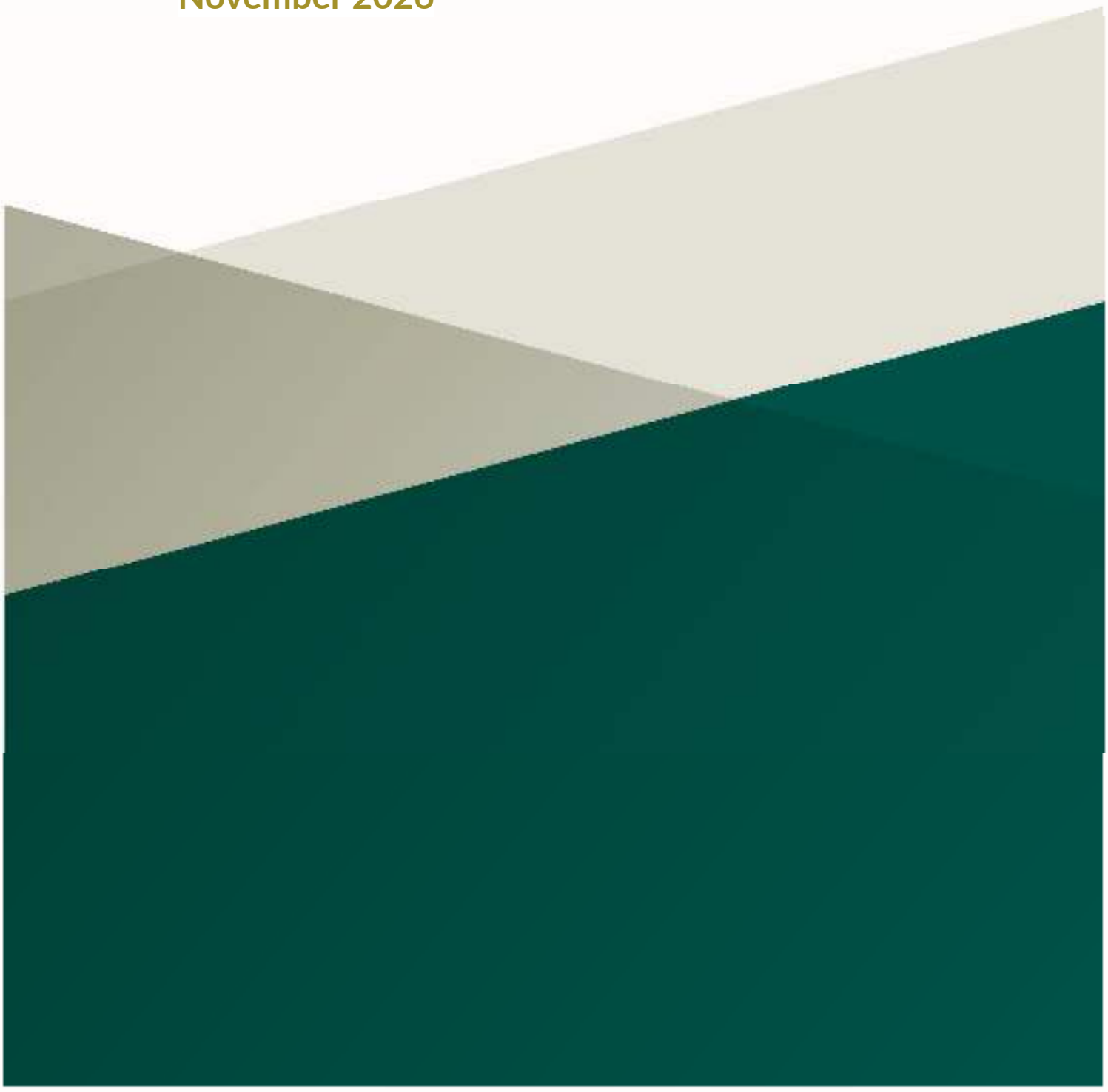
Rialtas na hÉireann
Government of Ireland

Rapid Evidence Review

Child and Family Homelessness

November 2026



Prepared by the Child Poverty and Well-being Programme Office in the Department of the Taoiseach, with the support of members of the Public Sector Delivery Group on Child and Family Homelessness

This rapid evidence review is based on available published sources and is not intended to be exhaustive. The findings and interpretations presented are those of the author and should not be taken as definitive or necessarily reflect the views of any individuals or institutions referenced. Any errors are the author's own.

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Executive Summary

This rapid evidence review synthesises the academic and policy evidence on child and family homelessness as a resource for the development of the Government's Child and Family Homelessness Action Plan. It considers four questions: the consequences of homelessness for children and families; services and supports that can mitigate these consequences while families are living in emergency accommodation; policies that can prevent families from becoming homeless; and approaches that can support sustainable exits from emergency accommodation. The review prioritises Irish evidence while drawing on international research where appropriate.

The evidence demonstrates that experiences of homelessness and living in emergency accommodation are associated with poorer outcomes for children and families across multiple domains. These include physical and mental health, child development, nutrition, well-being, education and access to essential services. The evidence also suggests that the detrimental effects of homelessness may increase the longer families remain in emergency accommodation. Certain groups, including lone-parent families and Traveller and Roma families, appear to be particularly vulnerable to the effects of living in emergency accommodation.

While families are living in emergency accommodation, the evidence points to supports and services that can mitigate the effects of homelessness. Family hubs appear to offer advantages over private emergency accommodation such as hotels, including greater stability, access to facilities, support staff and spaces for children. However, the evidence indicates these should not be regarded as an appropriate long-term home for children. More widely, the evidence suggests that services prove effective where they are tailored to the needs of children and families, based on trusting relationships, and delivered in a coordinated and timely manner.

Preventing child and family homelessness benefits from general anti-poverty measures, tenancy protections and tenancy sustainment services, family supports, and increased access to secure and affordable housing. For families already experiencing homelessness, appropriate social and affordable housing, targeted housing allocations, and effective support from dedicated case workers are central to achieving sustainable exits.

This review concludes that the primary policy objective should remain the prevention of homelessness and rapid transition to secure, affordable and good-quality housing. Where homelessness does occur, children and families should be moved as quickly as possible into accommodation that minimises its harmful effects, with particular attention to vulnerable groups, supported where necessary by coordinated services tailored to the needs of families.

Introduction

The Government housing plan, *Delivering Homes, Building Communities*, sets out a number of measures to address child and family homelessness, including the development of "a dedicated cross-Departmental and agency led Child and Family Homelessness Action Plan in relation to all aspects of child and family homelessness."

The purpose of this evidence review is to be a resource for the development of that Action Plan by synthesising the available evidence in Ireland and, where relevant, internationally, and highlight key findings.

This rapid evidence review considers four research questions:

1. What are the consequences of experiences of child homelessness in the domains of health and well-being, nutrition, access to services, education, and employment?
2. What services and supports mitigate these effects while families are living in emergency accommodation?
3. What policies successfully prevent families becoming homeless?
4. What policies successfully exit families from emergency accommodation?

The literature relating to Question 1 enables the Action Plan to respond to the areas where experiences of homelessness are detrimental to outcomes for children and families.

Questions 2, 3 and 4 are aligned with the structure of the Action Plan, and ensure that the recommendations in the areas of prevention, protection and progression are informed by the available evidence in the policy and academic literature.

