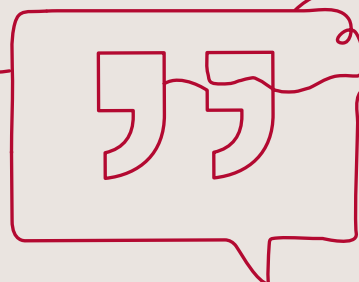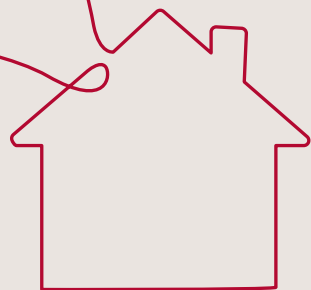# Annual Frontline Worker Survey 2020
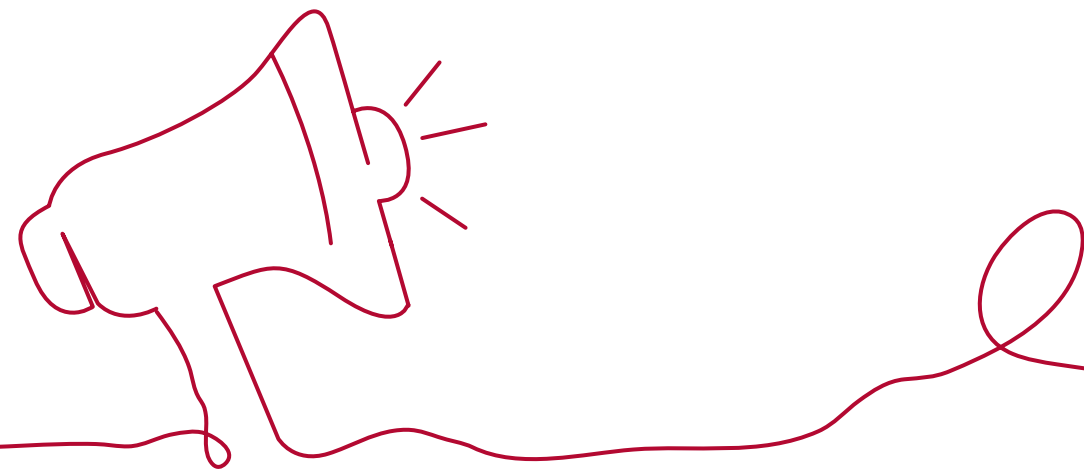
Full Report

Our fourth annual UK-wide survey of frontline workers supporting people experiencing homelessness.
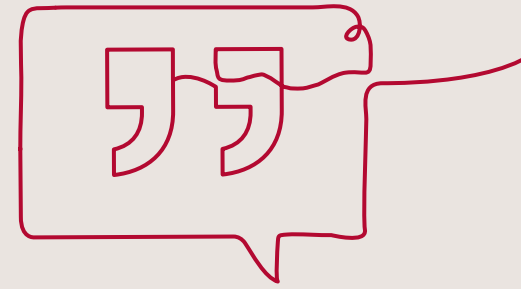
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Acknowledgements

Introduction

The annual Frontline Worker Survey is the most extensive survey of frontline staff working with people experiencing homelessness across the United Kingdom. This is the fourth year we have undertaken the survey since its launch.

We know frontline workers have a first-hand insight into how to prevent and relieve homelessness. And yet, with cumulative and time-sensitive workloads, it is often difficult to feedback frontline expertise. That is why we run this annual Frontline Worker Survey to understand the practical and systemic barriers to tackling homelessness, and to seek the best solutions to ensure that suitable, secure, affordable housing is available to all.

This report provides a snapshot into the working lives of staff on the frontline. In total 930 frontline workers from across the four nations responded to the survey over a three-week period in November 2020. We asked 50 questions primarily exploring the impact of COVID-19, access to accommodation and specialist support services, and frontline worker wellbeing. In our analysis of the survey results we recognise that devolution means there are divergent homelessness and COVID-19 policies, laws and experiences across the four nations.

Further information about the survey methodology and the frontline workers who participated can be found in the Appendices.

COVID-19

The survey results quoted in this report provide an insight into the situation for frontline workers nine months into the COVID-19 pandemic. Lockdown measures, social distancing and public health concerns have had a significant impact for the delivery of services and the support available to people experiencing homelessness. At the time of writing, many of these challenges are ongoing.

It is important to acknowledge what has occurred in the interim between November 2020 when frontline workers shared their views and Spring 2021 as we write this report. The intervening winter months saw an increased risk of COVID-19 across the four nations, leading to the reintroduction of restrictions which had previously been eased in some areas during the summer and early autumn. This coincided with the need for winter provision to support people otherwise sleeping rough in cold temperatures. Services have had to adapt Severe Weather Emergency Protocol (SWEP) provision (which in previous years has often involved individuals sharing spaces) to ensure it is COVID-secure. These circumstances, alongside uncertainty relating to funding and longer-term service delivery, have created additional challenges for frontline workers preventing and relieving homelessness and resulted in a mixed picture across the UK.

Over the last year we have seen an exceptional collaborative effort on the frontline to accommodate thousands of people who are homeless. Now, as we look forward, we know that lessons must be learned and further action taken to ensure that this progress is both sustained and built upon.
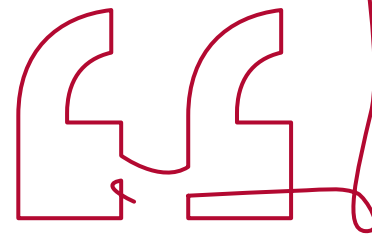
Key Definitions

We define a frontline worker as anyone in a paid position directly supporting people experiencing homelessness. This includes those working in the public, statutory and voluntary sectors. Frontline staff responding to this survey work in roles such as outreach, housing, social work, and probation.

In this survey, we have adopted the Homelessness Monitor's definition of homelessness[1], which recognises its complex and multifaceted character. People experiencing homelessness may be recognised as statutorily homeless under their respective country's legislation. However, we also classify homelessness as including those individuals living in hostels, shelters, and temporary supported accommodation, as well as hidden homelessness – including sofa-surfers, and others living insecurely in sheds or cars who are often not captured in official statistics.

About the Frontline Network

We believe many of the systemic barriers and practical solutions to preventing and relieving homelessness can be identified on the frontline. That is why in 2016 St Martin-in-the-Fields Charity set up the Frontline Network.

The Frontline Network supports staff from the public, statutory and voluntary sectors working on the frontline with people experiencing homelessness. Since its launch, over 2,200 frontline workers from across the UK have joined the Network.

Our work aims to build relationships, share best practice, develop solutions, and communicate the experience and views of frontline workers.

At a national level, we offer funding, community and resources. This includes:

- Providing funds for frontline workers to attend training and test out new ideas

- Hosting training and events such as our annual and regional conferences

- Conducting research with frontline workers to learn from their insights and

- Amplifying the voices of frontline workers to influence decision makers.

Locally, we work with eight partners[2] across the UK who provide regular opportunities to bring together frontline staff in their areas to network, share expertise and effect change. In parts of the UK where there is not currently a partner organisation, we work with interested organisations and staff to provide other opportunities for frontline workers to connect via nationally organised Local Networks.

Finally, we also provide grants, through frontline workers, to prevent evictions and help people to access accommodation. This includes our longstanding Vicar's Relief Fund and our Emergency Fund, which was launched in April 2020 to offer greater support in response to the COVID-19 pandemic. The latter provided £1.65 million of grants in five months, assisting with basic essential needs, overcoming barriers to support and securing accommodation. The enhanced offer was relaunched between February and April 2021 to respond to continued need under UK lockdowns.

For more information visit our website:
www.frontlinenetwork.org.uk

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1. The Homelessness Monitor: https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/

2. Our Frontline Network partners are: Coventry Citizens Advice - Coventry Frontline Network; Cymorth Cymru - Frontline Network Wales; Cyrenians - Scottish Frontline Network; Justlife - Brighton and Hove Frontline Network; Mayday Trust - PTS Frontline Network; Path - Plymouth Frontline Network; Praxis - Pan-London Migrant Frontline Network; and Street Life Trust - Blackpool, Wyre and Fylde Frontline Network.

Key Findings

In previous years' surveys, frontline workers have highlighted systemic and practical barriers to preventing and relieving homelessness. The results from this year are marked with the impact of the COVID-19 pandemic, which has heightened and reshaped need, as well as necessitated new partnerships and ways of working. Underlying this however, we see that many pre-existing challenges relating to access to accommodation, welfare, support services and frontline worker wellbeing remain.

Please find our headline findings on the following pages alongside quotes directly taken from frontline workers' survey responses.
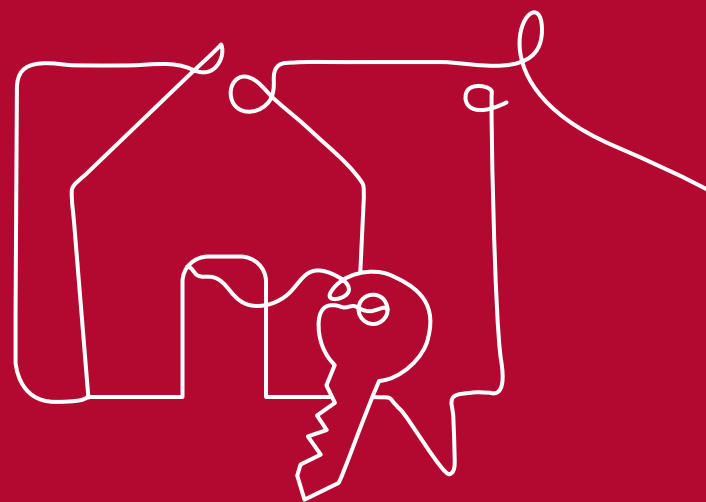
COVID-19 Response

Frontline workers shared mixed views on the response to the COVID-19 pandemic across the four nations. Overall, whilst the progress made was recognised, there was considerable concern about the future:

68% of frontline workers felt that commitment from their nation's Government to preventing and relieving homelessness **had increased** since the COVID-19 pandemic.

