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Temporal uncertainty, spatial stressors and disrupted connections: temporary accommodation and family life, health and wellbeing

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ABSTRACT

The growing unaffordability of housing in many high-income countries is pushing more people into temporary living situations. While housing is a recognised social determinant of health, less is known about the impact of housing insecurity and 'hidden homelessness', where families are not living on the street, but face repeated moves or protracted periods in temporary accommodation. This paper explores, from the perspective of parents and children, the impact of living in temporary accommodation on families' health and wellbeing.

We undertook 38 interviews with parents and children across three geographical areas in England: South Yorkshire, the North West and London. Families were living (or had lived) in various forms of temporary accommodation including hotels, hostels, and bed and breakfast accommodation. Interviews took place in person, over the phone and online via video call. We utilised framework analysis to analyse our data.

Our analysis generated key themes focusing on: (i) the constant, cumulative stress associated with not knowing if, when and where stable accommodation might be secured, (ii) the spatial unsuitability of temporary accommodation for family life and (iii) the disconnection and disruption to social support, education and employment for families living in temporary accommodation.

This paper is the first to mobilise slow violence within a social determinants framework in understanding the multiple interacting ways in which temporary accommodation impacts on the health and wellbeing of families.

Introduction

Housing is a recognised social determinant of health, with a robust literature highlighting the detrimental effects of poor physical housing conditions and homelessness (Alidoust and Huang, 2023; Rolfe et al., 2020; Singh et al., 2019). However, less is known about the effects of housing insecurity on health and wellbeing, especially from the perspectives of families (Hock et al., 2024). Housing insecurity covers a variety of housing related challenges that act to undermine a family's ability to obtain and maintain stable, safe and affordable housing (Fetzer et al., 2023; Cox et al., 2017). It comprises a range of conditions around housing costs, overcrowding, frequent moves, substandard conditions,

and the risk of homelessness (Clair, 2019). It is shaped by structural factors (income inequality), wider housing market conditions (growing social housing waiting lists), and limited social safety nets (benefit/wage stagnation) (Lally and McNally, 2025). While there is no standard or validated measure for housing insecurity, we mobilise the Children's Society's definition, generated through research with children (The Children's Society, 2020). Their definition focuses on the *experience* of and *risk* of multiple moves that are i) not through choice and ii) related to poverty (The Children's Society, 2020). This definition encompasses a number of elements of housing insecurity established in the literature, including housing instability, precarity, residential mobility and financial, spatial and relational insecurity (Hock et al., 2024; Table 1).

Table 1
Participants by region.

	London	North West	South Yorkshire	Total
Parents	13	11	7	31
Children	4	2	1	7
Total	17	13	8	38

This paper aims to explore, from the perspectives of parents and children, the impact of living in temporary accommodation on family health and wellbeing. We focus on families' experiences of housing insecurity, mobilising a public health lens to argue that living in temporary accommodation constitutes a pervasive form of 'slow violence' (Nixon, 2011), which reverberates across multiple social determinants of health to systematically erode family health and wellbeing.

A global housing affordability crisis and a rise in temporary living situations

Globally, the housing affordability crisis is driven by a complex interplay of factors (Wetzstein, 2017). These include limited housing supply partly due to insufficient housebuilding and the increase in short-term rental platforms such as Airbnb, rising property prices, stagnant wages, and demographic and social shifts, such as people living longer and in smaller households (Daniel et al., 2024; Garcia-López et al., 2020; Greaves and Webb, 2025). As a result, more people are struggling to afford a suitable, stable home (Koessl, 2025). In the UK, reduced affordability is compounded by a long-standing shortage and shrinkage of social housing provision (housing typically provided by local authorities or housing associations, with below-market rent (National Housing Federation, 2025; Lombard, 2023; Pagani et al., 2025)). Consequently, waiting lists for social housing have grown considerably, and there are 1.4 million fewer households living in social housing in England than 40 years ago (Shelter, 2024a). Accompanying this, there has been a rise in private rented sector (PRS) rentals and increased use of the PRS by local authorities to meet demand (Joseph et al., 2023). Growing numbers of families with children rely on the PRS (Harris and McKee., 2021), particularly families on lower incomes (Easthope, 2014). However, the PRS is typically more expensive, poorer quality, less secure (Noonan, 2024) and more lightly regulated (McNally and Lally, 2024) than the social sector, contributing to increasing reliance on temporary accommodation.

Temporary accommodation is typically provided by local authorities or private non-profit organisations to people experiencing homelessness, displacement or an immediate need for shelter (e.g. fleeing domestic abuse). Local authorities are legally required to provide temporary accommodation to eligible homeless households, including families with dependent children (Gov.uk, 2025). Temporary accommodation can take a variety of forms, including furnished houses and flats, family and single hostels, emergency shelters, Bed and Breakfast accommodation and hotels. In the UK, the use of temporary accommodation has increased dramatically in recent years, with the latest government figures revealing that there are now 131,140 households living in temporary accommodation, representing an increase of 11.8 % from 31st March 2024 (Ministry of Housing, Communities and Local Government, 2025). New analysis by the UK charity Shelter predicts that the number of households living in temporary accommodation could rise by 44 % by 2029 (Shelter, 2025). Further, families are increasingly spending extended periods in temporary accommodation (Keilloh, 2023).