Methodology

This document adheres to the Cochrane review methodology (Garritty *et al*, 2024). This is a kind of evidence review that synthesizes evidence for, for example, the public and policymakers, in a resource-efficient manner.

Important aspects of the Cochrane methodology include:

- *Setting research questions collaboratively*. The questions that structure this evidence review have been developed with the input of the Public Sector Delivery Group on Child and Family Homelessness (Appendix 1) and the structure of the national housing plan, *Delivering Homes, Building Communities*.
- *Establishing clear eligibility criteria*. This evidence review sought studies of families in Ireland with experience of living in emergency accommodation, or those at risk of

becoming homeless. Within the scope of the review are: the consequences of child and family homelessness, how to prevent it, how to mitigate its effects, and how to exit families from it quickly. Outside the scope of the review, for example, are issues relating to the quality or cost of housing. The scope is generally restricted to emergency accommodation rather than other forms of homelessness or insecure and transitory housing.

- *Establishing clear search criteria*. The search was informed by experts, including engagement with policy professionals and academics familiar with the literature on child and family homelessness. Literature from non-peer reviewed policy literature, or 'grey literature', is also included where the source is reputable.
- *Including a protocol to minimise bias*. The research questions and eligibility criteria were decided and fixed in advance of the search, and at least two reviewers screened the selection of sources.
- *Synthesise findings*. The purpose of this evidence review is to serve as a resource in the development of policy. Moreover, the review considers the literature on four distinct but related questions. For these reasons, this evidence review synthesises the findings from the literature into conclusions, contained in 'Policy Implications' subsections, that are intended to be accessible and relevant to policymakers.

As the purpose of this review is to provide evidence for public policy in Ireland, Irish sources were prioritised. International sources were identified where there are gaps in the Irish literature. In particular, when seeking to determine the consensus on a given question, this document tends to cite sources that themselves consider multiple sources in the literature.

This document reviews a total of 80 sources. 55 relate primarily to child and family homelessness in Ireland. 25 are based on evidence or populations outside of Ireland. The review examined sources published after 1990, as this is when the use of commercial hotels for homeless populations began to emerge as a policy response in Ireland (O'Sullivan et al, 2026).

Databases searched include Google Scholar and JSTOR, as well as a publicly accessible resource on Zotero that collects literature on housing in Ireland. Members of the Public Sector Delivery Group on Child and Family Homelessness (Appendix 1) also provided sources for this evidence review.

Given the time and resource constraints of a rapid evidence review, the sources identified, and the analysis of them, should not be taken as a complete or comprehensive account of the literature across the four research questions. The sources have been identified with the purpose of providing a resource for the development of the Child and Family Homelessness Action Plan.

Delivering Homes, Building Communities states that the new Child and Family Homelessness Action Plan will be guided by the United Nations Convention on the Rights of the Child (UNCRC), which Ireland ratified in 1992.

Article 27 of the UNCRC provides that parties "recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development". While the primary responsibility for realising this right rests with parents and other individuals, States are required to assist, and "shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing."

Informed by the UNCRC, the UN Committee on the Rights of the Child has expressed concern about the number of homeless children in Ireland (United Nations Committee on the Rights of the Child, 2016 & 2023) and has urged Ireland to "address the root causes of homelessness among children" (2023).

Similarly, the UN Committee on Economic, Social and Cultural Rights has recommended that Ireland should "take all measures necessary to meet the critical needs of those who are homeless or who are risk of becoming homeless" (United Nations Committee on Economic, Social and Cultural Rights, 2015). Concerned about the persistence of homelessness, particularly among disadvantaged groups, the Committee has since called on Ireland to adopt "all measures necessary to address the housing deficit by ensuring a sufficient supply of housing" (2024).

This evidence review, like the Action Plan itself, is guided by the UNCRC. For example, it reviews the literature on the effects of living in emergency accommodation, and how these effects impact children's rights. It recognises that all children are entitled to an adequate standard of living (Article 27), as well as an education (Article 28) and the opportunity to participate in culture, art, leisure, play and recreation (Article 31). And as such, this review includes evidence on how to mitigate the detrimental effects of living in emergency accommodation, and thus protect children's rights.

The evidence review also affirms that however well resourced, emergency accommodation does not provide appropriate long-term homes for children to grow-up in. It therefore also considers best practice for preventing families becoming homeless and for exiting them from it.

The UNCRC additionally requires parties to include the voices of children on matters that affect them (Article 12). Consequently, this evidence review considers the views of children in Ireland affected by experiences of homelessness.

Limitations

The reality of children and families living in emergency accommodation is a relatively new phenomenon in Ireland. And many of the policy responses to it are newer still. For this reason, although the literature on the subject has grown in recent years, it remains limited.

So while this evidence review can provide a good evidence base for many aspects of the four research questions outlined above, it is important to note where it does not. For example, the literature cannot make any firm conclusions on the long-term consequences of childhood experiences of living in emergency accommodation.

That said, there is good evidence to suggest that experiences of homelessness are akin to an Adverse Childhood Experience (ACE), and indeed homeless children are more likely to have undergone an ACE. There is a well-established literature on the long-term consequences of ACEs. Experiences of living in emergency accommodation of course vary considerably for children and families. But given the absence of a literature on its long-term consequences in Ireland, this evidence review might usefully be read alongside the literature on ACEs.

It should be noted that this document frequently cites one source: a survey of 128 homeless families, commissioned by the HSE National Social Inclusion Office and completed by S3 Solutions. This source has many merits: it exclusively surveys the population of interest to this evidence review (homeless families in Ireland) on a question relevant to this review (the comparative health effects of homelessness); the study was conducted between June 2023 and November 2024, making it relevant to the contemporary policy context; and it also covers a wide range of health domains.

Nonetheless, as its authors note, there are limitations. There is a relatively small sample of 128 families, out of a total population of approximately 2,000.[1] Statistics relating in particular to smaller groups within this sample, such as Traveller families or lone parent families, should therefore be read alongside other sources of research wherever possible.

The authors also note that a high proportion of respondents were based in Dublin. Given that the majority of the family homeless population is concentrated in the Dublin area, this is not necessarily a disadvantage. However, it is possible that the survey is not representative of the experiences of homeless families living outside of Dublin.

One merit of the literature on child and family homelessness generally is that researchers generally capture the voices of children and parents with direct experience of living in emergency accommodation. There are some areas however, where larger studies that enable

[1] The number of families living in emergency accommodation in February 2024, for example, was 1,994 (Department of Housing, Local Government and Heritage, 2024).

quantitative analysis and comparison are not available in the Irish literature. In such cases, this document cites international evidence, often from the United States.

While the international literature can offer insights, it is acknowledged that the experiences of child and family homelessness, and effective responses to it, are not always directly comparable between Ireland and elsewhere. With this in mind, the text of the evidence review is careful to note where a study is on the subject of the policy content in Ireland, and where it is not.

A further consideration is that like any study of vulnerable populations, it can prove difficult even for experienced and skilful researchers to meaningfully include the voices of homeless children and families. This group generally experiences transitory and unstable housing, and additionally are more likely to belong to other disadvantaged groups, and therefore may not have the economic or social resources, standing, language or trust to engage with researchers. In some cases, it may be ethically appropriate not to include a person in a research study.