However, looking forward, **only 6% of frontline workers** felt extremely or very confident in their Government's response to homelessness prevention and relief.

Access to Accommodation

Despite emergency COVID-19 measures, lack of affordable and suitable accommodation remains a fundamental issue when preventing and relieving homelessness:
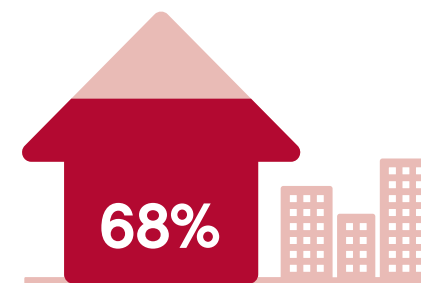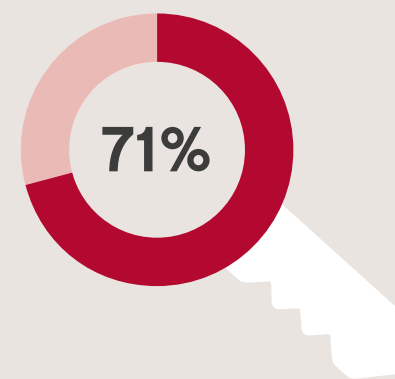
71% of frontline workers in the UK have found it **difficult to access accommodation** for the people they support since the COVID-19 pandemic started.

Frontline workers have found specialist accommodation and private rented accommodation the **hardest to access since the COVID-19 pandemic started:**

84% of workers found specialist accommodation difficult to obtain.

82% of workers found private rented accommodation difficult to obtain.

More [people sleeping rough] have been able to access accommodation than previously, [but] those not rough sleeping at the beginning of the pandemic often had problems accessing accommodation.

Access to Welfare Support

The economic impact of the COVID-19 pandemic has led to an increased need for welfare support, however frontline workers reported continued challenges in accessing Universal Credit and benefits:
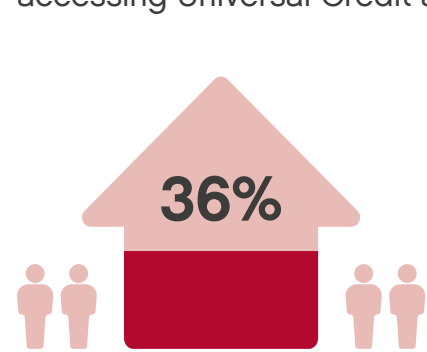
36%

of frontline workers have **seen an increase** in the number of people they support being affected by the Benefit Cap since the COVID-19 pandemic started.

63%

of frontline workers have **found it harder** to access support for benefits issues for people they work with since the COVID-19 pandemic started.

> Though there is certain provision for vulnerable people I am experiencing people who are falling through cracks because up until the COVID crisis they have not had any experience of benefits and/or homelessness.

Migrant Homelessness Support

Despite progress under Everyone In[3], migrants continue to face additional risks and challenges when it comes to homelessness:
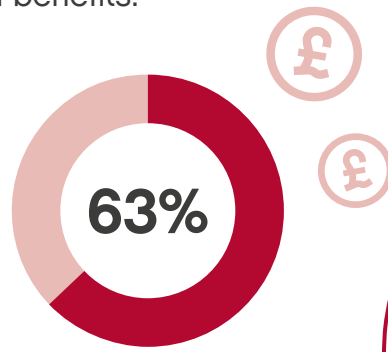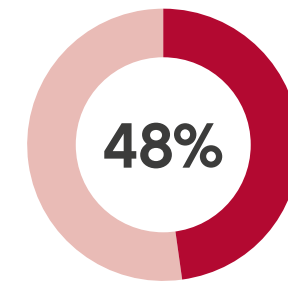
48%

of frontline workers were supporting someone who has experienced homelessness because of their immigration status.

31%
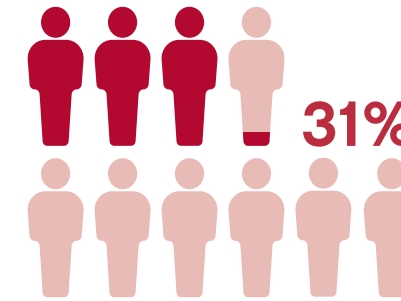
of frontline workers felt it had **become harder** to support migrants experiencing homelessness since the start of the COVID-19 pandemic.

Access to Support Services and Healthcare

Many support and healthcare services shifted rapidly to remote working as a result of COVID-19. This transition has brought challenges to delivering and accessing specialist support at a time of increased need:
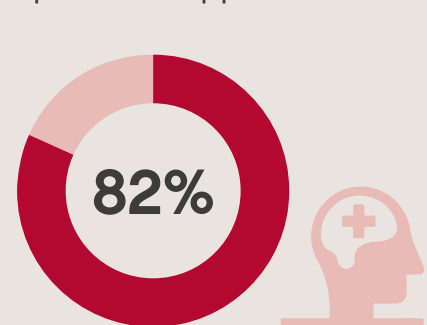
82%

of frontline workers have **found it harder** to access support for mental health issues for people they work with since the COVID-19 pandemic started.

82%
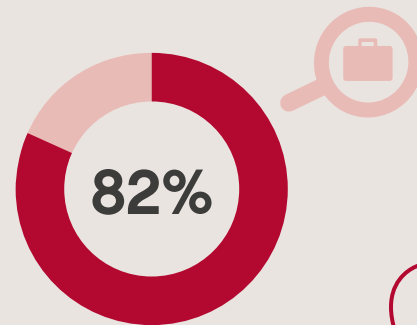
of frontline workers have **found it harder** to access employment, training and education support for people they work with since the COVID-19 pandemic started.

> I was seeing clients throughout but all specialist services were phone only which really did/does not work for my [clients]. My team became clients' only contact and therefore taking roles much beyond our usual specialities.

Frontline Worker Wellbeing

The wellbeing of frontline workers remains a significant concern and COVID-19 has brought additional challenges relating to staff safety and remote working:

68%

of frontline workers felt their wellbeing was negatively impacted by their role as a frontline worker.

Only 2/3

of frontline workers agreed they felt healthy and safe to perform their role.

30%

of frontline workers felt they did not have enough time to do their job effectively.

> Working from home, isolation, IT issues and massively increased [need] are affecting many staff.

3. Everyone In: A government response to the COVID-19 crisis, launched in March 2020 and aiming to provide people sleeping rough and staying in hostels and night shelters with safe accommodation: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928780/Letter_from_Minister_Hall_to_Local_Authorities.pdf

COVID-19 Response

Over the last year the COVID-19 pandemic has compounded the existing homelessness crisis and provided further reason to take action. We asked frontline workers to reflect on the response they have seen, what has worked and what hasn't, and how they felt looking forward. This section explores these views and highlights differences across the four nations.

Frontline workers across the UK had differing views on how the COVID-19 pandemic has affected their work, with 28% reporting an increased ability to successfully prevent and relieve homelessness, 26% a decreased ability and 46% observing no change. Improvements were felt to be greatest in England and Wales, where 29% and 28% of frontline workers reported increased ability to prevent and relieve homelessness respectively, compared to 15% in Scotland and 13% in Northern Ireland.

Since the COVID-19 pandemic:

Caseload of frontline workers

⌃ **56%**	Saw an increase
— **39%**	Saw no change
⌄ **5%**	Saw a decrease*

* Several frontline workers attributed this to the pause in evictions.

Resources available to frontline workers to prevent and relieve homelessness

⌃ **33%**	Saw an increase
— **41%**	Saw no change
⌄ **26%**	Saw a decrease
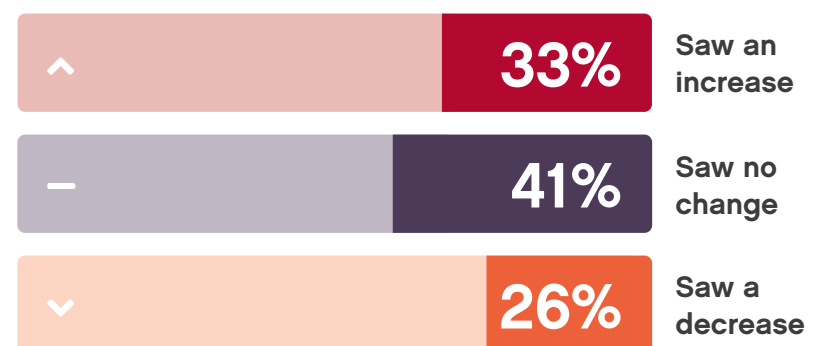
Commitment from national Government to preventing and relieving homelessness:

81% of frontline workers in Wales saw an increase

67% of frontline workers in England saw an increase

58% of frontline workers in Scotland saw an increase

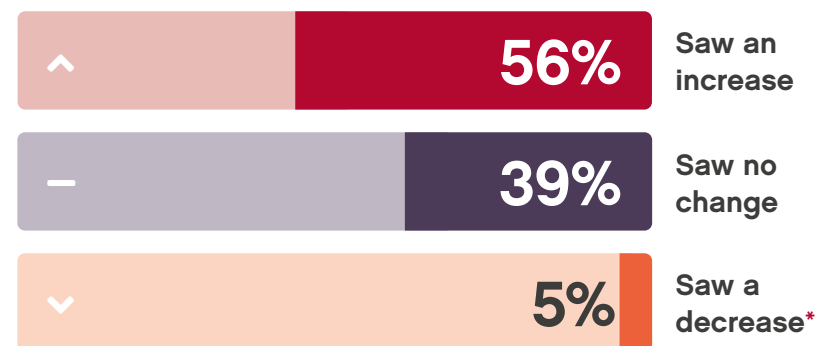**36%** of frontline workers in Northern Ireland saw an increase

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We asked frontline workers what has and hasn't worked well in supporting people experiencing homelessness during the COVID-19 pandemic. Common themes are outlined in the table below and explored in more depth in subsequent sections.

