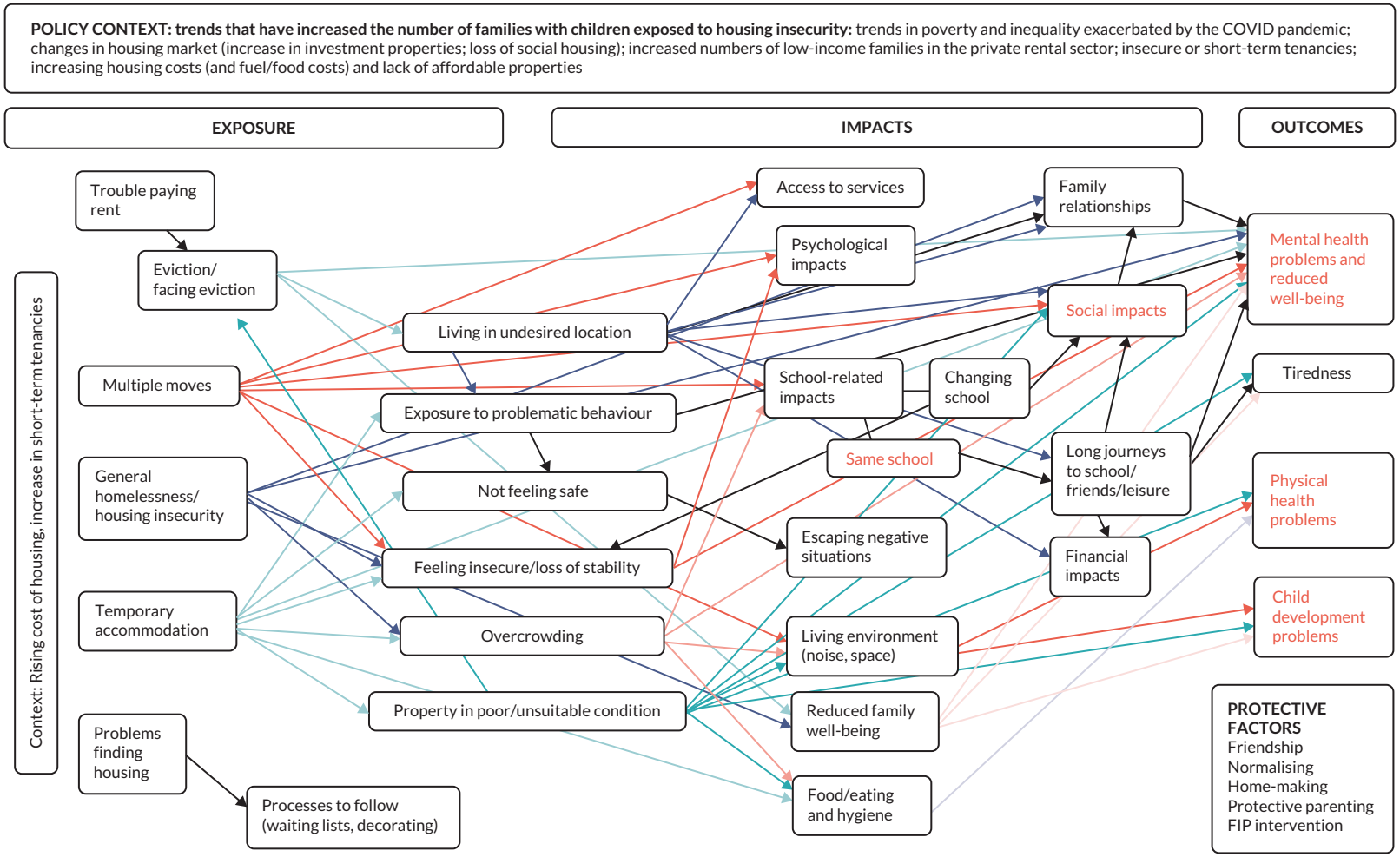


FIGURE 3 Logic model for the relationship between housing insecurity and the health and well-being of CYP in the general population.

Exposure

Cost of rent and eviction

Fundamentally, a key driver of housing insecurity is poverty. The high cost of housing (relative to the income of the family) could render their living situation precarious, with housing benefit not fully covering the rent amount.[97] Similarly, having difficulty paying the rent and falling into rent arrears were sources of housing insecurity,[6,73,78] due to a parent's change in circumstances[78] and a parent's difficulty finding suitable employment.[6] Sometimes, families were evicted for non-payment of rent,[6] and this could be linked to the rising cost of housing.[90] Some children reported being evicted but for a reason not known to them,[71] and the prospect of facing eviction from private rented property (for reasons not explained) was also a source of housing insecurity.[97]

Multiple moves

The cost of rent could lead to families having to move multiple times, as they repeatedly sought somewhere affordable to live.[97] The use of short-term tenancies by local authorities and private rental landlords can require multiple moves.[90,97] In two of the case study families from the seminal Children's Society report *Moving, Always Moving*, children discussed moving multiple times as a source of housing insecurity, but they were unaware of the reasons for some or all of the moves, or did not want to talk about the reasons.[6]

> *They moved all the time, he couldn't even say how many times, and he didn't understand why they weren't allowed to just live in one place instead of having to pack, leave, unpack, pack again, leave, unpack and on and on like that.*[6] (p. 35)

Exposure to problematic behaviour

Some phenomena were found to be both exposures and impacts of housing insecurity, in that some impacts of housing insecurity further exacerbated the living situation, causing further insecurity. One such situation included exposure of the family to the problematic behaviours of others, for instance, criminal behaviour, people taking and selling drugs.[93] Another related to where the location of the new housing or temporary housing left the family and child(ren) isolated and far away from family, friends, other support networks, work, shops, school and leisure pursuits.[6,64,68,78,85,90] Not feeling safe in a particular locality or neighbourhood was another situation that could exacerbate the original situation, leading to families needing or wanting to move again.[6]

Feeling insecure

Feeling insecure (including uncertainty over when and where the next move will be, or if another move is happening) is a further impact of living in insecure housing situations (including temporary housing, making multiple moves, being evicted) but also part of the experience of housing insecurity for CYP,[6,68,71,95,97] potentially leading to stress and worry.[6,95]

> *One of the major issues that Hannah says affects her mental health is the uncertainty of their situation. She says it is hard to not know where they will be staying one night to the next. It is also difficult to adjust to living without her furniture and clothes.*[95] (p. 17)

Overcrowding

Overcrowding was another issue that was both an impact of housing insecurity (often a feature of living in temporary accommodation or needing to accept whatever accommodation was on offer) and a contributory factor to families' need to move to escape being overcrowded. Overcrowding could take the form of siblings sharing a room and/or bed,[6,25,52,59,90,92–95] family members sleeping on the floor or sofa,[6,52] children sharing a room with parents,[52,75,90,92–95] a room being too small to carry out day-to-day tasks,[93–95] a lack of privacy in general,[92,93] living in close proximity to other families[95] and cramped conditions when too many people and possessions had to share a small space.[6,90,95]

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> *No. It's a box. Because, with it being so small we've had to buy [daughter 1] a camp bed, like just a small 3ft one and [daughter 2] is in [daughter 1]'s old cot bed and it's literally right next to the radiator, under the window.*[90] (p. 28)

> *His mum had slept in the living room while he had shared a small bedroom and one bed with two of his siblings, lots of furniture and everyone's belongings piled up wherever there was space.*[6] (p. 53)

Poor condition or unsuitable property

Similarly, living in a property in poor condition could exacerbate initial exposure to housing insecurity, both because families wanted to move into a better property and because they were reluctant to complain and ask for repairs on their current property in case the landlord increased the rent or evicted them.[67,77] One study reported a family being evicted after requesting environmental health issues be addressed,[55] and another study reported a family being evicted because they withheld rent as their landlord had not addressed several health and safety issues.[97] Such issues included accommodation being in a poor state of decoration,[79] broken or barely useable fixtures and fittings,[67,77] broken appliances or fixtures,[52,77,78] structural failings[78] and mould.[52,77,78,85,90] Likewise, living in an unsuitable property may represent a lack of choice and a need to move, but could also precipitate a need to move again. Many families with young children found themselves living in upper floor flats, having to navigate stairs with pushchairs and small children.[52,55,59,64,68,73,90] One study reported how a family had to join the transfer list, as their council refused to install central heating in their current home. This was particularly relevant for their child's health and well-being as the child had cerebral palsy and suffered from asthma.[56]

Additional constraints

Sometimes, when a family desired a move, they may have to fulfil certain requirements. One family reported having to decorate their three-bedroom accommodation in order to be eligible for a four-bedroom house.[6] Sometimes a family could encounter problems finding appropriate housing, for instance due to landlords not accepting people on benefits.[6,66,98] Waiting lists for social housing could be prohibitively long.[78,79,97]

> *Then it took us 13 years to get this house. I went through a lot, 13 years of bidding, fighting up against it, letters from everywhere, from the school, my boy's school, doctors, psychiatrists, mental health unit, the hospitals …*[79] (p. 28)

Impacts

Impact on friendships

A particularly large and disruptive impact, positive or negative, of housing insecurity was the effect it had on children's friendships and social networks. This social impact could be experienced in multiple ways. Multiple moves could lead to a young person having the challenge of building new social networks and build up a reputation each time they moved,[6,87] and worries about maintaining friendships.[71] One young person spoke of the beneficial side to this, in that she had friends all over town, although she also reported difficulty in forming close friendships with anyone due to constantly moving.[6] Children living in temporary, overcrowded or poor condition accommodation often felt ashamed of their housing and concealed it from their friends.[6,59,92,93,95,96] In some cases, renting led to shame among those whose parents had previously owned a house and had it repossessed.[54] Not feeling able to invite friends over caused sadness,[92,95] and increased distance from friends due to moving made it difficult to maintain friendships and a social life, leading to boredom and social isolation.[95] Likewise, the threat of an impending move at a distance from friends could cause sadness and worry,[95] and many young people missed the friends they had left behind.[6,71]

> *I was quite upset because I missed all my friends…I really miss my friends…I can't really like chat to them or Skype them because I'm trying to get the numbers from my old phone.* (Girl, 12)[71] (p. 15)

Some young people felt compelled to turn down invitations to go out with friends to avoid leaving a parent alone with younger sibling/s,[95] or because the family could not afford the activity.[96] Another barrier to friendships was feeling different from their peers, either because of looking messy and unkempt or because of lacking in confidence.[96] While these issues are not a specific feature of housing insecurity per se, they highlight that often the issues caused by housing insecurity are compounded by other causes of stigma related to their appearance or by practical issues such as lack of money.

School-related impacts

Another key impact of housing insecurity was the impact on education, and this was closely intertwined with the impact on friendships. Faced with moving, often multiple times, sometimes to uncertain locations, families were faced with the decision to keep the child(ren) in the same school/s, or to change schools. Both scenarios had different, but in each case negative, impacts. Several papers and reports described CYP changing schools, often due to multiple moves, and an unfeasibly long journey to school, or facing the likely prospect of having to change schools.[6,71,87,89,92,97] This could in turn impact on the child's sense of stability, academic performance and also on maintaining friendships and concerns about forging new friendships.[71,92,96,97]

> *My 12-year-old daughter has gone to eight different schools and has really struggled with constantly making friends and losing friends because of all our moves. All the upheaval makes her so unhappy.*[97] (p. 29)

Meanwhile, staying at the same school created some stability in the child's life,[6] and allowed for friendships in school to be maintained, and for being known by the teachers and the school.[6] Staying at the same school, however, was quite often the only option, due to not knowing their next location,[6,94] and was not without issues. Those who were unhappy with school were effectively prevented from changing schools due to the family's precarious housing situation; there was no point in changing schools if they did not know where their next location would be.[6,71] It was not unusual for families to be rehoused at a considerable distance from the school.[6,74,75,94] This often meant having to get up very early to travel a long distance to and from school by bus (often more than one), sometimes train, or taxi,[6,71,75,87,92,94] which in turn led to difficulty maintaining friendships and participating in social activities.[96] This also led to increased tiredness,[6,92,94–96] and left little time for homework and extracurricular activities.[94–96]

> *I wake up about five in the morning […] walk from our house to the shopping centre […] through there to [the train station] and we go from there until [two stops away] and then…I'm going to [one] bus […] and then we…pick [another bus] […] and we walk from Tesco to school.* (Girl, 11)[6] (pp. 17–8)

Another option was to stay with friends or relatives closer to school on school nights, which some secondary school children in one study reported doing, although these arrangements did not seem to persist for long.[6,71]

> *Tiffany had taken to staying with her eldest sister on school nights so she wouldn't be late in the mornings and have her attendance record adversely effected. Her sister lived closer to Tiffany's school, and sometimes their mum would stay over too.*[6] (pp. 38–9)

