

The logo for St Martin in the Fields, featuring the text 'St Martin in the Fields' in white on a dark red square background with a textured, brushstroke-like edge.

St  
Martin  
in  
the  
Fields

**Frontline  
Network**

A decorative background of red line art. It includes a house outline at the top, a large speech bubble containing the title, and a stylized 'FF' logo on the right. A thick red line meanders across the page, connecting these elements.

# **Annual Frontline Worker Survey 2018: Full Report**

A UK-wide survey for frontline staff  
working with people experiencing  
homelessness

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[frontlinenetwork.org.uk](http://frontlinenetwork.org.uk)

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# Methodology

The 2018 Annual Frontline Worker Survey is the most extensive survey of frontline staff working with those experiencing homelessness across the UK. It builds on our 2017 survey, the first of its kind. We retained some questions to allow trends to be tracked and added new questions to reflect priority areas such as Universal Credit, the Homelessness Reduction Act, and Brexit.

The 44-question survey was created using Survey Monkey and distributed through the Frontline Network's mailing list, to recipients of Vicar's Relief Fund grants over the past two years, and through the Homeless Link London Plus mailing list and alternate Homeless Link distribution lists. It was also promoted via social media, the Frontline Network and Glasspool Charity Trust websites, and through Frontline Network Partners and their email mailing lists.

A total of 833 frontline workers, including Charity, Housing Association and Local Authority workers, responded between 21st November 2018 and 14th December 2018. All responses were anonymous.

See Appendix 2 for a break down of the respondents and Appendix 3 for more detailed methodology. See Appendix 5 for an explanation of the key terms.



## Acknowledgements

We would like to thank those people who contributed their time and expertise to develop the survey: members of the Frontline Network steering group, Dan Norris, Patrick Duce, Lidia Estevez-Picon, Dr Nigel Hewett, Cyrenians, The Connection at St Martin's, Sarah Johnsen, Zoë Titchener, Chris Brill, the Frontline Network Partners, and the team at St Martin's Charity.

**We would like to also thank the 833 frontline workers that took the time to complete the survey and give their insight – especially given the time pressures you are under.**

Also, to thank the Frontline Network Partners, Homeless Link and Glasspool Trust for promoting the survey. Thank you to those that reviewed it and contributed to the case studies: Anna Suswillo, Action Homeless, Jo Prestidge, Ed Hodson and Plattform. Lastly, we would like to thank the Oak Foundation for their support of the Frontline Network.

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# Introduction

**The Frontline Network supports workers from the public, statutory and voluntary sectors working on the frontline with people experiencing homelessness across the UK.**



We work with frontline workers' ideas and expertise to find ways to support them and their work, and provide opportunities for over 1,200 frontline workers to network and share best practice. We also provide funding to assist the people frontline workers are supporting, as well as their own professional development.

Frontline workers work with people to overcome both the structural and practical barriers faced when trying to prevent homelessness or access accommodation. From outreach work on the street, to office-based specialist advice services, frontline workers span multiple sectors, to support individuals experiencing homelessness and to prevent homelessness.

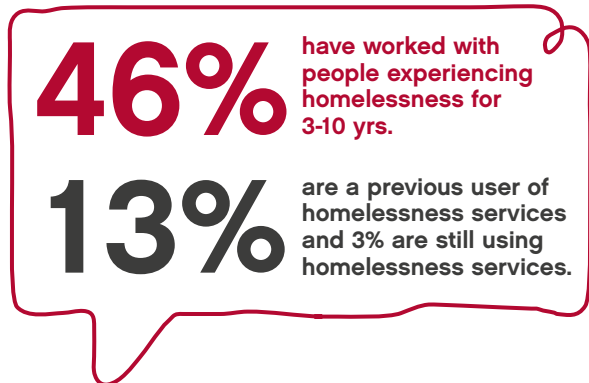
We offer four types of funding, the largest of which is the Vicar's Relief Fund (VRF). This fund provides small grants, through frontline workers, to support people experiencing, or at risk of experiencing, homelessness. In 2017/18, the VRF gave out 3,981 grants, to help people access accommodation and 1,646 grants to help prevent eviction. A total of £1,517,955 was awarded, with North West England and Wales the largest recipient areas.

The Frontline Network's annual survey explores the issues frontline workers and the people they are supporting are facing and highlights examples of what is working at a local level. A special significance is placed on frontline workers' wellbeing.

By providing a snapshot of the working life of frontline workers today, we aim to highlight the importance of listening to frontline workers when considering responses to homelessness, and the need to invest in frontline worker wellbeing if these responses are to be successfully implemented.

Our second annual survey builds on the results of our 2017 survey<sup>1</sup> and provides insight into what is and isn't working on the frontline.

Homelessness is one of the most urgent public policy issues facing the United Kingdom. When the survey was undertaken in 2018, homeless figures in Britain stood at 320,000<sup>2</sup> – a 4% rise on the previous year and an increase of 13,000 nationwide. London had the highest rate of street homelessness in the United Kingdom in 2017/18 but substantial increases in homelessness were identified in the Midlands, Yorkshire and the Humber, and the North-West of England<sup>3</sup>.



<sup>1</sup> 654 frontline workers responded to the Annual Frontline Worker Survey 2017, Frontline Network.

<sup>2</sup> Homelessness in Great Britain, Shelter, November 2018: [https://england.shelter.org.uk/\\_data/assets/pdf\\_file/0020/1620236/Homelessness\\_in\\_Great\\_Britain\\_-\\_the\\_numbers\\_behind\\_the\\_story\\_V2.pdf](https://england.shelter.org.uk/_data/assets/pdf_file/0020/1620236/Homelessness_in_Great_Britain_-_the_numbers_behind_the_story_V2.pdf)

<sup>3</sup> Rough Sleeping Statistics Autumn 2018, England (Revised), Ministry of Housing, Communities and Local Government, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/781567/Rough\\_Sleeping\\_Statistics\\_2018\\_release.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781567/Rough_Sleeping_Statistics_2018_release.pdf)

Homelessness is, however, moving up the political agenda and is now seen as a key public policy issue by all parties, with significant developments in recent years. With this in mind, we asked frontline workers for their views on key policies.

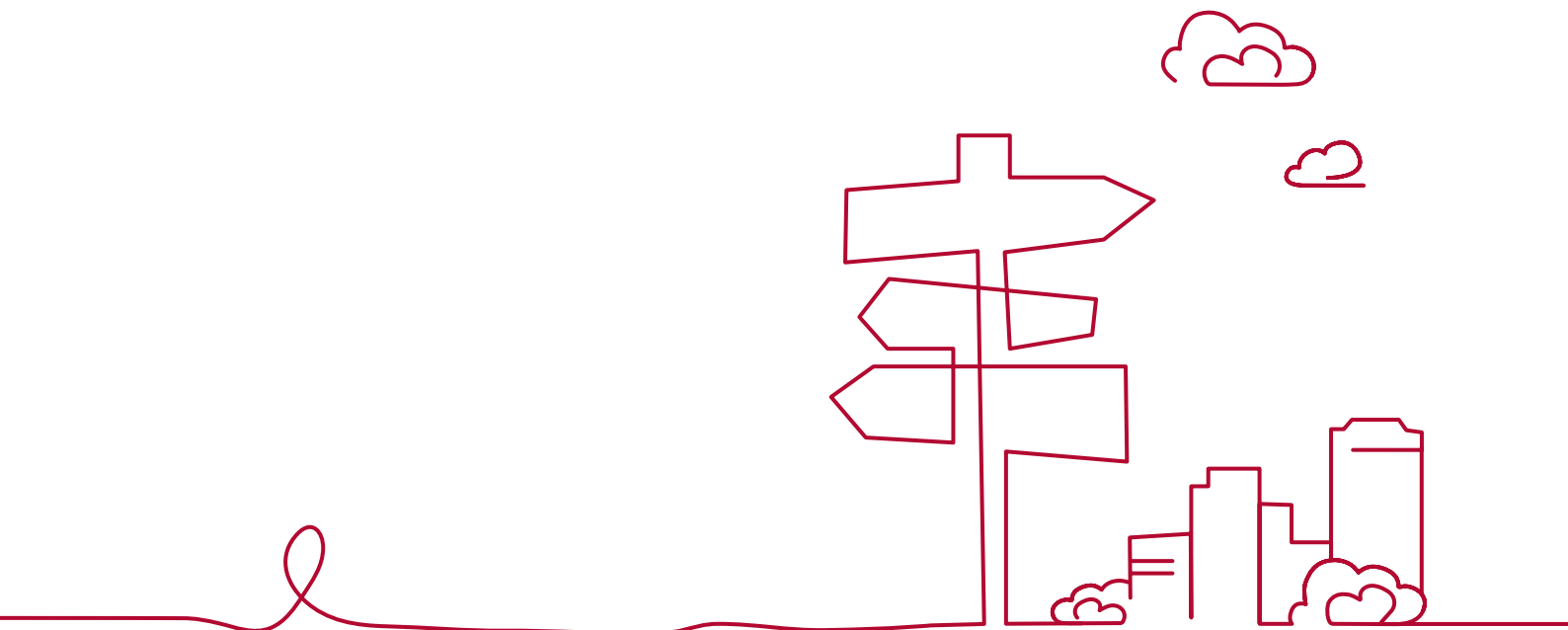
It is important to note, however, that housing policy is devolved, and national governments differ in their attempts to address homelessness. This means that new schemes and legislation, including Housing First and the Homeless Reduction Act (HRA) in England, which renews the focus on preventative work, affect frontline workers in different ways<sup>4</sup>.