What has worked well?	What hasn't worked so well?
✔ Increased access to emergency and temporary accommodation through Everyone In, and in some cases effective transitions to move on accommodation following this.	✘ People were excluded from initiatives such as Everyone In, particularly individuals with complex needs or people experiencing hidden homelessness.
✔ Other Government initiatives such as the pause in evictions, Universal Credit uplift and provision of emergency funding.	✘ Lack of face-to-face communication and digital exclusion has meant it can be more difficult to access support. Some services have been overwhelmed or closed.
✔ Frontline staff pulling together to support each other and quickly adapt their services.	✘ Challenges making workplaces COVID safe, especially early on.
✔ Greater partnership working with other agencies, local authorities and community groups.	✘ Some negative experiences of remote working (e.g. IT issues).
✔ Increased use of technology to aid communication with people experiencing homelessness and partner organisations.	
✔ Some positive experiences of remote working (e.g. improved focus).	

Looking forward, only 6% of frontline workers felt extremely or very confident in their Government's response to homelessness prevention and relief for the people they support.

Confidence was lowest in Northern Ireland where 70% of frontline workers did not feel confident in the Government's response looking forward, compared to 60% in England, 45% in Scotland and 41% in Wales.

Comments from frontline workers highlighted concerns that the positive measures introduced in the first lockdown, particularly addressing rough sleeping through Everyone In, were not being sustained and built upon. There were fears that support needs would increase further as a result of the economic impact of COVID-19 leading to rising unemployment and poverty, and the end of measures such as the pause in evictions and furlough scheme. Consequently, frontline workers felt that new and ongoing issues with access to accommodation, support and healthcare services must be prioritised and resolved with improved communication and partnership working.

Recommendations

Action must be taken to ensure that support to people experiencing homelessness meets the developing post-lockdown environment:

Governments across the UK – Acknowledge that some momentum in focus and resources for tackling homelessness has been lost since the first wave of pandemic, and act to reverse this.

Support Organisations – Consult and publish post-pandemic service plans which are informed by frontline worker experience to ensure support can be maximised in the changing environment.

Frontline Workers – Feedback the evolving frontline experience to colleagues and the Frontline Network as services adjust post-lockdown.

Access to Accommodation

Feedback from frontline workers highlights positive steps taken by Government to address rough sleeping during the COVID-19 pandemic. However, whilst slightly fewer frontline workers reported difficulties in accessing accommodation compared to when surveyed in 2019, this section shows it continues to be a widespread and significant issue. Results indicate that further work must be done to ensure that suitable accommodation is available and accessible to all.
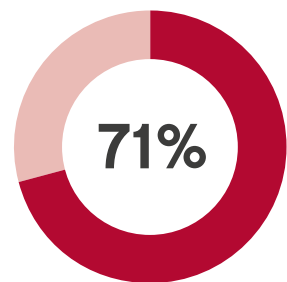
71% of frontline workers in the UK have found it difficult or very difficult to access accommodation for the people they support since the COVID-19 pandemic started.

This figure was slightly lower in Scotland and England whilst frontline workers faced more difficulty in Wales and Northern Ireland.

68%

79%

82%

69%

Types of Accommodation

Frontline workers have found specialist accommodation and private rented accommodation the hardest to access for people they support since the COVID-19 pandemic started.

84% of workers found specialist accommodation difficult to obtain.

82% of workers found private rented accommodation difficult to obtain.

Additionally, 79% of frontline workers reported difficulty in accessing social housing and 70% supported accommodation. A further 56% of frontline workers faced challenges in accessing emergency accommodation, although this does mark a notable 24% improvement compared to 2019.

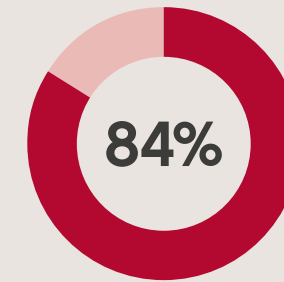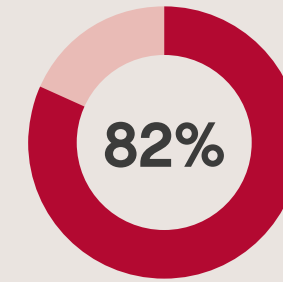> "More [people sleeping rough] have been able to access accommodation than previously, [but] those not rough sleeping at the beginning of the pandemic often had problems accessing accommodation".

Looking forward to winter frontline workers were concerned that the people they support were at increased risk from homelessness due to COVID-19. It was felt the pandemic could contribute to financial difficulties, poor mental and physical health and relationship breakdown. In total, 43% of frontline workers were not confident that their local area had satisfactory winter provision to support people sleeping rough. Frontline workers worried that accommodation such as night shelters would have reduced capacity or not open at all, and that some individuals would be excluded (for instance if they did not adhere to social distancing rules).

Frontline workers reported challenges when trying to obtain furnished accommodation, with 68% describing this as difficult since COVID-19. Where frontline workers have been unable to access furnished accommodation, furniture and white goods have been sourced from a variety of charities or through local authority grants (for example the Discretionary Assistance Fund in Wales). Frontline workers raised additional difficulties relating to the transportation and storage of furniture.

The suitability and quality of available accommodation was also raised as an issue by frontline workers. For example, where accommodation was too small or did not allow pets. Furthermore, as a result of COVID-19 it has been a challenge for households to view potential accommodation in advance of moving in.
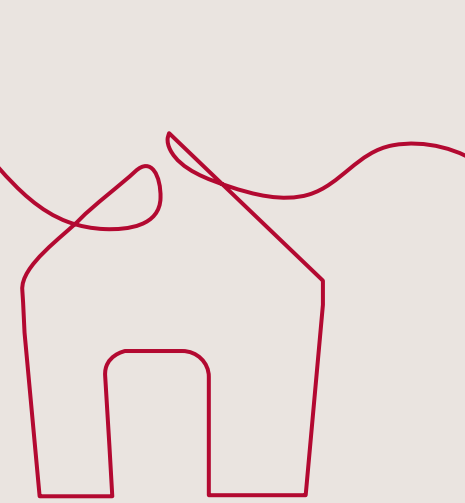
Focus area:
Accessing Accommodation within the LHA rate

The Local Housing Allowance (LHA) limits the amount of housing benefit or Universal Credit which tenants in the private sector can claim to help pay their rent. LHA rates were originally set to ensure that individuals in receipt of benefits could afford the cheapest 30th percentile of rental properties available in their local area[4].

Over time, the LHA dropped in real terms as it was not increased in line with inflation. On 20 March 2020, the chancellor announced that LHA rates would be increased to match the current 30th percentile[5].

The increase in LHA rates was generally welcomed by frontline workers. Some reported this improved the financial situation of the people they support and widened the accommodation options available to them.

However, a majority of frontline workers (54%) felt that the increase in LHA rates had neither a positive or negative impact on their ability to prevent or relieve homelessness. Overall, since the COVID-19 pandemic started 68% of frontline workers have still found it difficult or very difficult to obtain accommodation within the LHA rate.

Barriers to Accessing Accommodation

Four key issues were thought to have limited the positive outcomes resulting from the LHA rate increase and have instead led to continued difficulties in accessing accommodation.

1. **Frontline workers emphasised the lack of affordable, local private rented accommodation. Some reported that rents had been increased in line with the LHA rate.**

2. **Discrimination against tenants on benefits[6] and without a guarantor remains an issue. 83% of frontline workers reported that it has been difficult to find private landlords willing to let to LHA claimants since the COVID-19 pandemic started.**

3. **60% of frontline workers also reported it had been difficult to obtain the ID needed to secure accommodation since the COVID-19 pandemic started.**

4. **Frontline workers highlighted that some LHA claimants face additional affordability challenges, for example many working age people are affected by the Benefit Cap[7], and younger, single clients are subject to the lower shared accommodation LHA rate.**

> "I have been trying to find a flat for one client in South West London where all her family live. Her benefits cap is £874.29pm which is in itself an incredibly low amount to find somewhere and when you do, they [private landlords] all say they won't take housing benefit".

62% of frontline workers had access to a local rent deposit scheme to help them support people who are experiencing homelessness into private rented accommodation. However 50% of frontline workers found it difficult to obtain a deposit to secure accommodation since the COVID-19 pandemic started, suggesting this did not meet the need.

When trying to prevent someone losing their home due to rent arrears, frontline workers said they accessed Discretionary Housing Payments from their local councils, charitable grants such as the Vicar's Relief Fund or sometimes were able to negotiate a settlement.

Recommendations

Further action must be taken to improve access to accommodation, particularly specialist accommodation and private rented accommodation:

Governments across the UK – Increase and sustain Local Housing Allowance rates to ensure that housing benefit or Universal Credit housing payment supports more people to access accommodation.

Local Authorities – Where there is outstanding need, develop Local Welfare Funds to cover furniture and essential household items to support people to move into homes rather than simply accommodation.

Department for Work & Pensions / Local Authorities / Landlords – Ensure that renters reliant on Housing Benefit or Universal Credit housing payments are not disadvantaged, or discriminated against, in accessing and keeping accommodation.

