

St  
Martin  
in  
the  
Fields

Charity

# Frontline Worker Survey 2025

Full report and  
recommendations



St  
Martin  
in  
the  
Fields

Frontline  
Network

## Introduction

This is the eighth annual survey of frontline workers across the homelessness sector run by St Martin-in-the-Fields Charity. It aims to find out how they are experiencing the current housing and homelessness context as well as their experience of workforce related issues.

St Martin-in-the-Fields Charity facilitates the national Frontline Network of homelessness workers as well as providing support to regional networks across the UK, that bring together frontline workers to support each other locally.

## Policy context

At the point this data was collected in spring 2025, the Labour government was still relatively new. Many respondents spoke about hopes they had initially held that it would bring decisive action on housing and poverty, but described growing frustration that meaningful change had not yet materialised. In England, the anticipated reforms to the private rented sector were already being felt on the frontline, with some landlords selling properties or raising rents to unaffordable levels.

The survey was open during March and April 2025, a period of uncertainty as news broke of expected cuts to benefits, while rising national insurance and the increase to the minimum wage were starting to impact organisations and pay expectations in an already stretched workforce. In Wales, the Renting Homes Act continues to change tenancy rights. Scotland has introduced rent caps and eviction restrictions. In Northern Ireland, social housing waiting lists remain long.

## Method

A total of 1,320 people working in homelessness and related support services took part in the survey, providing a robust and diverse evidence base for the insights presented in this report.

Respondents represent a wide range of roles with the largest group being general support workers (33%). Staff in accommodation-related roles account for 20%, while floating support or outreach workers make up around 13%. There was also good representation from specialist staff, people working in mental health, wellbeing or substance misuse and advice and domestic abuse workers.

Survey participants come from a broad range of organisation types reflecting the diversity of sectors supporting people experiencing homelessness. Just under half (48%) work for registered charities, while almost one in five (20%) are employed by housing associations or registered social landlords. We also heard from local government staff (12%) working in homelessness, housing and social care roles. Smaller numbers of respondents came from health services, grassroots community organisations and the criminal justice system.

The survey covered all four nations of the UK. Some countries and regions of the UK were overrepresented, particularly Wales and the Southwest.

Two thirds of respondents (67%) work for large organisations with more than 100 employees, while around 19% are based in medium-sized organisations (30–100 employees).

The survey captured insights from services working in different contexts. Nearly three quarters of respondents (73%) provide support in large urban areas, and a third (33%) in small urban areas. About one in six (17%) work in rural areas and about one in ten respondents work in coastal communities (11.6%). Note that respondents were able to select as many responses as applied to this question, and so the percentages add up to more than 100%.

Nearly 40% of respondents have worked in the sector for over ten years and 11% have between seven and nine years of service.

## Theme 1:

### Accessing accommodation in a context of shortage, gatekeeping and unsuitable housing

The most common theme around accessing accommodation was a system-wide shortage, from emergency to settled housing, including supported, social and private options. Additionally, most frontline workers cited an increase in demand for their services from people experiencing multiple disadvantage as well as an increase in people who have never experienced homelessness before. These include older private renters evicted after rent increases, single people and working people on modest incomes impacted by the rising cost of living and priced out of housing during the housing crisis.

“We have experienced the eat or heat [choice], now we are facing, pay your rent and be left with nothing to survive on due to working poverty.” West Lothian, local government

Only 5% said access to social housing was easy, 80% described it as difficult. Supported housing was only slightly better, with 72% saying access was difficult. For people experiencing multiple disadvantage, it was even harder; 85% found it difficult to access specialist supported housing.

Frontline workers expressed strongly their lack of hope for the homelessness sector; just 8% are hopeful that things will get better in the next few years, while 80% expect it to get worse.

People are often stuck in the wrong type of accommodation, unable to move to something more suitable. This lack of flow is creating a gridlock and preventing people moving out of homelessness. Frontline staff are facing tighter rules and gatekeeping of what little supply there is when trying to access accommodation on their client's behalf. This happens through allocation priorities and barriers and many 'hoops' that discourage applying in the first place.

The private rented sector dominated survey respondent comments relating to access to accommodation with limited flexibility to meet the need. Workers

feel helpless and frustrated, often navigating between systemic constraints and client expectations and staff and their organisations are adapting services to try to mitigate the crisis situation.

“The cost of living crisis, escalating rents and lack of social housing are reaching a fever pitch, we have never seen anything like this. It's especially bad for multiple marginalised folks and those with decreased access to funds, who are often facing discrimination from landlords, extreme poverty, abuse and violence and a huge array of other challenges on top of housing.” Manchester, charity

## Shortage of accommodation

Respondents said long waiting lists “even for crisis accommodation” are causing delays in receiving support and leading to periods of homelessness that could have been prevented. Once someone has lost their home, their situation can worsen due to the lack of emergency accommodation leaving people sleeping rough or remaining in unsafe situations while waiting for services to respond. The gap between seeking help and receiving it, even for those who have a statutory right to support, means the overall level of support needed increases. Workers emphasised that swifter in-tenancy support, combined with access to emergency housing, could help prevent people from experiencing prolonged homelessness.

“We are facing challenges in all areas with services not even having the funding for emergency placements and clients regularly rough sleeping while waiting for outcomes.” West Midlands, charity

There is evidence that in some areas of the country, emergency beds have been reduced.

“Closure of multiple sites means physically less beds available, which has been particularly prevalent with the recent SWEP activations with very little provision available.” Birmingham, charity

“A majority of my job is offering sleeping bags to people after telling them nothing is available.” Edinburgh, charity

“Most of our service users and most homeless individuals are classified as non-priority by councils and councils largely ignore this group...there are insufficient bed spaces in the emergency hostel for the outreach team to accommodate people and individuals are placed on waiting lists for the hostel, with very few beds available for NRPF clients...housing applications can take months to process due to backlogs...The clients often require a representative or caseworker to contact the council on their behalf to advocate for them.” London, charity

## Gatekeeping

Over 15% of frontline workers who commented on access to accommodation said they had experienced gatekeeping or noticed a tightening of eligibility criteria when trying to access housing support through statutory services. Respondents described applications being rejected on technicalities, clients have been asked for proof they have experienced domestic abuse and applications needed to be made multiple times to be considered. It is clear that supply is not enough to meet the demand even for statutory duties.

In some areas, only certain professionals working in local authorities can make placements in social and supported housing. Some frontline workers feel these rules and processes do not always prioritise people who are most in need. There is a tension sometimes between upholding the right of someone to housing and a lack of flexibility within the system to support those most in need.

“If the bureaucracy was reduced and I could let to those who needed a home instead of those who have just put themselves on a list. A little more freedom would be useful in my role.” Wirral, registered social landlord

“Engaging with local authority homeless support has been increasingly difficult across England, leading to poor outcomes for service users.” London, charity

They told us that this damages trust between support workers and their clients and can prevent staff working in a trauma-informed way. Frontline workers want to give people more choice, but this isn't possible when they need to work within rigid systems.