We also explored the impact of welfare reform and this report highlights the effect of the introduction of Universal Credit. It also details the impact of reforms to the Local Housing Allowance (LHA) which have seen rates frozen since 2016/17.

We asked frontline workers whether they are aware of the impact Brexit will have on the people they work with and their housing situation. We also asked whether there is any training that would be useful to help support people who are homeless as a result of their immigration status.

We have adopted the Homeless Monitor's definition of homelessness<sup>5</sup>, which recognises its complex and multifaceted character. Homelessness can be categorised from rough sleeping on the street, to being deemed legally homeless under Part 7 of the Housing Act 1996. We also classify homelessness as those individuals living in hostels, shelters and temporary supported accommodation, as well as hidden homelessness – sofa-surfers, and others living insecurely in sheds or cars who are often not captured in official statistics.

We define a frontline worker as anyone working in a paid position with people experiencing homelessness in any of the scenarios above – from outreach workers to probation workers to welfare benefits advisers.



<sup>4</sup>For an explanation of the different types of devolved housing legislation across the UK, please see Section 4 of the Appendix.

<sup>5</sup>The homelessness monitor: England 2019 <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor>

# The Results

## What affects frontline workers providing support?

The responses to the survey reflect the challenges frontline workers supporting those experiencing homelessness face and the hurdles they must overcome to put support in place. They also demonstrate, however, some of the great partnership work and positive approaches that frontline workers are taking to try and overcome these obstacles.

**88%** of frontline workers were supporting people with mental health issues.

**85%** were supporting those with multiple and complex needs.

**85%** of frontline workers were supporting people with substance misuse issues.

**80%** were supporting those in contact with the criminal justice system.

(See Appendix 2, table 2.7, for full results of who frontline workers are supporting)

“There is very little specialist support for those with autism, which means they’re struggling to engage fully with me, and I’m struggling to adjust how I work with them.”

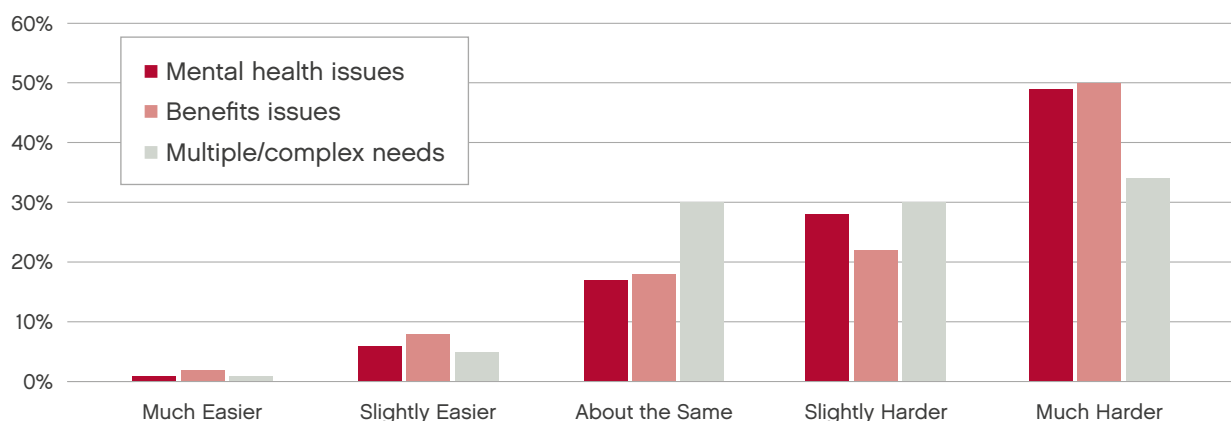
We asked frontline workers how they felt about accessing a range of support services, and whether it has become easier or harder to access support over the past year. We asked if there were any additional areas of support that were particularly difficult to access, as well as asking more detailed questions about health, Universal Credit, and immigration.

Mental health and benefits were among the top three types of support that had got ‘much harder’ to access across every region of the UK. Most regions also cited accessing multiple and complex needs as having got harder. Yorkshire and Humber and the South West were exceptions, with ‘specialist legal advice’ ranking in the top three. London was also an outlier, with ‘immigration issues’ featuring in the top three.

Access to support for physical health, domestic violence and abuse, and offending / ex-offenders has stayed ‘about the same’. It should be noted that this doesn’t necessarily equate to access being easy, but that it hasn’t got harder over the past year.

The answers to the open questions revealed that access to support for those with learning difficulties and adults on the autism spectrum is also often difficult.

Figure 1.1 – Q12: Has it got easier or harder to access support for your clients in the following areas over the past year?



## Accessing support for health

Two thirds (Table 1.1) of frontline workers experienced problems when trying to access mental health support for the people they support. With long waiting lists and high thresholds for support stated as the main barriers in the open questions. Support for those with complex needs was frequently cited as inadequate, especially for those with a dual diagnosis of substance use and mental health issues.

# 73%

of frontline workers said that they support people with a dual diagnosis.



“Clients with mental health and drug and or alcohol issues being refused access to mental health services because of their use of illegal drugs/alcohol. The refusal by mental [health] services to accept it is poor mental health that [is] causing the person to self-medicate.”

“Mental health services will not work with people whilst using substances.”

Access to physical health support services has not increased in difficulty over the past year, but significant barriers have been identified. We asked frontline workers whether they had experienced problems in the following areas:

Table 1.1 – Q35: Have you experienced problems in the following areas?

	Yes	No	N/a	Total
Being asked to provide ID	414	187	81	682
Being asked to provide proof of address	384	225	73	682
Being asked to provide proof of immigration status	218	247	217	682
Not being eligible because they don't have a local connection	366	207	109	682
Registering with a GP	279	328	75	682
Accessing mental health support	558	71	53	682
Clients avoiding health services (e.g., GP/ A+E) because they fear that their details might be shared with the Home Office	186	314	182	682

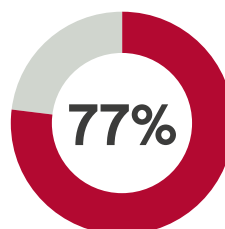
**56%** of frontline workers supported individuals who experienced problems with being asked for proof of address.

**61%** of frontline workers supported individuals who had problems with being asked for ID.

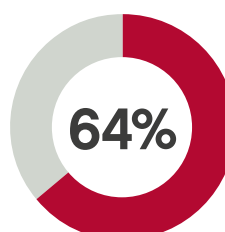
**82%** of frontline workers have experienced problems with accessing mental health support for individuals in their care.

### Other barriers to accessing healthcare, especially for those with multiple and complex needs, included:

- The cost of transport
- Not having access to a telephone to make an appointment
- Having to call early in the day for an appointment
- Non-attendance resulting in being discharged from a service
- Previous negative experiences influencing willingness to engage with services
- Fixed-time appointments
- GPs not registering new clients
- Prescription costs



of frontline workers felt it had got harder over the past year to access support for mental health.



of frontline workers felt it had got harder over the past year to access support for multiple and complex needs.