4. Local Housing Allowance Guidance – April 2014, Gov.uk: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment__data/file/324708/lha-guidance-manual.pdf

5. As of March 2021, the LHA rates have been frozen, resulting in a real-terms cut in housing benefit: https://www.theguardian.com/money/2021/mar/13/benefits-freeze-will-leave-tenants-across-britain-facing-rent-arrears-of-1000

6. Survey responses suggest this discrimination is still happening in practice, despite a 2020 ruling that it is unlawful: https://blog.shelter.org.uk/2020/07/no-dss-landmark-court-ruling%E2%80%AFdeclares%E2%80%AFhousing-benefit%E2%80%AFdiscrimination%E2%80%AFis%E2%80%AFunlawful%E2%80%AF/

7. The Benefit Cap limits the amount of Universal Credit or housing benefit so that the total remains under a set level: https://england.shelter.org.uk/housing__advice/benefits/dealing__with__the__benefit__cap

Access to Welfare Support

The COVID-19 pandemic has led to an increased need for welfare support, however frontline workers reported numerous challenges in accessing Universal Credit and benefits which are explored in this section. We also examine possible solutions, including the value of developing partnerships with statutory services and the timely potential to introduce a 12-month protection from the Benefit Cap.
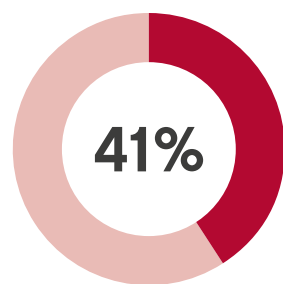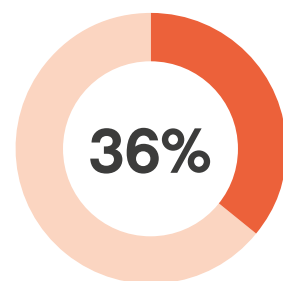
Current Welfare Issues:

**Loss of benefits continues to be a route into homelessness.**
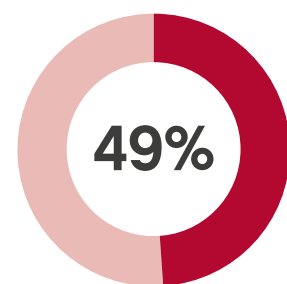
49% of frontline workers have supported someone who has experienced homelessness as a result of a benefits sanction.

41% have supported someone who has experienced homelessness because of the wait for their first UC payment.

36% of frontline workers have seen an increase in the number of people they support being affected by the Benefit Cap since the COVID-19 pandemic started.
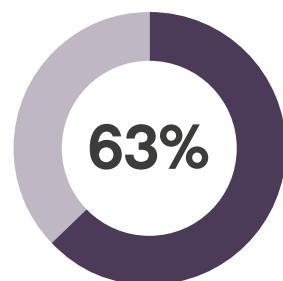
63% of frontline workers have found it harder to access support for benefits issues for people they work with since the COVID-19 pandemic started.
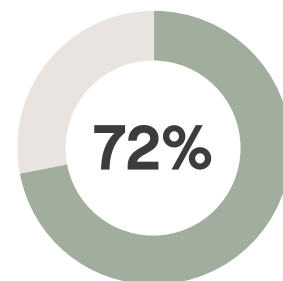
72% of frontline workers said the individuals they support had been negatively affected by the roll out of Universal Credit.

Where people have been negatively impacted by Universal Credit, the most common issues faced were:

93% have problems due to no income until the first payments

93% have problems with digital access

90% have problems transitioning from the old benefits system (JSA, ESA, tax credits etc) to Universal Credit

89% have problems budgeting for monthly payments compared to fortnightly payments

Focus area:
Developing Partnerships with Statutory Services

The majority of frontline workers do not have (or know of) a Universal Credit escalation route with their local Job Centre or contact details of their local Job Centre's partnerships manager (69% and 54% respectively).

We asked frontline workers to share examples of effective partnerships which had helped to overcome barriers to supporting people with Universal Credit. Examples of best practice included having a named contact at the Department for Work and Pensions (DWP) or local Jobcentre Plus who could be reached directly and with whom they had agreed working arrangements. In some cases, this contact had a relevant specialised role, for instance being a vulnerable client lead or member of the complex needs team. Some frontline workers reported the benefit of attending multiagency partnership meetings or events where these members of staff were present to discuss more general issues.

"Ideally, each job centre should have liaison officers responsible for vulnerable [people sleeping rough] cases, who can be a focal point for helping get Universal Credit claims running so people can be helped off the street faster".

"Pre COVID-19 [our local] Job Centre seemed proactive in organising events where staff from homeless services could engage with staff at the Job Centre to discuss challenges to supporting our clients with Universal Credit".

"Our local DWP have champions for various areas of complex needs including one specifically for youth homelessness. We also have an agreed statement that gets entered on to the claimants journal, detailing who they are, where they live, who they are supported by and their complex needs issues. This is then transferred to their profile so any coach looking on the system will see they are in supported accommodation and therefore make allowances on commitments and therefore sanctions".

Other frontline staff described challenges in partnership working. This included slow response times from colleagues in statutory services and changing points of contact. The perceived impact of the pandemic on partnership working was also mixed, with some commenting that collaboration has increased and others saying it has been difficult to build relationships due to remote working.

Aside from statutory services, frontline workers also emphasised the importance of other organisations in advising with and supporting welfare issues. In particular, Citizens Advice's Help to Claim service was referenced, alongside council services and other localised charities.

Focus area:
12-month Protection from the Benefit Cap

In response to the COVID-19 pandemic several temporary measures have been introduced to support households, including a £20 uplift in Universal Credit and a 9-month grace period for anyone who was earning over the Universal Credit threshold for the previous 12 months. We asked frontline workers how a further intervention, a universal 12-month protection period from the Benefit Cap, would affect the people they support.

The majority of frontline staff felt this intervention would have a positive impact for people affected by the Benefit Cap. This was attributed to the financial relief it would provide and therefore the reduced risk of households accruing debts and arrears. It was felt this could in turn reduce stress and anxiety for individuals and provide breathing space for them to access support and search for suitable accommodation.

"It will enable the people I support to have some mental and emotional balance, not having to worry about shortfalls in rent while I support them to explore long-term alternative solutions to address their situation".

"It would help them to get back on their feet again. Especially those who have lost their job due to COVID and found themselves on benefits for the first time".

However, concerns were raised that this intervention would only delay issues for 12 months and a more sustainable change was needed to ensure benefits were set at a realistic amount:

"It would only be a short-term fix. If someone is housed in accommodation which then becomes unaffordable when the cap is applied again it is just putting a sticking plaster to mask the fact Benefit Cap has created real issues for affordability".

Recommendations

Interventions should be made to recognise financial hardship which has been worsened by the economic impact of COVID-19:

Governments across the UK – Provide a 12-month protection period from the Benefit Cap to enable households time to access support and recover.

Department for Work and Pensions – Build on existing good practice examples of Partnerships Managers working with local support services to address how best to meet the needs of people experiencing homelessness within the Jobcentre Plus service.

Local Authorities / Support Organisations – Greater partnership working between statutory services and frontline staff working with people experiencing homelessness, with clear and frequent communication between named contacts to help overcome barriers to supporting people with Universal Credit.

Access to Support Services and Healthcare

Preventing and relieving homelessness is not just about ensuring access to accommodation. Individuals can often also benefit from other support in order to access and sustain accommodation. Frontline staff work with a wide range of people, so whilst they hold specialist knowledge themselves, they also often work in partnership with other support and healthcare services to prevent and relieve homelessness.

Additional support may include debt or legal advice; support to gain employment, education, and training; and specialist support for people who are neurodiverse, or those with experience of domestic abuse and or the criminal justice system. People experiencing homelessness are significantly more likely to have a physical health condition and mental health diagnosis than the general population[8]. Consequently access to both primary care (GP, pharmacy, dentist, optician services) and secondary care (hospitals and specialists) is also essential.

This section explores frontline workers' experiences of accessing these types of support and investigates the barriers faced as a result of COVID-19.

Availability of Specialist Support
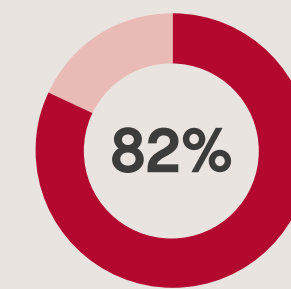
82% of frontline workers have found it harder to access Employment, Training and Education support for people they work with since the COVID-19 pandemic started, indicating this is a particularly significant challenge.
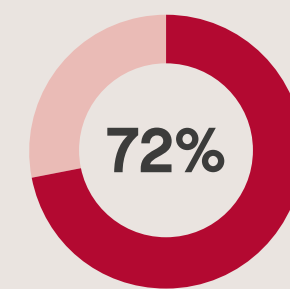
72% of frontline workers have found it harder to access support for multiple / complex needs for people they work with since the COVID-19 pandemic started.

Other specialist services frontline workers found it harder to access since the COVID-19 pandemic were:

Specialist legal advice 62%

Support for people with learning disabilities or difficulties............60%

Support for young people.........................58%

Domestic abuse 58%

Debt advice 54%

Focus area:
Digital Exclusion

We asked frontline workers about how digital exclusion/digital delivery has impacted on their ability to support people experiencing homelessness during the pandemic.

Many people experiencing homelessness do not have regular access to phones, computers or Wi-Fi. Libraries and other services which may normally provide access to technology have been limited due to the pandemic. Individuals also need the skills and confidence to use these devices and access to a private space to make and receive calls. The result is that it has been difficult for individuals to access support and stay in touch with frontline workers as well as their own friends and family.

> "The houses we put clients in do not have internet access they must rely on access via phone if they can afford to pay for internet. Also this makes it almost impossible to apply for jobs, keep up with Universal Credit messages, access to Homechoice for bidding for social housing, the list is endless. It is a fundamental necessity for social inclusion and it is not being met".