The final limitation of this evidence review relates to its scope. There are many important questions relevant to child and family homelessness that are necessarily outside the scope of this document. Perhaps the clearest example is the evidence relating to the literature on increasing the supply of secure, affordable and good-quality housing. Indeed, there is a consensus in the literature that preventing homelessness must be founded on making an adequate supply of such housing available.

In general, this evidence review does not cite this literature, unless it relates particularly to children and families. For example, the evidence review does not include the literature on how additional social housing can be built in a cost-effective and timely manner. But it does include sources that consider, in order to address child and family homelessness, the kind of social housing required by families, and how it might be allocated.

Consequences of experiences of child and family homelessness

Health and well-being

Good health provides the foundation for children to participate fully in all aspects of their lives. Moreover, under Article 24 of the United Nations Convention on the Rights of the Child (UNCRC), children in Ireland are entitled to the "highest attainable standard of health."

Children's health is also closely connected to the health of their wider family, and indeed social and physical environments. For example, poor health outcomes and health inequalities tend to transfer between generations (CSO & D/CDE, 2024; Houweling & Grünberger, 2024). For this reason, efforts to improve the health of children who experience homelessness must also include consideration of maternal and family health.

This subsection analyses the literature that details the harmful effects of homelessness on child and family health across a range of domains. It prioritises literature that examines the Irish population, and is supplemented by international findings particularly where there are gaps.

General health

A recent survey of the family homeless population in Ireland suggests that children with experiences of homelessness have poorer health than their peers. For the general child population, 98.2% of families report their children's health as 'good' or 'very good'. For homeless families, however, this figures falls to 81% (S3 Solutions, 2026).

Children living in emergency accommodation are significantly more likely to be part of families on low-incomes or who belong to groups that are themselves more likely to experience poorer health (CSO, 2025). Nonetheless, evidence suggests that experiences of homelessness contribute to poor health outcomes independently of—and in addition to—factors such as poverty or other kinds of disadvantage.

Indeed, the longer a family lives in emergency accommodation the more likely they are to report that their child is in poor health (S3 Solutions, 2026). A recent paper from the ESRI makes a similar finding: the longer a family is exposed to poor quality housing, the more likely they are to have poor health outcomes (Laurence *et al*, 2024). While this ESRI research is not on the subject of emergency accommodation itself, some of the inadequate housing conditions it considers, such as overcrowding and neighbourhood disorder, do exist in some

examples of emergency accommodation (Mercy Law Resource Centre, 2024). The research uses data from the *Growing-up in Ireland* survey to show that inadequate housing conditions are associated with higher rates of health problems for both parents and children. These include depression for parents and high rates of injury and respiratory problems for children.

Evidence from international sources also finds that housing instability and overcrowding are among the socioeconomic factors that cluster with unsafe sleep practices and lead to an elevated risk of Sudden Infant Death Syndrome (SIDS) (Moon *et al*, 2022).

Given these detrimental effects of child homelessness, some have argued (Downes & Smith-Boydston, 2025), it should itself be considered an Adverse Childhood Experience (ACE). Regardless of whether this interpretation is correct, we do know from the international literature that ACEs are more common for children experiencing homelessness (Gehrenbeck *et al*, 2026).

The evidence of the health consequences of homelessness in the Irish context is characterised by survey data from parents. This provides an insightful and valuable data source. However, the health evidence in the Irish context typically does not go beyond reported health status by parents, and generally not in peer-reviewed studies. As such, Irish researchers examining this subject have looked to other jurisdictions.

For example, in a position paper for the Royal College of Physicians of Ireland, Heslin *et al* (2019) cite multiple examples of international research to further demonstrate the detrimental health effects of child and family homelessness. The contexts of family homelessness and emergency accommodation in Ireland, and, for example, Australia or the United States, are not of course directly comparable. That said, the research that does exist on the population of homeless families in Ireland is generally consistent with international research.

For example, in Ireland and elsewhere, family homelessness is associated with poorer postnatal outcomes and with poorer child development across a range of important domains. It therefore seems justified, and relevant to the Irish policy context, to cite international research, even where there is no direct comparable research in Ireland. For example, an international literature review (Strashun *et al*, 2020) found that homeless children have a higher prevalence of obesity, and worse dental and ocular health outcomes. It also found that respiratory illnesses were the most commonly cited illnesses affecting homeless children.

Mental Health

Parents describe how the stress of living in emergency accommodation leads to mental health problems. The Many Hearts, No Homes project (Quinlan & Bolger, 2019) centres the voices of families with experiences of homelessness in the South Dublin area. One mother said:

> *[M]y children they looked at me like they knew I wasn't well. …It was very stressful for them and for me as well. When I was homeless I was in depression. When I got depression I went to my GP – I went with my children because they were sick, and I had a cough and the doctor looked at me and saw that I was very tired, crying and they asked what's going on with you and I explained, and then she looked at me and said ok you need to get some tablets for depression, and I got some tablets and I took them for a couple of months and …she told me…until you fix the situation with the housing, you're not going to get better.*

The S3 Solutions survey gives a sense of the prevalence of mental health and well-being concerns amongst homeless families. 61% of respondents reported feeling stressed, 57% reported experiencing anxiety, 51% reported difficulty sleeping, 39% reported feeling depressed, and 34% reported experiencing panic attacks.

The level of diagnosed mental health conditions was 30%, a lower figure than the levels of reported stress and anxiety. As the authors note, this might indicate a degree of underdiagnosis. In any case, it seems reasonable to infer that the heightened feelings of stress and anxiety can be attributed, at least in part, to living circumstances.

This inference is supported by the fact that mental health concerns are more common amongst homeless families than the general population. The level of probable mental health problems in the general adult population, i.e. that which includes undiagnosed cases, is 12% (Department of Health, 2024). This figure is significantly lower than the level of diagnosed mental health conditions in the family homeless population (30%) (S3 Solutions, 2026).

In addition, evidence suggests that some groups are particularly vulnerable to the effects of family homelessness. For example, single parents have a higher rate of diagnosed mental health conditions (33%) compared to couples with children (23%). Single parents also reported higher rates of unmet health need. Moreover, Irish Travellers report higher rates of diagnosed mental health conditions relative to the total sample population of homeless families (S3 Solutions).

In a literature review of the psychological impact of child homelessness, D'Sa *et al* (2021) find that there is comparatively little research on the subject of paediatric homelessness in Ireland. The authors do however consider the international literature and conclude that experiences of homelessness are associated with poorer psychological outcomes, including increased levels of anxiety, depression and aggression. They also find that anxiety in children within this cohort tends to peak at the time of dispersion from their stable home environment.

Well-being

In some cases, a broader concept of well-being helps to fully grasp the psychological consequences of homelessness.

The literature demonstrates that living in emergency accommodation is highly likely to detrimentally affect child and family well-being (Quinlan & Bolger, 2019; Walsh & Harvey, 2015; Keogh *et al*, 2006; McKenna & Scanlon, 2024). Parents report that the moment of becoming homelessness itself brings stress and anxiety. But the experiences of living in emergency accommodation can exacerbate these emotions.

Researchers connect this phenomenon to the material conditions of homelessness, but also to its social consequences. In interviews conducted with a representative sample of 30 families for a report from the Housing Agency (Walsh & Harvey, 2015), parents report feelings of isolation and shame. "One mother of five recalled how 'homelessness will bring you right down. I was walking around with my head down, spending a year lying to people about where I was and what was happening to me.'" (p. 31).