“People with mental health and drug addiction are often struck off their family GP service due to missed appointments. These are normally down to the chaotic lifestyles.”

“The non-engagement of complex needs clients often means that they fall through the cracks and we are not able to get the help that they need.”

Over 200 frontline workers responded to the question ‘Do you have any good examples of where a solution to accessing a particular type of support has been implemented in your area?’.

**Examples that specifically mentioned ways of improving access to health support included:**

- Having specialist mental health workers embedded within the outreach team
- Developing specific pathways into the Community Mental Health Team (CMHT) for those with multiple and complex needs
- Joint working at the point of discharge from hospital – to avoid being discharged onto the street
- Providing multiple services in one place – creating a hub so that people don’t have to attend different locations to access the support they need

“Multi-agency working with the Community Mental Health Team, providing a holistic approach to client care and support provision.”

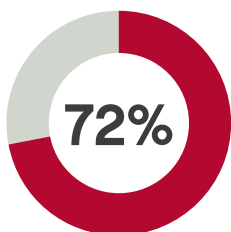
**Access to benefits support**

Most frontline workers felt it has become harder to access benefit support over the past year (Figure 1.1), with Universal Credit (UC) cited as a major factor. In addition, 47% [329/699] of frontline workers experienced problems when trying to provide consent to offer support with a claim. It is also taking longer to support Universal Credit claims and this is having a significant impact on frontline workers’ workloads (Table 1.2).

Table 1.2 – Q25: Have you found that, compared to other types of benefit, supporting client with UC is...

	Yes	Total
Much quicker	2%	10
Slightly quicker	7%	45
About the same	17%	115
Slightly longer	21%	142
Much longer	53%	350
<b>Total</b>		<b>662</b>

**79%** of frontline workers had clients affected by the introduction of Universal Credit<sup>6</sup>.



of frontline workers felt it had got harder over the past year to access support for benefits.



<sup>6</sup> The survey was undertaken Nov – Dec 2018, Universal Credit was still in the process of being rolled out across the UK.



**Table 1.3 – Q23: Have your clients been affected by the introduction of Universal Credit (UC)? If yes, have your clients faced problems in any of the following areas?**

N.B. N/a responses have been removed from the data.

	Yes	No	Total
Transitioning from the old benefits system (JSA, ESA, tax credits etc) to UC	97% (607)	3% (17)	624
Getting paid the right amount for rent	82% (490)	18% (106)	596
Getting advance payments	71% (444)	29% (177)	621
Obtaining backdated payments	86% (515)	14% (82)	597
Benefit sanctions	90% (545)	10% (61)	606
Making alternative payment arrangements	86% (500)	14% (84)	584
Budgeting for monthly payments compared to fortnightly payments	96% (597)	4% (28)	625
Getting less income via UC than they were receiving on the old system	89% (534)	11% (64)	598
Getting the right amount when working and claiming UC	82% (443)	18% (99)	542
Getting extra amounts for when ill health prevents them working	86% (440)	14% (74)	514
Finding a landlord that will accept someone claiming UC	87% (476)	13% (72)	548
Providing ID to make the claim	79% (464)	21% (126)	590
Having no income until the first payment	97% (617)	3% (18)	635
Having digital access	89% (563)	11% (68)	631
Having a bank account	84% (534)	16% (100)	634
Communicating with their work coach and the job centre	75% (461)	25% (150)	611

The above problems associated with making a claim for Universal Credit featured frequently in survey responses.

Frontline workers also expressed concern over the serious financial impacts of a delayed Universal Credit claim, with the gap between claiming and first payment leading to, among other things, an increased reliance on food banks.



**“Those affected by Universal Credit are in many ways left to take out debt or survive with little or no money. Scottish government has mitigated some of this, but many still left to struggle.”**

**“We have far more people who have to use food banks to cover the 5 or 6 weeks until money can get paid.”**

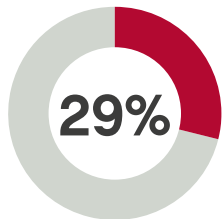
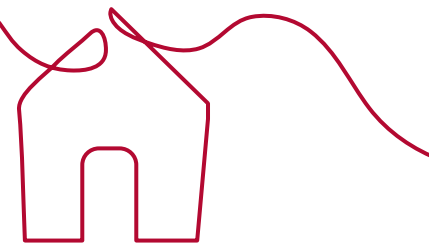
Overall, frontline workers have highlighted an overwhelmingly negative experience of Universal Credit. However, they also told us about local initiatives to mitigate the impact of Universal Credit. Over 300 frontline workers responded to the question ‘Have you developed partnerships in your area to try and overcome barriers to supporting people with Universal Credit?’.

#### **Examples included:**

- Working in partnership with local organisations to increase provision of digital access points, and providing information on local community services where this might be available (e.g. in libraries)
- Building relationships with the local Job Centre/ Department for Work and Pensions (DWP) partnership workers, including having a named contact and a clear escalation process for individuals with multiple and complex needs
- Having co-located services: drop-in advice sessions held at local Job Centres to try and intervene earlier where someone might have both housing and benefits issues
- Developing local relationships with banks so that they will accept minimum ID requirements to set up a basic bank account
- Multi-agency working to highlight the issues and impact across the range of services that individuals are engaging with so that the response is more joined up

## Supporting people who are homeless as a result of their immigration status

We asked frontline workers whether they are aware of the impact Brexit will have on the people they work with and their housing situation. We also wanted to know whether there is any training that would be useful to help support people who are homeless as a result of their immigration status.

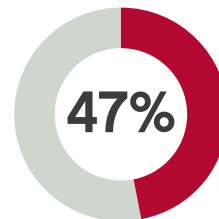


said that they were supporting people who were homeless as a result of their immigration status.

Of those frontline workers unaware of the impact of Brexit on their work,

**25%**

said they had clients who raised concerns over its impact upon their housing situation.



of frontline workers from London were supporting people who were homeless as a result of their immigration status.

Of those supporting people who were homeless as a result of their immigration status,

**47%**

weren't aware of how to obtain settled status for an EEA national.

**Table 1.4 – Q29: Are you supporting people who are homeless as a result of their immigration status? If yes, have you experienced problems in any of the following areas?**

N.B. N/a responses have been removed from the data.

	Yes	No	Total
Supporting EEA (European Economic Area) nationals	81% (204)	19% (47)	251
Supporting non-EEA nationals	77% (187)	23% (55)	242
Supporting both EEA nationals and non-EEA nationals	76% (177)	24% (55)	232
Obtaining ID for people you are supporting	79% (202)	21% (54)	256
Securing accommodation for people with no recourse to public funds	89% (232)	11% (28)	260
Accessing specialist immigration legal advice	72% (175)	28% (67)	242

Frontline workers overwhelmingly agreed that there are a number of barriers when accessing specialist immigration support. Frontline workers in London expressed this view in greatest number, with 'immigration issues' featuring in the top three types of support that had got 'much harder' to access.

Many frontline workers expressed a desire for training and information on people's immigration rights, as well as further updates on the impact of Brexit and how to obtain settled status. It is acknowledged that supporting people with immigration issues can often involve complex legal applications. A number of frontline workers suggested that it wasn't their role to provide such specialist legal advice – and so alongside training, there also needs to be improved signposting and availability of specialist advice to refer to.

**“Any training would be useful! I think the benefits system keeps changing in relation to EEA nationals so I'm not really clear on benefits entitlements for this group, and I've never understood housing rights for immigrants.”**

# Accessing Support: Case Study

Platform (formerly Gofal) is a mental health and social change charity working across eleven of the twelve local authorities in South Wales. Their frontline staff are based in Housing Advice Centres (HAC) and work collaboratively with, while impartial to, the Council's homelessness department.

A Homelessness Officer working for the local authority can call on a Crisis Worker at Platform to support individuals experiencing homelessness. The Crisis Worker offers support during a stressful interview process, while working collaboratively with the homelessness department to help navigate someone through the overall process.

This collaborative working practice allows Homelessness Officers to carry out the appropriate enquiries, while the Crisis Worker supports an individual's additional health and housing needs. This joint working approach enables the local authority to have access to information from health and other departments meaning that the local authority has additional information to make an informed decision, which in turn can help to provide a positive outcome for the individual.