Regardless of whether the child moved schools or stayed at the same school, living in temporary housing was associated with several practical challenges in relation to schooling, for instance, keeping track of uniform and other possessions, limited laundry facilities, limited washing facilities and a suitable space to do homework.[93,96] Parents noted academic performance worsened following the onset of housing problems.[92,94,97] Limited space and time to work,[92–95] tiredness and poor sleep,[92,94] travelling and disrupted routines,[95] disruptions from other families (e.g., in a hostel),[95] a lack of internet connection,[95] and the general impact of the disruption and upheaval caused by their housing situation,[92,94,97] made it challenging for CYP experiencing housing insecurity to do well at school. Families living in shared

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emergency accommodation (e.g., hostels) often had to wake up early to access shared facilities before school.[94,95] Some children missed school altogether during periods of transience, because the family were moving so often (and/or staying in temporary accommodation) that school attendance was not viable,[52,87,92] the family were not able to secure a school place in the new area,[90] or they could not afford the bus fares and money for lunch to send the children to school.[62] Predictably, this non-attendance affected academic performance.[87,92]

> *Nineteen months later, one mother was still unable to have her child in school. 'She cries when you drive past the school and see all the kids in the playground, like she wants to go. She'll be one of them kids that skips to school.'*[90] (p. 33)

> *Their education was put on hold. My daughter was ahead on everything in her class and she just went behind during those two weeks.* S, 30, Mum[92] (p. 15)

Family relationships

In addition to the social impact on friendships, young people experienced an impact on family relationships, particularly within the immediate household. One study reported on how family relationships had become more strained since the family started experiencing housing insecurity.[6] In particular, some children described improved relationships with friends (who did not live nearby) at the expense of worsening relationships with family members.[6]

> *[…] he had started to stay over with friends not only on the two football nights each week, but on other nights as well. And […] his relationships at home had become strained. In particular, Sean was finding things really difficult with his mum and one of his sisters.*[6] (pp. 73–4)

In some cases, however, housing insecurity led to improved family relationships. For instance, one study reported on a non-resident father who became more involved,[6] and another reported how all children felt closer to their parents.[87]

Impacts relating to well-being (diet and hygiene)

Some impacts related to the child's health and well-being. For instance, an impact on diet; one 3-year-old child stopped eating solid food (which affected their growth).[94] Other impacts on diet included insufficient money for the child(ren) to eat properly,[6,80,87] a lack of food storage and preparation space in the accommodation (including sometimes a lack of refrigeration)[84,93] and a hazardous food preparation environment unsuitable for small children.[93] Two families spoke about a lack of control over the heating in a hotel, leading to excessive heat at times.[87] Hygiene issues relating to dripping water, overcrowding, damp, dirt, electrical hazards, vermin, flooding and a lack of washing and laundry facilities were reported as a result of unsuitable temporary accommodation, including converted shipping containers, hostels, bed and breakfast (B&B) accommodation and houses.[25,52,55,62,68,69,85,87,90,93,97]

> *When we sleep water drips on us which we don't like.* (Daisy, 11) [living in a shipping container][68] (p. 14)

Psychological impacts

Psychological impacts of housing insecurity, which have the potential to affect health and well-being outcomes, were also reported. Teachers in one study reported that children experiencing homelessness saw themselves as being different from their peers, and were less able to 'blend in', which could then impact on their mental health (see *Outcomes*).[96] Sometimes, multiple moves could result in children having high hopes that the next property would be better in some way than the current one, only to be disappointed each time.[6] One study reported that when a family moved to a quieter area, the children felt that it was difficult to fit in.[6] Not feeling safe was a frequent concern, reported by children, and by parents in relation to their children. This included living in neighbourhoods or localities that did not feel safe,[6,68,71,84] and accommodation that did not feel safe (due to the other people there and/or a lack of

security provision).[68,78,90,93–95] In one case, a young person's perception of safety improved over time, with them reporting that they had grown to like the neighbours and area.[6]

Often, this experience of being unsafe was due to the children being exposed to problematic behaviour in or around their accommodation. This included hearing other children being treated badly,[93] being exposed to violence,[95] including seeing their parents being attacked,[92,93,95] witnessing people drinking and taking drugs,[64,71,92,93,95] finding drug paraphernalia in communal areas,[93,95] hearing threats of violence,[92] hearing shouting and screaming coming from other rooms in shared accommodation,[95] hearing their parents being sworn at,[64] witnessing people breaking into their room[64] and witnessing their parent(s) receiving racist abuse.[64]

> *There's a lot [of] drugs and I don't want my kids seeing that…One time he said 'mummy I heard a woman on the phone saying 'I'm going to set fire to your face'.' She was saying these things and my son was hearing it. […] He was scared*. H, 35, Mum.[92] (p. 15)

Noise

Noise was another disruption that children experienced in connection with their housing situation. This could relate to the location of the property, for instance, noise disturbance from traffic on a main road,[6] or a factory nearby,[91] or noise disturbance from other people in a B&B, hotel or hostel banging and shouting or just moving around and going about their day,[87,93] or people in neighbouring properties shouting and banging doors.[6]

> *Several of the children from Bayswater Family Centre mentioned noise going on 24 hours of the day. One child, who had stayed in bed and breakfast accommodation for two years, said she had not been able to sleep until they moved from that particular hotel*.[87] (p. 19)

Loss of security and stability

Multiple moves, or the fear of having to move, disrupted children's sense of continuity and they experienced a loss of security and stability in their lives (see *Exposure*).[66,68] One (seminal) report identified that young people experiencing housing insecurity experienced instability in many other spheres of life as well.[6] A loss of security and stability led children to feel responsible for helping and providing support to their parents, including putting on a brave face and hiding their feelings in relation to the housing situation so as not to further upset them.[92,95] Some children stopped asking their parents for things they wanted.[6,94] Children also felt a sense of displacement and a feeling of not belonging anywhere as a result of the loss of safety and security, with no place that felt like home.[6,96]

> *[…] a sense of place formed a crucial component in their experiences, and something appeared to be lost for those who were forced to move repeatedly and continually navigate their place attachments amidst the dislocations. For Tiffany it meant a loss of belonging and a longing to be back home*.[6] (pp. 40–1)

> *Even when a family is provided with decent temporary housing in the right location, the threat of being moved on somewhere else always hangs over their heads, depriving children of a sense of stability and security*.[68] (p. 15)

Loss of stability and security triggered a desire for stability, for the family to be able to settle, having friends over, and not having to constantly worry about having to move.[90]

Parental and family well-being

Often, CYP were aware of the impact of their precarious housing situation on their parents,[6,87] which would then impact their own well-being. In other cases, CYP were not directly aware, but would experience other negative impacts of reduced parental well-being, such as increased arguments and increased family stress.[6,74] Reduced parental well-being due to housing insecurity can further impact on child development,[25] and reduced their ability to care for children with chronic conditions.[25]

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Overcrowding and lack of space

Families felt pressured by the need for emergency accommodation to take whatever was on offer, even when emergency temporary housing or another rental property was unsuitable in some way. The condition of the property, distance from school, friends and relatives, and overcrowded conditions not only contributed to the experience of housing insecurity in their own right, but could also, in turn, lead to additional impacts. Many accounts described overcrowding in housing that was intended to be temporary, resulting from the need to be housed quickly (and a lack of available, suitable properties). In turn, overcrowding could mean that siblings, and parents and children, had to sleep in the same room,[45] and sometimes the same bed as each other,[97] which could lead to disturbed sleep.[6] In some cases, family members (usually one or both parents) had to sleep in a living room.[6,91] Families would also lack privacy, for instance, they would have to change clothes in front of each other.[95] Small, overcrowded accommodation meant little space for possessions, so children would experience cramped conditions.[45,71] In some cases, whole families and their possessions would inhabit one room, reducing their freedom to move around.[78,84,95]

> *It's all of us in one room, you can imagine the tension…everyone's snapping because they don't have their own personal space…it's just a room with two beds. My little brother has to do his homework on the floor.*[78] (p. 43)

This meant it was difficult for each child or young person to have their own space, even for a short time.[79] Older children lacked the space to do schoolwork,[95] and to invite friends over, directly because of the lack of space, and indirectly because they felt ashamed (see earlier in the section).[84] Families sometimes had to cohabit with extended family, which could lead to overcrowding due to a large amount of people inhabiting a modest-sized property.[91] Others were initially living in a property of the right size, but ended up outgrowing it, or anticipated they would outgrow it in the future, when children were older.[97] In some cases, overcrowding took the form of multiple families and single people being crammed into a single building, for instance a hostel or shelter, which presented difficulties for single parents when using shared bathroom facilities, as they did not want to leave their child(ren) alone in the room. Living in overcrowded conditions could lead to, or exacerbate, aggressive behaviour and mental health problems among CYP (see *Outcomes*).[53] Overcrowded conditions caused a 'relentless daily struggle' for families (p. 48).[64]

Poor condition or unsuitable property

Similarly, the need to take whatever property was on offer led to families living in properties in poor condition (also see *Exposure*). This included properties with damp and mould, unsafe gardens, broken appliances, fixtures and fittings.[71] This created a vicious cycle, whereby families would either try to endure these poor conditions, or else would attempt to move to a more suitable property. Requesting a repair or resolution from the landlord could lead to further housing insecurity. These latter two exposures are discussed in detail in the *Exposure* subsection.

Another impact of being moved to an unsuitable property (in particular, temporary accommodation) was a lack of space for children to play. Often this was due to the family inhabiting a small space such as studio flat or room in a hostel or refuge.[68] For small children, this could present a health and safety hazard,[68] and parents reported injuries in very young children.[93] Keeping small children occupied in just one room was a further challenge.[93] Sometimes the lack of space to play was due to poor housing conditions making the space unsuitable, for instance, a vermin infestation.[68] For older children and adolescents, a lack of space meant a lack of privacy.[93] School holidays could be particularly challenging for families of school-aged children, particularly when outside play spaces were not deemed suitable due to safety concerns (e.g., people selling drugs, broken glass).[68,87]

> *School holidays are very tight. It's very scary allowing the children to play downstairs in the communal playground – it is risky because of drug dealers, it is very hard to let my children out.* (Sophia, mother of children aged 14, 11 and 8)[87] (p. 15)

Some temporary accommodation restricted access during the daytime, making it difficult to entertain and occupy children without spending money.[93]

Financial impact

Moving house also had a financial impact on families. Moving into temporary accommodation meant that possessions had to be left behind, particularly if the temporary accommodation was small and overcrowded, with the cost of decorating, carpets, curtains and furniture to be covered each time a family moved.[6,79] This could incur considerable debt among families.[79] One family reported having to sign up to rent a larger house than they could reasonably afford, and purchase white goods and curtains, due to being served insufficient notice on their previous tenancy.[85] If the new location was far away from school, family, friends and, in some cases, shops, then the family incurred further costs travelling on buses and in taxis for day-to-day business.[6,68,75,93,95] Other financial aspects of housing insecurity could also have an impact. The threat of sanctions for missed payment of rent could lead to reduced family well-being, characterised by feelings of despair, failure and a loss of hope.[74] Another knock-on effect of the financial impact of housing insecurity was that parents had to refuse children's requests for possessions or experiences.[94]

Access to services

Multiple moves, particularly across local authority boundaries, could impact on the ability of either family or children to access services, particularly those aimed at vulnerable families.[25,52] Living far away could lead to problems accessing health services,[71] including specialist healthcare that is required to manage children's health conditions.[64]

> *[…] our GP was in [the area where we used to live], we moved to [another area] but we didn't move our GP…because we thought like, our house was temporary so there's no point moving from [the old area] to then move again [to the next area].* (Girl, 11)[71] (p. 18)

Families experienced a lack of support from social services and other outside agents, and the social workers themselves expressed frustration at being unable to do more to help families experiencing housing insecurity.[66,74]

Moving to a better situation

One study reported that some children felt positively about moving if their current conditions were sufficiently bad and causing them problems, as the move would give them the opportunity to leave negative things behind.

> *In my old house there was like bullies there and there's more bullies now. Because I used to have another house as well and I want a new house again because there's more bullies.* (Boy, 10)[71] (p. 15)

A few children in one study also reported that their most recent move had taken them close to friends, which they viewed as positive (see *Protective factors*).[6] Likewise, a few children in one study reported having more space in the new property (although in at least one case the accommodation was temporary).[6] Quite often, however, such moves also came with negative impacts that seemed to offset any benefit.[71]

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Other impacts

Frequent moves could impact on children's health and well-being in other ways. Space might be even more squeezed by cardboard boxes in preparation for an impending move.[6] Some children reported having to leave beloved pets behind.[71] Time costs associated with moving meant less time for other activities.[6]

Choice and control

One key impact that overlaid all of the above but was rarely mentioned was a lack of choice or control.[90] This was inherent in the families' and children's accounts of their experiences of housing insecurity, through talk of not knowing where their next move would be or when, and having to move long distances away from the places they used frequently and the people who supported them. Even the journey into housing insecurity was often not something the families had a great deal of control over, such as increases in rent, change in income or being served eviction notices (see *Exposure*). Families lacked control over improving unsuitable properties in poor condition, as they could often not pay for repairs so felt they had to live with these problems.[71] Some families avoided reporting problems to the landlord for fear of a rent increase or eviction (see *Exposure*). CYP, in particular, felt that they lacked control, and in some cases were not aware why they had to move on certain occasions.[6]

Outcomes

The evidence describes an overwhelmingly negative impact of housing insecurity on various health and well-being outcomes in children, including physical health, mental health and behavioural outcomes.

