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IDENTIFYING HOUSING-LEVEL BARRIERS TO OPTIMAL HEALTH FOR UNDER5S EXPERIENCING HOMELESSNESS: A CITIZEN SCIENCE APPROACH

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Background The first five years of life are critical for optimal growth, health and cognitive development during which ~90% of brain development occurs. However, many children experience poverty and/or homelessness. Data from 2019 suggested there could be more than 210,000 homeless children in temporary accommodation (TA) or sofa surfing, and ~585,000 who are either homeless or at risk of becoming homeless in England.

Objectives To explore the housing environmental barriers to optimal health for children under the age of five (U5s) experiencing homelessness and living in TA.

Methods The study employed a mixed-methods, participatory design integrating citizen science to identify housing-level barriers to achieving optimal health. Participants were mothers of U5s living in TA, and conveniently sampled at a local charity providing support to U5s experiencing homelessness in Newham, London. Newham has the highest number of children in TA in England (1 in 12 children are homeless) and 1 in 2 children live in poverty.

The study had two parts (i) Housing Survey and (ii) House Visits.

A housing survey utilised citizen science methodology to collect data including mobile phone images and free text captions to describe the TA housing conditions including those which participants considered as barriers to their child's health. The survey was first piloted over two weeks on five participants, following refinement based on collaborative feedback and dialogue between the doctoral researcher and study participants. To complement the housing survey, the doctoral researcher visited the participants' TA and took observational notes with an audio-recorder and digital photos.

A thematic analysis was conducted to triangulate themes across the data. Kingfisher's Unfit Housing UK Research Report guided the categories for the results. Specific factors explored within these data included ease of access to the property, safety risks, disrepairs, visible structural problems, poor ventilation, temperature control, space (e.g., for a baby to crawl).

Results In the Housing Survey, fifteen participants collected data over a period of one month at the end of 2019. In 2019–2020, four House Visits were completed (Pre-COVID), but further visits were cancelled due to the pandemic.

Several themes were prominent and overlapped across the Housing Surveys and House Visits, which were noted as risks to child health and development. Thematic categories included (i) overcrowding, (ii) dampness/mould growth, (iii) poor/inadequate kitchen/toilet facilities, (iv) infestations/vermin, (v) structural problems/disrepair, (vi) unsafe electrics, (vii) excessively cold/warm due to inadequate temperature regulation and (viii) unsafe surfaces that risk causing trips or falls.

Conclusions The Early Years is a short, yet vital period to ensure to the next generation have the best start in life, however U5s in TA face numerous barriers in the housing environment which have significant short- and long-term health impacts. Despite a small sample size, findings are consistent with the Children's Commissioner 'Bleak houses' report and likely to be generalisable across other similar families experiencing homelessness in England.

Policy should be enacted to regulate the conditions of TA across England with greater monitoring of and accountability for the safety and regulations to ensure that these environments promote optimal growth and development for U5s.

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THE EDUCATION AND CHILD HEALTH INSIGHTS FROM LINKED DATA (ECHILD) DATABASE: A NEWLY LINKED, DE-IDENTIFIED HEALTH-EDUCATION DATA RESOURCE

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Background The COVID-19 pandemic has raised concerns about long-term harms to children's health and education and re-emphasised how strongly interconnected these domains are in childhood and adolescence. It has also highlighted the need to maximise the utility of administrative datasets (which reflect service provision for the whole population) as an evidence base for policy and practice. To date, technical and governance barriers have limited the potential for wide-scale analyses across health and education. Here, we report linking Hospital Episode Statistics (HES) to the National Pupil Database (NPD), which includes important information on children's functional health and wellbeing, such as attainment in national exams, special educational needs (SEN) support and absence rates. This newly linked health-education database can generate evidence for paediatricians, policymakers and the public on, for example, educational outcomes for children with rare or common health conditions or how SEN support in schools might improve health outcomes.

Objectives

1. Create a de-identified, linked HES-NPD database for all children and young people in England aged 0–24 years who