The Crisis Worker's support can range from completing housing forms for those living in temporary accommodation, to providing food vouchers, to corresponding with health and benefits authorities on an individual's behalf. This service helps someone in the short term and also supports tenancy sustainment both temporarily and permanently: reducing the recurrence of homelessness for the individual.



**“The Vale of Glamorgan Council Homeless department has a support worker from Gofal [now Platform], a Mental Health charity which supports clients presenting for an interim period to access services until support worker is allocated. [The homeless department] also has a support worker from Gofal on site so if someone presenting from a prison release without support.”** (Frontline Worker, 2018)



The collaborative work undertaken by frontline Platform staff every day means that some of the most vulnerable people in society, at their greatest point of need, have a voice and are supported to make a house a home and given every opportunity for it to be successful. (Platform, 2019)

## Accessing Accommodation

We also explored how easy or difficult it is for frontline workers to access accommodation on behalf of the people they work with. The results offer a stark reminder of the difficulties that people experiencing homelessness face in accessing accommodation – with all types of accommodation being viewed as difficult to access.


**92%**  
said it was difficult or very difficult to access specialist accommodation for their clients.


**82%**  
of respondents thought access to social housing was difficult or very difficult.

**85%**  
said access to private rented accommodation was difficult or very difficult.


**“LHA rates having been frozen for the last two to three years are having a detrimental impact and landlords are less likely to take on tenants in receipt of benefits.”**


The difficulties were particularly acute in Wales, with 80% [59/74] of frontline workers finding it difficult or very difficult to access emergency accommodation, compared with 61% [49/80] in Scotland where access was seen as least difficult. Private rented accommodation was also seen as considerably harder to access in Wales, with 94% [72/77] of frontline workers finding it difficult or very difficult to access – compared with 74% in Scotland [60/81]. Housing market pressures, stagnant LHA (Local Housing Allowance) rates, a lack of social housing being built, the cost of a deposit, and delays in new Universal Credit claims being paid were all cited as causing difficulties in accessing accommodation in the private rented sector.

 **80%** of frontline workers said that they found it difficult or very difficult to access accommodation with the (LHA) rate.

 **68%** of frontline workers said that it was difficult or very difficult to obtain a deposit to secure private rented accommodation.

We asked frontline workers whether they are aware of the Homelessness Reduction Act 2017 (HRA)<sup>7</sup>. Of those based in England [618], 76% said they were aware of it. However, 44% [269/618] said they hadn't had enough training on how the HRA could be used to support the people they work with and the Act had yet to realise its ambitions. For those in England:

 **67%** of frontline workers in England felt that it is difficult or very difficult to prevent homelessness.

 **50%** of frontline workers felt that the ability to prevent homelessness was about the same since the introduction of the HRA 2017.

Frontline workers in Scotland found it slightly easier than other areas of the UK to prevent homelessness at 64% [69/107] compared with Wales (73% [66/90]) and Northern Ireland (89% [16/18]) where it was seen as harder to prevent homelessness.

### Barriers faced by frontline workers trying to access accommodation across the UK include:

- A lack of social housing stock and specialist accommodation
- Landlords still less likely to take on tenants in receipt of benefits
- Greater levels of supported accommodation for people that are not 'tenancy ready' are required
- Support for those with multiple and complex needs is still limited when accessing supported accommodation
- Confusion among council staff over housing benefit being retained for those in supported housing

We also asked how easy it is to obtain information on SWEP (Severe Weather Emergency Protocol) – guidance on how those who sleep rough can get emergency accommodation during exceptionally cold weather. The majority of frontline workers (78%) said that it was not difficult to access information about SWEP. Despite information about emergency SWEP options being readily available, in general, 73% of frontline workers said that it is difficult or very difficult to access emergency accommodation.

<sup>7</sup> For an explanation of the Homelessness Reduction Act 2017, please see Section 4 of the Appendix.

# Accessing Accommodation: Case Study

The survey results describe how a collaborative and personalised approach can lead to better access to accommodation for individuals with long-standing homelessness experiences. This case study demonstrates the positive collaborative work undertaken through the Rough Sleepers Initiative (RSI) in Leicester:



**Do you have any good examples of where a solution to accessing a particular type of support has been implemented in your area?**

**“Yes: Rough Sleepers Initiative in Leicester – joint working between Action Homeless and Leicester City Council new Rough Sleepers Initiative Team (& coordinator) with Leicester City Outreach Team. New funding from central government providing access to rough sleepers either unwilling or unable to access services through the usual routes. Action Homeless [are] working in a strengths-based way to enable individuals to have more control over the way support is offered and reduce barriers to entering accommodation.”** (Frontline Worker, 2018)

Action Homeless are funded through the MHCLG (Ministry for Housing, Communities and Local Government) Rough Sleeping fund as part of the government’s initiative to End Rough Sleeping. Action Homeless are working in partnership with Leicester City Council (LCC) to provide 20 rooms to individuals with recent experience of long-term rough sleeping. This project focuses on offering a variety of housing options for people who have already been through traditional hostel routes and have disengaged with mainstream services in the city.

The Rough Sleeper Project employs three support staff who work with people intensely across the twenty units of accommodation. Individuals were identified initially through contact with LCC’s Homeless Outreach team and a RSI project manager employed by Leicester City Council.

Action Homeless RSI team then engage with individuals referred to the project to discuss the housing offers available, and to gain insight into the kind of accommodation wanted by the person. (The process is to fit our accommodation to the person not the other way round).

All people engaged with were previously known to services. The questions asked by Action Homeless work on a strengths-based approach, there are no criteria, they ask questions such as: are you homeless; are you willing to receive support; are you willing to meet the client contribution costs (which are minimal); and what type of accommodation do you want to live in?

Previously, it would have been highly unlikely that any of the people accepted to the accommodation through the RSI project would have satisfied the criteria Action Homeless usually apply to housing. Action Homeless have been able to offer this type of accommodation due to the funding for higher levels of support each person receives through the team.

The housing offered to people is for ‘as long as is needed’, with no time limits. Action Homeless work within the requirements of the license agreement, but take a more flexible approach towards the usual warning and eviction process – to enable workers to support the challenges often associated with working with rough sleeping communities.

To date there have been a variety of outcomes for people supported. Some have moved on to permanent tenancies and receive support until they decide it is no longer needed. Many are still sustaining their accommodation, and have been for over 6 months. (Action Homeless, 2019)

## Frontline Worker Wellbeing

The wellbeing of frontline workers is a cornerstone of frontline work, as is evidenced by 81% of frontline workers who either strongly agreed or agreed with the statement 'I feel that my overall wellbeing affects how I interact with my clients' [524/646]. Therefore, it is vital that we know how they feel their roles affect their health and wellbeing – and what would help improve their wellbeing.

The results revealed a strong sense of teamwork, however time pressures, job insecurity and lack of supervision were all felt to be negatively affecting wellbeing.

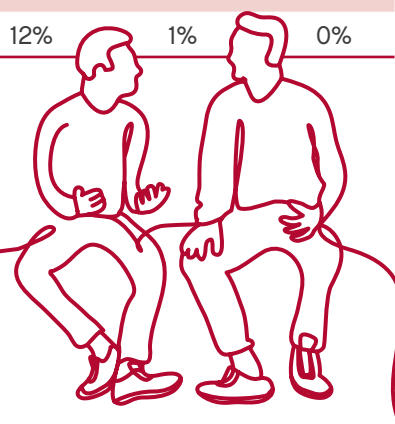
**Table 1.5 – Q38: Thinking about your current role, please indicate how strongly you agree or disagree with the following statements:**

N.B. Total of 646 frontline workers answered this question.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I feel secure about the future of my job	10%	24%	24%	29%	13%
I have the opportunity to use my skills	31%	55%	7%	6%	1%
I have the opportunity to develop new skills	25%	50%	15%	7%	2%
I feel valued by my employer	22%	37%	21%	14%	6%
I feel supported in my job by my colleagues	37%	48%	11%	3%	1%
I feel trusted to make decisions	32%	52%	9%	6%	1%
I have supportive supervision in my role	28%	43%	16%	10%	3%
I have opportunities to have a say in the work I do	27%	52%	13%	7%	1%
I feel I have enough time to do my job effectively	11%	30%	18%	28%	12%
I feel that my overall wellbeing affects how I interact with my clients	37%	44%	12%	6%	1%
I have access to clinical supervision	11%	24%	24%	23%	18%

**Table 1.6 – Q39: How important do you feel the following are to your wellbeing at work?**

N.B. Total of 646 frontline workers answered this question.	Extremely Important	Very Important	Moderately Important	Slightly Important	Not Important
Having access to clinical supervision	34%	29%	21%	7%	9%
Having enough time to do my job effectively	65%	33%	2%	0%	0%
Having a say in what I do	54%	41%	4%	0%	0%
Having supportive supervision	55%	37%	7%	1%	0%
Feeling trusted to make decisions	57%	38%	5%	0%	0%
Getting support from my colleagues	58%	36%	6%	0%	0%
Feeling valued by your employer	62%	33%	5%	0%	0%
Having opportunities to develop new skills	49%	43%	8%	0%	0%
Having opportunities to use your skills	48%	46%	5%	1%	0%
Job security	52%	34%	12%	1%	0%

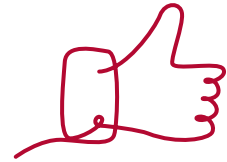
**94%** of frontline workers felt that getting support from their colleagues was extremely or very important.