Frontline workers reported that the switch of many services to offering support remotely resulted in increased workload:

> "I was seeing clients throughout but all specialist services were phone only which really did/does not work for my [clients]. My team became clients' only contact and therefore taking roles much beyond our usual specialities".

Where remote communication has been possible, it was often perceived to be less effective, particularly for individuals with more complex needs.

> "It is more difficult to connect with service users, emotionally. Even using face to face [video] platforms it can be hard to get a sense of how they are and easier for them to omit things they may not want me to know e.g. decline in mental health".

> "Our customers have not been accessing their usual support systems as most prefer face to face contact or have not had access to digital resources. Much of the work previously done with our customers has been undone".

> "It has been much more difficult for people to contact the local authority as they are unable to present at the council. I have had huge communication problems with the council in aspect to housing. Clients being ignored for months at a time".

This was not always the case however, and some frontline workers noted that people they support have had positive experiences, developing their digital skills and accessing support more flexibly, without the need to plan for travel or childcare. Where agencies had been able to adapt, for instance providing rapid responses through WhatsApp, this was also seen to be a real positive.
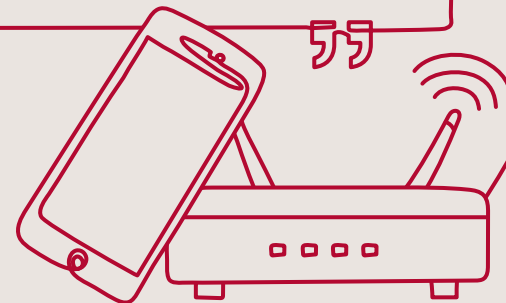
Accessing Healthcare
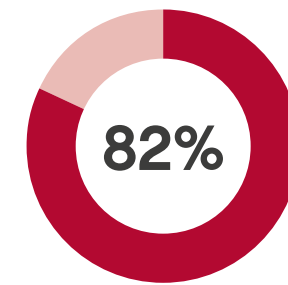
82%

of frontline workers have found it harder to access support for mental health issues for people they work with since the COVID-19 pandemic started.

77%
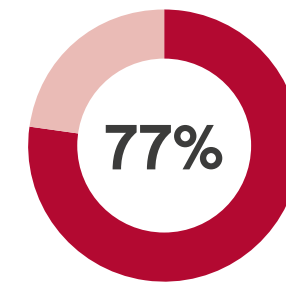
of frontline workers have found it harder to access support for physical health issues for people they work with since the COVID-19 pandemic started.

Since the COVID-19 pandemic started, the majority of frontline workers have also found it harder to access support for:

71%
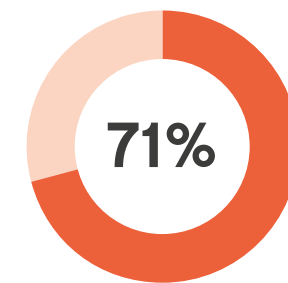
Alcohol dependency issues

69%
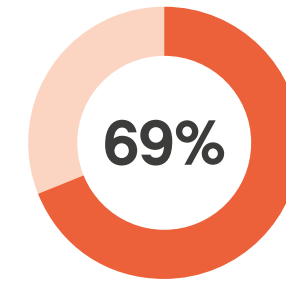
Drug dependency issues

The most common challenge reported by frontline workers was accessing mental health support in both primary care (80%) and secondary care (70%). This was attributed to the long waiting times to receive support. Staff also reported additional barriers for individuals with a dual diagnosis of co-existing mental health and alcohol and/or drug misuse problems, with 65% of frontline workers stating it had got harder to access support in this area since the COVID-19 pandemic.

> "Many health services and drop-in services are limited at present due to the COVID-19 restrictions".

> "The healthcare services are stretched, a lot of clients are wary of using those services, they don't believe they will get the assistance they need and often they are correct".

Other frequently reported problems experienced when accessing primary care were registering with a GP (58% of frontline workers), being asked to provide proof of address (58%) and being asked to provide ID (56%).

Frontline workers described the challenges individuals faced when communicating with healthcare services, for instance to book appointments and order prescriptions. Issues included individuals not having access to a phone or computer, language barriers and unmet accessibility needs.

This has been heightened as people have had to undertake remote consultations where services have not been open for face-to-face or walk in appointments due to COVID-19. Social distancing has also meant that frontline workers and other support staff such as Sign Language interpreters may be unable to join people experiencing homelessness as they access healthcare support.

> "[People may have] difficulties advocating for their own needs and the inability to have support staff accompany them due to COVID-19 restrictions".

Additional barriers reported by frontline workers were transport to and from appointments and individuals having low self-worth or being fearful of judgement.

Poor health can be both a cause and effect of homelessness, therefore frontline workers underlined the importance of improving access to healthcare services as a priority.

> "Other services including local authority and health services have closed their offices and are not doing face-to-face meetings with service users which has impacted on the ability for me to support my service users to the best of my ability. Other services e.g. OTs [occupational therapists] and physios which my service users are reliant on have increased waiting lists due to reducing clinical appointments. Thus has a roll on effect on people's mental and physical well-being which impacts on housing and risk of homelessness also".

What Works? Frontline Worker Recommendations for Accessing Support Services

We asked frontline workers to share examples of solutions to accessing support services. Common themes in responses were:

Tackling digital exclusion through grants and donations:

"We have successfully applied for money from the national lottery to buy a Lenovo Tablet for each individual so that they can get online and speak with friends and family".

Increased partnership working:

"As Outreach we have been the only agency offering face to face coverage. This has meant we have acted as conduits for other agencies in taking service users to hospital appointments and providing access to phones so our [clients] can engage with other services".

Joint support meetings to improve efficiency:

"We try and do 3 way calls with agencies to get over the hurdle of GDPR and consent as often other agencies will not talk to you unless you have consent and getting something signed when you are not allowed go and visit".

On reflection, frontline workers also felt that the pandemic had increased willingness from different agencies and the wider community to take action to prevent and relieve homelessness, and they hoped that this would be sustained:

"With providing emergency food there has been a tremendous support from the local community".

"We have had immediate support to obtain furniture packs for our homeless people through [our] City council. It has been a joy to see how everybody has pulled together. I wish it was like this all the time".
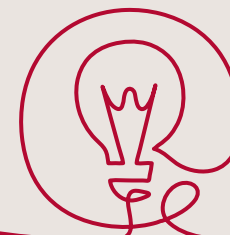
Recommendations

The COVID-19 pandemic has heightened barriers people experiencing homelessness face when engaging with support and this must be addressed:

Governments across the UK – Greater consideration needs to be given to non-digital access for statutory services as the current situation results in those most needing assistance being the least able to access it.

Local Authorities – Greater capacity is needed within services to avoid long waiting times for people experiencing homelessness. The priority area identified concerned difficulties in accessing mental health services.

Support Organisations – Where services are operating remotely, individuals should be supported to access phones, computers and Wi-Fi and to develop the skills to use these effectively and overcome other potential barriers such as language and accessibility. However, where possible, services should offer opportunities to meet individuals face to face in a socially distanced way. For many people experiencing homelessness, particularly those with complex needs, this is the preferred way for staff to communicate. Continued partnership working is also essential to improve the quality of support, particularly where some services are operating remotely.

Migrant Homelessness Support

Frontline workers have previously described how people who have migrated face increased risks of homelessness. In this section we hear from frontline workers about the available support for migrants experiencing homelessness during the COVID-19 pandemic and the particular barriers which have made accessing services difficult.

Progress under Everyone In

Frontline workers noted positive progress during the first lockdown when more migrants experiencing homelessness were able to access emergency accommodation.

Despite this, some frontline workers reported there was uncertainty and variability amongst local authorities regarding support under Everyone In. In the longer-term, frontline workers were also concerned that fewer options were available for winter and onward accommodation.

> "Compared to before COVID-19 where very little accommodation was available for NRPF [No Recourse to Public Funds][9] clients, at the peak of the pandemic, the local authority was allowing the Everyone In scheme, which meant we got a high number of NRPF clients into accommodation, which was a positive step forward".
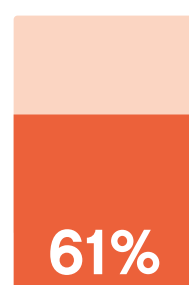
Barriers to Preventing and Relieving Homelessness as a Result of People's Immigration Status
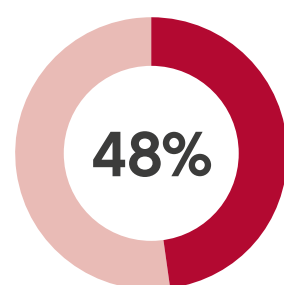
48% of frontline workers were supporting someone who has experienced homelessness because of their immigration status.
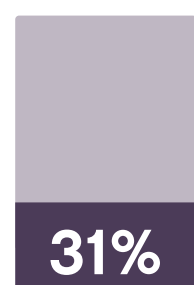
31% of frontline workers felt it had become harder to support migrants since the start of the pandemic

61% of frontline workers felt it had remained the same

Most commonly, staff supported people who were

1. EEA nationals[10] 80%
2. Non-EEA nationals 66%
3. Refugees 60%
4. Asylum seekers 58%
5. Undocumented migrants 42%

The five most common barriers identified by frontline workers when it comes to preventing and relieving homelessness with migrants were:

- **Language barriers** 56%
- **Obtaining identification** 54%
- **Accessing benefits** 54%
- **Access to social housing** 49%
- **Access to private rented accommodation** 49%

Frontline workers described how the COVID-19 pandemic has compounded pre-existing challenges. Limited face to face contact is a barrier to completing citizenship applications and individuals are facing delays in the receipt of documentation such as ID, statuses, and certificates due to remote working. This was felt to be especially concerning given the approaching deadline for the EU Settlement Scheme[11].