"We work with people in crisis and it's hard not to feel hopeless when the system is letting them down. For example, knowing a person... will get sanctions because their disability prevented them meeting their UC commitments. Procedures are meant to be in place to prevent this, but in reality it doesn't work and services are not accessible or informed. The code of guidance is also not followed and organisations will avoid providing homeless people what they are entitled to." Newcastle-upon-Tyne, charity

"I often feel that justification of refusing housing is not a person-centric approach and they have no empathy towards some of the more vulnerable." South Tyneside, local government

"The local authority I work in has declared a housing emergency and are unable to meet their statutory obligations to provide temporary accommodation." Edinburgh, charity

Our survey heard from local authority workers who are being placed in impossibly difficult situations; finding it equally challenging to allocate a very limited supply of accommodation, with limited additional funds and staff trying to prioritise those they consider to be most in need. There are clearly differing opinions here about whether individual authorities are allocating resource fairly and approaches seem to differ between geographical areas.

"We have tightened up the way we distribute the resources available [so] those who are the most in need are getting suitable accommodation much sooner. It is just hard when you feel like you cannot help everyone." Wakefield, local government

Frontline workers who had experience in more than one area said the rules differed, having a big impact on their ability to help.

“No local authority works the same and works by the same rules so every time I need support from a local authority they all require different things and give different responses – no consistency with the process of applying and being given a duty to house.” Cardiff (Caerdydd), criminal justice system

“I was previously working in a different local authority providing housing to homeless individuals with access to public funds regardless of priority need. The policy to only support those with priority needs severely limits the support available. As does the lack of housing associations that take referrals from organisations other than the council.” Brighton and Hove, charity

There is also friction between different local authorities with some saying they are having to “pick up the overspill” from neighbouring authority areas.

Workers want clearer, fairer processes and more flexibility to ensure resources are allocated in the most equitable way.

## Specialist accommodation

This year’s survey saw an increase in comments relating to experiences of multiple disadvantage, particularly co-occurring mental health and substance use. Respondents reported an acute shortage of suitable accommodation and options for them.

“It can be extremely hard to place a vulnerable older person who has behavioural difficulties. Extra care sheltered housing can feel this is too much for them, so we have to be very assertive with care teams and social services so referrals are made to other accommodation-based care providers, without which the person could become homeless as their care needs increase.” London, registered hostel

“I work with people with complex needs and I have had people with major mental health conditions made street homeless as councils disregard their duty. There are not enough supported housing places for people with complex needs.” London, charity

Services that used to be available for people with high support needs have closed or now turn people away and generalist homelessness workers are left

trying to support them or offering support they may not be qualified or resourced to provide. Some workers felt overwhelmed and underprepared. They worry about risk, burnout and whether they're really helping.

"We are finding that the majority of the people we are unable to accommodate are those with high need care and support needs, those that need social services interventions." Norwich, registered hostel

In some cases, the system labels clients as too high risk and essentially "unhouseable" leaving frontline staff unable to offer them any help at all. Staff said that systems are not designed to deal with the complexity of cases and increasing number of people experiencing multiple disadvantage and homelessness.

"The client group we support are the hardest in our area to accommodate. We have no true tolerant accommodation for those people and there are real cases of people that are "unhouseable" due to their history & needs/risks." Cornwall, local government homelessness

"Demand for our service has increased and the complexity of cases we are dealing with has risen sky high. Many of our clients are now asylum seekers and refugees." Herefordshire, charity

## Private rental sector

As the housing crisis has worsened, the private rented sector (PRS) has become an increasingly dominant route out of homelessness. It is often the only available option for people without a priority need or who face long waits for social housing. Frontline staff are spending more time supporting people to access PRS accommodation, but express frustration that it is not suitable. Many aspects of the PRS make it difficult for people on low incomes, benefits or unstable housing histories to access it. Affordability is a core barrier, with Local Housing Allowance (LHA) rates rarely covering actual rents.

"LHA rates in Newcastle represent only 6% of available properties, I struggle to house anyone in PRS accommodation which in turn puts pressure on social,

temp and supported accommodation options.” Newcastle-upon-Tyne, charity

Even when a property is affordable, workers report landlords refusing tenants on benefits, requesting guarantors, or many months of rent upfront.

“We’re struggling to find accommodation and when we do, we have to pay an application fee to the landlords just to put an application in for them to process it. They can then just say no to the applicant and it is non-refundable. This is very common, it is depleting our resources as a charity and is broadening the poverty gap.” Manchester, charity

The available options are often of a low quality and tenancies remain insecure.

“We very rarely have access to anything but general needs PRS accommodation and it’s often substandard.” Barking and Dagenham, local government

“The majority of accommodation options are through private rental and many are not up to standard and have various issues that impact the lives of people living in them e.g. mould, lack of heating, inappropriate housemates.” Bristol, charity

There was a high level of agreement across all frontline workers when it came to the challenges of accessing the private rental sector. This is the hardest of all housing types to access.

Those most likely to face barriers include people under 35 who are limited to the shared accommodation rate, people with poor credit or past arrears, working people on low incomes without family support and single people. Most respondents felt the Renters Rights Bill will help people to sustain a tenancy and prevent people becoming homeless. At the same time, many were concerned it would reduce the supply of private rental accommodation available and make it harder for those experiencing homelessness.

“Young people are not able to afford to move on and remain living with parents.

Family/friends evictions increasing and I see it becoming harder to find PR accommodation with the Renters Rights Bill coming in. It'll help prevent homelessness but I think obtaining and getting into PR accommodation may be harder." Maidstone, local government

Some frontline workers said clients in low-paid work can face greater difficulty accessing housing than those in supported housing, particularly in the PRS. While those in work may not qualify for as much financial support, their income is often still too low to meet rental costs, leaving them caught in a gap. People relying on benefits also face significant discrimination barriers from landlords and letting agents.

"I think when people are trying to improve their lives the system in place doesn't benefit them, as soon as they start working as we are supported accommodation the costs are high and the government doesn't give them any grace they have to start paying towards their rent. This usually means we have to move them on and most private landlords don't want to help, it's like they are prevented from progressing." Luton, registered social landlord

"Bridging the financial gap between relying on benefits and new employment – e.g. rent, travel. Housing costs in employment – when Universal Credit payment is zero, housing support ceases completely. So a pay rise of a £1 can result in the loss of all housing support costs." North Devon, charity

Workers want more engagement with landlords, to overcome the unwillingness to rent to those on benefits. There were many respondents asking for increasing of the Local Housing Allowance to close the gap between housing benefits and rental costs. Private housing tenants are already covering gaps with other benefits such as Personal Independence Payment and non-housing related Universal Credit. However, this is getting harder as the gap widens and if these benefits were cut in the future, as the Government has previously proposed, then this would get much more challenging.

There were examples given of homelessness organisations engaging with local private sector landlords. For some, they were able to mediate and provide extra assurances to landlords who were initially unwilling to let. For

example, they were able to provide reassurances and support around pets and grant support to cover rent in advance and deposits. But these grants are limited and involve multiple referrals and applications. It is much harder to cover requests for guarantors and mitigate against the long-term lack of affordability of the private rental sector.