Conceptual underpinning: social determinants of health and slow violence

The social determinants of health are 'the conditions in which people are born, grow, live, work and age' (WHO, 2014, p.xvii). They include income, food security, education, employment, green space and social connection. A variety of conceptualisations of the social determinants of

health has been generated (Raphael, 2011), and the framework has been critiqued for being overly deterministic and minimising people's own agency (McMahon, 2021). However, there is broad consensus that social determinants get 'under the skin to shape health' and unequal distribution of these factors underlies inequalities in health (Raphael, 2011, p.226). There is increasing recognition that the unequal distribution of social determinants reflects underlying political and economic structures which create and perpetuate inequity (Scott-Samuel and Smith, 2015). This is clearly the case in relation to housing (insecurity), which disproportionately impacts already-marginalised groups (Shared Health Foundation, 2025).

In contrast to the arguably 'neutral' social determinants framework, the concept of slow violence is inherently evocative and politically charged. Slow violence is described as 'a violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all' (Nixon, 2011, p.2). Slow violence highlights often hidden harms that operate over long periods of time and across space. The slow nature of this harm often obscures it, making it difficult to observe and notice, and thus act against (Nixon, 2011; Cahill and Pain, 2019; Christian and Dowler, 2019). The effects of slow violence are seen to be attritional, with an incremental eroding of health. Slow violence draws and develops on the notion of structural violence (Galtung, 1969), which suggests that harm is embedded within social structures and institutions which prevents people from meeting their basic needs. Slow violence extends structural violence by highlighting the temporal and spatial dimensions of this harm (Davies, 2022; Nixon, 2011). While the concept of slow violence was originally used to highlight the gradual emergence of environmental harm and toxicity (Nixon, 2011), it also has important applications for social issues, and has been mobilised in relation to housing issues, such as displacement (Keller, 2024), dispossession (Pain, 2019), gentrification (Kern, 2016; Lees and Hubbard, 2022), and the dismantling of social housing provision (Rannila, 2022). Such work has been used to highlight how slow violence operates through embodied, affective, and temporal dimensions, with Keller (2024) conceptualising waiting as a form of slow violence in which delays, uncertain futures, and prolonged displacement gradually erode wellbeing, Lees and Hubbard (2022) illustrating how frustrated hope emerges through policy betrayal, where unfulfilled promises of housing stability become mechanisms of long-term suffering, and Pain (2019) framing dispossession as a form of chronic urban trauma, emphasising the cumulative emotional injury and enduring impacts of ongoing housing insecurity and displacement.

However, the concept of slow violence has yet to be explicitly applied to the scholarship on temporary accommodation. In doing so, we recognise that we are necessarily expanding, as do some of the above studies, the remit of the concept to domains of life that are not narrowly concerned with the accretional effects of toxic or other environmental pollutants. Specifically, we expand on the significance of *slowness* in three ways: in acknowledging that exposure to explicitly environmentally harmful (if not toxic) substances, like mould, is common in many temporary homes in the UK; more broadly, other environmental determinants of health in poor quality, temporary accommodation may have similar or compounding effects, particularly over the longer-term, and particularly for children (heat, cold, draughts); and, more broadly still, social-environmental determinants in temporary accommodation may have similar long-term effects on health - from the impacts of overcrowding, to the difficulty sourcing and preparing nutritious meals, to the physical and mental health impacts of regular changes in schooling. Critiques of the notion of slow violence (e.g. Christian and Dowler, 2019) note that it repeats earlier feminist scholarship about the banal, everyday, routine forms of violence faced by women, as well as the challenges of trying to make the putatively invisible 'visible', of differentiating slow from more acute and perhaps pressing forms of violence, and of viewing responsibility for slow violence as distributed and therefore hard to challenge. Whilst this article does not seek to

overcome all of these critiques, its more expansive conceptualisation of slow violence does offer ways of attending to different timescales (for instance, the immediate stress of moving into yet another temporary home) and of making visible the invisible through the manifold social and environmental determinants of health that are entangled in our participants' experiences of temporary accommodation.

A key contribution of this paper is to bring together conceptualisations of the social determinants of health with the notion of slow violence. Generally, these two (sets of) theories have been deployed separately. However, in the context of temporary accommodation, it is particularly relevant to bring these theories together - not least because the challenges faced by families in temporary accommodation are wide-ranging, from physical problems with their accommodation (such as mould or poor sanitation), which, over time, may pose serious health risks, as well as variegated social challenges including overcrowding and noise. It is vital to explore these issues from the perspectives of parents and children. This paper draws on data from a broader mixed-methods study exploring families' experiences of housing insecurity and local authority responses.

Methods

Study design and setting

In our qualitative study, we conducted semi-structured interviews with children, young people and parents living in temporary accommodation, across six participating local authorities. Participants were identified and recruited through six local authority partners in three regions of England: London, the North-West of England and South Yorkshire.

Participant recruitment

Across the three regions, we used purposive sampling to recruit a diverse group of children and parents who were living in temporary accommodation and who were in receipt of local authority housing support. Eligible parents and children were recruited via their local authority and local voluntary and community organisations. Additionally, the research team attended 'family hubs' to raise awareness of the project.