The Housing Agency report further explains that this sense of shame is felt by children too, and by teenagers in particular. One previously high-performing teenager stopped going to school altogether out of fear that her friends might find out where she lived. And even aside from feelings of shame, the report notes that teenagers often live too far away to visit their friends, or are not permitted to invite them into emergency accommodation settings. In this way, homelessness leads to school absence and social isolation.

This Housing Agency report was published more than 10 years ago, and before the introduction of family hubs. However, it seems from a more recent report by the Ombudsman for Children's Office that feelings of shame persist across the various forms of emergency accommodation. The Ombudsman notes that one of the most concerning features of the perspective of children of all ages living in family hubs is feelings of shame and embarrassment (OCO, 2019).

Another source notes that the well-being impacts are likely to be particularly profound for families with children attending school and children with additional or special educational needs (Keogh *et al*, 2006).

Finally, further testimony from parents describes how the open-ended nature of living in emergency accommodation deepens the sense of anxiety. One parent said:

> *"I was alone, still going from one place to one place with four children…this is a scream of help ….and unfortunately nobody is listening. That's really what I feel at the moment. Nobody is listening. At this stage I'm at a stage of confusion in my heart and even in my mind, lack of clarity, lack of certainty, I don't know when this is going to stop. If I was told in two weeks' time, or in one month, I don't know, a timeframe, that all of this would be finished, at least you can start the count down*." (Quinlan & Bolger, 2019).

Development

It is also clear that experiences of homelessness can prevent children from growing and developing properly across a range of domains. Under Article 6 of the UNCRC, Ireland has committed ensure children's development "to the maximum extent possible."

A HSE study (Cianci *et al*, 2025) of children in Dublin North City and Dublin North West found that homeless children are twice as likely to be referred for developmental concerns. This includes development in the domains of physiology, sociality, language and communication, cognition, and nutrition. The most common referral type is for social and emotional development, where homeless children are referred four times more frequently, followed by speech and language delays.

This finding is consistent with the international literature. For example, in a study of 459 homeless children aged to zero to six in Boston, United States, Bonner Septien *et al* (2024) found lower-than-average developmental scores across a range of domains, including social-emotional development, language development, and cognitive and motor skills. Importantly, these children all received high-quality early education and care, suggesting that while access to high-quality early education settings might mitigate the detrimental developmental effects of child and family homelessness, it may not undo them entirely.

Finally, while homelessness can certainly inhibit child development, parents also suggest that it causes children to bypass many of the stages and experiences associated with childhood. In this respect, it causes children to grow-up faster than their peers. One parent explained:

> *"They've no childhood. They've no childhood…..they still have needs….there's no play area for them, they're confined to one room. There's no sitting area in that one room unless it's on the bed…children have no belongings. They mature an awful lot faster, like my daughter, she's only six, but at the parent teacher meetings they say she's like a teenager. That's the impact of the little life she had of two years homeless, being confined to one room. The only person she had to play with was the little girl next door.* (Quinlan & Bolger, 2019).

Parental and Maternal health

Parents report that homelessness detrimentally affects their own health as well as their child's. A report for Focus Ireland (Sheridan, 2025) found that negative outcomes reported by parents included digestive distress, reproductive problems, hair loss and skin issues. One previously healthy 27-year-old mother described an array of such health issues since entering homeless emergency accommodation with her baby. She attributed these issues to the stress of congregated living as well as her inability to cook properly and reliance on takeaways and fast food.

The S3 Solutions survey found that complications in pregnancy were more common among homeless women. Of the women who were pregnant or had given birth while homeless, 33% reported complications; across all pregnancies in Ireland, on the other hand, 8% involve complications (S3 Solutions, 2026).

This is consistent with the international literature. One paper from the United States demonstrates that prenatal homelessness is associated with an increased risk of pre-term birth and low birth weight (Cutts *et al*, 2015), which in turn is associated with poorer long-term health outcomes for children (Blencowe *et al*, 2019).

The paper from Cutts *et al* also demonstrates that prenatal homelessness is an independent risk factor for low-birth weight, "rather than merely a marker of adverse maternal and social characteristics associated with homelessness" (p. 1276). This provides further evidence that experiences of homelessness have detrimental consequences independent of poverty and other forms of disadvantage.

POLICY IMPLICATIONS

This section has described the health consequences of homelessness for children and their families. Physical and mental health, well-being, child development, and maternal health are all detrimentally affected by experiences of homelessness.

Four themes emerge as relevant for policy consideration. First, the longer a family is exposed to homelessness, the more severe the health consequences appear to be. From a policy perspective, this suggests that preventing long-term family homelessness might most effectively reduce the most extreme cases of health inequality.

Second, homelessness is a risk factor for poor health outcomes over and above poverty and other forms of social and economic disadvantage. This indicates that while providing homeless families with affordable, secure and good-quality housing may not eliminate all health inequalities for children and families, it is highly likely to improve their health outcomes even if they continue to experience other forms of disadvantage.

Third, homeless families who belong to other vulnerable groups, such as Traveller families and lone parent families, experience poor health outcomes even more frequently than other homeless families. If the desired policy outcome is to improve the health of families with experience of homelessness, it follows that those who belong to vulnerable groups must be exited from emergency accommodation as soon as possible. Moreover, while those families remain in emergency accommodation, effective health and wider family support services should target resources towards those vulnerable groups in a culturally-appropriate manner.

Fourth, given that experiences of homeless can have significant psychological effects for children, and that homeless children are more likely to have been affected by Adverse Childhood Experiences, it is important that appropriate services are provided to children in a timely and trauma-informed manner.

Nutrition

The opportunity for parents to prepare nutritious meals is vital for children's health and proper physical development. It also vital for wider well-being, social development, independence, budgeting and cultural connection (Stritch & Houghton, 2023).

However, homeless parents report they cannot give their children nutritious food. In part, this is because some emergency accommodation settings only have very basic cooking and storage facilities, and inadequate spaces for eating meals. One mother said, "[T]heir diet has suffered very much obviously – what can you make in a microwave?" (Quinlan & Bolger, 2019).

There are at least three studies in Ireland that focus on homelessness and diet (Share & Hennessey, 2017; Ravikumar *et al*, 2022; Hickey & Downey, 2003). All three find that lack of access to cooking facilities and storage makes preparing meals for children very difficult. Hickey & Downey find that this leads to low levels of fruit and vegetable consumption.

The Share & Hennessey article, a study for Focus Ireland, focuses exclusively on homeless families and nutritional health. It notes that due to the lack of cooking facilities, families often rely on high calorie takeaway meals of poor nutritional quality. It also notes that a lack of facilities results in poor weaning practices and high levels of obesity.

Ravikumar *et al* provide a relatively recent insight into the nutritional health of homeless families today. Their article contains structured interviews with 12 participants. 6 were living in a hostel and 6 in more purpose-built emergency accommodation. Only one had access to a cooker.

Ravikumar *et al* come to the same conclusion as Hickey & Downey and Share & Hennessey: the lack of cooking facilities contribute to many families eating takeaways and microwave meals regularly. One consequence of this is that eating becomes comparatively expensive for homeless families (Ravikumar *et al*, 2022). More broadly, families report that living in emergency accommodation brings further additional costs, such as transport and laundry, which depletes their savings (Walsh & Harvey, 2015).