Frontline workers noted that COVID-19 has had a significant impact on the wellbeing of migrants experiencing homelessness. These individuals may have already experienced trauma and have pre-existing mental health issues, therefore access to adequate mental health support was deemed to be essential.

> "People are trapped at home with almost nothing to do except think about their past traumas and worry about what decision the Home Office will make on their case; they are cut off from their usual communities at church or mosque, college or volunteering; some can still access support digitally but it is not the same".

However, migrants currently face additional barriers to accessing health services. Frontline workers reported problems across both primary care (GP, pharmacy, dentist, optician services) and secondary care (hospitals and specialists).

Of note were issues accessing primary care due to individuals not being eligible because they do not have a local connection (45% of frontline workers found this to be a problem for the people they support) and being asked to provide proof of immigration status (41%). Less frequent but still significant issues were individuals not being eligible for care or avoiding health services because they fear their details might be shared with the Home Office, or are deterred by a likely or perceived risk of being charged for healthcare.

Recommendations

Governments across the UK – Homelessness reduction strategies should be reviewed to make certain that the needs of migrants experiencing homelessness are met, continuing the more inclusive and timely approach taken during Everyone In.

Local Authorities / Support Organisations – Services should take action to address the additional barriers migrants experiencing homelessness may face (for example language barriers and obtaining identification).

Frontline Workers – Staff can be part of the solution by informing the Frontline Network of any training needs and emerging best practice relating to work in this area.

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9. NRPF: A person will have "no recourse to public funds" if they are 'subject to immigration control', as defined at section 115 of the Immigration and Asylum Act 1999: https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/immigration-status-and-entitlements/who-has-no-recourse-to-public-funds-nrpf

10. 'EEA nationals' means nationals of any of the EU member states, and nationals of Iceland, Norway, Liechtenstein and Switzerland https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-7-eligibility-for-assistance

11. Following the United Kingdom's exit of the European Union, EU, EEA and Swiss citizens can apply to the EU Settlement Scheme to continue living in the UK ahead of a deadline on 30 June 2021 https://www.gov.uk/settled-status-eu-citizens-families

Frontline Worker Wellbeing

We know that ensuring the wellbeing of frontline workers is important in and of itself. We also know that poor wellbeing affects staff members' ability to support people experiencing homelessness.

Though data on the support available within organisations shows that some improvements have been made since 2019, COVID-19 has brought additional challenges to ensuring staff wellbeing over the last year. In particular, we have heard concerns relating to staff safety and adapting to working remotely.

In this section we outline how frontline workers feel about their wellbeing and their recommendations to further support staff.

Frontline Work During a Pandemic

68% of frontline workers felt their wellbeing was negatively impacted by their role as a frontline worker.
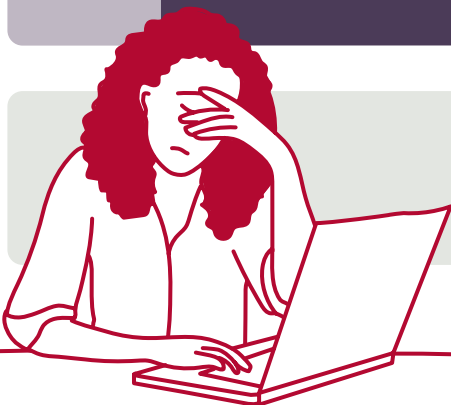
86% of frontline workers felt their wellbeing has been negatively impacted by COVID-19.

82% of frontline workers agreed that their overall wellbeing affects how they interact with the people they support.

30% of frontline workers felt they did not have enough time to do their job effectively.

Experiences of frontline workers during the pandemic have varied according to the nature of their job roles, organisational set up and personal circumstances. Wellbeing is an issue across all organisations and job roles, though survey responses suggested that these negative impacts were slightly more felt in services responding to immediate homelessness needs such as hostels and local authority teams.

Some staff members have continued to deliver key in person services throughout the pandemic, despite the associated risks.

> "I didn't remote work at all given the nature of my role. I'm actually a bit exhausted".

> "I had to come in as I haven't got work tablets or computers I can take home to use. We have no remote working policies. We need to have them!"

Other frontline workers have switched to working partially or fully remotely. Some frontline staff working remotely reported benefits including feeling safer and less stressed; improved focus and productivity; more flexibility to organise their time; avoiding their commute and having a better work/life balance. Several frontline workers with health conditions shared particularly positive comments.

> "I really enjoy the flexibility of remote working. I feel less stressed with travel and able to plan my day in a much more productive way. I feel trusted and empowered to make my own decisions which gives me confidence in my role".

> "I am able to pace my day to control my condition, manage my medication more effectively. I have better concentration, I interact better with my peers and I feel my customer service has greatly improved as I am feeling much better in myself, not constantly suffering fatigue and battling pain as I do when I have to go to the office".

However, other frontline workers have found it very difficult to undertake their jobs remotely, reporting challenges such as a lack of adequate IT equipment and fewer opportunities to connect with colleagues.

> "I feel quite isolated seeing no colleagues from one week to the next".

> "Our client base increased 240% almost overnight, working from home, isolation, IT issues and massively increased [need] are affecting many staff".

Organisational Support

Similar to in 2019, 74% of frontline workers told us they feel supported by their manager, 15% disagreed. A slightly higher proportion, 83% of frontline workers, told us they feel supported by their colleagues.

There were some small improvements compared to 2019, with a higher proportion of frontline workers reporting that their organisation has an employee support service (79%), encourages reflective practice (75%) and allows flexible working hours (81%).

However gaps in organisational support remain. A third (33%) of frontline workers are either unsure whether their organisation has a wellbeing plan or do not have one. Furthermore, only 65% of frontline workers feel valued by their employers and just 55% feel secure about the future of their job.

COVID-19 Safety in the Workplace
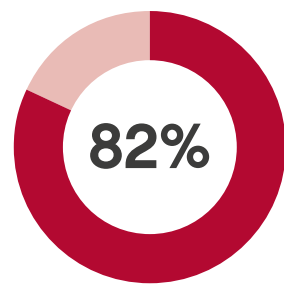
82% of frontline workers reported that their organisation is COVID secure.

13% of frontline workers did not feel they have had adequate access to PPE.

11% of frontline workers reported a lack of adequate access to health & safety advice.

Only 2/3 of frontline workers agreed they felt healthy and safe to perform their role[12].

What Works? Supporting Frontline Worker Wellbeing

Frontline workers shared examples of good practice from their organisations and suggestions of what would be most helpful to improving their wellbeing at work during COVID-19. The most prominent themes are outlined below.

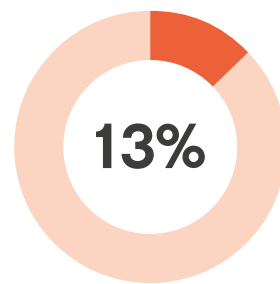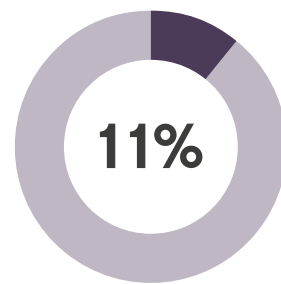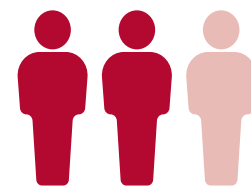**Connection with colleagues:** Creating regular opportunities for frontline workers to connect with peers when working remotely, both to discuss work and for informal catch ups and social activities: "Fun contact with my team has been amazing. It certainly brightens my day."

A safe and productive work environment: This includes access to Personal Protective Equipment (PPE), COVID-19 testing, vaccinations and a secure working environment. Where staff are working from home, they require adequate IT support and office equipment.

Reduced workload and less pressure to achieve targets: As one frontline worker summarised: "We have had to plan and implement completely new services in response to the pandemic which has been overwhelming on top of existing responsibilities".

Supportive management: Managers who recognise the efforts of frontline workers, have an understanding of the day-to-day risks and challenges faced, and trust staff to make informed decisions.

Being valued: Job security, including for staff required to isolate or shield, increased pay and annual leave were recommended by frontline workers.

Embedding wellbeing into daily work routines: Encouraging staff to take breaks, go outside, work flexibly if this is beneficial for them and set clear boundaries between their work and home life.

Supervision, reflective practice and training: Access to opportunities for staff to debrief on their work and continue their professional development.

Clarity from government and partners: Clearer communication of national COVID-19 guidelines and how different support services are operating locally.
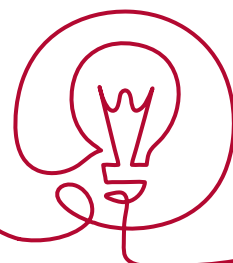
Recommendations

The pandemic has necessitated changes in working environments for frontline staff. The appropriate safety and support measures must be put in place:

Governments across the UK – Frontline workers supporting those people experiencing homelessness need to continue to be considered alongside other 'care workers' as recognised by the Joint Committee on Vaccination and Immunisation.

Local Authorities / Support Organisations – For those staff undertaking face to face work, it is essential that the appropriate actions are taken to minimise the risks associated with COVID-19. Whilst this is already a legal requirement, survey findings show that only two thirds of frontline workers felt healthy and safe to perform their role.

Support Organisations – Where frontline staff have partially or fully shifted to working remotely, it is crucial that remote working policies are in place, designed with input from staff. These policies should respond to practical issues (such as the need for IT equipment) and wellbeing concerns (for example social isolation).

The achievements of frontline workers, particularly in adapting their support in response to the pandemic, should be recognised.

Governments across the UK – Frontline staff need to be recognised as key workers in a vocational profession and their input to policy development should be a standard contribution.

Local Authorities / Support Organisations – Managers should trust frontline staff members' expertise and take time to understand and help mitigate the risks and challenges frontline staff face on a day-to-day basis (including managing their high caseloads).