In total, we recruited 38 participants (31 parents and 7 children) across three regions in England. See Table 1 for the number of participants by region.

All 38 parents and children had experience of living in temporary accommodation. At the time of data collection, 25 (66 %) families lived in temporary accommodation (including family hostels, Bed and Breakfasts), eight (21 %) were living in social housing, two (5 %) in the private rented sector and three (8 %) were living with friends and family.

The parent and child samples were ethnically diverse: 53 % identified as White British ($n = 20$), 37 % Black or Black British ($n = 14$), 11 % Asian or Asian British ($n = 4$) and 8 % White other ($n = 3$). Most parents were female (87 %, $n = 27$) and unemployed (71 %, $n = 22$). Nine parents were in employment (29 %) and 11 (35.5 %) reported having a disability. Children's ages ranged from 8 to 18 years (mean = 10.7 years) and all were female ($n = 7$). There were 21 single parents and 10 two-parent families.

Procedures and analysis

Interviews explored the impact of living in temporary accommodation on the health and wellbeing of families. Topic guides were developed in collaboration with a project advisory group with expertise in housing, as well as a parents' and young people's advisory group, to ensure the appropriateness of our research procedures (supplementary file 1). Participants provided informed consent prior to interview and completed a short demographic questionnaire.

Given the sensitivity of the topic, we incorporated creative methods to support participant comfort and engagement (Prosser and Loxley, 2008; Vasquez-Vera et al., 2019). Interviews with families were structured around participants' house moves. Given the complexity of families' housing histories, we used timeline drawings (Bremner, 2020; Hurtubise and Joslin, 2023) during interviews to facilitate discussion about housing insecurity and to map previous house moves. Interviews with younger children also involved a drawing activity to create a more comfortable environment and to support communication between the child and researcher.

Data collection took place between January and September 2024 and was carried out by experienced qualitative researchers (NW, EH, MC, and A-MB). Interviews with families were conducted by phone, video call, or in-person at their temporary accommodation. Interviews with parents lasted between 45 and 90 min. Those with children and young people were shorter, typically ranging from 30 to 45 min. All interviews were audio-recorded, professionally transcribed by a university-approved service, and checked for accuracy. Parents and children received a shopping voucher as a token of appreciation for their time.

Interviews were thematically analysed using the five stages of the Framework Method (Gale et al., 2013; Ritchie and Spencer, 1994). Six members of the research team (A-MB, EH, HF, MC, NW, PK) independently reviewed a selection of overlapping transcripts from each participant group to identify initial codes. Through a series of team meetings, emerging codes were discussed and refined, leading to the development of a working analytical framework. This framework was then applied to additional transcripts and iteratively refined through further discussion. Once finalised, the framework was imported into NVivo V14 and applied to all remaining transcripts. After coding was completed, framework matrices were exported into Excel. Members of the team (A-MB, EH, HF, NW, MC) then undertook the process of charting which involved summarising and synthesising the data within each category while ensuring consistency across the team. In the final stage, overarching themes were developed across stakeholder groups, retaining nuance and preserving illustrative participant quotes.

Researcher background and reflexivity

The research team comprised mixed methods and qualitative researchers with backgrounds in psychology, geography, mental health, and public health, all with expertise and experience of working with vulnerable families and other underserved groups. This experience informed our approach to data collection. Interviews were designed to foster trust and agency by being conducted in participants' homes and allowing participants to guide the flow of discussion. Building familiarity and rapport helped to elicit open and detailed accounts of everyday life in temporary accommodation. Throughout the project, the team held regular meetings to discuss emerging findings, and to reflect on how their own perspectives, assumptions and professional experiences could influence analysis.

Ethical approval

Ethical approval was granted by the Sheffield Centre for Health and Related Research (SCHARR) Ethics Committee at the University of Sheffield.

Results

We spoke with families living in various forms of temporary accommodation including hotels, hostels and bed and breakfast accommodation, both local authority-owned and private. Many had been living in temporary accommodation for months and even years, well beyond the intended limits of its use. Our analysis generated key themes focusing on: (i) the constant, cumulative stress associated with not knowing if, when and where stable accommodation might be secured, (ii) the spatial unsuitability of temporary accommodation for family life

and (iii) the disconnection and disruption to social support, educational engagement and employment for families living in temporary accommodation.

Uncertain temporalities: the not knowing and additional costs of (not so) temporary accommodation

The mental strain of constant instability and not knowing

Many families shared how they experienced a constant cycle of moving (sometimes within the same property) and worrying about moving. Parents highlighted the logistical challenges of having to keep moving their belongings, even if just between rooms: 'Even though you are in that hotel, it doesn't mean you are in the same room, you are getting moved from room to room to room […] I'm living out of suit-cases and bags' (Single Mother, two children, South Yorkshire). The negative psychological impact of not knowing where they would be moved, and sometimes having to return to temporary accommodation that they had already left, was both physically and emotionally draining: 'I have to take the bus and come back to the council, for them to tell you, you have to go back there again, which is too much' (Single mother, one child, North East). Maintaining any sense of routine was extremely challenging, as parents described having to leave temporary accommodation in the morning without knowing where they would be sleeping that night:

'because they used to kick you out of the hotel at 10′clock in the morning, you'd have to get back on the phone to Housing Options, sit in the foyer, if they let you, get on the phone to Housing Options and then get in your room for that night and you have to do that day after day' (Single mother, three children, North West).