“Peer support has been very helpful – a colleague in another office and I have a regular chat to discuss our roles and how things are going.”

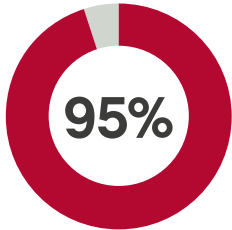
“Working in a team helps keep us all safe and happy in what we do.”



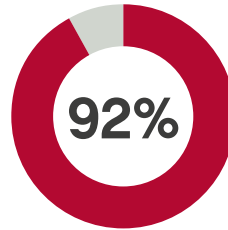
**85%**

strongly agree or agree that they felt supported by their colleagues.

However, not everyone is getting the support they need.



of frontline workers felt that having a say in what they do was extremely or very important, **BUT only 79% felt that they had opportunities to have a say in the work that they do.**



felt that having opportunities to develop new skills was extremely or very important **BUT only 75% felt they had opportunities to develop new skills.**



of frontline workers felt that having supportive supervision was extremely or very important.



felt they strongly agreed or agreed with the statement 'I have supportive supervision in my role.'

The importance of supportive supervision and management was also reflected in the answers to the open questions with a lot of people highlighting the negative impact of poor management and the positive impact of good support.



“I experience anxiety because my team leader has no experience or understanding of working with people and is not supportive to me, as a result I feel isolated and unsupported in my role.”

“Being busy and having such responsibility does impact on wellbeing, but this is improved when we are able to support each other.”

Feeling valued by senior management and the wider organisation was also seen as being important to frontline worker wellbeing:



of frontline workers felt that 'Feeling valued by your employer' was extremely or very important.

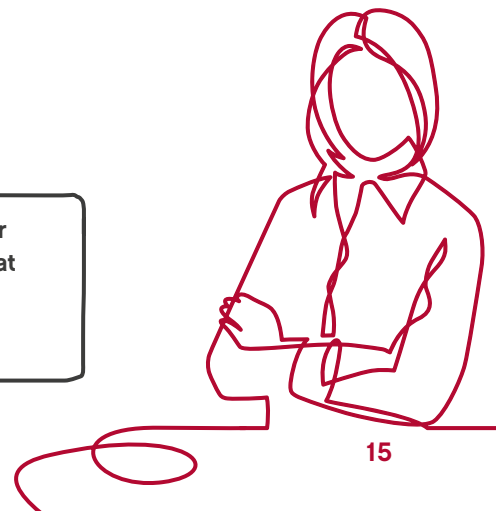


said that they strongly agree or agree that they feel valued by their employer.



“Being valued by my employer for the hard work we do on a daily basis for our clients, rather than them just being interested in delivering a contract at whatever cost to their employees.”

“Feeling undervalued affects my motivation to go the extra mile.”

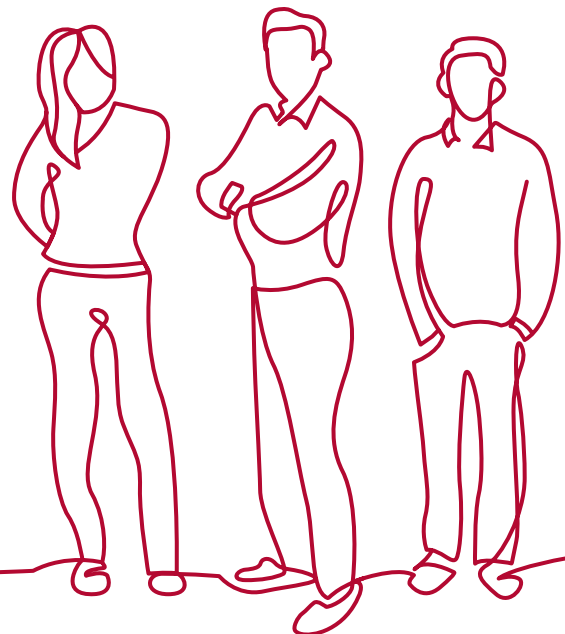
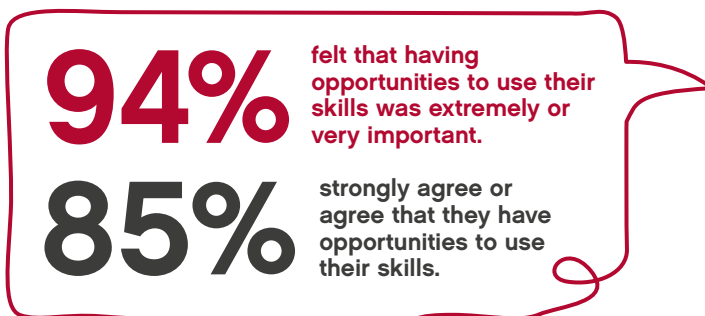
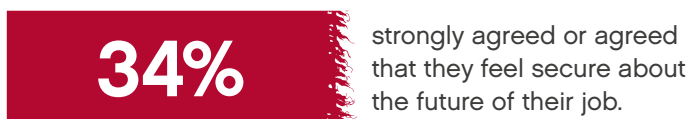


Job security and time pressures were also key to wellbeing. The responses to the open questions captured frontline workers' passion for the work they do, but also that high caseloads and a lack of time affect their ability to do their work to the standard they would like and can leave them feeling undervalued.



“Smaller caseloads so I can dedicate time to each client. My caseload ranges between 80-110 clients and getting good, timely outcomes is very stressful.”

“Currently I have my contract renewed every 6 months which is very stressful. A longer term would help my wellbeing.”





# Wellbeing: Case Study

The survey results describe how having more time to work with clients and being able to provide support in a flexible manner which reflects the needs of the individual has a positive impact on frontline worker wellbeing. This example describes the positive impact that a Housing First approach can have for both the individual as well as frontline worker wellbeing.



“Currently I am working for a Housing First Service. I work intensively with six clients. I actually pretty much have the time to do my job properly. The clients are long term entrenched rough sleepers with complex needs. They can be quite chaotic but I actually have time to give each individual the attention that their case requires which is a real luxury. In previous roles I have had case loads of up to twenty two clients, admittedly with different levels of need, but that is a real strain. When you're juggling twenty two balls you may occasionally drop one. These balls are people's lives and dropping a ball can have serious consequences for the client concerned. We carry a lot of responsibility and I don't think that this is always acknowledged by the organisations that we work for.” (Frontline Worker, 2018)

Housing First workers provide intensive, flexible and person-centred support to people experiencing multiple needs. Caseload sizes remain small and workers should support no more than 7 people – usually over a prolonged period of time. Because of the small caseload, strengths-based and personalised support can be provided to a client in a flexible way. The usual pressures, relating to achieving certain outcomes within certain timeframes are relieved, as those supported through Housing First set the goals. The support relationship is one based on trust, transparency and equality and due to the needs of this client group the job can at times be tough. It is recommended that staff receive good training and adequate therapeutic support (like reflective practice or clinical supervision) in order to work effectively. (Jo Prestidge, Senior Project Manager – Housing First England, Homeless Link, 2019)



## What do frontline workers want from the Frontline Network?

Over 90% of frontline workers found our small grants support (the VRF) either extremely or very useful [597/646]. A similar proportion said that they would find it extremely or very useful if we were to provide funding for essential household items and flooring. This is something we have done in the past and we are exploring how we can do it again. In the meantime, we will work with other organisations in the sector to look at how access to these items can be addressed<sup>8</sup>.