One participant in the Ravikumar study noted that her accommodation provides breakfast, however most days she skips it because there is no appropriate place to eat. Some participants expressed a desire that their accommodation provided more meals during the

day, particularly evening meals, and others said that the lack of control and ability to cook one's own food led to frustration and monotony. For example, one mother wondered how to explain to her child she could not cook the food her child wanted to eat. One man explained that his diet had become monotonous since he wasn't able to cook for himself.

The Ravikumar study is also valuable because it provides the perspective of professionals working in accommodation settings. They describe how remaining in emergency accommodation for long periods 'de-skills' parents in the area of cooking. Increased provision of training and resources in this area would help parents maintain their skills and make the most of limited resources, those professionals suggest. They also noted that when families move into self-catered accommodation, their mood and well-being improves: "Cause people who have went into self-catering… even the children… you can see the children are so much happier." (Healthcare provider)

Given the publication dates, the literature cannot say whether the recent expansion of the School Meals Programme has mitigated the nutritional consequences of family homelessness. For example, one mother quoted in the Many Hearts, No Homes report, said: "… [R]eally I rely on the meals that they eat in school. It's not even a meal either, it's still a sandwich. So I'm trying to do my best but there's not really much that I can do" (Quinlan & Bolger, 2019). It is likely that the School Meals Programme now provides children like hers with a more substantial meal. In any case, further research on this question would be useful.

The research is also typically qualitive in nature and captures the voices of parents. Additional quantitative research exploring, for example, how much more expensive it is for homeless families to regularly eat takeaways and microwave meals than home-cooked food would also be useful. In the same respect, quantitative research that shows the extent of nutritional deficiencies in parents and children would also be useful.

International research suggests that homeless children and youth do indeed experience nutritional deficiencies. A study of US youth aged 18-24 demonstrated that this cohort are significantly are more likely to have vitamin deficiencies than the general population (Hatsu *et al*, 2019). Similarly, a study of 630 homeless families in the Paris region found a high prevalence (40%) of anaemia in children, a condition which is linked to micronutrient deficiency in children (Arnaud *et al*, 2018).

A final point noted by Ravikumar *et al* is that their self-selecting sample does not capture the ethnic diversity of the homeless population. Therefore, it does not detail how some services may not cater for diets specific to certain religions or cultures.

POLICY IMPLICATIONS

A clear theme that emerges from the literature is that many examples of emergency accommodation lack the cooking facilities, storage, and dining space for families to cook and eat their own meals. This forces parents to rely on nutritionally deficient and comparatively expensive meals.

In this context, it seems that the policy response should endeavour to make cooking facilities, equipment, storage and spaces available, so parents have the opportunity to cook for themselves and their children. And given the de-skilling effects of long-term homelessness, those families would also benefit from appropriate education and training.

Finally, the literature notes that homeless families find the meals that children receive in stable settings outside of emergency accommodation highly beneficial for children's diets and for family well-being. National support for initiatives, particularly through education and recreational settings, such as breakfast clubs, the School Meals Programme, Youth Services, and the Summer Programme, would assist families who face challenges regularly cooking nutritious meals.

Access to services, education and employment

Given that children living in emergency accommodation experience poorer outcomes than their peers across a range of domains, it is clear that they would benefit from the intervention of appropriate supports and services. However, the literature demonstrates that not only are homeless children more likely to have a greater level of need, they are less likely to have access to the corresponding services.

The literature describes the challenges faced by homeless parents accessing childcare, employment, health, education and training.

At least two studies show that homeless children are less likely to have access to primary care. A recent study from the HSE (Cianci *et al*, 2025) found that homeless children are less likely to have access to a GP compared to children living in permanent housing.

Similarly, in a peer-reviewed article, O'Brien *et al* (2022) found that of children attending a paediatric emergency department in a deprived area of Dublin, 90% of children who were homeless were registered with a GP, while 96% of those not homeless were registered with a GP. O'Brien *et al* also found that homeless children tend to present to emergency departments with lower-acuity needs. This suggests the greater use of emergency departments for issues more appropriate for primary care.

The S3 Solutions survey found that 73% of homeless children in their sample were engaging with the GP, and 47% with the Public Health Nurse. Importantly for the policy response, the authors note than levels of unmet need were highest for specialist services, such as disability, mental health, speech and language therapy, and allied health services (S3 Solutions, 2026).

With respect to vaccinations, the O'Brien study found that 74% of homeless children were fully vaccinated, compared to 82% of non-homeless children. It also found that 47% of homeless children have a medical card, even though by virtue of their housing status all are entitled to one.

The literature also points towards some of the reasons why children and families have poorer access to services. One is that service systems are sometimes fragmented and not equipped to follow service-users as they change location (Siersbaek *et al*, 2023; McKenna & Scanlon, 2018). Another is that service providers can discriminate against homeless people, or against the groups overrepresented in that population, such as migrants, lone-parents and Traveller and Roma service-users (Focus Ireland, 2025). Finally, there is evidence that parents delay accessing medical procedures out of concern their child will subsequently acquire an infection from unsanitary and overcrowded living conditions (Walsh & Harvey, 2015).

A recent report for Focus Ireland (Sheridan, 2025) found that despite recent improvements to affordability, the inaccessibility of childcare is both a contributor to lone parents entering homelessness and a barrier to leaving it. In a series of interviews with lone parents with experience of homelessness or extreme housing precarity, Sheridan found that without childcare, lone parents find it particularly challenging to access employment, education or training, or even the free time required to find housing on the private rented market. The report also notes that families from a migrant background are particularly impacted, as they typically do not have the same local networks of kinship that support informal childcare.

In addition to the challenges for parents accessing childcare, employment, education and training, homeless children similarly find participation in education more difficult than their peers. Two reports from McKenna & Scanlon (2018, 2024) are instructive in this respect. In the first (2018), teachers report that living in emergency accommodation affects their pupils' ability to participate fully in school life.

And in the second (2024), parents describe the impact that homelessness had on their children's health, wellbeing, relationships and educational aspirations. Almost all parents interviewed described how their children experienced frequent school absences and poor attendance arising from poor health, illness, and infectious diseases, which they attributed to cramped living conditions, poor diet, long journeys to school and the stress of being homeless.

A review of the international literature confirms that educational experiences like these translate into poorer academic outcomes (Buckner, 2008). Similarly, a recent ESRI report

found that lower levels of school attendance are associated with lower Leaving Certificate results and lower rates of progression to third-level education (Smyth *et al*, 2026).

POLICY IMPLICATIONS

Several considerations emerge as relevant for policy. First, homeless families have poorer access to a range of services, but specialist services such as disability, mental health, speech and language therapy, and allied health services were particularly inaccessible.

Second, it seems this inaccessibility is felt most strongly by disadvantaged groups. This finding suggests expanding access to services for all families requires consideration of a wide range of barriers, such as discrimination, distrust, language, and histories of poverty and social exclusion.

Third, the service landscape is interconnected. For example, the inability to access childcare has a knock-on effect: parents subsequently find it more difficult to access employment and education, routes which are associated with pathways out of homelessness and poverty. Similarly, children in emergency accommodation have both poorer health outcomes and poorer access to health services. In turn, school absences increase. In this respect, lack of access to one essential service causes a child or family to miss out on another. For policymakers, the relevant point is that efforts to improve access to services must involve a broad range of policy areas, across multiple departments and agencies.