A sense of 'not knowing' pervaded parents' accounts. Parents emphasised the constant anxiety of an anticipated move and waiting for information or an update was described as mentally draining, resulting in a perpetual state of concern and worry, which could last for considerable periods of time:

'when you move here, like at the beginning, the only thing you think about is like, ok, am I moving next month, am I moving this month […] it just makes, like messes up your mind, like your mental health comes down, because you keep thinking oh, when am I moving?' (Single mother, one child, London).

Parents described how they became preoccupied by their housing situation and struggled to focus on anything else:

'It was like you're almost sitting there by your phone waiting for it to ring, you know? And it takes up your day thinking about it, you know? And it, it becomes an obsession so much so that it just mentally starts breaking you down' (Mother, two children, North West).

When they attempted to speak to local authority housing teams, several families spoke of receiving little, conflicting or erroneous information. They found it difficult to make contact with 'the right person' to get an update on their situation and reported being passed around, with a lack of clear responsibility between departments. These experiences added to the participants' stress and frustration, with long gaps between updates contributing to feelings of hopelessness, isolation and powerlessness: 'like no one's even looking at your case, no one's even thinking about it or it's just left there.' (Mother, two children, South Yorkshire). Parents talked about how they had to adjust their expectations about how long they would be living in temporary accommodation:

'Moving in itself is quite stressful […] to not know where we're going to go, and […] then the insecurity of not, knowing that you can't settle, not knowing what's going to happen, how long you're going to be there for or, you know, is it going to take months? Is it going to

take years? We've been like quite a few months now, so we're feeling this might take several years by this rate, because of how slow it is to try and bid on properties and stuff like that' (Father, four children, North West).

They also talked about not knowing what to say to their children and feeling bad for conveying mixed messages, which left children uncertain: 'My dad said it was just gonna be here for the weekend and then he said one week and then he said a month, so then we had to stay here for two years' (Female Child, aged 10, London).

Many parents described how living in temporary accommodation either caused or exacerbated existing mental health issues: 'I was stressed a lot, and then my mood impacted the kids a lot, so, because I was so unsettled and stressed and hated going home, it was quite miserable' (Single Mother, two children, North West).

The financial and time costs of multiple moves and living in substandard accommodation

Families reported receiving no support with the practical or financial costs of moving and storing personal belongings. They highlighted the cumulative financial burden of keeping moving - paying for transport, storage, replacing household items when storage was unavailable or storing belongings with friends or family. Additional costs included using launderettes, and since much of the temporary accommodation was in city centres, families incurred significant expenses for parking (and parking fines).

Multiple moves also involved considerable administration around cancelling and rearranging gas and electricity, cleaning properties, moving schools and change of address for letters such as for hospital appointments. This was stressful and time consuming: 'it's the whole process, the pains of things like changing your address, and we've had to move [name] schools er, it's been a lot of effort' (Single mother, two children, North West). Where possible, many families tried to keep the same doctors, dentist and schools, not only to maintain a sense of stability, but also to avoid the disruption of switching services while in temporary accommodation, especially when uncertain about how long they would be staying. For others, attempts to change resulted in disruption and lack of access: 'in the short period that I was there […] all the doctors surgeries in the area weren't taking on new patients' (Mother, two children, South Yorkshire).

Further, people living in substandard properties reported the significant financial and time cost needed to make them habitable. They described putting the heating on more (often accruing debt in the process) in attempts to reduce damp and mould. Families were forced to weigh up whether to invest in their accommodation, knowing they might have to move at any point. In this way, temporary living drained families' time and financial resources (both social determinants of health), compromised healthcare access and reduced their capacity to ensure the habitability of their 'home.'

Spatial tensions: contending with the unsuitability of temporary accommodation for family life

Struggling with cramped conditions

Many families had to share one room, as well as sharing communal spaces (kitchens and bathrooms) and facilities with others. Their room had to function as their dining room, living space, storage and bedroom. Beds became multi-purpose spaces to eat, watch television and for children to do their homework, as well as sleeping spaces: 'Basically we live on, we live in our beds. We watch telly in the bed. We have to eat breakfast, dinner, tea, whatever in the bed' (Single mother, three children, North West). Parents explained how a lack of space and privacy impacted their mental health:

'It's depressing […] So I'm in one room with me, my 11 year old boy, 7 year old daughter and a 2 year old daughter […] so there's two double beds that are together. So yeah, we all just sleep like next [to

each other], but obviously in two beds […] I get no privacy […] It's a nightmare' (Single mother, three children, North West).