“[We have responded by employing a] PRS coordinator that specialises in building relationships with landlords.” Hackney, registered social landlord

“Trying to find landlords/private rent that will take pets. For a lot of our clients, their pets are all they have.” Denbighshire (Sir Ddinbych), registered social landlord

## Move on accommodation

A strong theme through comments on access to accommodation was of people becoming stuck in the housing system. Respondents talked about ‘backlogs’, ‘bottlenecks and ‘bed blocking’. People were unable to move forward because there was nowhere to move to and this in turn prevented others from accessing support. This included people ready to move on from supported accommodation but delayed by long waits for social housing; people unable to secure long-term private rented homes; and people stuck in temporary accommodation while waiting for permanent housing. In many cases, people were stuck in accommodation that was more expensive than they need. For example, services designed to provide a particular type of support accommodating people who no longer need this level of support. This is having a negative impact on people because their progress is stalled.

“We have a situation where individuals are stuck in 24/7 staffed supported housing far longer than our service is designed for, without prospect of move on. Over time this creates a loss of agency along with despondency, loss of motivation and loss of focus among both service users and staff where there is no light at the end of the tunnel. The fundamental lack of sufficient permanent move on housing undermines the support model.” Newport (Casnewydd), charity

“There is becoming less provision and less move on options causing a bottleneck. We have nowhere to move people to so we are unable to move others in.” Stoke-on-Trent, charity

This impacts everyone at every stage of the pathway out of homelessness, from emergency hostels to permanent housing options. For people accessing support, this can leave them feeling demoralised and disengaged and worsen their situation and experiences.

“Moving people on from the hostel can feel impossible... There is a large part of the demographic occupying hostels which is stuck. The result is that people can spend decades in supported accommodation hostels. These are high risk environments where there is a high incidence of drug and alcohol misuse and other forms of abuse. People become institutionalised and traumatised – their problems are deepened by hostels rather than resolved.” London, registered social landlord

## Suitable housing

Respondents to the survey said they were routinely forced to place people in accommodation that is inadequate, unsafe, or inappropriate for their needs. For example, they were forced to place people in houses of multiple occupancy, accommodation not meeting accessibility needs or housing people far from family or support. Many expressed frustration that this undermines recovery, leads to tenancy breakdowns and contributes to repeat homelessness. This is a problem for both temporary and permanent accommodation and even when people are technically in long-term housing, the quality and appropriateness of that housing can still leave them deeply at risk and make it difficult for them to move into more appropriate housing once placed.

“It isn't enough to find housing, it needs to be the right placement, somewhere they feel safe and able to take the next steps in their life such as processing their experiences with specialist support, accessing education and employment and being part of a community.” Manchester, charity

Most said there is simply nowhere else for people to go even though they know the housing is unlikely to last or will negatively impact on other areas of life and recovery.

“I have recently had several ladies who are fleeing domestic abuse who are struggling to find housing and have not been offered the option of refuge without my intervention. Some being offered totally unsuitable placements given the trauma they have experienced.” Somerset, charity

“There just isn't enough of the right types of accommodation and support that would support people with complex needs available – there isn't even enough for people who don't have any needs. A lot of the time people cannot adhere to all the rules they are expected to abide by and the sharing of spaces. People who are economically and health disadvantaged are ghettoed together which causes further problems.” Cornwall, local authority

Sometimes people are moved into supported housing even if they don't need it, because it is the only option where they can afford to be placed.

“Many of our clients are refugees, under 35, who do not require supported accommodation, but it is usually the only available option for them, as private renting is too expensive even if at the SA rate, hostels' waiting lists are so high there is usually little to no point of referring, especially where our night shelter only provides 28 nights for each service user.” London, charity

Once someone has been housed in unsuitable accommodation it is even harder to move them on to somewhere more appropriate because there is no referral system for these cases. Due to lack of accommodation in their area, some local authorities feel obliged to move people to more affordable areas. This may lead to people being separated from their support networks, and children having to move schools.

“Shortage of suitable temporary accommodation in all areas of [Northern Ireland]. People are often moved 20+ miles from areas of origin and their support networks, limited access to public transport exacerbates ability to maintain support. Clients are also having to consider moving to lower demand areas in order to increase their chances of being rehoused. These

areas often have higher crime rate, poorer quality housing, limited access to services i.e. GP, dental, shops, schools, leisure facilities.” Antrim and Newtonabbey, registered social landlord

Single people may need self-contained accommodation for various reasons and in particular under 35s, who are limited to the shared, room-only rate for private rent.

“We’re seeing more and more young people sofa surfing and that being an acceptable form of accommodation from the local authorities because they won’t accept a very clear cut duty and it feels that they’ve changed the threshold for homelessness as in they are accepting sofa surfing as suitable accommodation for people.” Manchester, charity

People with disabilities and others need accessible housing which is often in short supply:

“The housing team... provided second-floor temporary accommodation to a family with mobility issues, disabled children and a pregnant woman. We have been in constant communication with them to address this issue and secure more suitable accommodation.” London, charity

Housing people far from their home area can prevent them from keeping appointments that they depend on or lead to them losing connections and personal support networks. A lack of suitable accommodation works against staff who are trying to prevent homelessness because they know people they are supporting will not be able to sustain the tenancy.

“Even when offers are made for social housing, it is difficult to find support/suitable furniture/white goods etc. meaning clients are not equipped to sustain the tenancies and at high risk of homelessness once again.” Belfast, charity

Respondents to the survey called particularly for more self-contained accommodation to meet the growing demand, particularly for one-bed properties. Providing flooring, furniture and white goods in a new tenancy was frequently cited to ensure housing is suitable when people move in and the

accommodation is sustainable. These have all become less likely to be provided as part of the tenancy and harder to source elsewhere.

## Prevention

Prevention of homelessness was frequently cited as an aspiration, but it is rarely resourced sufficiently and some felt this was the first thing to be cut when budgets tightened. Services are responding to higher demand by becoming more reactive and it is harder to intervene earlier. Workers describe a system that talks about prevention but funds crisis. Services often only accept referrals when someone is already street homeless or on the verge of eviction, by which point support options are limited. There are some examples of prevention initiatives at an organisational level, with tenancy sustainment officers and more focus being put on income maximisation. However, when it comes to the private rental sector, effectiveness is more limited and support workers are only able to offer relational support rather than prevention.

“Staff shortages and lack of suitable resources (namely accommodation!) have meant our focus has been less on prevention than we would like – or at least it feels like we are firefighting/relieving more.” Coventry, charity

Success is often judged on short-term targets rather than sustainment or early intervention. Prevention of homelessness in the private sector is particularly hard.

“We no longer prevent homelessness as there are no funds to do so, we just deal with the immediate crisis. We go round in circles. Due to the constant budget constraints we are under constant funding pressure to reduce costs and cut numbers this means screening homeless people trying to avoid them accessing temporary accommodation and also cutting staff.” West Lothian, local government

The hardest group to prevent homelessness for are those with no recourse to public funds (NRPF). There were some frontline workers specialising in this area and they found ways to provide support through advocacy.