Over 80% of frontline workers felt it would also be useful to provide funding for training and to signpost to other small grants providers. Over the next year we plan to introduce a fund for training so that frontline workers can either attend existing training that they might not otherwise have been able to afford, or commission bespoke training in areas with a high demand.

**“We desperately need to find a way to support clients with flooring, particularly those with children and health conditions. I would be incredibly grateful if this is something you can help with in future.”**



**“More legal advice for [those supporting individuals experiencing] homelessness, especially for those without recourse [to public funds]”**

**“Greater training and strengthen links particularly with health and mental health provision so that our opinions are taken seriously.”**

We also plan to expand the resources section of the Frontline Network so that it includes information that is useful to the key areas identified in this survey – for example Universal Credit and information about other grant providers.

Frontline workers also asked for more information about the outcome of projects we fund. We plan to focus on ensuring that there is greater awareness and more information about the opportunities and resources already available through the Frontline Network.

**Table 1.7 – Q43: Here are some of the things we currently do, plan to do in the near future, or plan to expand on what we currently do. We would be grateful if you could let us know whether you think they are useful or not?**

N.B. Total of 646 frontline workers answered this question.	Extremely Useful	Very Useful	Moderately Useful	Slightly Useful	Not Useful
Provide small grants to support clients to access accommodation or prevent eviction (up to £350)	502	95	36	6	7
Provide funding for essential household items and flooring for clients	458	124	50	11	3
Provide funding for training – either to attend existing training or to put on bespoke training in your area	323	206	90	17	10
Signposting to other small grants providers	375	188	66	12	5

We have recently published a number of blog posts on our ‘News and Views’ section, describing the highs and lows of some of the projects funded by the Ideas Fund. We will increase the frequency of these publications, to reflect the number of projects that have been funded by the Frontline Network.

<sup>8</sup> For example with Glasspool Charity Trust and the End Furniture Poverty Campaign.

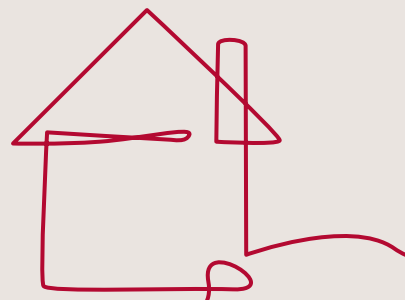
# Key Findings

## Success Factors

- Partnership working was overwhelmingly seen as crucial to obtaining adequate support for people experiencing homelessness. From working in close partnership with the local Job Centre and having a named contact, to improving access to digital support for people trying to make a Universal Credit claim.
- Taking a flexible approach to the way that services are delivered to those with multiple and complex needs was seen as positive. Housing First and approaches that were holistic were seen as particularly beneficial.
- Providing services that are tailored to those with specific support needs was seen as the most effective way of obtaining the support needed. For example, having mental health workers embedded within homeless services and settings.
- Support from colleagues and good management was seen as key to maintaining the wellbeing of frontline workers at work when faced with the challenges posed by the current support and accommodation environment.

## Challenges

- The introduction of Universal Credit has increased the financial strain and risk of homelessness that many of the people frontline workers are supporting face, as well as acting as a barrier to accessing accommodation. It has increased reliance on other sources of support, such as food banks, and has increased the time that it takes frontline workers to support people with their benefits claim.
- For people with multiple and complex needs access to services is particularly difficult and access to mental health support for those with both mental health and substance use issues was seen as especially problematic. Increased difficulty securing support affects engagement with the individual and so their housing situation.
- Accessing suitable accommodation is overwhelmingly difficult. As well as a lack of supply (of all types of accommodation), there are also practical barriers such as having to provide ID, affordability within LHA rates, and having access to a deposit, which make securing accommodation for those experiencing homelessness particularly difficult.
- Job security is important to the wellbeing of frontline workers and is undermined by current commissioning practices of short-term contracts. Not having enough time to work effectively also affects frontline worker wellbeing. This is influenced both by external forces (such as the introduction of Universal Credit), as well as internal pressures to meet targets which aren't designed with people with multiple and complex needs in mind.



# Conclusion

Frontline workers remain passionate about supporting people experiencing homelessness, despite the challenges faced in trying to access appropriate support. While the survey highlighted the difficulties of accessing key areas of support such as mental health and supporting those with multiple and complex needs, frontline workers also demonstrated the insight that they can offer into solutions to some of the problems experienced. Overall, the survey results describe how a flexible, collaborative, and personalised approach can lead to better access to specialist support services for individuals experiencing homelessness.

The survey showed the need for a greater supply of accommodation options and additional funding to tackle some of the financial barriers to accessing accommodation – such as a deposit. We will continue to explore how we can support frontline workers with an improved deposit offer. Frontline workers also highlighted that delays to Universal Credit claims are reducing the number of private landlords willing to accept people in receipt of benefits even further. Frontline workers were overwhelmingly positive about the benefits of building multi-agency relationships between support services and the local Job Centre/DWP – with having a named contact or specialist worker being cited most often as the catalyst to getting a good outcome.

We found that although most issues are common to frontline workers across the UK, frontline workers in Wales found it harder to access emergency accommodation and private rented accommodation than those elsewhere.

There was a distinct correlation between the wellbeing of frontline workers and their interaction with the people they support – with over 80% agreeing with the statement ‘I feel that my overall wellbeing affects how I interact with my clients’. It is clear that increasing job security and implementing an organisational culture that has supportive management and acknowledges the value of frontline workers would have a considerable impact on frontline worker wellbeing.

The intended impact of the HRA (2017) hadn't yet been felt by the majority of frontline workers, with 50% feeling that the ability to prevent homelessness was about the same as prior to its introduction. The 2019 Annual Frontline Worker survey, which will be carried out in the late autumn, will offer the opportunity to review whether this changes. However, the current picture suggests the majority of frontline workers (82%) think that it is overwhelmingly difficult to prevent homelessness.

**The next survey should also paint a clearer picture of the impact of Universal Credit and, by providing an extra year of data, more valuable insight into what is – and isn't – working on the frontline.**

St Martin's Frontline Network exists to harness the ideas, energy and experiences of those at the frontline working with people experiencing homelessness. We do this by building relationships, sharing best practice, developing solutions and communicating the experience and views of the frontline. We will continue to provide opportunities for better collaborative working, so that frontline workers can come together to share their experience and expertise.



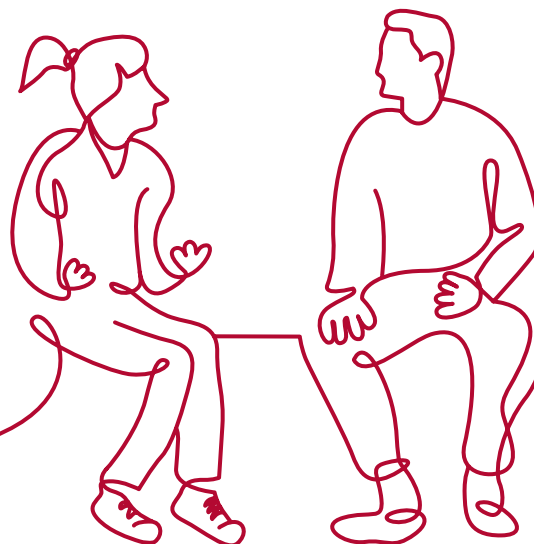
“Your voice is at the heart of all we do at St Martin's Frontline Network. We believe the feedback from this report reflects a valuable link between the frontline voice and key decision makers.”

# What We've Done So Far

- **Greater Resources:** Homeless Link developed a webinar on Universal Credit informed by feedback from this survey – addressing some of the key concerns raised by frontline workers.
- **Wellbeing Focus:** We incorporated the message that wellbeing is a cornerstone of frontline work into our 2019 Annual Frontline Network Conference, with an afternoon dedicated to sessions on wellbeing. We will continue our focus on frontline wellbeing, tailoring events and resources available through the Frontline Network.
- **Amplifying the voice of frontline workers:** Feedback on LHA and affordability has been fed into the Crisis campaign 'Cover the Cost: How gaps in Local Housing Allowance are impacting homelessness'. Crisis is calling on the Government to reconsider how it calculates Local Housing Allowance, so that it covers people's rent in all parts of the country. We will continue to feed frontline worker concerns about affordability into this campaign.