Mental health

Living in temporary housing, making multiple moves, and the instability and insecurity associated with anticipating a move, or being uncertain whether a move would be needed in the near future, had an obvious negative impact on the mental health of CYP as reported in various studies,[25] including in terms of self-harm,[52,77,78,92] thoughts of suicide,[52] anxiety,[52,71,84,92,93,96] depression.[91,96] Sometimes these problems manifested as physical pain.[87]

> *She's under [mental health service], but since then she's – well she's been off today. I took her to the doctor's yesterday, and it's just stomach pains. Same things going on and I think it comes out in her, you know, physically, rather than emotionally.*[87] (p. 13)

Stress, worry about the future and acute distress were also reported.[6,54,70,71,77,90,95,96,99] One study reported on stress and anxiety in children due to the trauma of losing their home and the emergency accommodation being unsuitable and temporary.[92]

> *My six-year-old has been going to the doctors because he's developed a nervous tick since we've been in that room. He was constantly nervous all the time. He's so unsettled still and he knows that we're still not settled. He's really anxious. He's become violent […] (S, 30, Mum)*[92] (p. 13)

Another study reported on how some young people experienced distress caused by safety concerns.[6]

Sometimes children's mental health issues would be displayed through problematic behaviour such as withdrawal, stealing, drug-taking, aggressive behaviour and running away.[49,52,78,96]

> *In my experience, the younger the homeless children are when they come into our school, the more they cry. They are very clingy and very emotional. The older children present signs of having behaviour issues. They're aggressive. They don't want to talk. They find it hard to build friendships.* (Family liaison worker, based at a primary school in Moss Side, Manchester)[52] (p. 12)

Teachers in one study reported that younger children tended to get more withdrawn and older children tended to get more angry and antagonistic, although the same child could cycle between these two

states.[96] Separation anxiety was reported in children, who showed distress upon being separated from their parent(s).[68,92] One study reported on a 7-year-old who started wetting the bed.[92] A further study reported on a young person who had started smoking.[95]

Physical health

Physical health problems were also experienced as a result of living in temporary accommodation, poor-condition housing and making multiple moves, including the development or exacerbation of asthma,[62,71] eczema,[25,62,71,92] stomach bugs,[52] insect bites,[93] infectious diseases,[25,90,93] headaches,[94] stomach aches.[90,94] One study reported how a baby became ill following a difficult birth, attributed to stress in the mother relating to housing insecurity.[64] Other physical health impacts, such as weight gain (due to fast food consumption, caused by a lack of cooking facilities) and head lice (due to close contact with others), were also reported.[96] Some properties presented safety hazards to babies and young children.[25] Such housing conditions also made it extremely challenging for CYP to manage a long-term condition effectively, leading to exacerbation.[25,56,90]

Tiredness

Tiredness was also reported, in relation to travelling a long distance to school, and also for those whose temporary accommodation was a long distance from the homes of family and friends.[6,93,96] Poor-quality sleep and being kept awake because of the unsuitable nature of the accommodation (e.g., housing in a poor state of repair or living in temporary accommodation along with other families and other adults), and by the worry of the housing situation, also resulted in tiredness.[6,25,68,90,93,95]

> *it's just I can't sleep, I just keep thinking about things. (Child, 12)*[95] (p. 13)

Child development

Impacts on the development of young children were reported, in particular in relation to having no space to play, which impacted standing/walking and emotional development,[68,92] and multiple moves, which impacted on potty training and speech development.[68,92] One study reported an impact on growth, due to the child refusing solid food.[94]

Protective factors

Protective factors were not presented in the original conceptual framework; however, we identified factors that could lessen the impact of housing insecurity on well-being among children and adolescents. It should be noted that we did not find evidence that these things removed the negative impacts of housing insecurity, and where they made a positive impact, it was because they improved the housing situation.

Friendship

For CYP, a key protective factor was friendship. CYP reported that having good friends could 'see a person through some really tough times' (p. 48).[6] Retaining connections with friends and peer networks following moves was important to children,[6,71] and school facilitated this.[95] Indeed, another related strategy deployed by families was to keep the same school during and after moves, to retain some stability in the life of the child/young person.[6,71,89]

Normalising housing insecurity

Two key reports and one journal article mentioned that the CYP tended to normalise housing insecurity in their accounts, suggesting that the children had become accustomed to housing insecurity.[6,43,71] This response could be a coping/defence mechanism, to try to deal with the negative impacts of being insecurely housed.

> *Well in a way I've found it quite annoying because we've never been secure and had loads of friends in the one place. But in a way I found it quite reassuring that I've found out about all these places and I know about them a little bit […]* (David)[43] (pp. 620–1)

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Home-making

Another, more positive, coping strategy was to make the property feel more like a home. One study reported on a family who had started to decorate their property and make it nicer in order to transfer to a larger property, experiencing the pleasant side effect of feeling more settled and 'at home'.[6]

> *She liked the place now that they had decorated it and made it all nice ready for moving on, this time with more than just a lick of paint in the kitchen by way of décor. And she loved her bedroom now it was all done up.*[6] (p. 84)

The same study reported further cases of home-making and rooting, and also reported on another family where the child had grown to like the new property after being initially disappointed, upon recognising that the location had several advantages.[6] Further coping strategies mentioned by young people included having a plan of how things could go to keep anxiety at bay and retain some control (while recognising that things don't always turn out as planned),[6] and hoping for a better house next time, and/or hoping that the family would settle in a permanent home.[6]

Protective parenting

Parents also acted to protect the child(ren) from the negative impacts of housing insecurity. They concealed the full extent of their financial and housing problems,[94] and presented their situation as an adventure to the children.[95]

Intervention programmes

Lastly, some positive findings were reported by an evaluation of the Family Intervention Programme (FIP), for families who had been sanctioned or threatened due to antisocial behaviour.[99] The FIP involved the use of a multiagency team working closely with the families, who then experienced increased housing security, which in turn reduced stress and anxiety, and families saw fewer behavioural problems among the children.[99] Another study reported positive effects of a peer-led parenting programme on children's behaviour, although it is unclear how this impacted on the children themselves.[45]

Families who have experienced domestic violence

The final logic model for the impact on housing insecurity on health and well-being of children aged 0–16 in family units among families who have experienced domestic violence is presented in *Figure 4* (coloured arrows are used to distinguish links relating to each element of the model). There were no gaps in the evidence in terms of elements identified in the a priori conceptual framework (see *Figure 1*).

Population

Those experiencing housing insecurity associated with domestic violence have been examined separately from the general population of people experiencing housing insecurity. While being a source of housing insecurity, having experienced and/or witnessed abuse in the home can also have direct effects on a child or adolescent's health and well-being. Data relating to children who have experienced and/or witnessed domestic violence and have also experienced housing insecurity are presented collectively. Therefore, these findings must be interpreted with caution, bearing in mind that the effects of both experiences on the child(ren) and family are challenging to disentangle.

Exposure

Leaving the family home

Domestic violence could be a source of housing insecurity both for families who leave the family home to seek safety and for those who stay. Families who leave can end up moving several times, perhaps initially to a refuge and then perhaps into other forms of temporary housing.[71,86] Sometimes there would be several moves in a short period of time:

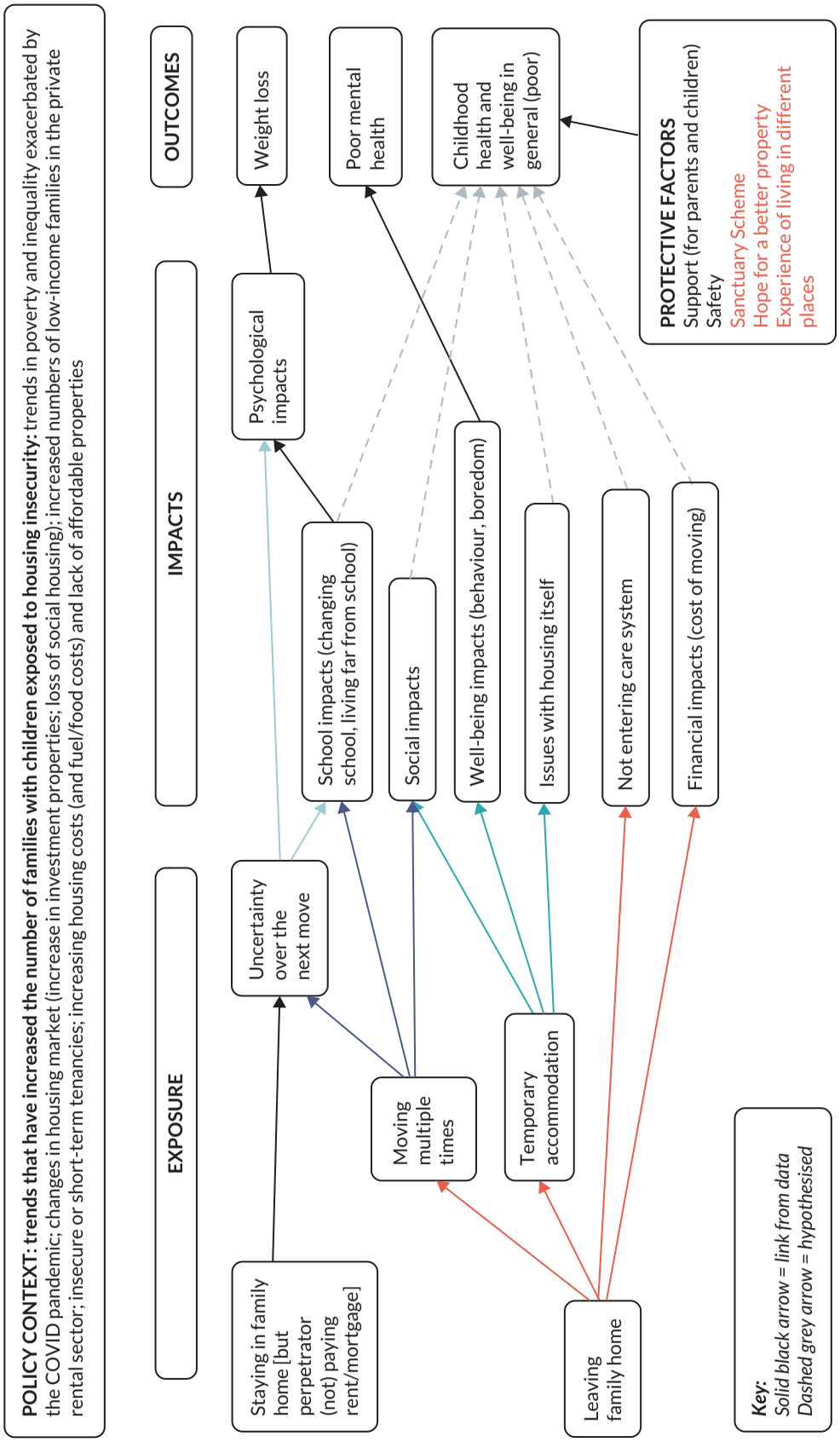


FIGURE 4 Logic model for the relationship between housing insecurity and the health and well-being of CYP in the domestic violence population.

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> *I had the children with me so having to move 5 times in 9 months was hard especially as my oldest child had to miss or change schools a lot and for 4 of those months we were in the middle of nowhere […] all in one small room.* (from survey)[86] (p. 49)

Uncertainty over when the next move would be was also a feature of housing insecurity in such situations.[71,86] Among one family, housing insecurity was framed against the alternative of going into care, which the children avoided by the family leaving the perpetrator.[71]

Staying in the family home

Among those who stay, housing insecurity could be characterised by the perpetrator refusing to pay the mortgage, leaving the family uncertain about how long they can stay in the property.

> *I've lost two stone, my son has lost ten pounds – he is only 15 – he is having counselling at school. It has just been a nightmare…He hasn't paid the mortgage for a year because he wants to get me out so he can have the money…* (Service user)[76] (p. 68)

Impacts

Psychological impacts

Most impacts of housing insecurity reported in the literature were negative. Staying in the house but where the perpetrator was withholding payments for the mortgage led to negative psychological impacts among one family, where the 15-year-old son was receiving counselling.[76]

School-related impacts

Issues with school were reported by three respondents in one study.[86] It seems that, given the multiple moves, the options open to families were to either move schools (often several times) or keep the same school but face a long journey. Neither of these options is desirable to children, with changing schools having an impact on academic performance,[87] and on friendships.