“I am sometimes able to prevent homelessness for people with NRPF if we can help them submit an immigration claim.” London, charity

After this, the hardest group is anyone living in the private rental sector. This reflects wider survey evidence that dealing with the private rental sector is the most challenging issue facing frontline workers currently. It doesn't matter which demographic, if they are in the private rental sector then there are barriers to preventing homelessness. These include shortage of accommodation, the competition from higher income earners, the hurdles to clear to access the sector and the instability of the sector.

“[I] cannot prevent homelessness if landlord is selling the property or needs it for their own personal use. Vicar's Relief Grants have helped us secure deposits for service users and helped a few people towards rent arrears but we are finding more landlords selling up.” Derry City and Strabane, charity

Again, advocacy and legal support was one way frontline workers are providing preventative support.

“Preventative support to help people get the legal help they need, a lot of the time it's difficult as everywhere is overwhelmed due to the amount of evictions, attend appointments with people such as legal and court to help them with the process due to stressful times.” Liverpool, charity

People experiencing domestic abuse were seen as the easiest to support, likely reflecting the priority need given to this demographic. In the case of families, the presence of priority need may help in theory, and overall prevention of family homelessness was more effective compared to other groups, but a lack of availability of suitable housing and heavy dependency on temporary housing made it very challenging in many cases.

“We are having to focus on core services, which means less ability to provide longer wraparound support and prevention work. It feels like we are churning people out and don't have time to do as much meaningful work beyond basic housing advocacy, because of the increased demand, housing crisis and funding cuts. The charity has made a lot of staff redundancies especially in

the areas that focus on prevention and wraparound support and shut down some projects.” Manchester, charity

In the meantime, some services have provided more emergency accommodation to fill gaps in crisis support:

“We have increased the number of units contracted to manage with a view to adding more in the coming year so we can accommodate more young people and help alleviate waiting times individuals experience from approaching the local authority to being referred in to our service and a property being available.” Sheffield, registered hostel

#### Mediation

“I manage general needs housing and I try to prevent homelessness by addressing tenancy breaches such as rent debt and ASB.” Somerset, registered social landlord

#### Engagement

“I don't directly do the case work – I am a youth engagement worker so I run activities/groups which I believe are part of homelessness prevention as they help to build support networks, develop skills and help support wellbeing.” Manchester, charity

## Summary

Accommodation access is dominated by a system-wide shortage, rising demand, and growing complexity of clients' support needs, alongside more first-time homelessness among working people. Social and supported housing are widely seen as hard to access, especially specialist provision. Bottlenecks and gatekeeping create gridlock and undermine trauma-informed support. The private rented sector is often the only route, but affordability, discrimination, and insecurity drive frustration and risk repeat homelessness.

## Recommendations: Increasing access to accommodation

1. National Governments and local authorities across the UK need to improve the availability of appropriate and affordable accommodation.
  - a. Make more self-contained accommodation available that meets people's needs and reflects the level of demand.
  - b. Raise Local Housing Allowance so that it is aligned with actual local rent levels, enabling people supported by the housing allowance to access private rented housing.
  - c. Address barriers in the private rented sector by tackling the requirements and processes that exclude people on low incomes or supported by benefits, such as guarantor demands and affordability rules, and working with landlords to ensure fairer access to housing.
2. Guarantee the essentials people need to move in and stay housed  
Housing offers can fall through or lead to repeat homelessness if people lack essentials like furniture, white goods and flooring or practical support when moving in. Housing providers should ensure accommodation is ready to move into and where needed, there is support available for clients to help them settle in and sustain their tenancy.

## Theme 2: Navigating fragmented services beyond housing to support individual needs

Supporting people to avoid or move on from homelessness requires navigating an increasingly complex and fragmented network of services beyond just housing. Often frontline workers within the homelessness sector

are the navigators of these services on behalf of people both before and after they move into accommodation. Demand has increased, waiting lists are longer and some services have closed or been reduced which has made pathways less clear. It often depends on what organisation you work in and how assertively you advocate, or whether someone fits neatly into a service's eligibility criteria. Workers reported examples of duplication of services, poor communication and circular referrals, as services are overwhelmed with the higher demand or are reluctant to take on higher risk cases. Systems beyond housing such as immigration and health care are difficult to navigate and often don't support a trauma-informed way of working. 57% said immigration advice is hard to access.

People experiencing multiple support needs such as mental health, substance use and trauma, are even more likely to have difficulty navigating systems because no single service feels responsible or able to help which can impact their ability to engage with these. People with co-occurring disorders (such as a combined diagnosis of mental health issues and substance use) were most often mentioned as having challenges accessing support; 69% said it was difficult to get support for people with a combined diagnosis.

Funding means organisations often found themselves working in competition with other services, sometimes referral partners, locally. There were examples where frontline staff were more positive about effective partnership working, with strong relationships between services. But there was criticism from some at the lack of collaboration and respondents felt they are often left alone to support people experiencing increasingly complex needs.

Poor communication is a persistent barrier in the daily work of frontline staff. Respondents described systems that are slow and fragmented. Referral options to support services are constantly changing as services close or change their eligibility criteria, creating duplication, delays and frustration. Many say they spend more time chasing referrals and checking eligibility than providing direct support. This bureaucratic burden is particularly damaging in crisis situations, where delays lead to people losing accommodation, disengaging from services, or worsening their mental health.

Public services outside homelessness are often not equipped to deal with people experiencing multiple disadvantage, and users of homelessness services find it harder to access them as a result. Respondents stressed it was particularly difficult for people to access healthcare services such as GPs and dentists, which are often overstretched or in short supply:

“We have health drop-ins on site (GP, nurse and opticians), however outside of these drop-ins it can be very difficult to support people to access these services. This can be because it is difficult for them to book appointments with these services, or due to their support needs they are living quite chaotic lives and attending and keeping appointments can be difficult. We also see a lot of people who are scared or have a mistrust of these services due to their past experiences. We often see people who find it impossible to wait in A&E to receive emergency care so they leave, or they are admitted but abscond or lose their bed due to leaving to use drugs etc.” Manchester, charity

Many respondents highlighted the challenges faced in trying to get support for people with co-occurring disorders. These people are often told by mental health services that they need to have treatment for their substance use issues before they can access mental health services and in a lot of areas, dedicated services for this are not available:

“Mental health services and support for the cohort of people we support is very difficult, if a person is also dual diagnosis then services such as crisis and CMHT will not often support. You can find yourself being pushed between services with neither offering the person the needed level of support.” Leeds, local government

A further barrier to access services beyond housing was the use of online and digital systems:

“More and more stuff online which puts another wall between service user and any real help. Actual local job centre staff can't help with any benefits issues.” Charnwood, registered social landlord

A key strength of the homelessness sector is providing trauma-informed care. However, survey respondents expressed frustration that a relational way of

working is becoming harder to sustain because of reduced capacity and increased administration, taking away valuable time that could be used to support people.

“The increased requirement to issue letters at every stage of the Homelessness Reduction Act journey, greatly reduces the time an officer spends with a homeless applicant doing practical things to get them into accommodation, increasing their income and tackling the issues which may have caused homelessness.” Braintree, local government

Funding constraints impact on referrals, with a reduced range of options. This places greater pressure on the services that remain, often community groups and local charities and frontline workers are left competing for limited resources, making their roles significantly more challenging.