Supports that mitigate the effects of child and family homelessness

The most effective response to the effects of living in emergency accommodation is of course the provision of appropriate, affordable and secure housing. Nevertheless, while children and families are homeless, evidence suggests there are a range of services and interventions that can help mitigate its effects.

It is important to say at the outset that for most homeless families, the only immediate requirement is housing (Waldron *et al*, 2022), and they do not experience additional psychological, medical or social needs. One study for Focus Ireland estimates that around 10-20% of homeless families have complex and interrelated needs in the areas of, for example, mental health, addiction, offending and family breakdown (S3 Solutions, 2023). Although in the overall minority, these families are more likely to remain homeless for longer periods of time. This suggests both that families with complex needs find it more difficult to exit emergency accommodation, but also, as we have seen, the conditions of homelessness cause poor outcomes and create a service need (Waldon *et al*, 2024). This indicates services can have a preventative function for all homeless families.

This section examines the literature across a range of service interventions and concludes with some reflections for policy consideration.

Family hubs

Most families who are homeless live in Private Emergency Accommodation (PEA). Typically, PEA is accommodation that is not purpose-built or adapted for the needs of children and families, and includes commercial hotels and bed and breakfasts. In the Dublin region in November 2025, 82% of homeless families were living in PEA (data supplied by the DRHE). From 2017 to 2024, 56% of nights spent in emergency accommodation were spent in PEA, rather than NGO-provided accommodation (DRHE, 2025).

'Family hubs' were established in 2017 under *Rebuilding Ireland* as an alternative to PEA and a new model of accommodation and family support. They provide in-house services, play areas, laundry and cooking facilities, and recreational space. In the Dublin region in November 2025, 18% of homeless families were living in family hubs (or similar NGO-provided accommodation).

Parents report that compared to some accommodation options, family hubs offer: safety and stability, cleanliness, support staff, facilities and activities for children, and opportunities for children to make friends. One mother said that the hub "provides some stability, at least we know where we are going to be, not like in the hotels" (OCO, 2019).

However, the literature acknowledges that family hubs do not provide suitable long-term accommodation for children to grow-up (OCO, 2019; Hearne & Murphy, 2018a). Many complaints about emergency accommodation in general, such as shame, isolation, noise and lack of privacy, persist in family hubs (OCO, 2019; McCarthy, 2024).

Aside from the health, developmental, and educational consequences of living in family hubs, there are implications for children's rights too. The Irish Human Rights and Equality Commission (IHREC) (2020), as well as the Ombudsman for Children's Office (2019), have noted that prolonged stays in family hubs potentially infringe a wide range of children's rights under the UNCRC, such as privacy (Article 16), an adequate standard of living (Article 27), and support for parents (Article 18).

In any case, further research on the relative efficacy of family hubs compared to other kinds of emergency accommodation would be welcome. The evidence available, in particular the views of children and families, suggests that family hubs are more suitable than PEA. It would be useful for policymakers to know the extent of their effectiveness at mitigating the effects of homelessness compared to PEA, and across which domains.

POLICY IMPLICATIONS

The literature suggests that both family hubs and emergency accommodation are inappropriate settings to house children and families, particularly over long periods of time. But the consensus from families with experience of homelessness appears to be that family hubs are the preferable model of existing emergency accommodation. However, further research would certainly be beneficial, including into alternative models of emergency accommodation, that may lead to improved outcomes for children and families.

The policy response should first and foremost prioritise preventing any family becoming homeless, and provide them with secure, affordable and good-quality housing. If that cannot be achieved, it seems a reasonable that transitioning children and families away from commercial hotels and into family hubs, or indeed other forms of supported housing, will better mitigate the consequences of homelessness.

Child, family, health and education supports

We know that homeless children experience poorer outcomes than their peers and have a greater level of unmet need for service interventions. This section explores the literature that considers some of the specific services that mitigate the effects of living in emergency accommodation.

Given the depth and breadth of needs across the homeless family population, the literature does not recommend one, or even a series of, service interventions for all families. Moreover, as Bassuk *et al* (2014) note in a systematic review of the US literature on service interventions to end family homelessness, different methodologies often make comparison between different interventions impossible. They also note that the US literature (which is more developed that it is in Ireland) has generally neglected this subject, and that given the vulnerable and transient nature of the family homeless populations, carrying out studies with robust methodologies is particularly challenging.

That said, the literature in Ireland and internationally does converge on a number of themes, such as: the importance of relationships with service providers characterised by trust and stability; the effectiveness of multi-agency approaches in certain contexts; early intervention; and services that are tailored and responsive to the particular needs of families.

Central to many effective interventions is the role of dedicated support workers. Parents and children alike consistently report that child support workers play a critical role in reducing the trauma associated with homelessness and in helping families navigate often complex service systems (Sheridan, 2025; OCO, 2019). These workers provide both emotional support and administrative expertise, helping families to access housing, healthcare, education, and welfare supports.

The case management model underpins much of this work. In a synthesis of international evidence on the case management model for homeless services, Gronda *et al* (2009) describe the relationship between case managers and clients as characterised by persistence, intimacy, and respect. These qualities foster trust and engagement, which are essential for families who may have experienced instability, discrimination or disengagement from services in the past. Although case management is resource-intensive, by drawing on controlled studies Gronda *et al* argue it is ultimately cost-effective, largely due to its ability to reduce crisis interventions and improve long-term outcomes.

The importance of multidisciplinary collaboration is also strongly emphasised in the literature. A feasibility study (S3 Solutions, 2026) on multidisciplinary teams for homeless families demonstrates that coordinated input from professionals across sectors (such as social work, health, education, and housing) can significantly improve service delivery. These teams enable more comprehensive assessments of family needs, facilitate shared knowledge and expertise, and reduce fragmentation in service provision. Importantly, they also support the development of trusting relationships between families and professionals. Families with

complex needs particularly benefit from this integrated approach, as it ensures that no single issue is addressed in isolation.

Health-related supports are another important component. The Health Service Executive (2024) and Munthe-Kaas (2018) argue that effective care for homeless populations must extend beyond traditional healthcare models. It should, they argue, include culturally appropriate services, translation services where required, stable housing provision, case management, and harm-reduction strategies.

In addition, supported hospital discharge programmes have been shown to be particularly beneficial. One2One Solutions (2023) found that such programmes, which ensure continuity of care and appropriate follow-up supports, can lead to better health outcomes and reduce the likelihood of readmission or deterioration. (It should be noted that these conclusions concern the Irish homeless population in general, not just children and families.)

Family support services also play an important mitigating role. Research by Maycock *et al* (2013) demonstrates that effective parental support interventions can significantly improve both parent and child well-being. Parenting programmes and family interventions have been shown to reduce risks associated with homelessness, including substance misuse, antisocial behaviour, and self-harm (Stritch & Houghton, 2023). These interventions often focus on strengthening parenting capacity, improving parent-child relationships, and enhancing coping strategies.

Elliott & O'Neill (2020) identify five key elements of successful family work: meeting families where they are at, fostering strong relationships, goal setting, providing practical support, and building on existing strengths and networks. This strengths-based and non-judgmental approach is particularly important for families experiencing homelessness, who may feel disempowered or stigmatised.

Early childhood education and care also emerges as a protective factor. Participation in early education is associated with improved developmental outcomes across multiple domains for children experiencing homelessness (Bonner Septien *et al*, 2024). Access to quality childcare and preschool programmes also allows parents to engage in employment, education and training.