> *And then she had to miss out on school and then when we were moving to where we are now it was a different school again. So it's not just women it affects. It's the children as well.* (from interviews, participant B)[86] (p. 54)

Social impacts

The impact of housing insecurity on friendships and social impacts generally was also reported. One account reported that multiple moves made it difficult for a young person to build peer networks,[71] and another study revealed that a significant barrier among this specific population was not being able to disclose information about themselves, for instance where they lived, in case the perpetrator found them.[44] Parents reported a lack of support offered to children, including services that the children needed.[61]

Financial impacts

Moving out of the initial family home also had a financial impact on families,[65,86] with families escaping domestic violence and abuse often requiring new possessions and furnishings:

> *Most of them had been forced to leave all their furniture behind and were faced, therefore, with furnishing a house in its entirety.*[65] (pp. 181–2)

Financial impact was not reported in terms of multiple moves in the literature relating to domestic violence, although we might infer that moving multiple times may compound the financial impact of housing insecurity.

Poor condition and unsuitable housing

Lastly, issues related to the condition of the housing itself. Quite often, temporary accommodation such as refuge and hostel accommodation, was small, and families reported that as a result there was

no space to play[61] or have any privacy,[44] and that children would get bored and display problematic behaviour.[60] This type of accommodation was often shared, with the threat of possessions being removed by others,[61] as reported by one family:

> *I found sharing difficult, especially as food went missing and other things out of Hannah's [daughter] room. The other family never bought toilet rolls and it got to the point where I hid them in my [bed] room.* (C3)[61] (p. 249)

Outcomes

Weight loss

Little in the way of childhood health and well-being outcomes was reported for this population. Weight loss, due to worry about the future housing situation, was reported in the family who had experienced housing insecurity due to withheld mortgage payments.[76]

Mental health

Poor mental health was also reported in three studies as a result of staying in temporary accommodation and/or housing insecurity more generally.[44,60,88] One study reported a child self-harming while living in a refuge alongside 12 other families (including a child who made sexual remarks to her) and people who were taking drugs.[88] Another study reported a child wetting the bed and further children experiencing fear, and reported how they coped by hiding their emotions from their mothers and themselves.[44]

Protective factors

Protective factors were not included in the original conceptual framework; however, we identified in the literature factors that could lessen the impact of housing insecurity on well-being among children and adolescents.

Support

Support offered to parents and children who had moved to escape abuse in their previous home could improve well-being.[44,60,61] Particular forms of support included a parenting course[60] and supportive staff and peers at hostels.[61] The same study also reported that hostels offered a feeling of safety, due to closed-circuit television.[61] One study reported that refuge and hostel staff were perceived as helpful but powerless in some cases, although the young people found it helpful to talk and open up about their situation.[44] One intervention, the Sanctuary Scheme, allowed people experiencing/at risk of domestic violence to remain in their own home, with additional security.[76] The report documents the benefit of the intervention for the well-being of children in one particular family:

> *[…] the Women's Aid worker contacted me again and said 'I have never seen anyone's life change so much through one little tiny bit of intervention' she said 'the woman and her kids are different people, they just look different, they're, you know, visibly happier and more confident'.* (Sanctuary Scheme co-ordinator)[76] (pp. 90–1)

Coping mechanisms

Some studies reported some children talking about positive aspects of moving frequently, which could be interpreted as coping mechanisms. One study reported that experience of living in different places was framed as beneficial to the young person, although little detail was given, and this benefit appeared to be offset by a difficulty in building peer networks.[71] Another study reported that children sometimes held out hope that their next property would be better than their current one and that they could make it nice.[6]

Migrant, refugee and asylum seeker families

The final logic model for the impact on housing insecurity on health and well-being of children aged 0–16 in family units among migrant, refugee and asylum seeker families is presented in *Figure 5*

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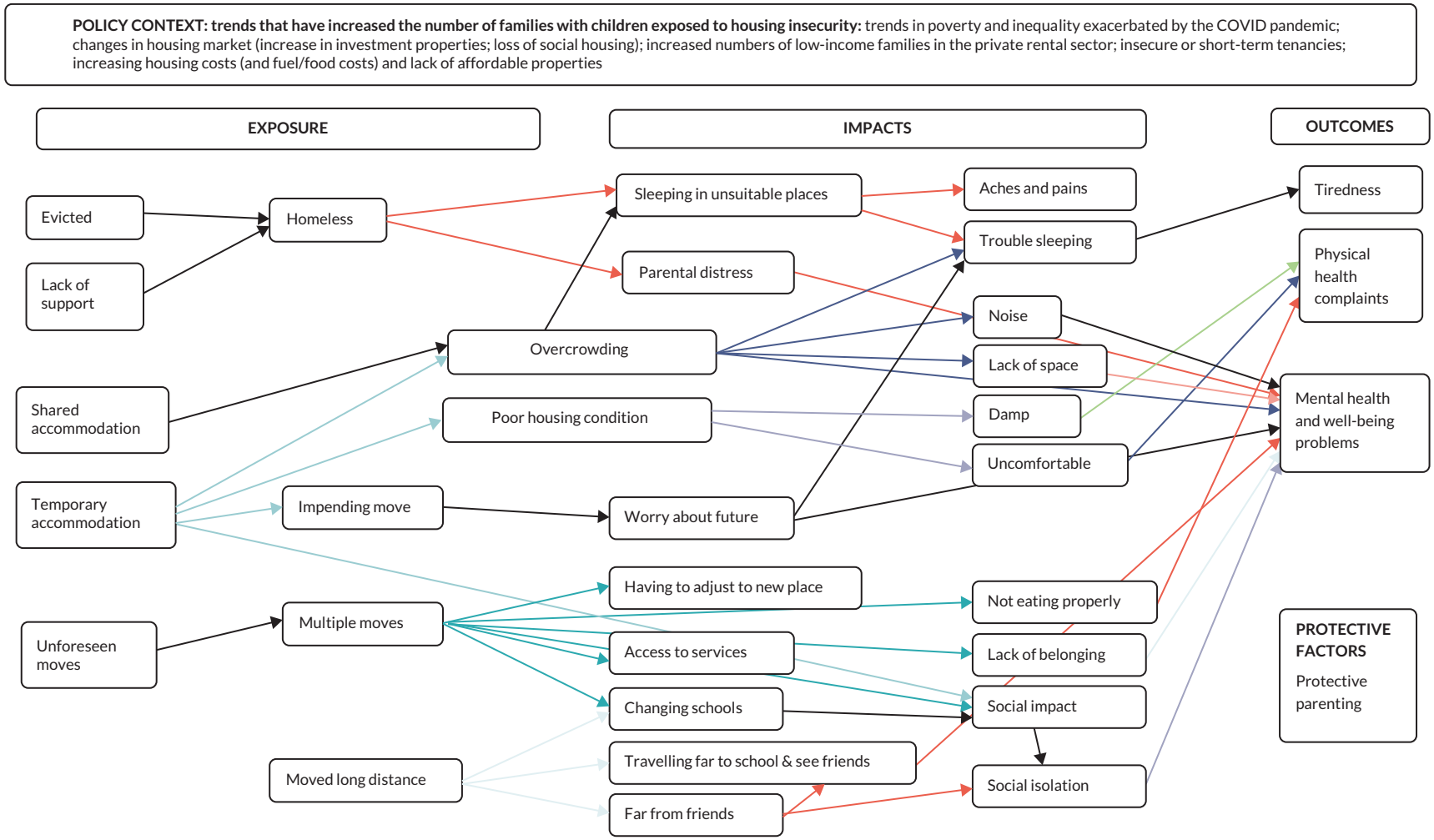


FIGURE 5 Logic model for the relationship between housing insecurity and the health and well-being of CYP in the migrant, refugee and asylum seeker population.

(coloured arrows are used to distinguish links relating to each element of the model). There were no gaps in the evidence in terms of elements identified in the a priori conceptual framework (see *Figure 1*).

Population

Studies that describe those experiencing housing insecurity following arrival into the UK as migrants, refugees or asylum seekers have been examined separately from the general population of people experiencing housing insecurity. As being a migrant, refugee or asylum-seeking family, or being a British-born child to a parent or parents who are migrants, refugees or asylum seekers can be a source of housing insecurity, this status can also confer direct impacts on a child's health and well-being. Thus, the hardships experienced as a result of both housing insecurity and being a migrant, refugee or asylum seeker (or being the child of someone who is) can become conflated and it is difficult to separate out the effects on health and well-being. Therefore, these findings must be interpreted with caution, bearing in mind that within the child(ren) and family, the effects of both will be experienced simultaneously.

Exposure

Eviction and homelessness

A few families in the same study reported being homeless.[83] In one case, the family was evicted as they were not able to pay the rent, due to the mother losing her job because her visa had expired. In another case, the family was evicted because a court ruled in favour of a social worker who did not believe they had nowhere to stay. These families and a further family reported sleeping in unsuitable locations, such as on the night bus, in a church, and in the waiting room of the accident and emergency (A&E) department.[83]

> *We had to keep going to McDonalds every night and we would also go to A&E. I would have to wear my school clothes and sleep like that…. They would say we have to sleep where the people wait but it's just like lights […] The chairs were hard.* (Joel, 9)[83] (p. 22)

Temporary housing

Temporary housing was another exposure among this population, with one study reporting that living in temporary housing caused a child worry, as he did not want to move away from school and his friends.[72] A child in another study experienced acute distress at the thought of having to move out of their temporary accommodation, which manifested itself as bedwetting, night waking and emotional and behavioural issues at school.[47] Another study reported that living in a hostel for a period of time led to friendship issues; the young person felt left out from being able to engage in sleepovers with friends.[83]

Poor-condition/unsuitable housing and overcrowding

Frequently, temporary housing was unsuitable, with issues that could impact on the health and well-being of the family, such as bedbugs, vermin and overcrowding.[57,58] Unsuitable housing, including overcrowding, was also a source or feature of housing insecurity creating a need to move (as with the general population), and while overcrowding was largely a feature of temporary accommodation, sometimes it applied to accommodation more generally. In many cases, overcrowding was due to many people living in one property, which included when a family stayed with friends.[83] On these occasions, children reported having to sleep in unsuitable places (e.g. the lounge floor), which caused aches and pains, which in turn caused trouble focusing at school.[83] One young person reported overcrowding in relation to living in a shared house with other people coming and going, with issues such as noise, dirt, a lack of space, and people being violent and causing damage, leading to feeling unsafe.[83]

> *Salim (age 8) and his mother, Ade, were staying with a friend in a small flat. At night, they had to share the sofa as there was nowhere else to sleep. Salim complained this hurt his back and the pain made it hard for him to focus in school.*[83] (p. 16)

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> *Where I live now, I'm not comfortable. There's a lot of noise from people coming up and down the stairs. It's always dirty. I have no space to do my homework and I don't feel safe. At 3am someone broke a door in the house – people were fighting.* (Amir, 8)[83] (p. 23)

Multiple moves

Multiple moves also characterised housing insecurity among migrant, refugee and asylum seeker populations, as for the general population, with impacts on the children's education and friendships.[58,63] However, in contrast to the general population families might need to move suddenly, with very little notice (e.g. 48 hours).[58,63]

> *This happened to me. Moving around is really a headache. The children go to School in one area you move to another area then the children will miss their friends and teachers and the whole moving business make you stressed and it even affects the health of the children.* (lay, female)[63] (p. 512)

Lack of support with housing

Another exposure, which may be particularly pertinent to this population, was a lack of support with being housed, as a consequence of which families would end up street homeless and have to beg friends to let them sleep on their sofas.[82]

Impacts

School-related impact

As with the general population, a combination of temporary accommodation and the need to move or make multiple moves necessitated changing schools in some cases,[47,72,83] and this made children feel sad.[83] As with the general population, sometimes children stayed in the same school, often because the family did not know where their next move would take them, and/or because the children did not want to move schools.[83] This necessitated long journeys to and from school, involving early starts,[47,58,69,83] which inevitably led to tiredness and stress in the CYP.[47,58,83]

> *The family now get up at 6 am so as to get to school on time. The youngest two daughters go to the same primary school one and a half hours journey away. […] The children are extremely tired and they often sleep on the buses to and from school.*[47] (p. 29)

One paper reported how children in a family who ended up homeless sometimes missed school through being too tired from having to sleep on the night bus.[83]

Social impact

Friendships were also impacted. Children reported not wanting to leave behind their friends and missing their friends after moving, which again made them feel sad.[83] One study reported a child travelling long distance to visit a friend.[83] In one case, temporary accommodation meant that sleepovers were not feasible, leaving one young person to feel left out, with friendships impacted.[83]

