

# THE EXPERIENCES OF SIMON COMMUNITY SERVICE USERS DURING THE COVID-19 PANDEMIC

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# EXECUTIVE SUMMARY

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This small-scale qualitative study explores the experiences of service users across Simon Communities of Ireland's services, during the various phases of the Covid-19 pandemic in the period March 2020 – August 2021. The report, the second in a series of three (Finnerty and Buckley, 2021; Finnerty, Cullinane and Buckley, 2021) adds to the overall stock of knowledge about service users' experiences of housing and homelessness service provision during the Covid-19 pandemic, as well as to our understanding of the overall efficacy of the pandemic response by service providers such as the Simon Communities.

The interviews with service users reflect a substantial diversity in housing circumstances, experiences and perspectives of how they, with the support of Simon, navigated various existing and new challenges during the Covid-19 pandemic.

Findings in several areas – decongregation of emergency settings, Covid-19 health impacts, keyworking and tenancy sustainment supports, staffing, health and health service utilization, and housing circumstances – resonate with the first phase of this research project, as well as findings from Irish and international research.

For example, Simon's progress in decongregating emergency accommodation in the interests of mitigating the risks of Covid-19 transmission, explored in the first report (Finnerty and Buckley, 2021), is reflected positively in the experiences of a number of service users interviewed for the present study. These included instances of service users who benefitted from greater personal space within emergency accommodation (and from various efforts to improve the liveability of emergency accommodation), as well as those who attributed their own exit from emergency accommodation into supported accommodation to the decongregation process. Less positively, the case of the service user in shared accommodation in the community who described the destabilising impact of multiple movers into their house illustrates the risk of insufficiently managed resettlement during rapid decongregation.

Interview data with service users on the topic of Covid-19 mitigation measures in Simon congregate settings aligns with national-level data on outbreaks and fatalities in homeless settings, indicating a high degree of success in minimising outbreaks to date. This is additionally evidenced by testimony in relation to well-enforced distancing regulations in congregate settings, increased emphasis on regular sanitation of accommodation units by staff (also practiced in shared community-based accommodation), as well as prompt isolation and testing in cases of suspected transmission.

Other findings which resonate with the early phase of research and emerging literature include the challenges but also the imperatives of maintaining effective keyworking and tenancy sustainment supports during the pandemic. The interviews with service users clearly illustrate the often pivotal and typically highly valued role played by Simon staff in large and smaller ways, from resolving issues which may threaten a tenancy to practical matters such as providing transport to and from shops and the collection of essential medications. The findings here largely indicate a successful pivot to remote supports in the circumstances, but also point to the imperatives of re-instating in-person visiting supports at the earliest opportunity, given the multifaceted nature of these roles and functions and the significance attached to them by many service users.

More generally, the staffing challenges experienced by Simon explored in the first report is reflected to some degree in the present study. Service user interviews evidence these impacts in terms of access to supports and a general sense that Simon's resources were often strained, but broadly the findings point to continuity of service in challenging circumstances. The positive role played by Simon included provision of computer and telecommunications equipment and internet access within congregate settings to facilitate communication between residents, staff, friends, and families as well as accessing a range of services including entertainment, education, and health.

Regarding health during the pandemic, while experiences and outcomes varied, the service user interviews tend to confirm the more pessimistic analysis of Simon managers in the first report regarding the incidence of problematic drug and alcohol use. For some, the dramatic pandemic changes provided an opportunity to address addiction issues more effectively. However, service user interviews also indicate that the shift to online or telephone provision for counselling services- including addiction counselling- diminished their efficacy, typically due to the more impersonal nature of the technology. Nonetheless, the interviews indicate that overall access to health services was maintained and, in some instances, adapted to become more user-friendly and flexible. Simon staff concerns about meaningful deteriorations in the mental health of many service users articulated in the first report were also borne out to varying degrees here, as the numerous impacts of the virus on daily life took their toll.

While frequently illustrative of positive developments in the housing circumstances of interviewees, the findings here offer limited insight into the extent to which the responses to Covid-19 by Simon Communities and statutory authorities may be considered a qualitative step change or 'systems accelerant'. The term 'system accelerant' draws attention to the strengthened implementation of principles already espoused at policy level (integrated care planning, the elimination of involuntary rough sleeping and long-term use of emergency accommodation, and the provision of independent accommodation with appropriate support).