The lack of space further disrupted family routines, impacted sleep, and strained family relationships as cramped conditions made it difficult to maintain personal space or have private discussions - particularly to protect children from overhearing difficult conversations. Spatial stress compounded the emotional toll of living in temporary accommodation: 'We do all get under each other's feet a lot and, you know […] there's a lot of arguments' (Father, four children, North West). For single parents, however, temporary accommodation was associated with acute isolation. One single parent, for example, recounted the intense loneliness she experienced as she spent every evening in the dark alone while her baby slept:

'It was one bedroom. I didn't have like a living room to go sit in when he's [baby son] asleep. So I was sitting in the dark every night from about 7pm, in the dark, and no light, no nothing. It was so hard. And they have Wi-Fi at the [hotel] but they never offered it to me' (Single mother, three children, North West).

The pressures of sharing space with strangers and safety worries

There were numerous challenges around sharing communal spaces with others in temporary accommodation. Sharing communal spaces and the need to constantly anticipate other residents' behaviours and needs created ongoing stress, making it difficult to feel at ease or at home: 'You don't feel like it's your home when you're sharing the place with people, you always have to be concentrating oh, shall I move this stuff, shall I leave it here, maybe I'll take it to my room' (Single mother, one child, London). Further, they described how waiting times and time limits for shared bathrooms and kitchen spaces were significant 'Upstairs there was a bath and it had like a fitted shower into the bath […] but the rules were 15 min in the bathroom […] [it]can be hard when you've got children' (Father, four children, North West). Parents with young children outlined how challenging this proved: 'Sometimes her wee wees in the […] in the trouser because of the toilet is busy' (Single mother, one child, London). Indeed, the public health impacts of sharing communal spaces was highlighted: 'But everything is sharing. As a family, like last year, when one person gets sick, it's like, we all get sick. […] So it's not easy to share a toilet, especially for health' (Father, one child, London). This was compounded by what families described as dirty and basic provision: 'sometimes the toilets are stinky, and our room is right in front of the toilet and then we smell it from our rooms, so we have to clean it up ourself' (Female Child, aged 12, London).

Families spoke of broken facilities or no access to clothes washing and shower facilities at all. One parent recounted how the lack of facilities made them feel like they were living in the past: 'We didn't have a shower because it was broken. And we have only like a tap with water, where you need to collect this water in the, like ancient times, like ancient times' (Single mother, one child, North West). Sharing communal spaces in this way compromised families' access to sanitary, health-promoting living conditions.

Several families reported feeling unsafe in temporary accommodation due to criminal and anti-social behaviour in the surrounding area, as well as problematic behaviours from other residents such as theft of personal belongings from shared spaces. Some also raised safeguarding concerns about living in mixed properties, where families, including children, were required to share kitchens and bathrooms with unfamiliar and vulnerable single adults: 'We felt more safe being in the room […] we were told by the lady […] to try not to communicate with any other people there' (Father, two children, North West).

Challenges in cooking nutritious food

Many parents described inadequate cooking facilities in temporary accommodation, made worse by having no table or place to eat, and sometimes a lack of basic cutlery or crockery. Ovens were rare, and some

families only had access to a kettle, toaster and microwave: 'They were telling me there's a kitchen in the hotel I said. 'Where?' I go on the second floor - it was a room with a toaster and a microwave and that was called a kitchen' (Single mother, one child, North West). Limited facilities forced families to rely on processed microwave meals or takeaways, which they described as costly both financially and for their health: 'then you end up eating a lot of crap that you shouldn't be eating for a long period of time. Do you know what I mean? It's just, it was horrible' (Father, three children, London).

Frequent moves meant families were unfamiliar with their local area, making knowledge of public transport routes to larger supermarkets difficult, resulting in a reliance on smaller, more expensive convenience stores. Communal cooking areas were busy at peak times, which also led parents to choose fast food: '[my daughter]'s not eating healthy, like tomorrow night […] I have to get her McDonalds because by the time we come back, maybe everybody's cooking at that time, I can't cook' (Single mother, one child, London). Parents highlighted that a lack of storage posed a significant barrier to preparing nutritious meals. Some families had no access to a fridge at all and resorted to storing chilled goods on a windowsill. However, this proved costly in warm weather as food went off and had to be thrown away:

'We had to go shopping everyday because we didn't even have a fridge to put the milk in or anything, you know, for making cups of tea. So we ended up putting milk in a bag so it wouldn't go off, a plastic bag and hanging it out the window....' (Father, two children, North West).

Such accounts highlight the additional time incurred from having to go shopping every day due to inadequate storage facilities. Limited provision for storing and cooking food was therefore perceived as costly in terms of health, finances and time. Cooking 'usual' and favourite meals was something that families missed, and represented another way in which their routines were disrupted.

Disconnection and disruption: the challenges of maintaining connections to friends and family and school engagement

Disconnection from friends and communities

Living in temporary accommodation and experiencing multiple moves isolated people from their communities and families, especially when they moved far away: 'My communities and even my church […] I had a lot of friends so you know […] yeah at the moment, do you know, I don't go anywhere, just stay, sat in house' (Mother, one child, London). A single mother described how her out of area placement (where she was moved to a different city) was acutely stressful. She worried about being financially cut off from family support in case of an emergency: 'Yeah, that's when they had to move me to [place] and I was even more distressed, what if I'm struggling for money up there? […] imagine if they don't answer the phone and I'm stuck' (Single mother, one child, North West).