# Next Steps

- In Autumn 2019 we will launch a training fund for frontline workers across the UK. This will enable frontline workers to apply for funding to attend either existing training, or to commission bespoke training where there is a high enough need in their area.
- In 2017/18 the VRF awarded 3981 grants to help people access accommodation and 1646 grants to help prevent eviction. We will review how the VRF can best encourage further access to accommodation and support frontline workers in dealing with the challenges arising from new legislation.
- We will continue to support innovation on the frontline through the Ideas Fund and increase the number of opportunities for frontline workers to network and access peer support.
- We will review the ways in which we feed back the good examples of frontline staff overcoming barriers at a local level, and have recently employed a Policy and Communications Officer to improve communication with frontline workers and key decision makers.



# Appendix

## Appendix 1 – Survey Questions

1. Which of these best describes your job? (833 responses)
2. Which of the following best describes the type of service you work in? (833 responses)
3. Which of the following best describes the type of organisation you work for? (833 responses)
4. Which of the following best describes the size of the organisation you work for? (833 responses)
5. Do you have a 'caseload' that you are the lead worker for? (833 responses)
6. If yes, how many clients do you have? (735 responses)
7. What groups of people do you work with? (833 responses)
8. Which region of the country is the service you work in based? (833 responses)
9. Is your service in an urban or rural area? (833 responses)
10. How long have you been in a role where you are working with people experiencing homelessness? (833 responses)
11. Are you or have you previously been a user of homelessness services? (833 responses)
12. Has it got easier or harder to access support for your clients in the following areas over the past year? (Please tick 'Not Applicable' if you haven't had to try and access a particular type of support) (749 responses)
13. Is there any other support that you find particularly difficult to access for the people you work with? (472 responses)
14. Do you have any good examples of where a solution to accessing a particular type of support has been implemented in your area? (If you are happy for us to follow up – please include your contact details or simply include the name of the organisation(s) involved and we will follow up) (244 responses)
15. Any other comments? (138 responses)
16. How easy or difficult do you find obtaining the following? (723 responses)
17. Are you aware of the Homeless Reduction Act (HRA)? (723 responses)
18. How easy or difficult is it to prevent homelessness? (723 responses)
19. Since the introduction of the Homeless Reduction Act (HRA) have you found it easier or more difficult to prevent the people you are working with from becoming homeless? (723 responses)
20. Do you feel that you have had enough information and training about how the HRA can be used to support the people you are working with? (723 responses)
21. Any other comments? (150 responses)
22. Have your clients been affected by the introduction of Universal Credit (UC)? (704 responses)
23. If yes, have your clients faced problems in any of the following areas? (669 responses)
24. Have you faced problems when trying to provide consent for you to support someone with their claim to the Job Centre? (699 responses)
25. Have you found that, compared to other types of benefit, supporting clients with UC, is: (662 responses)
26. Have you developed partnerships in your local area to try and overcome barriers to supporting people with UC? (If yes – please provide details for us to follow up so that we can highlight good examples)? (319 responses)
27. Any other comments? (111 responses)
28. Are you supporting people who are homeless as a result of their immigration status? (698 responses)
29. If yes, have you experienced problems in the following areas? (414 responses)
30. Are you aware of the impact that Brexit will have on the people you work with? (698 responses)
31. Are you aware of the process of obtaining settled status for an EEA national? (698 responses)
32. Are you working with clients who have raised concerns about the impact that Brexit will have on their housing situation? (698 responses)

33. Is there any specific training you would find useful to help you support people who are homeless as a result of their immigration status? (174 responses)
34. How easy or difficult do you find it difficult to access health services for your clients? (682 responses)
35. Have you experienced problems in the following areas? (682 responses)
36. Are there any other barriers to your clients being able to access health services? (231 responses)
37. Any other comments? (54 responses)
38. Thinking about your current role, please indicate how strongly you agree or disagree with the following statements: (646 responses)
39. How important do you feel the following are to your wellbeing at work? (646 responses)
40. What would be most helpful for improving your wellbeing at work? (330 responses)
41. What has been the impact of your role on your wellbeing? (631 responses)
42. Is there anything else you would like to share about your work practice that impacts your mental health or wellbeing? (218 responses)
43. Here are some of the things we currently do, plan to do in the near future, or plan to expand on what we currently do. We would be grateful if you could let us know whether you think they are useful or not? (646 responses)
44. Are there any other resources that you would like us to provide? (89 responses)

## Appendix 2 – Who Responded

The survey had a high response rate, with 833 frontline workers from across the homelessness/ housing, criminal justice, health, advice, welfare benefits, substance use sectors.

### Q1 – Table 2.1: Which of these best describes your job?

Support worker	324
Resettlement worker	44
Substance misuse worker	16
Housing options worker	75
Housing management worker	32
Specialist benefits worker	15
General advice worker	29
DWP / Job Centre worker	3
Criminal Justice worker	23
Mental health worker	8
System navigator	9
Hospital/NHS worker	5
Specialist immigration adviser	2
Specialist debt adviser	22
Specialist housing adviser	28
Other (please specify)	198
<b>Total</b>	<b>833</b>

For those that chose 'other' (24%), the majority of the roles specified reflected the categories above, even if the wording wasn't an exact match – for

example project worker and adviser may reflect 'support worker' and 'general advice worker'. However, a large proportion of the roles recorded under 'other' were 'outreach', 'social worker' and different variations of accommodation / supported accommodation workers. This reflects the responses to the types of service that people work in, where 10% of respondents said that they worked in an outreach service and 14% said that they worked in supported accommodation.

### Q2 – Table 2.2: Which of the following best describes the type of service you work in?

Hostel	77
Day centre	51
Resettlement/ Tenancy sustainment	104
Substance misuse	18
Mental health	18
Advice service	83
Night shelter	8
Supported housing	119
Hospital	1
Outreach	81
Local Authority / HPU	106
DWP / Job Centre	5
Criminal Justice	29
Other (please specify)	133
<b>Total</b>	<b>833</b>

**Q3 – Table 2.3: Which of the following best describes the type of organisation you work for?**

	% Breakdown	Total
Charity	57.26%	477
Housing association / ALMO	14.53%	121
Local authority – Housing	14.05%	117
Local authority – Support/social care	5.64%	47
Health	1.20%	10
Criminal Justice System	2.52%	21
Other statutory	0.36%	3
Other (please specify)	4.44%	37

**Q4 – Table 2.4: Which of the following best describes the size of the organisation you work for?**

	% Breakdown	Total
Large (100 employees >)	59.90%	499
Medium (30-100 employees)	20.29%	169
Small (< 30 employees)	18.49%	154
Don't know	1.32%	11
<b>Total</b>		<b>833</b>

**Q5 – Table 2.5: Do you have a 'caseload' that you are the lead worker for?**

	% Breakdown	Total
Yes	80.91%	674
No	19.09%	159
<b>Total</b>		<b>833</b>

**Q6 – Table 2.6: If yes, how many clients do you have?**

	% Breakdown	Total
None	7.62%	56
0-10	22.86%	168
11-20	27.89%	205
21-30	17.96%	132
31-40	7.89%	58
40+	15.78%	116
<b>Total</b>		<b>735</b>

**Q7 – Table 2.7: What groups of people do you work with? Pick as many as apply.**

Men	478
Women	490
Young people	360
Care leavers	325
Current and/or former rough sleepers	421
People with multiple/complex needs	492
People with dual diagnosis	386
People with substance misuse issues	491
People with mental health problems	517
People in contact with Criminal Justice system	447
Migrants/refugees	264
BAME	191
LGBTQ+	291
Roma / Gypsy / Traveller	215
Veterans / Ex-services personnel	248
All of the above	351
Other (please specify)	45

**See Appendix 3** for description of how totals were calculated taking 'All of the above' responses into account.

**Q8 – Table 2.8: Which region of the country is the service you work in based?**

	% Breakdown	Total
Scotland	12.85%	107
Wales	10.80%	90
Northern Ireland	2.16%	18
England – North-East	3.00%	25
England – North-West	16.21%	135
England – Yorkshire and Humberside	5.52%	46
England – East Midlands	7.08%	59
England – West Midlands	3.84%	32
England – South West	10.32%	86
England – South East	12.48%	104
England – London	15.73%	131
<b>Total</b>		<b>833</b>