> *They were given one room in a hostel. Although the family now had somewhere temporary to live, Salim felt left out at school. He didn't want to go to sleepovers at friends' houses as he couldn't invite them to his house in return.*[83] (p. 16)

Unsuitable property

As mentioned above, being moved to unsuitable properties could be a feature of housing insecurity, and could also exacerbate their precarious housing situation. These included properties with no laundry or cooking facilities,[83] properties with vermin infestations, properties with no electricity, furnishing or curtains[48] and those with little furniture so children had to sleep on the floor.[83]

> *There was no electricity, there was no curtain, there was no bedding, there was nothing, we slept in the cold, we got no heat, and we could not cook. There was nothing […] children shouldn't live like that, nobody should live like that*.[48] (p. 195)

Overcrowding, noise and space

Noise was also an issue, with two studies reporting on noise from other people in a hostel causing distress to children.[72,83] Likewise, overcrowding was a common feature of unsuitable properties where families in precarious housing situations were placed or ended up in, which included living with friends,[72,83] accommodation that was too small for the family,[48,72] and hostels/shared houses where whole families inhabited one room and washing facilities were shared.[81,83] Overcrowding led to behaviour problems (due to lack of space),[72] issues with sleeping,[72] having no space to play[48,72] or do homework,[83] challenges accessing shared facilities with a very young child,[81] aches and pains from sleeping in unsuitable places (e.g., a sofa),[83] feeling unsafe,[83] noise,[83] and feeling different from peers (due to not having their own room or even bed).[83] Some children reported being scared of other people in shared accommodation.[83]

Family well-being

One study reported on the detrimental impact of housing insecurity more generally on family well-being, with language barriers presenting a further challenge to adjusting to a new area.[63] This could include parental well-being, whereby parental stress, sadness and distress was experienced by parents as a result of their housing insecurity,[46,83] and would negatively impact on the well-being of children, causing them upset.[83]

> *The whole time I was just thinking about where am I going to go with these three children. […] I had no money and no help. I felt very sad. I was crying a lot. The boy was upset to see me cry.* (Samira)[83] (p. 8)

Food and eating

Impacts on food and eating were reported. One study reported that families felt pressure to cook British food rather than food from their home country when sharing communal facilities with others in temporary accommodation.[87] Another study reported on a child who was not eating properly, and was underweight as a result; this appeared to be a symptom of great distress or underlying mental health issues as a result of repeated moves.[72]

Access to services

Moving could also impact on access to services and continuity of care, with one study reporting families being unable to register with general practitioners in the new area,[63] and another reporting difficulty in maintaining continuity of care for a child requiring urgent medical care.[46]

Outcomes

As mentioned earlier, it is difficult to separate the effects of housing insecurity on child health and well-being from the effects of having migrated to or seeking refuge or asylum in the UK, or being born to parents with this background. It is possible that housing insecurity may exacerbate the impact of migrant/refugee/asylum seeker experiences on well-being.

Mental health

In some cases, children displayed extreme distress and physical indicators of mental health problems at the thought of having to move; one study reported a child who displayed signs of severe distress including night waking, bedwetting and emotional and behavioural issues at school.[47] One study reported on a young person who was upset, angry and feeling isolated as a result of being moved far away from friends.[48] Many children worried about having to move again.[72,83] Some children experienced behavioural problems and frustration as a result of living in overcrowded accommodation, a lack of space, and not being able to have their own space.[72] Experiencing a lack of belonging could also cause sadness.[83]

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> *Any time I said, 'Mum, can we go home?' I forgot that we didn't have a home, so I couldn't. My mum said, 'which home?' and I said, 'oh yeah, we don't have a home.' Then I didn't want to talk anymore. I was feeling very sad.* (Joel, 9)[83] (p. 31)

One child experienced nightmares.[83] One child with distress/mental health problems as a result of having to make multiple moves would not eat properly (resulting in underweight and anaemia), and became socially withdrawn.[72]

> *One child had struggled with being underweight and anaemic from not eating properly. Her mum described her as being withdrawn in school, and believes their experiences with having to move repeatedly has impacted her ability to make connections with others.*[83] (p. 44)

Physical health

Physical problems believed to result from poor housing were reported in some studies. One study reported on several families who reported rashes and asthma in young children as a result of damp.[81] The same study also reported other physical symptoms in young children, such as coughing and vomiting.[81] One study reported a baby developing a skin complaint as a result of living in a hotel.[72] Some children reported musculoskeletal pain as a result of having to sleep in unsuitable places.[83]

Tiredness

Tiredness and exhaustion were also reported in children (with further knock-on effects on education due to trouble concentrating or not being able to attend school), because they had to sleep in unsuitable places (e.g. a sofa, a floor, a bus, the waiting room in A&E)[83] and having to get up early and make long journeys to and from school.[47,58,83]

> *Anton (age 7), Vea (age 5), Jaden (age 1), and their mum, Naomi started sleeping on night buses after they were evicted from their flat due to rent arrears. […] Sometimes they were so tired they couldn't make it to school.*[83] (p. 30)

Protective factors

As with the general and domestic violence populations, protective factors could potentially lessen the impact of housing insecurity on well-being among children and adolescents.

Protective parenting

As with the general population, parents acted to protect children from the negative impacts of housing insecurity. One mother had discussions with her child about their housing situation, which seemed to help in managing negative feelings.[71]

> *[…] my mum said 'how would you feel to move?' Then I said 'you can choose because you're the boss' […] So then after when we moved…she said again 'how would you feel if we were moving to another country?' Then I said 'I wouldn't feel fine'.* (Ebahi)[71] (p. 16)

Another study reported parents taking children out to parks, to give them space to run around when space in the accommodation was strained.[72]

Families forced to relocate due to gentrification

The final logic model for the impact on housing insecurity on health and well-being of children aged 0–16 in family units among families forced to relocate is presented in *Figure 6* (coloured arrows are used to distinguish links relating to each element of the model). There were no gaps in the evidence in terms of elements identified in the a priori conceptual framework (see *Figure 1*).

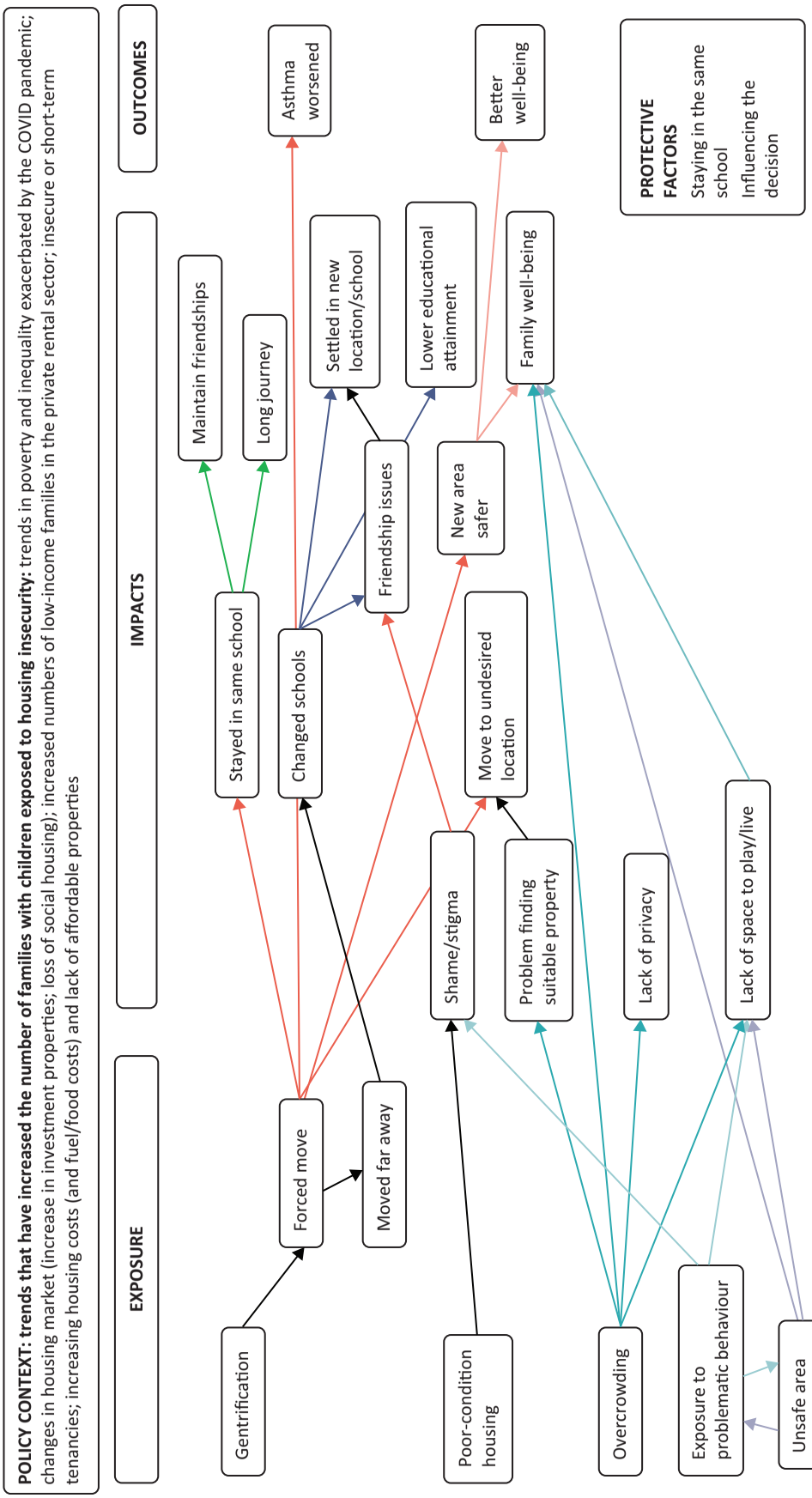


FIGURE 6 Logic model for the relationship between housing insecurity and the health and well-being of CYP in the relocation population.

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Population

Two papers were identified from the database search that examined people's experiences of relocation – they were living in local authority accommodation in Glasgow and experienced a forced move as their previous housing (in a block of high-rise flats) was due to be demolished as part of an improvement scheme.[50,51] This type of forced relocation is not through choice and is related to poverty, and therefore meets the inclusion criteria, but nevertheless seems different to the other accounts of housing insecurity. Therefore, we examined this population separately.

Exposure

Gentrification and a forced move

The main reason for the housing insecurity was forced relocation due to gentrification. This was experienced in different ways for different families, however, with each having a different unique experience of housing insecurity. One family reported not wanting to move as the children liked the area and their school and nursery.[51] Two further families struggled with the relocation to find a property that would be suitable for them; one family was offered the same type of property but needed outdoor space, and the other family were overcrowded in their current flat and were having trouble finding somewhere suitable.[51]

> *My children was with me, they go, they happy, they want see new house, oh my God, they come inside, they laughing, 'oh Mama, where can I put my bed, Mama, I don't believe, where can I stay…'* (Nada, W2)[51] (p. 392)

Overcrowding

Overcrowding prior to the forced move was reported more generally, with two families reporting family members (including children) ended up sleeping on the floor, and children in these and other families having to share bedrooms, including older children of the opposite sex.[51] This led to a lack of privacy, and in some cases arguments.

> *And they were always arguing, always constantly arguing over…they had one telly in their room and that wasn't the greatest signal either, and they were always arguing about who wants to watch what on telly and you know, that half of the room's mine and this half…* (Heather, W1)[51] (p. 389)

Exposure to problematic behaviour and safety

Two families needed to move because of exposure to problematic behaviour prior to the forced move, particularly in outdoor areas, where there would be broken glass, needles, dogs roaming and people drinking and swearing.[50] Related to this was a lack of space for the children to play, as the families did not have a garden and the common outdoor areas were unsafe.[51]

> *If you brought the children [to] the park, the children be scared…because the people there drinking and swearing.* (Nadia)[50] (p. 956)

One family experienced racial abuse following the forced move, leading them to request another move because they did not feel safe in their new area.