Parents highlighted the ongoing impact of living in temporary accommodation on children's opportunities for social connection. This played out differently for children of different ages. For very young children, parents worried about the impact on their development and early socialisation from not engaging with other children during key developmental periods. The following quote also highlights the increased vulnerability for families with children with additional needs:

'I wouldn't do any play dates with the kids which I used to love doing, that was a massive, massive impact and I think that didn't help [name] because he's so behind with his socialising, and that cut him off more. So no kids came round, no kids came over' (Single mother, two children, North West).

Parents were concerned about the mental health impact on their older children, who they described as feeling too embarrassed to invite friends over. One parent explained their reluctance to visit friends'

homes, feeling unable to reciprocate:

'She said I feel ashamed to bring my friends here because we don't have any space. Like if somebody invited us, like her friends […] how can I say that I don't want to go, because if I want to go they are like expecting from us that when we gonna invite them […] I feel like it effect on her mental health' (Mother, one child, London).

Some families spoke of the positive benefits of being in shared accommodation, including providing mutual support between residents, and having other children to play with. However, these were seen as 'coping mechanisms' and small benefits to extremely unsettling circumstances.

Disruption to education and employment

The wider disruption of living in temporary accommodation was noted as causing deterioration in educational performance, attendance issues and behavioural problems in school. Parents described the long commutes that they and their children would have to make to and from school:

'As of now my child's school is still in [place] because she isn't ready to say goodbye to the school yet […] it's not very comfortable to commute every day, it takes 3.5 h every day to go there twice. So, I feel like I live on a bus sometimes […] you have to go there, come back home, then go there and come back home again, it's a little bit exhausting' (Single mother, once child, North West).

Disrupted sleep, a further outcome of the spatial conditions of temporary accommodation discussed above, was a significant issue for many children and young people due to noise inside and outside temporary accommodation: 'I can hear [the neighbours]. Sometimes I have to bang on the walls at night because the telly's always on dead loud. And mummy has ear plugs because next door's music is always on' (Child, aged 8, North West). This led to challenges for children in engaging in school, 'behavioural chats' with teachers and welfare officers, and children being late for school:

'She was late I think five to six times in the school […], they call me and they said there why she was late, I say to them every time that she wake up middle of the night, she can't even sleep, […] that's why I drop her late. She explained what happened so we had another issue, another issue, many times. Then the teacher called me and they say we have social help, a social welfare application' (Mother, one child, London).

While some children maintained their attendance, attainment still suffered: 'My children got outstanding awards from school and high school. As soon as we enter the nitty gritty, err, their attendance is 100 % but their ability to learn has dropped' (Father, three children, London).

Families underscored how the cramped conditions and limited private space in temporary accommodation meant no quiet space for studying and homework. Children had to do their homework wherever they could (on the floor, on the bed). The limited free-Wi-Fi offered to hotel guests further impeded abilities to complete homework.

'Like I have to do it (homework) on the floor and it's like uncomfortable. Like revising for exams and things like that it might be a bit more difficult, like for concentration. It's a small area. Like there's neighbours outside, maybe babies crying, people in the kitchen talking and shouting like. Things like that, a bit distracting' (Female Child, aged 12, London).

One parent poignantly articulated the compounding disadvantage they faced in relation to space and the financial resource to compensate, again highlighting overlapping disadvantages:

'He cannot do his homework […] The baby is distracting him […] He always says to me 'Mum, you can just leave me at the club?' The

school club and I cannot because I cannot afford the school club' (Single mother, three children, London).

Furthermore, frequent or forced moves made it harder for parents to maintain stable employment. Since temporary accommodation was seldom allocated based on proximity to workplaces, moving led to issues with job stability. Families spoke of it being challenging and time-consuming to arrange childcare, manage long commutes to work and school, or to secure new employment. Parents' ability to maintain employment was also compromised by the significant time and effort they spent navigating housing support, searching for stable accommodation, and repeatedly packing and relocating, combined with the emotional toll of ongoing instability adversely affecting their mental health and wellbeing. In this way, the challenges and stress associated with living in temporary accommodation hindered parents' capacity to balance paid work with childcare responsibilities, particularly for single parent families:

'So that's the thing, it's hard to find a job that fits into your life, do you know what I mean, very hard, because I did have a job a while ago in a bakery and the hours were like six in the morning 'til one and then one 'til close, so either way I'd have to find somebody to help out with the children' (Single mother, two children, North West).

Discussion

Findings in context

Our findings demonstrate how living in temporary accommodation impacts families' health and wellbeing through the physical conditions of the housing itself, but also via other key social determinants, including food security, financial resources, social connection, education and employment. It responds to calls to unpack the 'conceptual black box' of the SDH framework to move beyond viewing individual determinants in isolation towards a relational understanding of how determinants interact and reinforce each other (Herrick and Bell, 2022, p.300).