### Q9 – Table 2.9: Is your service in an urban or rural area?

	% Breakdown	Total
Large urban area (e.g. city, large town)	67.59%	563
Smaller urban area (e.g. small town)	26.65%	222
Predominantly rural area (e.g. village, hamlet)	5.04%	42
Don't know	0.72%	6
<b>Total</b>		<b>833</b>

### Q10 – Table 2.10: How long have you been in a role where you are working with people experiencing homelessness?

	% Breakdown	Total
Less than a year	7.92%	66
1-2 years	15.73%	131
3-5 years	22.81%	190
6-10 years	22.93%	191
11-20 years	25.09%	209
21 years or more	5.52%	46
<b>Total</b>		<b>833</b>

### Q11 – Table 2.11: Are you or have you previously been a user of homelessness services?

	% Breakdown	Total
I am currently a user of homelessness services	3.24%	27
I was previously a user of homelessness services	12.85%	107
I have never been a user of homelessness services	77.79%	648
I prefer not to answer	6.12%	51
<b>Total</b>		<b>833</b>

## Appendix 3 – Extended Methodology

Where the response to a question was lower than 833, we have included the reference as [applicable number of respondents / total number of respondents to that question] or have included the total in the corresponding table of results.

The survey contained 32 closed questions and 12 open questions. We included open questions within each thematic area, allowing people to include information which might not have been captured through the closed questions. In total, 2,530 comments were included in the responses to the open questions. These were coded against recurring themes. A selection of these quotes is incorporated in the report.

There was no identifiable sampling frame and so no statements as to the statistical representativeness of responses can be made. However, regionally low return rates from Northern Ireland (18), the West Midlands (32), and the North East (25) mean that those figures should be treated with caution.

For calculating the number of frontline workers that said that they support people with a particular support need under question 7, the figures included under the

accessing support section include those who ticked 'all of the above'. For example, to calculate the total number of frontline workers supporting people with mental health – MH total = 517; All of the above total = 351; total who ticked all of the above and MH = 139. Therefore total who support people with mental health needs = 517+351-139 = 729. 729/833 = 88%.

In question 12 we asked people to comment on whether it had got easier or harder to access a range of support services. This refers to the year 2017-2018.

In question 12, we have removed the responses 'N/a' – so all commentary about the percentage of people responding, refers to the number responding against that specific support need. E.g. With N/a removed from the data for multiple and complex needs, the total responding is 687, of which 34% said it had got much harder and 30% said it had got harder. This is recorded as: 64% of frontline workers [437/687] felt that it had got harder over the past year to access support for multiple and complex needs.

## Appendix 4 – Legislative Context

### England

- The introduction of the HRA (Homelessness Reduction Act 2017) marks a renewed focus on preventative work and introduces new methods to achieve this. There are two new duties: to prevent and relieve homelessness, which requires local authorities to provide advice and a personal housing plan to individuals experiencing or threatened with homelessness within 56 days.
- A new Rough Sleeping Strategy, RSS, (August 2018) was introduced – attempting a multi-disciplinary assistance approach to tackling homelessness<sup>9</sup>.

### Wales

- The Housing (Wales) Act 2014 introduced homelessness prevention and relief duties – the impact of which had had longer to embed when this survey was undertaken.
- In 2017 the Welsh Government made available additional funding available to reduce rough sleeping. Within this additional funding, investment was focused on supporting a range of new projects based on Housing First approaches. By mid-2017 a number of Housing First projects were in operation across Wales.

### Scotland

- The Scottish Government has pledged £50 million to support homelessness prevention over the next five years. The “Ending Homelessness Together: High Level Action Plan” (2018) includes a plan to develop a wide-reaching prevention duty as a legal backstop for those experiencing homelessness. The High Level Action Plan also aims to revise legislative arrangements on local connection and intentionality. It is premised that these changes will remove arbitrary barriers, making it easier to act early in preventing homelessness.
- The Scottish plan takes up the recommendations set out by the Homelessness and Rough Sleeping Action Group (HARSAG) placing significant recognition of frontline workers: ‘We must ensure that the frontline workers working directly with people experiencing homelessness, who often have the deepest insight into people’s needs, are well-resourced and supported through training and access to the right resources.’<sup>10</sup>
- The Scottish Section 33 ‘no fault’ eviction was abolished on December 1, 2017 after which tenancies, by law, are now open-ended in Scotland.

### Northern Ireland

- Ending Homelessness Together: The Homelessness Strategy for 2017-22<sup>11</sup> plans to further develop the ‘Housing First’ pathway model developed during the previous strategy. The intention is to explore the potential for other types of housing-led pathway models and examine existing outreach models that provide services to rough sleepers as part of rough sleeping action plans.

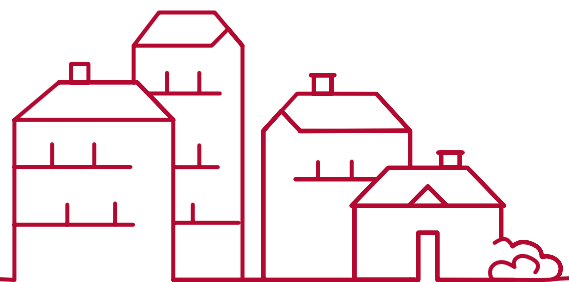
<sup>9</sup> The Ministry of Housing, Communities and Local Government (2018) Rough sleeping in England: autumn 2017. <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017> – Item 131, p47.

<sup>10</sup> Ending Homelessness Together: High level action plan, Scottish Government (2018) – p15.

<sup>11</sup> Ending Homelessness Together, the Homelessness Strategy for Northern Ireland (2017-22), Northern Irish Government (2017).

## Appendix 5 – Key Terms

- **Strength-based practice<sup>12</sup>:** Strength-based practice is about transforming relationships between staff and the people they work with. It addresses the power imbalance, which can otherwise compound their trauma, and encourages staff to realise that they are not the resource holder or the decider of the destination, instead facilitating the building of a collaborative relationship where both parties share their knowledge and skills.
- **Psychologically informed environment (P.I.E)<sup>13</sup>:** Psychologically informed environments make use of methods which are informed by psychological theories and frameworks, to understand how we think and feel about the way a person is behaving, which enables a more considered reaction. It's useful to understand generally how trauma, for example, in childhood, war zones or everyday life, can affect the way people cope with difficult situations, so that we are less likely to make judgements about behaviour we find difficult or challenging.
- **Housing First<sup>14</sup>:** Housing First is a recovery-oriented approach which aims to provide independent and permanent housing first, with a view to providing the necessary wrap-around support, once accommodation has been secured.



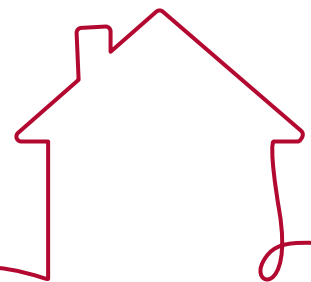
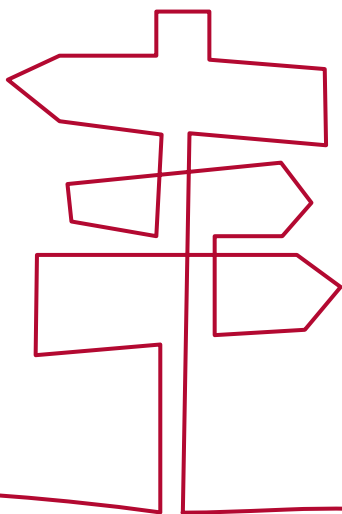
<sup>12</sup> Positive approaches, Homeless Link, 2018: <https://www.homeless.org.uk/our-work/resources/positive-approaches>

<sup>13</sup> Why P.I.E? Homeless Link, 2018: [www.homeless.org.uk/connect/blogs/2017/feb/08/why-pie-rationale-for-psychologically-informed-environments](http://www.homeless.org.uk/connect/blogs/2017/feb/08/why-pie-rationale-for-psychologically-informed-environments)

<sup>14</sup> Housing First, Homeless Link, 2018: <https://www.homeless.org.uk/our-work/national-projects/housing-first-england>



# Frontline Network



## Frontline Network

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