Local Authorities / Support Organisations – Frontline workers' work can also be valued through job security, which was a widely reported issue, as well as other benefits such as increased pay (following Living Wage Campaign[13] recommendations as a minimum), annual leave and flexible working.

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12. Note that since the survey was undertaken the vaccine roll out and prioritisation of frontline staff may have affected this.

13. The real Living Wage is a UK rate calculated by the Living Wage Foundation: https://www.livingwage.org.uk

Summary of Recommendations

Over the last year frontline workers have faced new and continued challenges when working with people to prevent and relieve homelessness. The COVID-19 pandemic has necessitated different ways of working, but also shown with significant attention and resourcing, real and positive change can happen. With renewed focus and collective action, there is now an opportunity to overcome systemic and practical barriers for good.

Based on the feedback shared by 930 frontline workers in this survey, we set out the following key recommendations.

2. Improve Access to Accommodation

Further action must be taken to improve access to accommodation, particularly specialist accommodation and private rented accommodation:

Governments across the UK – Increase and sustain Local Housing Allowance rates to ensure that housing benefit or Universal Credit housing payment supports more people to access accommodation.

Department for Work & Pensions / Local Authorities / Landlords – Ensure that renters reliant on Housing Benefit or Universal Credit housing payments are not disadvantaged, or discriminated against, in accessing and keeping safe, affordable and suitable accommodation.

Local Authorities – Where there is outstanding need, develop Local Welfare Funds to cover furniture and essential household items to support people to move into homes rather than simply accommodation.
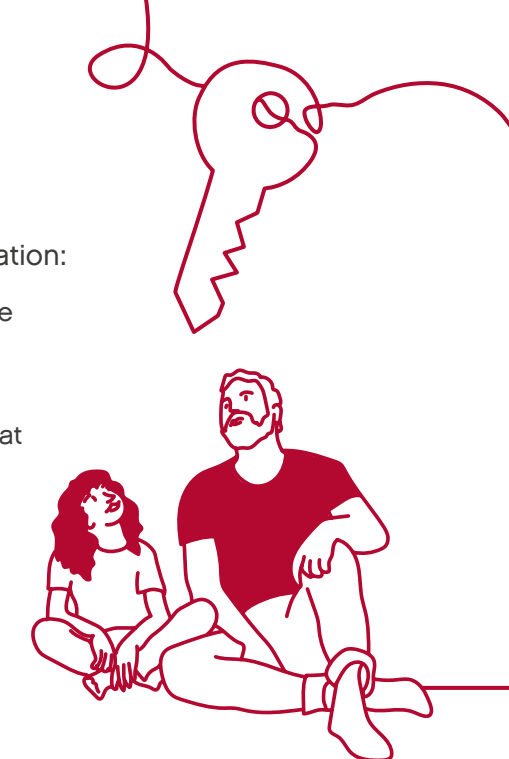
3. Increase Availability of Welfare Support

Interventions should be made to recognise financial hardship which has been worsened by the economic impact of COVID-19:

Governments across the UK – Provide a 12-month protection period from the Benefit Cap to enable households time to access support and recover.

Department for Work and Pensions – Build on existing good practice examples of Partnerships Managers working with local support services and frontline staff to address how best to meet the needs of people experiencing homelessness within the Jobcentre Plus service.

Local Authorities / Support Organisations – Greater partnership working between statutory services and frontline staff working with people experiencing homelessness, with clear and frequent communication between named contacts to help overcome barriers to supporting people receiving Universal Credit.
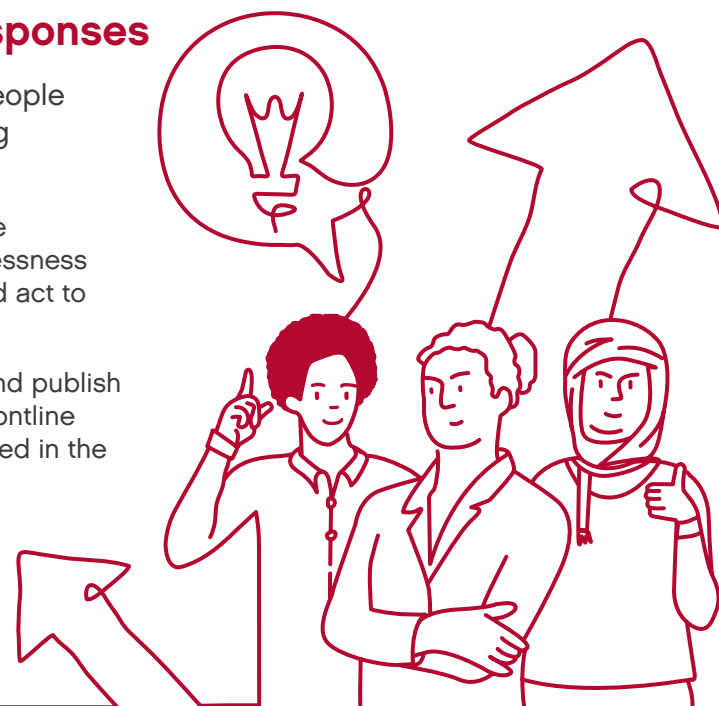
1. Renew and Adapt COVID-19 Responses

Action must be taken to ensure that support to people experiencing homelessness meets the developing post-lockdown environment:

Governments across the UK – Acknowledge that some momentum in focus and resources for tackling homelessness has been lost since the first wave of the pandemic, and act to reverse this.

Local Authorities / Support Organisations – Consult and publish post-pandemic service plans which are informed by frontline worker experiences to ensure support can be maximised in the changing environment.

Frontline Workers – Feedback the evolving frontline experience to colleagues and the Frontline Network as services adjust post-lockdown.

4. Address Barriers to Accessing Support Services

The COVID-19 pandemic has heightened barriers people experiencing homelessness face when engaging with support and this must be addressed:

Governments across the UK – Greater consideration needs to be given to non-digital access for statutory services as the current situation often results in those most needing assistance being the least able to access it.

Local Authorities / Support Organisations – Greater capacity is needed within services to avoid long waiting times for people experiencing homelessness. The priority area identified concerned difficulties in accessing mental health services.

Local Authorities / Support Organisations – Where services are operating remotely, individuals should be supported to access phones, computers and Wi-Fi and to develop the skills to use these effectively and overcome other potential barriers such as language and accessibility. However, where possible, services should also provide safe opportunities for face to face meetings as these are preferred by many people. Continued partnership working is essential to improve the quality of support, particularly where some services are operating remotely.

5. Ensure Migrants Experiencing Homelessness Can Access Suitable Support

People who have migrated face an increased risk of homelessness. Further action must be taken to ensure that the right support is in place and accessible to these individuals:

Governments across the UK – Homelessness reduction strategies should be reviewed to ensure that the needs of migrants experiencing homelessness are met, continuing the more inclusive and timely approach taken during Everyone In.

Local Authorities / Support Organisations – Services should take action to address the additional challenges migrants experiencing homelessness may face (for example language barriers and difficulties obtaining identification).

Frontline Workers – Staff can be part of the solution by informing the Frontline Network of any training needs and emerging best practice relating to work in this area. They can also engage in activities being run by the Pan-London Migrant Frontline Network.

6. Create Safe and Supportive Working Environments for Frontline Workers

The pandemic has necessitated changes in working environments for frontline staff. The appropriate safety and support measures must be put in place:

Governments across the UK – Frontline workers supporting people experiencing homelessness need to continue to be considered alongside other 'care workers' as recognised by the Joint Committee on Vaccination and Immunisation.

Local Authorities / Support Organisations – For staff undertaking face to face work, it is essential that the appropriate actions are taken to minimise the risks associated with COVID-19 so frontline workers are healthy and safe to perform their roles.

Local Authorities / Support Organisations – Where frontline staff have partially or fully shifted to working remotely, it is crucial that remote working policies are in place, designed with input from staff. These policies should respond to practical issues (such as the need for IT equipment) and wellbeing concerns (for example social isolation).

7. Value Frontline Workers

The achievements of frontline workers, particularly in adapting their support and continuing to deliver key services throughout the pandemic, should be recognised:

Governments across the UK – Frontline staff need to be recognised as key workers in a vocational profession and their input to policy development should be a standard contribution.

Local Authorities / Support Organisations – Managers should trust frontline staff members' expertise and take time to understand and help mitigate the risks and challenges frontline staff face on a day-to-day basis (including managing their high caseloads).

Local Authorities / Support Organisations – Frontline workers' work can also be valued through job security, which was a widely reported issue, as well as other benefits such as increased pay (following Living Wage Campaign recommendations as a minimum), annual leave and flexible working.

Thank you to all the frontline workers who took the time to feedback your expertise. Your insight is central to our work at the Frontline Network.

Call for Action

To take these recommendations forward we invite decision makers from throughout the UK to:

1. **Meet with frontline workers and members of the Frontline Network to discuss the issues raised in this report.**

2. **Agree a roadmap to put the recommendations of frontline workers into practice.**

The decision makers we are particularly keen to engage with are:

- **Governments across the UK**
- **Department for Work & Pensions**
- **Local Authorities**
- **Landlords (Private and Social)**
- **Support Organisations**
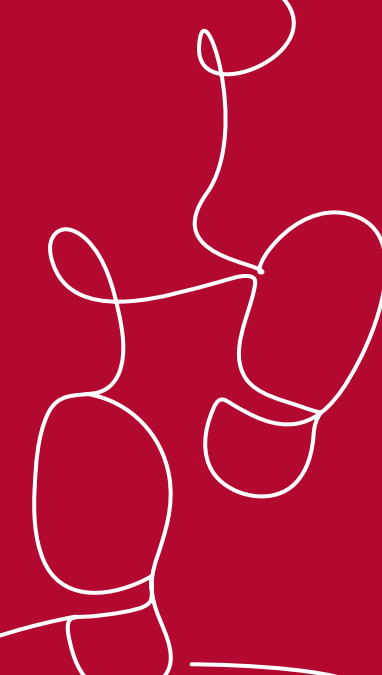
We at the Frontline Network can facilitate these introductions:

If you are a decision maker please get in contact via email and we can connect you to a network of frontline workers with expertise and insight: **frontline@stmartinscharity.org.uk**

If you are a frontline worker in the sector, we encourage you to **join the Frontline Network via our website** – registration is free. The network aims to amplify frontline worker voices and as a member you can also access funding, community and resources.