The spatial unsuitability of temporary accommodation negatively impacts both physical and mental health. In relation to physical health, parents' and children's fears about living in close proximity to others with limited access to washing facilities and the transmission of illness, highlights the lived reality of overcrowded accommodation (McNally and Lally, 2024; Shelter, 2023). A lack of personal and private space strained family relationships, disrupted sleep and impacted parents and children's mental health and wellbeing (Bradley et al., 2018; The Children's Society, 2020). Time pressures associated with sharing communal facilities in temporary accommodation further exacerbated stress and families' sense of safety was also compromised both within temporary accommodation due to fear of other residents (Sen et al., 2022) and in the unfamiliar neighbourhoods where they witnessed crime and anti-social behaviour, such as drug and alcohol use (The Children's Society, 2020). Like those in Boccagni's (2022) study stuck in an extended period of waiting, our participants moved between distancing themselves from accommodation that they could not 'feel, see or claim as home' to sometimes engaging in 'reluctant homemaking' (p.458) to make their accommodation more bearable.

Living in temporary accommodation restricts families' access to nutritious food. Limited space to cook, prepare and store food makes it difficult for parents to prepare nutritious meals (The Children's Society, 2020). This is exacerbated by many temporary accommodations being located in city centres where access to healthy foods and spaces is often limited (Shared Health Foundation, 2025). The challenges of cooking provide a clear example of how temporary accommodation disrupts families' abilities to complete everyday tasks and routines (Nowicki et al., 2019).

Our findings point to the additional and 'hidden' costs incurred

through living in temporary accommodation (storage costs for belongings, paying for parking and transport, purchasing essential items like cooking equipment and prepared food) places significant pressures on families' financial resources, which is a key social determinant of health. Families' time is also compromised through administration, travel, searching for support, frequent food shopping and trying to make accommodation habitable (Strazdins et al., 2016). Our study adds to recent literature demonstrating how the most marginalised groups experience multiple, overlapping insecurities (Bucelli and Henderson, 2025; Hock et al., 2024) in the context of temporary accommodation.

Our study also affords important insights into how living in temporary accommodation disrupts families' social connections and support systems (Sen et al., 2022). When families are placed in locations far away from their original home, they become geographically displaced from core emotional, practical and community supports that are essential for family wellbeing (Bradley et al., 2018; Murran and Brady, 2022). This is particularly acute when families are placed 'out of area', considerable distances away from employment, education, family and friends (Wilson and Barton, 2022). Further, echoing work by Keller (2024), the uncertainty over how long they will be staying in temporary accommodation means that families can be reluctant to invest time and energy in forging new relationships. As Munoz (2018) highlights, a lack of stable housing predicates against homemaking and the development of community. For families living in mixed accommodation with vulnerable individuals, this reluctance to forge relationships is also underpinned by a sense of fear and a strategy to 'keep oneself to oneself', contrasting with the evicted families in Desmond's (2012) study in America where families engaged in a strategy of reaching out to strangers in a 'kind of accelerated and simulated intimacy' (p.1322).

Children's and parents' narratives reveal the myriad of ways in which temporary accommodation impacts children's education and development. These include the lack of space for homework and play, long commutes to school, and disrupted sleep due to sharing beds and overcrowded rooms, all of which undermining children and young people's ability to concentrate and arrive at school on time and ready to learn (Shelter, 2023). Our findings also build on recent scholarship highlighting the link between housing insecurity and economic precarity (Lombard, 2023; Watt, 2020) by showing how parents' efforts to maintain normality and stability for their children, such as commuting long distances to their children's school, can hinder their ability to secure or sustain employment.

The slow violence of the housing crisis and the impact of temporary living situations on family health and wellbeing

Placement in temporary accommodation is intended as an emergency measure for managing housing crises (Gov.uk, 2025). However, due to various intersecting structural conditions, temporary accommodation has become a routine and increasingly normalised feature of housing support for a growing number of people (Shelter, 2024b). This reflects a key corollary of slow violence, where crisis becomes routine - a 'normal emergency' or a 'mundane crisis' (Nixon, 2011).

Our study helps highlight how temporary accommodation impacts families' health and wellbeing and undermines people's access to the different (but interconnected) resources conducive to good health and wellbeing (i.e., the social determinants of health) (Hock et al., 2024). Building on previous work that harnesses structural violence to understand family homelessness (Milaney et al., 2019), applying a slow violence framework draws our attention to how this builds up and accumulates over time, acting as an attritional force - with both immediate and long-term impacts e.g. via the known link between education and employment and health (Marmot et al., 2020) and the established link between housing insecurity in childhood and depression during adulthood (Keen et al., 2023).

Our findings add to previous research highlighting how the slow violence of housing displacement manifests through anxiety, frustration, confusion, fear, loss (Kern, 2016; Lees and Hubbard, 2022) and trauma

(Pain, 2019), which has long-reaching effects. The constant sense of 'waiting' and 'living in limbo' described by our participants reflects the very essence of slow violence Keller (2024) described, where delays and uncertainty erode wellbeing over time. Families are unable to settle, establish roots in new communities, or make plans, as they live with the constant possibility of being required to move on with minimal notice (Shelter, 2023). Our study provides important qualitative insights underscoring quantitative data highlighting higher rates of mental health issues, including anxiety and depression, among people living in temporary accommodation (Croft et al., 2021; Rosenthal et al., 2022), with parents consistently highlighting the negative impact of temporary accommodation on their children's stress or anxiety (Roberts and Duong, 2014).