Evidence suggests that primary and secondary schools also provide a stable and supportive environment that promotes both academic and socio-emotional development. International research by Stargel & Easterbrooks (2022) corroborates the ESRI's finding (Smyth, 2026) that consistent school attendance and stability can weaken the negative association between early experiences of homelessness and later academic achievement. This underscores the importance of ensuring that children in emergency accommodation are supported to attend school regularly and remain in the same school where possible.

Even aside from educational outcomes, families report that, particularly in instances where a family had yet to be allocated a support worker, teachers and school principals were highly supportive (Walsh & Harvey, 2015). In some cases, they acted as advocates for the family when interacting with providers of other services. Once again, this confirms the importance of stable, trusting relationships with professionals acting in the interest of families.

McKenna & Scanlon (2024) highlight the unique position of psychologists within the National Educational Psychology Service (NEPS). These professionals, they argue, are well-placed to lead and inform coordinated responses within schools, helping to identify and address the learning and emotional needs of children experiencing homelessness. Their role can include consultation with teachers, direct assessment and intervention, and collaboration with other services. This aligns with a broader recognition that educational supports must extend beyond academic instruction to encompass emotional and psychological well-being.

POLICY IMPLICATIONS

Across all of these domains, some common themes emerge. One is the importance of relationships between families and professionals. Whether through case managers, support workers, teachers, or healthcare providers, trusting and consistent relationships appear foundational to effective support. For departments and agencies, this implies recruiting and retaining high-quality staff and investing in their professional development.

In addition, where children and families have complex needs, evidence suggests that the coordinated delivery of services through multidisciplinary teams can achieve more efficient service delivery and better outcomes for children and families. And finally, to be most effective, supports must be accessible and tailored to the specific circumstances of homeless families.

Strategies for preventing child and family homelessness

Given that we know the experience of homelessness is detrimental to child and family outcomes, and that effective supports and services can only ever mitigate its consequences, the most desirable scenario is to prevent families entering emergency accommodation in the first place.

The academic and policy literature shows that preventing homelessness requires action at multiple levels, including anti-poverty measures, targeted family interventions, tenancy protection and access to secure and affordable housing.

Across the literature, it is rare for any source to exclusively examine best practice for preventing children and families from entering emergency accommodation in Ireland. As such, this section tends to focus on evidence that considers preventing homelessness for all age groups and household types.

The literature identifies access to secure and affordable housing as the long-term structural solution to preventing homelessness. In an international literature review by Fitzpatrick *et al* (2016), the authors argue that housing interventions that provide both long-term security and affordability significantly reduce the risk of homelessness.

Upstream of homelessness, general anti-poverty measures have been identified as a foundation for homelessness prevention. Considering the wider European context, Baptista *et al* (2022) and Norris (2021) argue that homelessness cannot be effectively addressed in isolation from wider socio-economic inequalities. These authors emphasise that anti-poverty policies, such as income supports, welfare protections, and access to employment, play a central role in reducing housing instability. This is particularly relevant in Ireland, where high costs in the private rental sector are associated with relatively high rates of poverty.

More targeted interventions, particularly those addressing family relationships, can also be effective in preventing homelessness among young people. Research by Sheridan (2025b) on family mediation services delivered by Focus Ireland found that such interventions successfully prevented young people from entering homelessness or State care. The study also reports improved family dynamics and communication among participants. This research is particularly valuable as it is grounded in the Irish service context and incorporates the perspectives of both young people and their parents. It highlights the importance of early, relationship-based interventions for diverting young people away from homelessness.

Administrative data from the Dublin Region Homeless Executive (2025) indicates that eviction from the private rental sector is the leading cause of family homelessness, highlighting the need for intervention in this area. One such intervention is the tenant-in-situ scheme, which enables Local Authorities to purchase homes where tenants are at risk of

eviction, thereby allowing families to remain in place as social housing tenants. This measure also acts to increase the share of social housing nationally, in line with the recommendations of the Housing Commission (2024). According to Jordan (2025), 20% of homelessness prevention outcomes in the first quarter of 2025 were attributable to this scheme.

Further evidence for the efficacy of tenancy sustainment comes from smaller-scale service evaluations. Research by Dowling (2020) on an intensive tenancy sustainment service in Tipperary found that participants experienced improved housing stability and reduced engagement with clinical services. Participants consequently experienced improved health and well-being. Similarly, a report by the homelessness prevention charity Threshold found that their own services have a 67% prevention rate among private tenants (Threshold, 2024).

The literature also highlights the role of dedicated support workers and case management approaches. A report by the Housing Agency (2023) found that the introduction of a dedicated Homeless Lead Role in the South East Region was associated with positive prevention outcomes. The report also suggests that employing social workers as Homeless Prevention and Support Workers within local authorities can support tenancy sustainment.

These findings are reinforced by earlier research from Focus Ireland (Haran *et al*., 2017), which emphasises that prevention services are most effective when tailored to the specific needs of families. Such supports may include legal advice, financial assistance, emotional support, and advocacy. A case management approach, which coordinates these supports around the family, is recommended as best practice.

While much of this evidence is based on programme evaluations rather than controlled studies, it is grounded in the testimony of experienced service-providers and aligns with broader international research.

POLICY IMPLICATIONS

This section identifies the private rental sector as the most common place from which children and families enter emergency accommodation. A successful policy response to child and family homelessness prevention will therefore include particular consideration of this sector.

The literature generally does not take into account the most recent developments in housing policy. For example, the greater security of tenure for tenants brought in under the Residential Tenancies (Amendment) (No. 2) Act 2025 may mean that families do not see their tenancies terminated with the frequency that they are currently. The forthcoming review of the Housing Assistance Payment may also mean the private rental sector soon becomes more affordable for low-income families.

As the most recent policy changes are introduced, and the academic and policy literature reviews their effectiveness, it is important for policymakers to remain responsive to their findings.

More widely, policymakers should also take into account the evidence for policies with successful prevention outcomes, and consider their introduction or expansion where appropriate. These include wider anti-poverty policies, targeted and tailored supports that strengthen family capacities, tenancy sustainment services, targeted social housing acquisitions, and greater availability and access to secure and affordable housing tenures.

Evidence relating to supporting successful exit from child and family homelessness

The literature suggests exiting children and families from homelessness depends on a combination of structural housing supply, targeted allocation policies, and intensive support for families with complex needs.

There are many important aspects of the housing and homelessness literature relevant to exiting families from homelessness that this review does not consider. This includes many of the initiatives aimed at increasing the supply of housing to buy and to rent, social housing, and cost rental housing. The regulation of short-term lets and the private rental sector, planning, financing, activating vacant properties, the political economy of the housing market and methods of construction, for example, are all outside the scope of this review. The scope of this section is narrower, and primarily considers the literature that particularly relates to successfully exiting children and families from emergency accommodation.

A central theme of the literature is the importance of addressing long-term homelessness as a strategy for reducing overall family homelessness. Research from O'Sullivan (2021) identifies long-term homeless families as a significant proportion of the point-in-time homelessness figures in Ireland. These families are often larger households, and their extended stays in emergency accommodation are frequently linked to a mismatch between household size and the available housing stock. In particular, there is a shortage of larger social housing units and affordable private rental options suitable for larger families. This structural constraint means that as families seek to exit emergency accommodation, appropriate housing options may be in short supply.