> *The racial attack had a grave effect on Ula's mental health and attitude towards the future saying 'it's destroyed every happiness, everything' and 'I was [in] shock…[it's] really affected me mentally and physically.' She no longer felt able to volunteer, or take her children to school.*[50] (p. 954)

Families also reported feeling shame about both the area they lived in, which had a bad reputation, and in the poor condition of their housing, which precluded the children inviting friends round.[50,51] Families were keen to move to a less stigmatising area and better condition housing.[50,51]

Impacts

School-related

Most families managed to relocate to areas where it was possible for children to attend existing schools; however, two families moved schools in the first instance; one reported that the child did not settle so moved back,[50] whereas the other reported that the child was initially sad about the thought of moving schools and leaving friends behind, but then settled into the new school and made friends.[51] Even when attendance at the same school was possible, one family reported an impact on educational attainment.[50]

> *But her older daughter, for whom she had aspirations to go to college or university, has left home, failed her exams and dropped out of school.*[50] (p. 957)

Children who stayed in the same school found it possible to maintain friendships, and to maintain previous connections with teachers.[51] Staying in the same school, however, could mean a long journey for some; in one case an hour each way.[51]

Family well-being

Relocation could have positive impacts on families and children. Three families experienced positive changes in their children following the move, with CYP enjoying having a garden and growing to like their new neighbours and the area.[50]

> *Compared to the old neighbourhood, this was a better and safer environment for the children – 'bring the weans up in a better life there no needles lying about'.* (Lesley)[50] (p. 955)

Although families moved to escape an unsafe area, one parent was racially abused in her new neighbourhood on the way to collect the children from school. This led to her feeling unable to walk the route to school and impacted on the family's sense of safety.[50]

Social impacts

The poor quality of the initial housing (a high-rise block of flats), which forms part of their experience of housing insecurity, caused CYP to feel shame and stigma relating to both the local area and the flats themselves, with many young people reluctant to invite friends over, or others socialising in the corridor without inviting friends inside.[51]

> *Heather said her children did not want to bring their friends to the flat because they felt embarrassed about the conditions […] Heather's son (age 16) corroborated this saying he was embarrassed 'at the time – see because they [friends] all had houses and stuff, and I [was] still living in the flat'.*[51] (p. 390)

Outcomes

Only two outcomes relating to the health and/or well-being of CYP were reported. One child's asthma worsened after the move, and his mother was not sure if this was due to the new house or neighbourhood.[50] Several families reported that children's well-being improved after the move due to moving to a safer area where CYP could play outside.[50]

Protective factors

As with the other populations, protective factors were identified to potentially lessen the impact of housing insecurity on well-being among children and adolescents. In this population, the one main protective factor was the children staying in the same school for stability, to minimise the disruption to their lives and maintain friendships. In some cases, CYP persuaded their parents to relocate to an area near or within commutable distance of their school and where their friends lived, and had influenced the decision of their parent(s); another, related, protective factor.[51]

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When asked if her children had 'sold' her the decision to relocate locally she answered 'definitely'. Her 16-year-old son was familiar with the area, and his school and friends were there. She was concerned he might not get on so well if they moved further afield.[51] (p. 394)

There are examples where older CYP had some direct influence over the move. Young children influenced parental decision-making indirectly which was partly due to them being unable to verbalise their requirements […], but they also encountered some issues after they had moved mainly with regard to school changes.[51] (p. 392)

Discussion

Summary

Although we anticipated potentially different experiences of housing insecurity and its impacts and outcomes across the four populations, the evidence reviewed suggests many similarities across all the populations in terms of impacts, exposures, outcomes and protective factors. There were common exposures across several populations, for instance, being evicted or having a forced move, living in temporary accommodation, experiencing overcrowding, exposure to problematic behaviour, poor condition/unsuitable property and making multiple moves. Common impacts included social, school-related, psychological, financial and family well-being impacts, having to travel long distances to attend school and see friends, having to live in a property that was unsuitable or in a poor state of repair, overcrowded and often noisy, all of which could then further exacerbate housing insecurity. Common outcomes reported were mental health problems (which could manifest in physical ways, e.g. trouble eating and sleeping, or wetting the bed) and physical health problems such as skin complaints and asthma related to poor housing conditions. Protective factors common to several populations included friendship and support, staying at the same school, having hope for the future, and protective parenting. Pervasive throughout all populations and accounts was an overall lack of choice or control over the housing situation. These findings support and build upon previous literature that has examined the impact of housing insecurity on the health and well-being of CYP, in terms of reduced mental and psychological well-being,[11,28,29] ill health relating to homelessness or poor housing conditions,[24,25] and disrupted family processes.[22] Likewise, the findings build upon prior cohort studies that support a causal relationship with child health,[22] by highlighting the details of the hardships faced by CYP experiencing housing insecurity and exploring relationships between exposures, 'less tangible' impacts and health and well-being outcomes.

In addition, some considerations specific to certain populations were identified. In the domestic violence population, there was an additional consideration of the family choosing to remain in the property or leave the property, but both options came with insecurity attached, as those who stayed were not sure if they would be evicted due to the perpetrator defaulting on the mortgage. Some positive results were reported in relation to an intervention that helped families to feel safe if they chose to stay in their property (the Sanctuary Scheme), which reduced fear related to the perpetrator returning. Housing insecurity negatively impacted on friendships in all populations, with CYP reporting greater difficulty in forming close bonds and a peer network in each new location. However, this could be potentially more challenging for those escaping domestic violence, due to the need to keep information about themselves confidential to keep the family safe.

In the migrant, refugee and asylum seeker population, parents and children spoke of having very little notice before having to move out of a property, in some cases only 48 hours. This could lead to a housing emergency for the family, and in this population there were several accounts of families becoming homeless and having to sleep in unsuitable places, such as the A&E waiting room and on a night bus. In some families, parents had NRPF, so even in cases where a child or children were born in the UK, the family still ended up destitute and homeless. This situation caused significant worry for the parents, which in turn was perceived and experienced by the children.

A key commonality across everyone in the relocation population was that they were forced to move by a particular date, as their property (a flat in a high-rise block) was scheduled for demolition. Many families desired a move, due to a lack of space, overcrowding and unsafe outdoor spaces; however, many did not want to leave behind social networks and schools in the community, and even some who wanted to move had difficulty finding a property that was suitable (e.g., for their family size).

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In synthesising the evidence, a key challenge was the complexity of the data, in particular of the relationships between exposures and impacts. Factors that were exposures in the first instance could then become impacts, and particular impacts could then drive further housing insecurity. For instance, living in an overcrowded property could precipitate a move, but then the only property available may be one in a poor state of repair, which may make living conditions intolerable and prompt a further move. Or a family may be initially evicted due to non-payment of rent and move to emergency temporary accommodation, which was also overcrowded and noisy with no-where to cook, creating further insecurity through both the temporary nature of the accommodation and the intolerable living conditions.

Another key challenge in synthesising the qualitative evidence has been that many elements of the experience of housing insecurity have been separated out in the logic models, but are likely to have been experienced simultaneously by the CYP, such that the experience of these elements may have been conflated and difficult to separate out. For instance, living in poor-condition temporary accommodation may be experienced in a complex way by young people. They may be expecting a move and wanting to be free of the poor state of the property, but perhaps be worried about moving at the same time. The worry may be related to where they may end up next, whether they will have to move schools and move far from friends, and worry about their parents, who may be visibly stressed.

It has been particularly challenging to highlight this complexity in our synthesis. Policy-makers and practitioners should consider that the logic models presented here may be somewhat simplified, and that conflation of the factors represented as well as complexity in relationships is likely to occur among families experiencing housing insecurity.

Limitations

Limitations of the evidence base

We have identified a large number of literature sources, many of which contained rich data relating to the experiences of CYP, and synthesised the data into logic models. However, the comprehensiveness of our logic models is unclear. We mapped associations where they were present in the accounts of young people and other informants; however, it is possible that there are associations present that the evidence base does not currently capture, particularly for populations where there were only a small number of studies.

Within the evidence base, many accounts were from parents or other informants, and, while extremely useful in examining the impacts of housing insecurity on the health and well-being of children, particularly on younger children who are not able to yet articulate their experiences and feelings, more data directly from CYP may give a richer and more nuanced picture. Similarly, our patient and public involvement (PPI) group have informed us that CYP may be unwilling to or find it difficult to talk about their housing situation, and thus the evidence we reviewed may not capture the full picture. For instance, the PPI group noted that we had not reported any evidence relating to bullying as a result of experiencing housing insecurity. The PPI group also highlighted that we did not identify any research that explicitly examined the perspectives of young carers, and thus their views are unlikely to be represented in this review.

Likewise, there was little information relating to outcomes, and it is difficult to know whether the evidence available at the present time has captured all outcomes of relevance. The majority of the accounts of young people focused on the impacts (or intermediate outcomes) of housing insecurity, which means that we have been able to present a rich picture of these ‘less tangible’ impacts, but also that the links from these impacts to health and well-being outcomes is less well understood. Some outcomes that we might have expected to see in the evidence, particularly in relation to physical and

mental health, were not always documented, particularly in the domestic violence and relocation populations, where there was a smaller amount of evidence.

In the evidence reviewed, we identified a number of protective factors, which we had not initially anticipated, but which seem important for improving and protecting the health and well-being of CYP experiencing housing insecurity. The evidence relating to protective factors was relatively sparse however, with little rich data, and no study specifically focused on protective factors.

Strengths and limitations of the review

There are many strengths to our review method, including the prior use of a conceptual model, developed in consultation with stakeholders and topic experts, and examination of key policy documents, which guided the process of synthesis. Synthesis was thus both deductive (i.e. informed by the a priori conceptual model) and inductive (i.e. conducted using established thematic synthesis methods), which allowed for an organised and yet rich and nuanced picture of the impacts of housing insecurity on health and well-being among CYP in the UK. The review was conducted by an established review team, containing experienced reviewers and a methodologist. Arguably the most important strength is that we have undertaken a comprehensive review to present a broad picture of the extent of the issue of housing insecurity among CYP living in families, which gives an overview of the evidence and has the potential to provide leverage to policy-makers, practitioners and those who work in the voluntary sector to support people experiencing housing insecurity.

A key limitation is that far more literature sources were identified (and included) than anticipated, including a great many long and detailed reports identified through grey literature searching. While this enhanced the richness of the data set, it also meant that the review ended up being a much bigger task than anticipated, leading to additional time constraints. This limited the amount of time and resource we were able to spend double-checking full texts (in particular in the grey literature) and extractions, and thus only a sample were double-checked. Due to time constraints, it was not possible to conduct citation searches of key included studies. Such an approach, however, is consistent with established rapid review methods and is not likely to lead to much evidence being missed or misreported.[32–34] Time and resource constraints also prohibited examination of how experiences may differ according to location within the UK. The complexity and diversity of the data added additional challenges to the synthesis process.

Equality, diversity and inclusion

As a secondary data study, our review did not include any research participants. We were, however, inclusive in the studies we selected and reported where demographic and socioeconomic factors were considered by the studies we included. We also selected our PPI group to be as inclusive as possible in reference to underserved groups. We do, however, note that for practicality (due to the size and complexity of the evidence base), we grouped findings relating to migrants, refugees and asylum seekers together as one population during the synthesis. We acknowledge that these groups of people may well experience different circumstances and issues in relation to housing insecurity.

Impact of stakeholders and patient and public involvement

Consultation with stakeholders and key topic experts (see *Appendix 2*) initially informed the development of the a priori conceptual framework, which informed the evidence synthesis. Stakeholders commented on the report and suggested rewording of, and additional recommendations for policy and practice. PPI members (young people from a youth organisation) pointed out gaps in the evidence (e.g. that there was no evidence relating to young carers, and that bullying due to housing insecurity had not been identified as an impact), and helped to rephrase the *Plain language summary*.

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Conclusions

Housing insecurity among CYP in families in the UK can take many forms and result from several, often inter-related, situations including being evicted or having a forced move, living in temporary accommodation, experiencing overcrowding, exposure to problematic behaviour, poor-condition/unsuitable property and making multiple moves. The resultant housing insecurity can have multiple (often simultaneous) impacts, including school-related, psychological, financial and family well-being impacts, having to travel long distances to attend school and see friends, having to live in a property that was unsuitable or in a poor state of repair, overcrowded and often noisy, all of which could then further exacerbate housing insecurity. Pervasive throughout all populations and accounts was an overall lack of choice or control over the housing situation. These experiences can impact on health and well-being, in terms of mental health problems (which could manifest in physical ways, for example, trouble eating and sleeping, or wetting the bed) and physical health problems such as skin complaints and asthma related to poor housing conditions. Some experiences and situations can lessen the impact of housing insecurity on the health and well-being of CYP, including friendship and support, staying at the same school, having hope for the future, and protective parenting; and in some groups, as the relocation population, influencing the decision was also a protective factor. The negative impacts of housing insecurity on health and well-being may be compounded by specific situations and life circumstances, such as escaping domestic violence, being a migrant, refugee or asylum seeker (or having a parent with that status), or a forced relocation due to housing demolition.

Implications for policy

- It is important that decisions made about housing at a national and local level reflect the impacts that insecure housing can have on children, and ensures that this is prevented in the first place. The current review findings suggest that policies should focus on reducing housing insecurity in its totality among families, and should aim to address the following aspects of housing insecurity:
  - reduce the likelihood of eviction (e.g., by addressing factors likely to lead to non-payment of rent, such as a shortfall in housing benefit and policies that aim to improve the private rental sector)
  - improve the quality and suitability of temporary accommodation and, where possible, reduce the need for temporary accommodation through preventative measures
  - improve the space available in properties, perhaps through policy, guidance or legislation that stipulates minimum requirements for space in family properties that relate to families' experiences of space-related factors that can impact well-being
  - facilitate families being able to settle and reduce the need for multiple moves (e.g., through a reduction in the use of short-term tenancies)
  - implement minimum requirements for property condition
  - provide better support and advocacy for families living in the private rental sector to improve their housing situation and condition, without the risk of eviction
  - enable families to be able to live in a desired location, for instance an area where the children's school and friends are, to avoid the need for long journeys or further disruption through changing school
  - consider and mitigate for the financial impact of housing insecurity on families
  - provide affordable and secure housing options
  - increase choice and control for families within housing pathways and systems
  - engage with and involve families (particularly those at risk of housing insecurity) in the design of systems and services that meet housing needs.