By mobilising the concept of slow violence, we can better understand how living in temporary accommodation impacts health. It helps us to conceptualise chronic stressors (cramped living conditions, lack of privacy, disruption to education and employment, social isolation) not as isolated events, but as interrelated and cumulative acts of attrition. Living in temporary accommodation systematically undermines the social determinants of health. Its unstable and protracted nature compromises economic stability by increasing living costs and creating barriers to employment. It also disrupts educational attainment through frequent school moves and unstable learning environments, and erodes social and community networks by repeatedly displacing and isolating families from their support systems. In this context, slow violence manifests as a gradual deterioration of multiple social determinants of health, shaped by the structural conditions around the housing system and the systemic reliance on temporary accommodation. Given the widespread and growing use of temporary accommodation (Ministry of Housing, Communities and Local Government, 2025) and its well-documented adverse effects (Shared Health Foundation, 2025), a slow violence framework offers a valuable conceptual tool. It helps illustrate how these gradual, attritional processes unfold over time and remain largely hidden from public view, providing a greater appreciation for the cumulative and often invisible harms experienced by families.

Strengths and limitations

This study offers important insights into the experiences of families living in temporary accommodation, an under-researched and often excluded group in health research. A key strength is the inclusion of children's voices, which are frequently absent from similar studies (Hock et al., 2024). This paper makes an important contribution to a recognised gap in the literature in relation to understanding the causal pathways between housing and health 'beyond the direct effects of physical housing defects' (Rolfe et al., 2020, p. 1).

While we successfully recruited many parents, recruiting children and young people proved more challenging. Some parents declined participation on their behalf, expressing concerns that discussing their housing situation might be distressing. This highlights both the ethical and practical complexities of involving children in research on housing insecurity, where parents may wish to shield them from awareness of their living circumstances in an effort to protect them. Recruitment of families was also affected by capacity issues and staff turnover among our local authority partners. The imbalance in sample sizes means that parents' perspectives may be more prominent than young people's in the findings. Nevertheless, the interviews conducted with children and young people were in-depth and offered valuable, rich insights into their experiences. Our analytic approach was informed by the concept of *information power*, which emphasises that sample adequacy is determined by the richness, diversity, and relevance of the data in addressing the study aim (Malterud et al., 2016). Recruitment was limited to three regions in England and may therefore not capture the full range of experiences of families in other areas of the UK or internationally.

Implications for policy, practice and future research

There is an urgent need to address the underlying drivers of housing insecurity, particularly the chronic shortage of social housing and rise in economic precarity, to reduce the reliance on temporary accommodation. There is a need to shift towards a focus on providing stable, long-term housing. Policies must prioritise increasing the supply of affordable housing, particularly through the construction of social homes, and strengthening the social safety net to prevent financial shocks from leading to homelessness.

The concept of slow violence draws attention to how this attrition builds up and accumulates over time with both immediate and long-lasting impacts on health and wellbeing. In terms of practical implications, which can be implemented more quickly, for those families forced into temporary accommodation, our study highlights the need to enforce quality standards for temporary accommodation to ensure properties are safe (e.g. not housing families with vulnerable single adults), suitable (e.g. accessible with space to sleep, store personal belongings, do homework and play) and equipped (with beds, cots, a dining table and chairs plus access to an oven, fridge and washing machine) for families. Providing free, unlimited Wi-Fi would also help prevent digital exclusion, reduce social isolation and support children's education and ability to complete homework (Marmot et al., 2020). Additionally, prioritising proximity to schools, workplaces, and family and friends could help avoid separation from local emotional and practical support. Offering families basic information about the local area including location of supermarkets and essential services, may further support families to adjust and manage. Future research should prioritise children and young people's perspectives on how temporary accommodation can be improved. A comprehensive Social Return on Investment analysis could further highlight the economic value of addressing the drivers of housing insecurity.

Conclusion

Temporary accommodation is intended to provide 'relief' in times of crisis, but our findings highlight that prolonged stays in temporary living situations can erode families' health and wellbeing across the social determinants of health. Families describe a constant, cumulative stress not knowing if, when and where stable accommodation might be secured. They highlight how the spatial unsuitability of temporary accommodation negatively impacts their physical and mental health and the disconnection from and disruption to social support, education and employment that they experience. A slow violence lens directs our attention to how this attrition builds up and accumulates over time with both immediate and long-lasting impacts on health and wellbeing. This paper is the first to mobilise slow violence within a social determinants framework in understanding the multiple interacting ways in which temporary accommodation impacts on the health and wellbeing of families.

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CRediT authorship contribution statement

Hannah Fairbrother: Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Nicholas Woodrow:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation. **Eleanor Holding:** Writing – review & editing, Project administration, Methodology, Investigation, Formal analysis, Data curation. **Peter Kraftl:** Writing – review & editing, Writing – original draft, Methodology, Funding acquisition, Conceptualization. **Mary Crowder:** Writing – review & editing, Project administration, Methodology, Investigation, Formal analysis, Data curation. **Elizabeth Goyder:** Writing – review & editing, Conceptualization. **Kiya Hurley:** Writing – review & editing, Project administration, Investigation. **Sarah Rodgers:** Writing – review & editing, Funding acquisition. **Anne-Marie Burn:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

The authors declare no competing interests.

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Supplementary materials

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