This is due, *inter alia*, to goals of this phase of the study, which sought to emphasise experiential aspects of Simon service users during the pandemic; the nature of the housing circumstances of the specific cohort of interviewees; and uncertainty in many instances around which moves of accommodation experienced by service users during the pandemic were positively or negatively impacted by Simon and broader Covid-19 responses. More generally, at the time of completion of interviews, the acute phase of the pandemic had not passed. Thus, it remains unclear whether the acceleration of services manifested during the pandemic will endure to become the permanent, and improved, 'new normal'.

# CHAPTER 1 – INTRODUCTION

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## 1.1 Research Aim and Objectives

This small-scale qualitative study explores the experiences and perspectives of service users across Simon Communities of Ireland's services, across the various phases of the Covid-19 pandemic in the period March 2020 – August 2021. Themes explored in interviews with service users comprised:

- Housing circumstances at the outset of the Covid-19 pandemic
- Changes between and within accommodation during the pandemic
- Access to Simon supports and other services (keyworker support and access to health and other services)
- Impacts of public health restrictions (on employment and education, activities and mobility, health, and relationships)
- Overall views on Simon's Covid-19 response

## 1.2 Research Methods: Capturing the Perspectives of Service Users

This report is a qualitative exploration of users of the services of the Simon Communities over the period of the Covid-19 pandemic from Spring 2020 to Summer 2021 and employs a primarily inductive approach to the data collection and analysis. The research is qualitative in that it is based on the views and experiences of respondents elicited in response to broad scoping questions using a one-to-one interview format; it is inductive in that the findings emerge from an analysis of the data (the respondents' answers to open-ended questions), rather than being imposed by an external framework or approach. The themes addressed in these interviews were tailored as appropriate to the individual circumstances of the participants and included matters raised by participants themselves.

Participants were recruited in the first instance through initial contact by the research team with Simon management in all eight Simon Communities in the Republic of Ireland, who then sought to identify prospective participants in their respective regions. A diverse set of service users were sought from the various Simon regions. These included those who had been rough sleepers but had been moved into independent accommodation because of the pandemic response; those who continued to avail of hostel-type accommodation; those in supported accommodation; and those in independent accommodation who continued to avail of Simon supports.<sup>1</sup>

Ongoing engagement with regional Simon Communities resulted in a total of thirteen service users recruited to contribute to the study, drawn from five of the eight Simon Communities nationally. A snapshot of this sample of service users is offered in the main findings section below.

Between June and August 2021, participants took part in semi-structured interviews undertaken by means of phone call or videoconferencing, depending on the participants' preferences and availability of suitable technology. This remote rather than face-to-face approach to undertaking the primary research was taken in conformity with public health guidelines.

Interviews were recorded and subsequently manually transcribed. Thematic inductive analysis was then carried out on the transcribed data using NVivo software, in order to organise and identify patterns in the contributions made by participants, from which the anonymised research findings were generated.

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<sup>1</sup> The range of services provided by the eight Simon communities is described in Finnerty and Buckley, 2021.

### **1.3 Research Ethics**

Research interviews were conducted in conformity with Simon Community codes of ethical best practice in relation to social research and informed consent. In relation to the study population in particular, the research aimed to adhere to the principle and practice of 'minimising harms and maximising benefits' (Canadian Observatory on Homelessness, 2016). Simon support staff were on hand in the case of a respondent experiencing distress during the interview. To maintain data security in the context of remote working arrangements, all raw and processed interview material were recorded and stored on UCC-authorised secure cloud platforms and strictly accessible only to the research team.

An information sheet was supplied to respondents and written consent was obtained (see Appendices). The consent form indicated that respondents could decline to answer any question and could withdraw from the interview at any stage. As with the other phases of the study which interviewed statutory and Simon Community personnel, all respondents were assured of anonymity in relation to use of their interview material. Participants were provided with a twenty-five euro gift voucher as a token of appreciation for their willingness to contribute to the study.

### **1.4 Research Scope and Limitations**

In terms of the scope and limitations of the research, the following points should be borne in mind:

- The study aims to solicit and represent the experiences and perspectives of a sample of Simon Communities service users from around Ireland in relation to living through the pandemic. As the sample is not representative, the findings are thus not generalisable and do not purport to reflect the broader population of Simon service users. Additionally, in relation to respondent recruitment, a degree of self-selection bias is possible insofar as data was collected only from respondents who agreed to participate in the research following recruitment by individual Simon Communities.
- The relatively small sample is principally due to challenges in recruiting participants given the specificity of the service user demographics sought for the study and the ongoing nature of the Covid-19 emergency at the time of the study. For these reasons, a number of Simon Communities did not successfully recruit service user participants for the study.
- Participant composition diverges somewhat from the profile initially sought. Those interviewed tended to be men, resided frequently in non-congregate forms of accommodation, and did not include instances of rough sleepers accommodated as part of the Covid-19 response.
- The remote nature of the research methodology, necessitated by the continued challenges to in-person research presented by Covid-19, may have curtailed opportunities for deeper familiarisation and engagement with the circumstances and experiences of research participants.