Cuts to non-statutory wraparound support services increase the risk of people experiencing homelessness again, driving further demand. At the same time, the impact of these service closures is difficult to evidence in the short term. Services have different priorities and there is often a lack of collaboration between them.

“I work on principle that homelessness should be identified at point of admission to an acute hospital. Therefore planning should happen at this point. However acute hospital processes do not have the same priorities.” Southampton, health organisation

## Adapting to changes

Frontline organisations and teams are responding to increased demand in different ways. 45% said their organisation had changed or adapted their services in response to the crisis. For some it means a narrower focus to ensure their limited resource is on where they can have the most impact. Other organisations are adapting and testing new ideas. There were examples of expanding emergency accommodation, developing multi-service hubs and new roles bridging the gap with services outside of

homelessness. There were examples of organisations focusing more on collaboration at a local level to avoid duplication and improve referrals. Some frontline staff reported increased funding for their services but disagreed on whether funding was reaching frontline services.

10% of those commenting said their organisations were working or starting to work more collaboratively with each other and deliver more joined-up services, or had recruited new roles which worked across multiple sectors.

“I remain optimistic about working more collaboratively to reduce the risk of further episodes of rough sleeping and homelessness by working with tenancy sustainment. We want to branch out to Housing Associations who I fear evict people due to unmet addiction and mental health needs - we need to reach these services and [this] is on my agenda for this next year.” Torbay, health organisation

“New services and community hubs opening, aiding ease of access to services and greater and more specialised needs being addressed directly” Gwynedd, charity

Where services have received additional funding, some frontline workers described improvements including new roles, and more time with people. Some mentioned additional projects or funding to support prevention, outreach, embedded mental health support.

“Recently appointed a Community Liaison officer to link in with services and organisations that we may not be aware of as things change so quickly.” Cornwall, local government

“Employing co-occurring conditions mental health and substances role within liaison psychiatry. Integrated homeless forum which is facilitated by safeguarding team in acute hospital.” Southampton, health organisation

This additional support has helped organisations respond more proactively and make small changes to increase the amount of accommodation available and reduce burnout. Some respondents indicated that their service was responding to the lack of suitable housing by increasing their own housing provision:

“We've begun to provide accommodation, meaning some of the people we work with don't need to go through either the rough sleeping pathway or TA route.” London, charity

However, this is not universal, with many respondents expressing concern that funding is inconsistent, short-term and tied to rigid outputs. Some felt new money often goes into overheads or middle management rather than to direct support. There was also frustration that money was spent largely on temporary accommodation costs. Others said the uncertainty of fixed-term contracts and the pressure to meet targets has led to less time with clients and lower quality support, creating instability for both staff and clients.

“It's hard, funding is for three years, half of my team are on permanent contracts and the rest of us are on fixed term. It leads to anxiety, both for our role and our service. We have no idea how long we will continue to be able to provide our service because it all relates to funding.” Cornwall, local government

“The whole contract that we work from between ourselves and [our partner] has been totally rewritten, to adapt to the needs of the business model. More through-put of clients, less time to work with them, struggling targets to achieve. This has left us with a moral dilemma about how our service works compared to our partner's and is very conflicting which will have an impact on how we support our client group.” Liverpool, registered social landlord

Trauma-informed approaches are increasingly shaping how frontline staff engage with people, but implementation is uneven. Many workers say they are striving to build trust, minimise re-traumatisation and work in ways that centre safety, choice and empowerment. This includes giving people more control over decisions. Some organisations have invested in training and reflective practice to support this shift, which staff say has transformed their practice. However, others feel they are expected to be trauma-informed in principle without the conditions that make it possible in practice such as manageable caseloads, safe environments or availability of housing options.

“We prioritise creating a safe, supportive, and empowering environment for our clients. This includes training our staff to recognise and respond to the

effects of trauma, providing emotional support, ensuring clear and respectful communication, and offering services that are flexible and responsive to the individual needs of survivors.” London, charity

“When it gets busy it becomes do as much as possible with what we've got, we pride ourselves on leading with compassion always but aren't always using trauma responsive ways of working because of restrictions in the wider system.” Manchester, charity

Frontline workers often felt frustrated with the lack of understanding from those in other sectors who are working with people experiencing homelessness. Many pointed to training gaps in other sectors, particularly trauma-informed care.

“I think that there could be some more training to the mainstream workforce in relation to those who are but also those who have previously experienced homelessness, and the long-term effects on frailty, the challenge with poor help seeking behaviour and neglect and the valuable role of care navigators to support the patients to attend for assessment/treatment - relational care.” London, health organisation

## Summary

Supporting people to avoid or move on from homelessness increasingly depends on navigating fragmented, overstretched services beyond housing. Frontline workers act as key points of connection amid rising demand, low collaboration and service gaps, particularly for people with complex needs who need support from multiple services.

In the face of these challenges, many teams and organisations are adapting through collaboration, service hubs, new cross-sector roles and trauma-informed practice.

However, bureaucracy, funding pressures and limited collaboration often prevent effective cross-sector support, and this is a key source of frustration for frontline workers.

## Recommendations: improving wider systems

3. Commissioners and service providers need to reduce the administrative burden by ensuring application, referral and reporting processes are proportionate and accessible to enable frontline staff to prioritise direct relational support rather than be caught up in excessive bureaucracy.
4. National and local governments and commissioners need to provide long-term, sustainable funding that enables services to plan, retain skilled staff and focus on prevention, rather than being driven by short-term crisis response.
5. Commissioners and service providers need to improve coordination between housing, health and support services so that people with multiple disadvantage do not fall through gaps created by fragmented systems.

### Theme 3: Sustaining the frontline workforce amid rising pressure, insecurity and moral injury

Many respondents said their services had reduced staffing levels because of funding cuts or difficulty recruiting. At the same time, demand has increased. Individuals have higher caseloads with pressure to close cases quicker, leading to exhaustion, emotional strain and in too many cases, burnout. Fixed-term funding contracts mean there is frequent insecurity or uncertainty about whether jobs or services will continue. Frontline workers in organisations in receipt of statutory funding, felt this particularly strongly. Some respondents felt that senior leaders are more focused on targets and numbers through the door rather than quality and effectiveness of support.

## Moral Injury

The impact of frontline homelessness work on wellbeing is not straightforward. Many staff describe the work as deeply meaningful, with a strong sense of pride and purpose in what they do but highly exhausting. A strong sense of purpose and belief in the value of their role drives many to keep going, even when they are struggling. Around half (51%) said their role negatively impacts their wellbeing and described experiences of burnout, stress and emotional fatigue. Despite this, several respondents said they still loved their work due to the emotional rewards of building relationships, supporting people in crisis and making a difference and a strong sense of mission.

However, there is a constant tension between the desire to make a difference, and the constraints of the systems frontline staff are working within. These include high caseloads, limited resources, low pay and often an inability to offer people the help they need. This tension shapes how frontline workers experience their roles and what supports or undermines their wellbeing.