Further research by Waldron *et al* (2024) shows that families experiencing long-term homelessness are also more likely to have complex health and social needs. These additional needs can create further barriers to exiting homelessness, as families may require more intensive supports to sustain a tenancy. This work aligns with a broader international evidence base that identifies the concentration of need among long-term homeless populations (Fazel *et al*, 2014).

Waldron *et al* (2019) demonstrate that in Dublin long-term or “chronic” users of homelessness services require a disproportionate level of resources, such as bed nights. This suggests that if long-term homeless populations can be successfully transitioned into secure, permanent housing, a significant quantity of public resources could be redirected.

Evidence suggests that targeted social housing allocations are one of the most effective mechanisms for facilitating family exits from homelessness. In their recent history of homelessness in Ireland, O'Sullivan *et al* (2026) argue that the reduction in family homelessness seen during the Covid-19 pandemic can be attributed, in part, to the increased prioritisation of homeless families in social housing allocations.

Although primarily targeted at single adults, the Housing First model offers important insights into effective approaches to exiting homelessness. Research by Greenwood *et al* (2022) demonstrates that Housing First is highly effective in both creating and sustaining tenancies. Notably, retention rates in Ireland match or exceed those observed in international comparisons, suggesting that the model is particularly well suited to, and implemented in, the Irish context. The strength of this evidence lies in its basis in longitudinal and comparative studies, which provide robust data on tenancy sustainment over time.

While Housing First programmes in Ireland are generally restricted to single adults with complex needs, its core principles—rapid and unconditional access to housing combined with intensive wraparound supports—are certainly relevant to exiting families from homelessness. The success of Housing First indicates that its principles can be applied to supporting families to exit emergency accommodation, particularly those with complex needs and those experiencing long-term homelessness.

One good example at a local level is the Supported Housing for Families Pilot, which provides housing and wraparound support to families in the Galway area. An evaluation of the Pilot notes its successful outcomes for exiting families out of homelessness and preventing them returning to emergency accommodation, and recommends its expansion (Galway City Council *et al*, 2025).

Support from housing case workers is another critical factor in enabling exits from homelessness. Research by Walsh & Harvey (2017) found that families identify housing support workers as a vital enabler in securing accommodation. These workers assist with navigating complex administrative systems, engaging with landlords, and accessing financial supports such as the Housing Assistance Payment.

These findings are consistent with a wider body of evidence on the importance of case management and advocacy in housing outcomes. They add further evidence for the conclusion that access to housing is not solely a matter of supply, but also of capacity to navigate the system. This capacity is something that support workers can significantly enhance, particularly for families with comparatively low levels of economic and social resources.

Indeed, the literature highlights that minority groups face additional barriers to exiting homelessness. Hearne & Walsh (2022) show that disadvantaged groups such as migrants, lone parents, Traveller and Roma, and LGBTQ+ individuals are overrepresented in the homeless population and are more likely to experience discrimination in the housing market. This finding is important because it suggests that family exits cannot be addressed solely through general housing provision and building family capacities. Rather, there is a responsibility on the housing system to prevent discrimination and tailor supports towards structurally disadvantaged groups.

Finally, the literature identifies the affordability of the private rental market as a major barrier to exits from homelessness. Research conducted by O'Donnell (2024) for Focus Ireland finds that market rents frequently exceed HAP limits, making private rental accommodation inaccessible to many families on low incomes. This is a particularly significant issue in Ireland, where long waiting lists for social housing mean that the private rental sector is a common destination for families who exit homelessness (Matthews, 2022). The disparity between the price of rent and the financial resources available to homeless families effectively blocks a key exit pathway from emergency accommodation.

POLICY IMPLICATIONS

The evidence suggests that supporting sustainable exits from emergency accommodation requires a combination of increased access to suitable housing and appropriately targeted supports. For policymakers, a key consideration is the extent to which existing housing supply is aligned with the needs of homeless families, particularly larger households experiencing prolonged stays in emergency accommodation. The evidence therefore points towards increasing the supply for appropriately sized social and affordable housing options alongside allocation policies that prioritise households experiencing homelessness.

A further consideration is that it appears the impacts of long-term homelessness compound over time on children's health, development and well-being. For policymakers seeking to protect the health and well-being of children, and reduce health inequalities, it is particularly important to exit families out of long-term homelessness.

The evidence also indicates that housing provision alone may not be sufficient for families with complex health, social or practical needs. Policymakers should consider whether families experiencing long-term homelessness require more intensive, coordinated and sustained support to secure and maintain tenancies. The principles underpinning Housing First may provide a useful framework in this respect.

The role of housing support workers is relevant. Professional support for families to navigate barriers to securing accommodation, can be particularly beneficial for families with limited resources or those experiencing discrimination within the housing system. Finally, relatively high prices and discrimination in the private rental sector appear to be a significant barrier for families seeking to exit emergency accommodation. Attention to this issue has the potential to ensure that rental accommodation remains a viable exit pathway from homelessness.

Conclusion

Taken together, the evidence points towards a clear conclusion: the most effective response to child and family homelessness is to prevent it occurring. Where it does occur, any response should act to mitigate its harmful effects, and minimise its duration, by providing timely access to appropriate services and secure, affordable and good-quality housing.

The evidence demonstrates that homelessness affects children and families across multiple, interconnected domains. Health, mental health, development, nutrition, education, employment and access to services can all be adversely affected, with evidence suggesting that these effects deepen the longer families remain in emergency accommodation. The multidimensional nature of homelessness indicates that responding to it requires a coordinated response from all sectors that provide supports to children and families.

The evidence shows that services can mitigate some of the poorer outcomes associated with living in emergency accommodation, particularly where they are accessible, coordinated and based on trusting relationships. Family hubs appear preferable to some forms of private emergency accommodation, while case management, family support, healthcare, education and multidisciplinary approaches can provide vital protection and relief. However, these interventions should not obscure the central finding that emergency accommodation, however well provided, is not a substitute for a permanent home—a point repeatedly made by children and families with experience of homelessness.

The evidence on prevention and exits points towards the importance of appropriate housing provision as well as service interventions tailored to the individual child and family. Tenancy protections and sustainment services, targeted social housing allocations, secure and affordable housing, and tailored support for families with complex needs are have positive outcomes in the literature. The evidence also suggests that particular attention is required for groups who face additional barriers, including lone parents, Traveller and Roma families, and migrant families.

The evidence base remains limited in important respects. Future research should prioritise longitudinal studies capable of establishing the longer-term effects of childhood homelessness; larger quantitative studies of health, nutrition, education and developmental outcomes in Ireland; and evaluations of alternative models of emergency accommodation. There is also a need for stronger evidence on which prevention and exit interventions are most effective and cost-effective in the Irish context. Crucially, future research should continue to centre the voices and experiences of children themselves.

As the Government publishes and implements the Child and Family Homelessness Action Plan, continued evaluation will be essential. Policy should remain responsive to emerging evidence, children's rights, and the voices of children and families.

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Appendix 1

Membership of the Public Sector Delivery Group on Child and Family Homelessness

- Department of the Taoiseach (Chair)
- Department of Housing, Local Government and Heritage
- Department of Children, Disability and Equality
- Department of Health
- Department of Education
- Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation
- Department of Justice, Home Affairs and Migration
- Department of Social Protection
- Local Government Management Agency
- Health Service Executive
- Tusla – Child and Family Agency
- Housing Agency
- Dublin Region Homeless Executive