- Addressing poverty more widely should also help to alleviate housing insecurity among families in the UK, as much of the evidence reported on how poverty initiated and/or exacerbated housing insecurity, for instance, by reducing choice and by leading to worry among the family.

Implications for practice

- Where possible, interventions to reduce or eliminate housing insecurity should be implemented. Where this is not possible, interventions should focus on reducing the impact of housing insecurity, for instance, by ensuring long journeys can be avoided, that accommodation is of a decent standard, and by providing adequate support to families and children.
- Practitioners who work to house families should prioritise stable, suitable and good-quality housing.
- Practitioners who interact with CYP experiencing housing insecurity and homelessness (e.g., clinicians, teachers, social workers) should consider the complexity of the children's experience, including how the situation and circumstances (e.g., escaping domestic violence, migration status) might also be impacting on their health and well-being, and that impacts may vary on an individual basis, particularly in assessments and family support plans.
- Practitioners should consider the impacts of continuity of school, support and services, and the need for mental health support, parenting and counselling, for instance through providing support with transport to enable children to stay at their current school, and support to maintain friendships.
- A multiagency approach should be utilised with families to mitigate the impacts of housing insecurity, poor housing conditions and unsuitable housing.
- All those working with children and families experiencing housing insecurity should consider ways to give them optimal choice and control over situations that affect them, as far as is possible.

Research recommendations

- We identified little evidence relating directly to health and well-being outcomes, and therefore future qualitative research should focus explicitly on the health and well-being of CYP experiencing housing insecurity, and how it links with the impacts identified in the current review.
- Many accounts of the impact of housing insecurity among CYP in the research we identified were from parents or other informants. Future research should focus on the voices and accounts of CYP themselves. Researchers may need the time to engage with CYP experiencing housing insecurity to build trust; a collaborative approach (e.g., co-production or participatory research) may be useful to this end.
- The voices of specific groups of young people who are likely to be marginalised (e.g., young carers) were absent from the evidence we identified. Future research should seek the views of marginalised groups of young people.
- While we were able to identify some interventions, detailed accounts of how these interventions impacted on housing insecurity and health and well-being among families and children/young people were lacking. We would welcome further qualitative research exploring in-depth the impact of interventions to address housing insecurity among families in the UK. Our review revealed the complexity of the issue, which suggests that researchers and practitioners should engage with families and children/young people experiencing housing insecurity when developing interventions (e.g., through co-production or a participatory component), to ensure the voices and concerns of CYP remain central.
- We identified some evidence for the role of protective factors in preserving and/or improving the health and well-being of CYP; however, the evidence was sparse and no study explicitly focused on this. Future research should investigate the protective factors that may influence the health and well-being of CYP experiencing housing insecurity, particularly where little can be done to alleviate the family's housing problems.
- For practicality, we grouped findings relating to migrants, refugees and asylum seekers together as one population during the synthesis, whereas these groups of people may well experience housing insecurity differently. Future reviews should seek to focus on and disaggregate these populations in order to examine issues specific to each.

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In many cases, the methods of studies, in particular surrounding recruitment, data collection and analysis, and research reflexivity, were not reported in detail (or at all), in particular within grey literature sources. Researchers should ensure that these details are transparently reported, at least in academic outputs and grey literature reports.

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Ethics statement

This review did not involve the collection or analysis of any data that was not included in previously published research in the public domain. Therefore, it was exempt from formal ethical review by the University of Sheffield Ethics Committee.

Data-sharing statement

Requests for access to data extracted from the included papers should be addressed to the corresponding author.

Information governance statement

The data obtained for this study are in the public domain, and thus no new data were generated. The data controller and the data processer for the synthesised data is the University of Sheffield. Data were handled according to the Data Protection Act (2018) and the General Data Protection Regulation (EU GDPR) 2016/679.

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Appendix 1 Simplified database search strategy

MEDLINE via Ovid (searched 8 April 2022)

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review and Other Non-Indexed Citations, Daily and Versions

1 ((hous* or flat or flats or apartment* or accommodation or home* or tenan* or tenure or residen* or abode or lodg*) adj3 (fixed or secur* or insecur* or unstab* or instab* or stable or stabil* or tempo-rar* or transitional or transient or precar* or mobil* or unsuitab* or unfit* or inadequa*)).mp.
2 ((rent* or mortgag*) adj3 (worr* or concern* or afford* or unafford* or pay* or debt* or arrear*)).mp.
3 (homeless* or sofa surf* or (bed adj2 breakfast*)).mp.
4 (evict* or (forc* adj2 (mov* or relocat*))).mp.
5 1 or 2 or 3 or 4
6 (poverty or disadvantage or underserved or low* income or deprivation or austerity or unemploy* or universal credit or benefit claim* or free school meal*).mp.
7 (hous* or home* or accommodation or residen* or abode* or flat or flats or apartment* or lodg*).mp.
8 6 and 7
9 (child* or infant* or adolescen* or teenage* or school* or family or families or parent*).mp.
10 (interview: or experience:).mp. or qualitative.tw.
11 (5 or 8) and 9 and 10
12 limit 11 to yr='2000 –Current'
13 exp Great Britain/
14 (national health service* or nhs*).ti,ab,in.
15 (english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab.
16 (gb or 'g.b.' or britain* or (british* not 'british columbia') or uk or 'u.k.' or united kingdom* or (england* not 'new england') or northern ireland* or northern irish* or scotland* or scottish* or ((wales or 'south wales') not 'new south wales') or welsh*).ti,ab,jw,in.
17 13 or 14 or 15 or 16
18 (exp africa/or exp americas/or exp antarctic regions/or exp arctic regions/or exp asia/or expocea-nia/) not (exp great britain/or europe/)
19 17 not 18
20 11 and 19

EMBASE via Ovid (searched 8 April 2022)

1.	((hous* or flat or flats or apartment* or accommodation or home* or tenan* or tenure or residen* or abode or lodg*) adj3 (fixed or secur* or insecur* or unstab* or instab* or stable or stabil* or temporar* or transitional or transient or precar* or mobil* or unsuitab* or unfit* or inadequa*)).mp.
2.	((rent* or mortgag*) adj3 (worr* or concern* or afford* or unafford* or pay* or debt* or arrear*)).mp.
3.	(homeless* or sofa surf* or (bed adj2 breakfast*)).mp.
4.	(evict* or (forc* adj2 (mov* or relocat*))).mp.
5.	1 or 2 or 3 or 4
6.	(poverty or disadvantage or underserved or low* income or deprivation or austerity or unemploy* or universal credit or benefit claim* or free school meal*).mp.

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7.	(hous* or home* or accommodation or residen* or abode* or flat or flats or apartment* or lodg*).mp.
8.	6 and 7
9.	(child* or infant* or adolescen* or teenage* or school* or family or families or parent*).mp.
10.	experience:.mp. or interview:.tw. or qualitative:.tw.
11.	5 and 8 and 9 and 10
12.	limit 11 to english language
13.	limit 12 to yr='2000 –Current'
14.	(UK or united kingdom or britain or england or scotland or wales or ireland).lo.
15.	13 and 14
16.	13 not 14
17.	limit 13 to dissertation
18.	13 not 17

PsycINFO via Ovid (searched 8 April 2022)

1.	((hous* or flat or flats or apartment* or accommodation or home* or tenan* or tenure or residen* or abode or lodg*) adj3 (fixed or secur* or insecur* or unstab* or instab* or stable or stabil* or temporar* or transitional or transient or precar* or mobil* or unsuitab* or unfit* or inadequa*)).mp.
2.	((rent* or mortgag*) adj3 (worr* or concern* or afford* or unafford* or pay* or debt* or arrear*)).mp.
3.	(homeless* or sofa surf* or (bed adj2 breakfast*)).mp.
4.	(evict* or (forc* adj2 (mov* or relocat*))).mp.
5.	1 or 2 or 3 or 4
6.	(poverty or disadvantage or underserved or low* income or deprivation or austerity or unemploy* or universal credit or benefit claim* or free school meal*).mp.
7.	(hous* or home* or accommodation or residen* or abode* or flat or flats or apartment* or lodg*).mp.
8.	6 and 7
9.	(child* or infant* or adolescen* or teenage* or school* or family or families or parent*).mp.
10.	experience:.mp. or interview:.tw. or qualitative:.tw.
11.	5 and 8 and 9 and 10
12.	limit 11 to english language
13.	limit 12 to yr='2000–Current'
14.	(UK or united kingdom or britain or england or scotland or wales or ireland).lo.
15.	13 and 14
16.	13 not 14
17.	limit 13 to dissertation
18.	13 not 17

Appendix 2 Stakeholder participants

Project advisors

Dr Gareth Young, CaCHE Knowledge Hub, University of Sheffield

Dr Amy Clair, Fellow in the Australian Centre for Housing Research, University of Adelaide

Rachel Casey, Housing Policy and Partnerships Officer. Joseph Rowntree Foundation

Hannah Aldridge, Senior Policy and Research Officer, Child Poverty Action Group (CPAG)

Dr Claire Gilbert, Public Health Registrar, West Yorkshire Health and Care Partnership (Healthier Homes for Healthier Children)

Toni Williams, Consultant in Public Health (Health and Wellbeing), Office for Health Improvement and Disparities, Department of Health and Social Care

Karen Horrocks, Health and Well-being Programme Manager (Healthy Places and Sustainable Communities), Office for Health Improvement and Disparities, Department of Health and Social Care

Sarah Roxby, Associate Director – Health, Housing and Transformation, Wakefield District Housing

Other topic expert advisors

Dr Jenny Preece (research on housing exclusion and access to housing, mental health and housing), Department of Urban Studies and Planning, University of Sheffield

Dr Jennifer Harris (CaCHE research on health and well-being in the private rental sector), School for Policy Studies, University of Bristol

Professor Craig Gurney (teaching and research interests include the meaning of home, social harm and housing and the social construction of housing tenure, work on housing and mental health), Urban Studies, University of Glasglow

Dr Kesia Reeve (work on women and homelessness, marginalised groups), Centre for Regional Economic and Social Research, Social and Economic Research Institute, Sheffield Hallam University

Dr Harriet Churchill (a focus on childhood and family relations, childhood equality, welfare reform), Department of Sociological Studies, University of Sheffield

Julie Rugg, University of York, Centre for Housing Policy (private rental sector)

Gemma Hyde, Town and County Planning Association (Starting well, planning and the impact of housing on CYP in the first 1001 days.)

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Appendix 3 Quality assessments of included studies

Published literature – CASP qualitative checklist

The following items were rated for each study (*Table 2*):

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate to the aims of the research?
5. Were the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been adequately considered?
7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. How valuable is the research?

Grey literature – AACODS checklist

The following items were rated for each study (*Table 3*).

1. **Authority (Y, N, U)** – consider:

Identifying who is responsible for the intellectual content.

- Individual author:
  - Associated with a reputable organisation?
  - Professional qualifications or considerable experience?
  - Produced/published other work (grey/black) in the field?
  - Recognised expert, identified in other sources?
  - Cited by others? (use Google Scholar as a quick check)
  - Higher degree student under 'expert' supervision?

- Organisation or group:
  - Is the organisation reputable? (e.g. WHO)
  - Is the organisation an authority in the field?

- In all cases:
  - Does the item have a detailed reference list or bibliography?