Addressing the issues raised in this report requires a united effort and we appreciate your support in spreading the word. Use or adapt our **template letter and tweet to share this report** with your colleagues in the sector and the politicians working to represent you.

Appendices

Appendix 1 – Methodology

The Frontline Worker Survey 2020 is the most extensive survey of frontline staff working with people experiencing homelessness across the UK. 930 frontline workers responded to this year's survey, between 8th November and 29th November 2020.

The 50-question survey was created using Survey Monkey and distributed through the Frontline Network's mailing list, to recipients of the Vicar's Relief Fund grants over the past two years, via social media and through other frontline organisations.

This year we received a lower volume of responses compared to our 2019 Annual Survey which reached 1,435 frontline workers. This may in part reflect frontline worker capacity and the fact we conducted an extra survey to inform the development of our Emergency Fund in March and April 2020 which received more than 800 responses from frontline workers. Where the response to a question was lower than 930, we have included the reference in Appendix 3 as applicable number of respondents / total number of respondents to that question.

The survey contained 36 closed questions and 14 open questions. The latter provided space for frontline workers to give more detailed feedback on the issues raised. These responses were then coded against recurring themes during analysis. A selection of direct quotes from frontline workers are incorporated into this report.

Appendix 2 – Survey Respondents

Please find below further information about the frontline workers who responded to this survey:

Location

- 737 responses were received from frontline workers working in services in England, 88 from Wales, 60 from Northern Ireland and 45 from Scotland.
- 72% of respondents worked in large urban areas (e.g. city, large town), 32% worked in small urban areas (e.g. small town), 17% in rural areas (e.g. village, hamlet, countryside) and 14% in coastal areas.

Organisation type

- Respondents primarily worked in a charity (64%), local authority – housing (15%) or housing association / Arm's-Length Management Organisations (ALMOs) (13%).
- The most common types of services respondents worked for were a hostel (14%), supported housing (13%), floating support service (12%), local authority/HPU (10%), resettlement/ tenancy sustainment (8%), advice service (7%), outreach (5%), day centre (4%), housing association (4%), housing first (3%), criminal justice (2%), mental health 2%, substance misuse (2%), refuge (1%), migrant/refugee support service (1%) and night shelter (1%).
- 68% of respondents worked for a large organisation (greater than 100 employees), 18% for a medium-sized organisation (30 -100 employees) and 13% for a small organisation (fewer than 30 employees).

Experience

- On average respondents had been in a role working with people experiencing homelessness for 9 years.
- 17% of respondents have previously used or currently use homelessness services.

- 23% of respondents have previously been to a Frontline Network event.

Nature of role

Respondents worked in a range of roles. Examples of job titles are housing support workers, project workers, case workers, tenancy sustainment officers, housing advisers, homeless officers, housing options officers, housing first workers, outreach workers, progression coaches and managers.

78% of respondents have a caseload which they are the lead worker for. On average, frontline workers supported 25 people at any one time.

People supported

Respondents most commonly worked with the following groups of people:

- 96% People experiencing mental ill-health
- 93% People with substance misuse issues
- 92% Women
- 92% People with multiple/complex needs
- 90% Men
- 89% People in contact with the criminal justice system
- 86% Current and/or former people sleeping rough
- 84% People with a learning disability
- 84% People who have experienced domestic abuse
- 82% People with dual diagnosis
- 81% People with a physical disability
- 81% LGBTQ+ people
- 78% People with an autistic spectrum condition
- 71% BAME people
- 68% Young people
- 68% Care leavers
- 66% People with a sensory disability
- 65% Migrants with Recourse to Public Funds
- 65% Veterans / Ex-services personnel
- 64% Roma / Gypsy / Traveller
- 63% Refugees
- 60% Asylum Seekers
- 57% Older people
- 57% Migrants without Recourse to Public Funds
- 54% Families
- 42% Children
- 2% Other (please specify)

32% of frontline workers support all the groups of people listed above. Several other frontline workers commented that they support everyone except children and young people. In contrast, some frontline workers' roles and organisations offer specialist support to individuals with particular experiences or characteristics.

On average, frontline workers estimated that 18% of the people they support (experiencing or at risk of homelessness) are in employment.

Appendix 3 – Survey Questions

1. Please state your job title [930/930]
2. Which of the following best describes the type of service you work in? [930/930]
3. Which of the following best describes the type of organisation you work for? [930/930]
4. Which of the following best describes the size of the organisation you work for? [923/930]
5. Do you have a 'caseload' that you are the lead worker for? [930/930]
6. If yes, how many people do you support at any one time? [930/930]
7. Roughly, what percentage of the people you support (experiencing or at risk of homelessness) are in employment? [930/930]
8. Which groups of people do you work with? [929/930]
9. Which region of the UK is the service your work in based? [930/930]
10. If England, in which local authority are you mainly based for work? (e.g. county council, district council, unitary authority, metropolitan district, London borough) [709/930]
11. In what area is your service? (Please note you can tick more than one area) [930/930]
12. For how many years have you been in a role where you are working with people experiencing homelessness? [930/930]
13. Are you or have you previously been a user of homelessness services? [930/930]
14. Have you ever attended a Frontline Network event? [930/930]
15. Since the COVID-19 pandemic started, how easy or difficult is it to access accommodation for the people you support? [824/930]
16. On 20 March, the chancellor announced that Local Housing Allowance (LHA) rates for housing benefit will be increased to match 'the 30th percentile' of rents in each local area. Has this increase had a positive or negative impact on your ability to prevent or relieve homelessness? Please explain how the increase of Local Housing Allowance (LHA) rates for housing benefit has affected the people you support. [824/930]
17. Since the COVID-19 pandemic started, how easy or difficult do you find obtaining the following? Any other comments [824/930]
18. If you are unable to access furnished accommodation, how do you source furniture and white goods for the people you support? [712/930]
19. Since the COVID-19 pandemic started, the commitment from my nation's Government to preventing and relieving homelessness has: [824/930]
20. Do you feel confident in the Government's response to homelessness prevention and relief for the people you support going forward? [824/930]
21. Since the COVID-19 pandemic started, which of the following has increased or decreased? [824/930]
22. Since the start of the COVID-19 pandemic, please explain how digital exclusion/digital delivery has impacted on your ability to support people experiencing homelessness. [730/930]
23. Since the COVID-19 pandemic, has it got easier or harder to access support for the people you work with in the following areas? (Please tick 'Not Applicable' if you haven't had to try and access a particular type of support) Any other comments? [730/930]
24. What example(s) do you have of a solution to accessing a particular type of support? (If possible, please include the name of the organisation involved within your example) [331/930]
25. Since the COVID-19 pandemic started, have you seen a change in the number of people you support being affected by the Benefit Cap? [677/930]
26. How would a 12-month protection period from the Benefit Cap affect the people you support? [677/930]

27. How have the individuals you support been affected by the rollout of Universal Credit (UC)? [677/930]
28. If negatively, have the people you support faced problems in any of the following areas? Other (please specify) [605/930]
29. Have you developed partnerships in your local area to try and overcome barriers to supporting people with UC? (If yes, please provide details of the partnership, and the organisation) [389/930]
30. In relation to welfare benefits, can you tell us whether you have: Any other comments? [658/930]
31. Are you supporting individuals who have experienced homelessness as a result of their immigration status? [667/930]
32. If yes, which groups of people do you support? Other (please specify) [357/930]
33. Has it become easier or harder to support migrants experiencing homelessness since the start of the COVID-19 pandemic? [667/930]
34. If yes, what barriers have you experienced to preventing and relieving homelessness? Have you experienced any other problems? (please specify) [358/930]
35. Since the COVID 19 pandemic started, how easy or difficult do you find it to access health services for the people you support? [650/930]
36. When accessing primary care (GP, pharmacy, dentist, optician services), have the people you support experienced problems in the following areas? [620/930]
37. When accessing secondary (hospitals and specialists) care, have the people you support experienced problems in the following areas? [602/930]
38. Are there any other barriers to the people you support being able to access primary or secondary health services? [143/930]
39. What is the impact of your role on your wellbeing? [638/930]
40. What is the impact of COVID-19 on your wellbeing? [638/930]
41. Since the COVID 19 pandemic started, how important do you feel the following are to your wellbeing at work? [638/930]
42. Since the COVID 19 pandemic started, and thinking about your current role, please indicate how strongly you agree or disagree with the following statements: [638/930]
43. Please tell us whether your organisation: [638/930]
44. What would be most helpful for improving your wellbeing at work during COVID-19? [343/930]
45. What examples of good remote working practice do you have that positively impacts your wellbeing? [351/930]
46. Do you have access to a local rent deposit scheme to help you support people who are experiencing homelessness into private rented accommodation? [632/930]
47. What support are you able to access to prevent someone from losing their home as a result of rent arrears? [427/930]
48. Are you confident that your local area has satisfactory winter provision to support rough sleepers? [613/930]
49. What specific issues do you believe put the people you support at risk of homelessness over winter? [386/930]
50. During this crisis, what has worked well, and what hasn't worked so well, in supporting people experiencing homelessness? [622/930]

Frontline Network

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🐦 **@SMITF_frontline #frontlinenetwork**