This strong sense of mission shared by many frontline workers may also hide poor wellbeing they are experiencing. Staff feel a duty to continue in their work despite struggling, and this can lead to emotional exhaustion, poor work-life balance and eventually burnout.

Some staff felt their strong sense of purpose and goodwill was being taken for granted by employers or funders. Others said their commitment to the work made it difficult to stop or step back, even when they were burned out. It helped staff keep going, but it masked stress, delayed recovery and in some cases contributed to a sense of guilt or personal failure when things were not going well.

“It’s difficult to get a work life balance when this sector is underfunded yet the need has doubled in the last 12 months. When you work face to face, you can’t turn away when people are experiencing their darkest hours. You wouldn’t be human.” Cornwall, community organisation

Many talked about feelings of moral injury when they were unable to offer the support people needed, due to shortages of accommodation and overwhelmed systems. Respondents described a deep internal conflict between their professional values and the constraints of the system, being unable to offer any help, forced to dispatch people into rough sleeping or placing someone in accommodation they knew was unsafe. Some workers felt they may be doing more harm than good, even when they are doing all they can.

“I can't stay in this sector, the system doesn't help people and we reinforce that not by choice. The amount of times I have to say to a client that I'm sorry I can't help them is an absolute disgrace. It makes me feel really ashamed of myself and what I do for a living, because I'm supposed to help, they come to me for help and I can't give it to them because the system is designed to trip people up at every possible opportunity.” Manchester, charity

“Moral injury and the accumulative weight of constantly fighting to open doors for clients with limited success has a big impact on staff in this sector. There is always a risk of burnout and compassion fatigue.” Leeds, health organisation

### Purpose and enjoyment

Over 50% of comments from those who said they were likely to stay in the homelessness sector mentioned a love or enjoyment of the job. This was closely related to themes of making a difference and purpose. Many saw their role as meaningful and felt motivated by seeing change in people's lives.

“I am passionate about helping people.” Edinburgh, charity

“I love my job and am hoping to progress within homelessness services.” Cardiff (Caerdydd), charity

When people felt their values were shared, they were supported by their organisation and their work had real impact, they experienced high job satisfaction and commitment.

“I became homeless to DA over 30 years ago, I fell into this sort of work. I have realised I can help people realise their potential and know that addiction can be beaten. I could never imagine doing anything else. My core is a support worker, and the company I work for has exceptional core values a lot like my own.” Norwich, registered hostel

A strong sense of purpose can carry people through short-term stress, but it cannot replace good supervision, fair pay, safe working conditions, or a culture that listens and adapts. When goodwill is relied upon, there is a risk that burnout and poor wellbeing are accepted as normal. Preventing that requires a more proactive commitment from organisations to support their staff and maintain a healthy homelessness sector workforce. Funders, commissioners and policymakers all have a role to play in enabling organisations to do this.

## Role creep

Role creep is common because workers are covering for absent colleagues or specialist services with very long waiting lists and they are managing more complex cases without additional time, training, or pay. While some staff said they were proud to step up, many also expressed concern about the emotional and professional risks. They worried about making wrong decisions about people and experiencing vicarious trauma themselves, without support. The result is a workforce that is committed to supporting people but left feeling unsafe and undervalued. This lack of recognition adds to the frustration particularly for experienced staff with the most years of service.

“There is a lack of awareness that support staff ostensibly employed to address homelessness and housing issues are spending much of their day dealing with the consequence of chronic physical ill health, severe mental health and substance misuse related issues that require medical interventions and should be treated by the NHS. We are increasingly expected to fill a gap in primary health care especially mental health services. Politicians seem to think it is a good idea that we work alongside such services – but in reality we are taking their place in many cases... I feel we are

expected to do the job of mental health NHS staff without receiving the training and same benefits." Newport (Casnewydd), charity

"The level of mental health that generic services are dealing with needs to be recognised." Isle of Anglesey (Ynys Môn), local government housing

"Benefits are so complicated and should be left to the professionals who work in that field." Swansea (Abertawe), charity

Due to a shortage of specialist supported housing, low-level supported accommodation providers are taking on more people experiencing multiple disadvantage and staff are expected to provide the additional support.

"Our service is no longer just for retired peoples and the people we are being told to let to do not fit the area for which I was trained, I am ill-equipped to deal with serious addiction problems or mental health issues," Wirral, registered social landlord

## Expertise

Nearly 40% of our survey respondents have worked in the sector for over ten years. These staff, sometimes with decades of experience, feel their knowledge and expertise is not being recognised and there is a growing frustration that frontline work in homelessness lacks the professional recognition of comparable roles in health or social care.

Experienced staff often said their skills were not recognised, or that progression was limited. Several mentioned when experienced staff leave, they are often replaced with newer staff, hired into the same roles with lower skill levels or fewer qualifications, without acknowledgment of the difference in experience.

Being valued and recognised for their work made a significant difference to how staff experienced their roles. Workers who felt appreciated, had established working relationships with their colleagues, managers or clients and had a good organisational culture, were more likely to report positive wellbeing. Wellbeing support and initiatives only made a difference when they

were perceived as authentic. In contrast, feeling overlooked or excluded from decisions was demoralising. When staff saw wellbeing support as box ticking or superficial, they often had the opposite effect. In those cases, wellbeing efforts reinforced a sense of being undervalued or not genuinely cared for.

“It’s difficult on everyone at the moment, from our SU’s to everyone – people are struggling, but my employer is very supportive, has offered me fantastic opportunities and they are a leader in its field, I feel supported and valued.” Birmingham, charity  
“It is fine to talk the talk as employer does, much harder to walk the walk of effective care for employees. Too much focus on dealing with consequences of stress and not enough work done to prevent it.” Forest of Dean, charity

## Workload

Excessive workloads, high demand and limited staffing were key drivers of poor wellbeing. Many described juggling multiple roles, working unpaid overtime and being unable to take time off. Several mentioned that they were covering for colleagues who were off sick due to burnout, creating further pressure.

“Workload rapidly increasing, made worse by high staff turnover. Not enough time to carry out role and keep on top of admin. Working late at home, sleepless nights, high stress levels.” Isle of Anglesey (Ynys Môn), charity

Many staff said they found it difficult to switch off, especially after dealing with traumatic or emotionally heavy cases. A few said they had learned to set better boundaries or had supportive managers who encouraged flexible working. When flexibility and understanding were built into the culture, it helped workers feel more in control of their time and energy.

“It is harder to help homeless people and there is such poor mental health among the 16-25 years age group that I often meet with very depressed young

people and this can impact my own feelings during the working day and in the evenings after work.” Bromsgrove, charity

Manageable workloads featured frequently in comments in relation to wellbeing. Many frontline workers spoke of being stretched too thin, lacking time to do their job well and feeling burnout. 61% of staff said they can work flexibly, with flexibility mentioned occasionally as a protective factor against burnout and valued by staff who had this.