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TABLE 2 Quality assessment of published qualitative research using the CASP qualitative checklist

First author/year	Design	*N* =	1	2	3	4	5	6	7	8	9	10	Summary
Backett-Milburn[43]	Interview	15	Y	Y	Y	Y	Y	N	U	U	Y	Little data relating to HI but some evidence of resilience	Appropriate method but no reflexivity and unclear analysis
Bowyer[44]	Interview	5	Y	Y	Y	Y	Y	N	Y	Y	Y	Considerable amount of relevant data, but on HI in the context of domestic violence and relevant trauma	Appropriate method and analysis, good consideration of ethics, no reflexivity
Bradley[45]	Interview (mixed-methods evaluation of intervention)	13	Y	Y	Y	Y	Y	N	U	Y	Y	Some evidence relating to well-being, but mostly through child behaviour	Appropriate method but no reflexivity and unclear reporting of ethical issues (ethics approval granted but issues not discussed)
Jolly[48]	Interview	15	Y	Y	Y	Y	Y	N	Y	U	Y	Useful to have representation from this participant group	Clear aims and methods, no reflexivity, extrapolation from data not completely clear, few quotations
Karim[49]	Longitudinal, interview (mixed methods)	35	Y	Y	Y	Y	Y	N	Y	U	Y	Longitudinal aspect useful; however data reported are not very in depth	Clear aims and methods, no reflexivity. Analysis by questions
Lawson[50]	Longitudinal, interview	14	Y	Y	Y	Y	Y	N	Y	Y	Y	A useful example of research relating to relocation, longitudinal nature also valuable	Clear aims and methods, no reflexivity
Lawson[51]	Longitudinal, interview	10 (families)	Y	Y	Y	Y	U	N	Y	U	Y	A useful example of research relating to relocation, longitudinal nature also valuable	Data collection not optimal for research issue as was a post hoc analysis of existing data. No reflexivity. Little detail on analysis. Ethics outlined but Lawson (2015) (same study) states no ethical approval to interview CYP
Moffatt[53]	Interviews and focus groups	38 + 12	Y	Y	Y	Y	Y	N	Y	Y	Y	Not much on HI in families, but bedroom tax aspect is useful	Clear aims and methods, no reflexivity

First author/year	Design	*N* =	1	2	3	4	5	6	7	8	9	10	Summary
Nettleton[54]	Interview	44 + 17	Y	Y	Y	U	Y	N	U	Y	Y	HI but related to mortgage repossession. So a subgroup	Very little data on methods or analysis. No reflexivity
Oldman[56]	Interviews (in depth)	40	N	Y	Y	Y	Y	N	N	Y	Y	Limited data on housing instability	Sample size unclear. No reflexivity
Rowley[58]	Interviews	9	Y	Y	Y	Y	Y	Y	U	Y	Y	No details on children	Limited relevant data. Well written
Thompson[59]	Narrative family interviews and 'go-along' interviews	40	Y	Y	Y	Y	Y	N	Y	Y	Y		Appropriate method but no reflexivity
Tischler[61]	Semistructured interviews	28	Y	Y	Y	Y	Y	Y	Y	Y	Y	Much data regarding impact on mothers' mental health – not explicitly related to impact on children	Ethical approval but very little detail regarding ethical issues
Tischler[60]	Qual element = semi-structured interviews	49	Y	Y	Y	Y	Y	N	Y	Y	Y	Relevant insights regarding children's mental health and related needs	Appropriate method but no reflexivity
Tod[62]	Semistructured interviews	50	Y	Y	Y	Y	Y	N	Y	Y	Y	Focus on fuel poverty but useful in highlighting interaction between fuel poverty and housing insecurity	
Warfa[63]	Group discussions	34	Y	Y	Y	Y	Y	N	Y	Y	Y	Useful insights regarding inter-relationship between residential instability, past traumatic experiences, homelessness BUT hard to discern impact on individuals/families/children	Appropriate method but no reflexivity
Watt[64]	Interview and observation	17	N	Y	Y	Y	Y	N	N	N	N	Useful in highlighting challenges of housing insecurity from mothers' perspective	
Wilcox[65]	In-depth interviews and participant observation	20	Y	Y	Y	Y	Y	N	N	N	Y	Some insights into impact on children of financial hardships experienced by mothers in the study	Appropriate method but no reflexivity and no clear analysis of ethical issues

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TABLE 3 Quality assessment of unpublished qualitative evidence using the AACODS checklist

First author/year	Design	*N* =	1	2	3	4	5	6	Summary
Minton[52]	Meetings and conversations	Nearly 50	Y	U	Y	U	Y	Y	Clear aim but some methods unclear, including recruitment, data collection and analysis. 'Objectivity' is unclear, although some degree of subjectivity should be expected in qualitative research? Has significance.
Children's Commissioner[70]	Interviews and focus groups	NR	Y	N	U	U	Y	U	Little data from a broad report, data collection and analysis methods not reported, 'objectivity' is unclear although looks like the views of the children are the focus, unclear significance as the quotation is only short.
Children's Commissioner[69]	Unclear – consultations?	NR	Y	N	N	U	Y	N	Little data from a broad report, data collection and analysis methods not reported, 'objectivity' is unclear although looks like the views of the children are the focus, unclear significance as the quotations are sparse and short.
Children's Commissioner[68]	Unclear – conversations?	NR	Y	N	Y	U	Y	Y	Clear aim but data collection and analysis methods not reported, 'objectivity' is unclear although looks like the views of the children are the focus, seems significant and highlights a range of health and well-being issues.
Children's Commissioner[67]	Mosaic approach	40	Y	Y	Y	U	Y	Y	Methods reported, organisation is reputable, coverage clear, 'objectivity' is unclear, although looks like the views of the children are the focus, date clear, significant as reports on the link between suitability of housing and HI.
Joshi[77]	Mosaic approach	40	Y	Y	Y	Y	Y	Y	Methods reported, organisation is reputable, coverage clear, 'objectivity' is unclear, although looks like the views of the children are the focus, date clear, reports on same data as Children's Commissioner 2017 but with greater detail and nuance.
Mustafa Z[90]	Qualitative interviews	171	Y	Y	Y	Y	Y	Y	Reputable organisation with named authors. Reflexivity not overtly stated. Analysis clearly presented and detailed quotes. No reflexivity.
Mustafa Z[97]	Mixed methods	NR	Y	Y	Y	Y	N	Y	No methodology. Date unclear. No detail on study participants. No reflexivity.
Mustafa Z[98]	Press release	NR	Y	N	Y	N	Y	N	Press release. Limited. Potential for bias. No reflexivity.
Mustafa Z[95]	Qualitative interviews	23 : 11 kids	Y	Y	Y	Y	Y	Y	Well-written qualitative report. No reflexivity.

First author/year	Design	N =	1	2	3	4	5	6	Summary
Mustafa Z[89]	Policy briefing	NR	Y	Y	Y	N	Y	Y	Evidence briefing. Risk of repeat data from other included reports. No reflexivity.
Mustafa Z[92]	Qualitative interviews	20	Y	Y	Y	Y	Y	Y	Well-written qualitative report. No reflexivity.
Mustafa Z[93]	Qualitative interviews	25	Y	Y	Y	Y	Y	Y	Well-written qualitative report. No reflexivity.
Mustafa Z[94]	Qualitative interviews	19	Y	Y	Y	Y	Y	Y	Well-written qualitative report. No reflexivity.
Mustafa Z[87]	Qualitative interviews	29	Y	Y	Y	Y	Y	Y	Well-written qualitative report. No reflexivity.
Mustafa Z[96]	Qualitative interviews	11	Y	Y	Y	Y	Y	Y	Well-written qualitative report. No reflexivity.
Mustafa Z[91]	Qualitative interviews	Unclear	Y	Y	Y	Y	Y	Y	Size of interview sample unclear. No reflexivity.
Mustafa Z[88]	Not stated (presume interviews for quote)	1	Y	N	Y	N	Y	Y	One relevant quote only, no methodology. No reflexivity.
Renters' Reform Coalition[85]	NR	NR	Y	N	Y	Y	Y	Y	No methodology, no description of who was interviewed. No reflexivity.
JRF[79]	Qualitative longitudinal	72	Y	Y	Y	Y	Y	Y	Complete methodology. Well-written report. No reflexivity.
JRF[80]	Annual report	NR	Y	N	Y	Y	Y	N	Annual report. No methodology or defined sample.
JRF[78]	Qualitative interviews	145	Y	Y	Y	Y	Y	Y	Some information on methodology. Well-written report. No reflexivity.
Young Women's Trust[66]	Focus group	4	Y	Y	N	Y	Y	Y	Methodology in linked references. No detail on children.
White[99]	Case study plus interviews	12 (+44)	Y	Y	Y	Y	Y	U	Not much relevant info to extract, and no relevant data, but useful to have some evidence relating to an (holistic) intervention.
Hardy and Gillespie[75]	Structured interviews	32	Y	N	Y	N	Y	Y	Quotations not linked to narrative. No reflexivity. Aim not clearly stated.
Dexter (The Children's Society)[47]	Interviews, case studies	8	Y	Y	Y	Y	N	Y	Clear aim, methods of analysis unclear but other methods clear, has significance in terms of population.
Price[57]	Interviews	91	Y	Y	Y	Y	Y	Y	Clear aim, methods of analysis unclear but other methods clear, has significance in terms of population.
Coram Children's Legal Centre[46]	Case studies	NR	Y	N	Y	Y	Y	Y	Methods lacking in detail, no detail on sample, or on how case studies were selected. Population significant.

continued

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TABLE 3 Quality assessment of unpublished qualitative evidence using the AACODS checklist (*continued*)

First author/year	Design	*N* =	1	2	3	4	5	6	Summary
Children's Society[6]	Interviews, case studies	24	Y	Y	Y	Y	Y	Y	High-quality, in-depth research relating to HI across the country.
Children's Society (Pinter 2020)[72]	Interviews	11	Y	U	Y	Y	Y	Y	Clear aim and data collection, analysis not clear. Has significance.
Children's Society[71]	Interviews, focus groups	60	Y	Y	Y	Y	Y	Y	Same sample/data collection as Children's Society 2020 (Moving, Always Moving). Good quality, academic, adds primary data on related themes. A lot of detail on HI.
CPAG and CoE[73]	Interviews	21	Y	Y	Y	Y	Y	Y	Not much re housing
CPAG[74]	Narrative element of survey	124	Y	Y	Y	Y	Y	Y	Well-written report. Helpful perspective of social workers regarding homelessness/housing insecurity
RCPCH Poverty and Us[84]	Workshop	Unclear	Y	N	N	N	Y	N	Very little detail/context to quotes.
RCPCH Poverty and child health: views from the frontline[25]	Survey open text responses	266	Y	Y	Y	Y	Y	Y	Very little detail regarding methodology
Project 17[83]	Interviews, workshop, open-ended survey	17 (int)/14 (wshp)	Y	U	Y	Y	N	Y	Clear aim and data collection, analysis not clear, no date given. Has significance.
Project 17[82]	Case studies, open-ended survey	Unclear (2 families)	Y	U	Y	Y	Y	N	Recruitment, data collection and analysis not clear – seems more informal and illustrative. Data include nothing new and not much on the impact on the children.
Office of the Deputy Prime Minister[55]	Interviews	82 households	Y	Y	Y	Y	Y	Y	Important info on the link between requesting repairs (for poor-quality accommodation that was impacting children's health) and eviction.
Scottish Women's Aid[86]	Interviews, open-ended survey responses	4 (int), 45 (survey)	Y	U	Y	Y	Y	Y	Recruitment to interviews, data collection and analysis not clear. Participatory approach useful.
Jones[76]	Interview	114	Y	Y	Y	Y	Y	Y	Clear aim and methods. Useful as examines keeping families in the same home following DV.
Maternity Action[81]	Online group discussion	10	Y	U	Y	Y	N	Y	Clear aims. No details on analysis. No dates. Some useful data.

RCPCH, Royal College of Physicians and Child Health.

2. **Accuracy (Y, N, U)** – consider:

- Does the item have a clearly stated aim or brief?
- Is so, is this met?
- Does it have a stated methodology?
- If so, is it adhered to?
- Has it been peer-reviewed?
- Has it been edited by a reputable authority?
- Supported by authoritative, documented references or credible sources?
- Is it representative of work in the field?
- If 'no', is it a valid counterbalance?
- Is any data collection explicit and appropriate for the research?
- If item is secondary material (e.g. a policy brief of a technical report), refer to the original. Is it an accurate, unbiased interpretation or analysis?

3. **Coverage (Y, N, U)** – consider:

All items have parameters which define their content coverage. These limits might mean that a work refers to a particular population group, or that it excluded certain types of publication. A report could either be designed to answer a particular question or be based on statistics from a particular survey.

- Are any limits clearly stated?

4. **Objectivity (Y, N, U)** – consider:

It is important to identify bias, particularly if it is unstated or unacknowledged.

- Opinion, expert or otherwise, is still opinion: is the author's standpoint clear?
- Does the work seem to be balanced in presentation?

5. **Date (Y, N, U)** – consider:

For the item to inform your research, it needs to have a date that confirms relevance

- Does the item have a clearly stated date related to content? No easily discernible date is a strong concern.
- If no date is given, but can be closely ascertained, is there a valid reason for its absence?
- Check the bibliography: have key contemporary material been included?

6. **Significance (Y, N, U)** – consider:

This is a value judgment of the item, in the context of the relevant research area

- Is the item meaningful? (This incorporates feasibility, utility and relevance)
- Does it add context?
- Does it enrich or add something unique to the research?
- Does it strengthen or refute a current position?
- Would the research area be lesser without it?
- Is it integral, representative, typical?
- Does it have impact? (In the sense of influencing the work or behaviour of others)

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