“I enjoy the job I do but also it has a negative aspect as I can get burnt out from time to time but still need to carry on as there's not much time for recuperation due to client needs etc.” Hartlepool, registered social landlord

“Workload rapidly increasing made worse by high staff turnover. Not enough time to carry out role and keep on top of admin resulting in working late at home to try and keep on top of work. Unable to 'switch off' when on days off/annual leave, sleepless nights, high stress levels.” Isle of Anglesey (Ynys Môn), charity

Several described burnout building over time, suggesting that even if workload alone does not trigger someone leaving, it can gradually erode capacity and motivation, especially when there is little support.

## Financial security

58% said their pay is not appropriate, considering the responsibilities of their job and 48% said that their pay does not allow them to adequately cover their living costs. Low pay had the most impact on wellbeing when combined with financial stress and job insecurity. For some, the rising cost of living meant taking second jobs or working extra hours to stay afloat.

Frontline workers are feeling the direct consequences of long-term service and funding cuts, with many losing colleagues via redundancies or unfilled vacancies, creating smaller teams with larger workloads. Posts are often fixed-term, leading to insecurity, with a wide range of contract length from

one to seven years – which in turn impacts retention of staff and limits continuity of support for people.

“I love doing this work but it's horrible doing it in the current landscape with not enough resources. We all care a lot, and we hate not having the time/money/staffing levels to address the real problems. We have to work really quickly with people, get the outcomes if possible and close the case – no time to do the longer lasting prevention work and improve lives long term. Sometimes it can feel like you are doing more harm than good.” Manchester, charity

“Every six months we begin the cycle of a new job search as funding looks precarious. We have seen staff cuts and reduction in financial support for our service users. There has been little regard for how this is managed at times and it can quash morale and certainty with the direction of support for service users. Are we preparing them for a cliff edge of support ending or are we trying to support them to that long-term bridge they can begin to cross themselves. It's challenging.” Liverpool, local government

Many respondents felt the increase in demand with no more resource meant their service was being stretched too thin, leaving less time for staff reflection, supervision and relationship building.

“Staff need to be able to decompress at work if they have had a particularly challenging client. With current caseloads being high, we do not always have the opportunity to do so.” Great Yarmouth, local government

Shorter-term funding also means less chance to plan ahead and fewer opportunities for creativity or innovation.

Pay and job security were major concerns. Many respondents said they could not afford to cover even basic living costs despite working full time. Some relied on food banks, benefits, or took second jobs to meet basic needs. For those who felt more financially secure it was often because they had no mortgage, they had a partner with a higher income or were living with relatives.

“I take up an extra 30 hours a month as a bank member in another organisation to help make ends meet with the cost of living.” Newcastle, registered social landlord

This financial stress often added emotional strain and affected morale. One in ten comments on retention related to low pay. This was not the only reason for leaving, but many described it as unsustainable particularly when combined with rising costs and insecure contracts. Others said they stayed partly because they couldn't afford to leave. This raises concern that financial insecurity may trap some staff in roles even when they feel unwell, unsupported, or at risk.

Some staff felt their commitment was being used to justify low pay, with employers expecting that purpose would compensate for poor conditions. While low pay was common across the sector and not a strong predictor of wellbeing in the data overall, it is clearly a tipping point for some.

“This is just too hard. not enough pay or quality down time, with ten times the amount of work. The 'purpose' behind the work is the only thing left, but what's the point in purpose if you don't even have the pay to afford your own housing.” Cardiff (Caerdydd), registered social landlord

“The current salary levels are not reflecting the increasing cost of living, which has become a significant challenge for our staff. Additionally, our funding has either remained the same or there is a risk of losing it, which further compounds the difficulty in maintaining and expanding our services. This financial strain makes it harder to retain experienced staff, invest in necessary resources and continue delivering the level of support our clients need.” London, charity

Fixed-term funding, short-term contracts and service closures led some to look elsewhere and others to question their future. Even when funding was secured, it was often too late for staff who had already left due to insecurity.

“I would love to continue working at the charity I have been with for seven years. The ethos, culture and work we do resonate strongly with my values.

However, future funding is unclear and if I left this charity, I don't think I would work in the homelessness sector in a different role." Bromsgrove, charity

Even those committed to the sector felt unable to plan without funding certainty. This instability is not always visible in short-term workforce figures but may shape who can afford to stay.

## Supportive environments

Despite the enormous pressures of frontline homelessness work, most people who responded to the survey still see a future in the sector, with 69% saying they are likely to stay. As with wellbeing, the factors influencing this are complex and often contradictory. Many stay because of a deep sense of purpose or strong support from their team and organisation. Others remain because of limited alternatives, particularly later in their careers. Among those who said they were not likely to stay, some are at or near retirement or on fixed-term contracts that are ending, while others feel burnt out, disillusioned, or unable to cope financially. As with wellbeing, the level of support and the quality of relationships often make the difference on a decision to stay or leave, even when respondents express frustration about low pay, difficult conditions, or emotionally-demanding work.

Peer relationships, supportive managers and a positive team culture were frequently cited as key factors in maintaining wellbeing. Many said that working in a close-knit team or feeling emotionally safe in supervision helped them manage the demands of the job. Line managers played a particularly important role when they were present, approachable and understanding.

"Having support from my manager and colleagues is key for wellbeing."  
Antrim and Newtonabbey, registered social landlord

"I manage my wellbeing and our organisation has professional interventions if needed. I am also lucky to work with a very supportive line manager and small team." Cardiff (Caerdydd), charity

“Like any job in this sector, you will take elements of your work home with you and this can impact on your own mental health. We take pride in the successes and ensure we support each other through the not so good times.”  
South Ayrshire, charity

However, perceptions of support from senior leadership were more mixed. Some felt there was a disconnect between the realities of frontline work and the understanding or actions of senior managers. This lack of visibility or engagement was frustrating for staff, especially when it came to decisions that affected their day-to-day work.

“My line manager is very supportive. Above her are managers and directors that are 'out of touch'. They'll do one 'back to the floor' day every year or so and do not see/understand a fraction of the pressures/abuse we face daily. This has a huge impact.” Maidstone, local government

In some cases, poor leadership and lack of support contributed to toxic workplace cultures, limited supervision and situations where staff felt unsafe.

“Poor support from the company, poor working conditions, lots of lone working.” Liverpool, criminal justice

In contrast, where senior leadership was seen as responsive and invested in staff wellbeing, morale and resilience were stronger. Staff valued being listened to, appreciated and included in decisions.

“A good workplace culture is pivotal to the role but often not the case in this field due to the demands of the role. However, I feel very lucky to have a good workplace culture in my current role/company. I feel heard and supported in my role.” Torfaen, registered social landlord

Formal wellbeing support made a difference when it was genuine, consistent and accessible. Counselling, supervision and reflective practice helped many workers manage the emotional demands of their role, but access was often limited. Several said they didn't have time to use the support available. Others felt wellbeing offers were tokenistic or placed responsibility for wellbeing on the individual rather than the organisation.

“Organisations overload employees and then talk the wellbeing talk. It feels like making individuals responsible for poor wellbeing so that the system doesn’t have to change.” Glasgow, registered social landlord

Relationships with colleagues, managers and clients were also a big factor in people feeling more likely to stay in the homelessness sector. Supportive teams, compassionate leadership and a sense of shared values helped staff feel safe and part of something worthwhile.

‘Very supportive team who prioritise staff selfcare and balance.’ North Yorkshire, criminal justice system

Frontline homelessness teams are often close-knit, and most people feel well supported by their immediate colleagues and managers. A large majority, 87%, said they feel supported by colleagues and 76% by their manager. Nearly three quarters (73%) said their organisation has a good workplace culture, and 71% reported access to supportive supervision. People who were positive about supervision and workplace culture, were also more likely to have a stronger intention to remain in the sector.

While internal support structures appear relatively strong, support from outside the organisation is more mixed. Only 54% said they feel valued by professionals in external agencies, highlighting ongoing challenges around collaboration, joined-up working, with staff feeling undervalued and lacking professional recognition.

Taken together, the findings suggest that retention depends not only on personal commitment but also on supportive organisational cultures, where good supervision, flexibility, peer relationships and investment in skills create the conditions for people to stay.

## Training and development

Training is valued, especially when it’s practical and grounded in trauma-informed approaches. But it’s often irregular, not prioritised, or too general to address the complexity of real-life cases. Training and confidence also play a

role in retention. 88% of staff felt they had the knowledge and skills needed to do their job and 77% said they had sufficient access to training. Workers who feel competent and well trained are more likely to stay, especially when their roles are emotionally demanding

Staff who have received role-specific, trauma-informed, or wellbeing-related training said it improves their practice and their wellbeing. It helped them feel competent, resilient and reduced stress. Training was also important for career development and feeling valued, but access to training depends on sector and contract type. There is variance in quality of training, with increasing numbers of online and other training that increases reach but not always depth.

"I haven't accessed any external training, but have access to a wide variety of in-house elearning modules - this will expand further as I join the NHS addictions service under an honorary contract. In particular there will be enhanced support, supervision, training and resources in relation to non-medical prescribing as this is priority in addictions services, unlike mental health services where the support, training and governance is considerably less robust." Torbay, health organisation

"In my current role there just isn't really much relevant training. There is better training in charitable sector roles I have had." London, local government

Frontline workers recognised the importance of training to support people as effectively as possible. They indicated in most areas they had sufficient training to carry out their roles. Their biggest challenges were accessing sufficient depth and quality of training to be able to make a difference, partly due to the financial cost, finding the time to undertake the training or identifying most useful training to meet their needs.

"There is plenty of training available - and good quality training at that. But who is going to do our case work while we spend days on training courses? The work just piles up as it cannot be done by relief or agency staff brought in to fill our shoes while we do training." Newport (Casnewydd), charity

Many respondents said training they were able to access was limited by cost and format. Low-cost online, generic training was widely available and convenient to many who found time and location a barrier. Some felt they lost out on the depth and relational advantages of in-person training.

When it came to more specialist, higher-level training, there were more mixed responses. It was often down to the frontline worker to take the initiative and a small number said they had funded courses themselves and completed them in their own time. Even when frontline staff had training, they weren't always able to apply it in practice, due to organisational and sector barriers.

"Completed most training independently from work. Paid for myself in my own time. Completed open uni degree in MH. No financial help or recognition of this from employer." Belfast, registered hostel

Overall, some staff felt that their own existing skills, experience and qualifications were not valued or were ignored by their employer. The low pay offered limits the qualifications and experience required for roles, putting staff at odds with similar roles in the community, health and social care sectors. When experienced staff leave, their expertise is hard to replace. Basic level training is not enough to cover for the loss of qualified specialist staff.

"When I was studying to be a youth and community worker, there was a three-year degree qualification needed. It amazes me that most floating support workers have no qualifications, and that none are required. This is a highly challenging, highly rewarding, but difficult job that needs much more training and much better support; if it is meant to be doing what it says it is doing." Newport (Casnewydd), registered social landlord

## Summary

Frontline workers stay when their role feels purposeful, the environment is supportive and they are treated with respect. While financial and workload pressures are real, it is the combination of meaning, safety, support and values that sustains people.

Those who leave often do so not because they care less, but because the environment becomes too hard to remain in or too unstable to plan a future within.

## Recommendations: championing a strong workforce

1. Governments in each of the nations of the UK should introduce a national pay and progression framework to ensure fair pay, job security and recognition of the skilled work undertaken, with the Real Living Wage as a minimum benchmark.
2. Governments working with the homelessness sector should develop clear training, accreditation and career pathways through a national qualifications framework that supports staff progression and establishes homelessness work as a recognised profession.
3. Commissioners and providers should guarantee manageable caseloads and minimum standards for wellbeing and safety for frontline workers, including protected time for reflective practice and access to appropriate trauma support, so that frontline staff are equipped to carry out their roles safely and sustainably.

## Conclusion

The 2025 Frontline Worker Survey reveals a homelessness system under sustained pressure, not only due to rising demand and increasing case complexity, but also because the housing system is no longer functioning as

a reliable route out of homelessness. Frontline workers described how the shortage of suitable accommodation at every stage, from emergency placements to long-term housing, is causing severe blockages and gridlocked pathways out of homelessness. People who are ready to move on cannot do so, and others cannot access help while spaces remain full.

While housing availability is a core issue, frontline staff emphasised that the private rented sector presents barriers beyond supply. Even where properties exist, they are often unaffordable, insecure, or inaccessible to people on low incomes, benefits, or with poor credit histories. These structural barriers, combined with a frozen Local Housing Allowance, make the private rental sector an unreliable or unrealistic solution for many.

This year's findings also show how the wider design of the system often undermines its stated goals. Prevention is widely valued but is rarely well-resourced. Trauma-informed care is promoted but difficult to implement within rigid eligibility rules and overstretched services. Legislative changes in different nations are beginning to reshape parts of the system, but frontline workers are left managing the consequences with little additional support.

Frontline workers consistently described the distress of being unable to offer the help they know is needed and many commented on the impact this has on their wellbeing. Alongside low pay, job insecurity and role creep, this is contributing to growing frustration and disillusionment amongst frontline workers.

Across the sector, despite all these challenges, there remains a strong sense of purpose and deep commitment to supporting people experiencing homelessness. Many workers take a great deal of pride in their roles and knowing the difference they make, even in the most difficult circumstances. This shared sense of purpose helps sustain the workforce but also carries risk where this may be masking high levels of stress and exhaustion, leaving more staff vulnerable to burnout.

At the same time, there are clear signs of innovation and solutions to some of the challenges of high demand. Staff shared examples of local initiatives that are improving outcomes. Decision-makers and senior leaders must build a

better understanding of frontline roles to ensure staff are valued, resourced and supported appropriately.

Conditions must be created to empower frontline workers within the challenging contexts they face. Homelessness support roles should be valued as skilled, relational and professional roles that they are, and decision-makers and senior leaders must ensure that the people doing this work are equipped, recognised, retained and properly paid and trained.

It is now vital that governments in each of the four nations put tackling these issues and supporting frontline workers at the heart of their policies, strategies and funding frameworks. They must ensure that the accommodation services are there to enable frontline workers to be able to help prevent and resolve homelessness and in turn that staff are themselves recruited, retained and resourced to be able to provide the support that is so needed.