### **1.5 Report Structure**

Following on from this introductory chapter's discussion of research aim, methods, framework, and limitations, a brief literature and policy review (chapter 2) supplies context for the findings (chapter 3) and informs the conclusions chapter (chapter 4).

# CHAPTER 2 – HOMELESS POPULATIONS DURING THE COVID-19 PANDEMIC

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## 2.1 Introduction

This chapter provides an overview of evidence and research in relation to the homeless population during the Covid-19 pandemic. It begins, in section 2.1, with an account of the size and composition of the Irish homeless population. The challenges that COVID-19 poses to the homeless population is outlined in section 2.2. Finally, section 2.3 discusses published research into the experiences of homeless populations in cities or regions which underwent a rapid change in services in response to the pandemic.

### 2.1 The Irish Homeless Population: Size and Composition

Despite the pivot towards a housing-led approach in homelessness policy (as discussed in *Systems Accelerant?*) the official measure of homelessness (which does not include rough sleepers) had registered rapid increases up to the onset of the pandemic, with an increase of 150% in the numbers of homeless households between 2014 and 2019 (Department of Housing, Local Government and Heritage, 2021). While the most notable feature of this increase had been the growing proportion of families, single homeless persons<sup>2</sup> make up the bulk of adults who are 'houseless' i.e., residing in congregate emergency accommodation (and who may at other times be 'roofless' i.e., sleeping rough).

It is important to distinguish between those who are homeless for structural reasons – a combination of poverty, and precarity in employment and housing – from those who face additional obstacles in attaining or maintaining a home. Single persons who are 'episodically' (several episodes) or 'chronically' (long-term) homeless have, for example, high levels of addiction and poor health compared to the domiciled population and even to the 'transitional' homeless population (Finnerty, 2014 and 2018; Merchant's Quay Ireland, Coolmine Therapeutic Community and DePaul, 2020; Kelly, 2020). Research into this population has found high levels of adverse childhood experience, lifetime heavy use of alcohol or drugs, low levels of educational attainment, poor levels of physical and mental health and high levels of social isolation. Nonetheless there are also structural factors implicated in this cohort's route into, and inability to exit homelessness, principally relating to precarity in housing and labour markets. In relation to housing, insecurity of tenure, lack of affordability and poor quality in the private rented sector are significant factors.

### 2.2 COVID-19 and Homelessness

As discussed in *Systems Accelerant?*, Covid-19 poses a particular threat to the homeless population (Finnerty and Buckley, 2021). This is particularly true of single persons who have been homeless for extended periods of time, who typically are highly vulnerable to infectious disease due to inadequate shelter and existing poor health, and in the absence of concerted and targeted public policies, have the fewest resources to mitigate this vulnerability (Wood, Davies and Khan, 2020).

Responses to pandemics also rarely have a uniform impact, as ironically, general public health measures, such as stay-at-home and shutdown requirements, may impact most adversely on the homeless population, as they struggle to access food banks, crisis shelter, health services and social supports (Cumming, Wood and Davies, 2020). It is also the case that prevention (social distancing and hygiene, shielding) and containment (self-isolation) requirements may be difficult or impossible to observe for those who are sleeping rough, while the closure of public and 'third' spaces, the curtailment of 'sofa surfing', and the requirement to stay indoors in congregate settings, the traditional and staple form of assistance offered to homeless populations internationally, may now ironically increase their risk of infection (Abrams and Szeffler, 2020).

<sup>2</sup> More specifically, these are adults who present as single, and for whom services such as accommodation are provided on this basis. Many of these service users may in fact be, or have been, in relationships; many may have children (Finnerty, 2018).



The persistence of the virus – with fresh variants and alternating levels of restriction and easing of emergency health measures – underlines the important role of Irish NGO service providers such as the eight Simon communities.

## **Covid outbreaks in Ireland**

Despite the high risks to the homeless population in Ireland, rates of infection and fatality have been thankfully extremely low. O’Carroll, Duffin and Collins (2020) noted the low infection and mortality rate amongst this population during the first wave of the pandemic. This has continued to be the case: from March 2020 to the end of August 2021 there was a total of 61 outbreaks associated with facilities for the homeless population linked to 304 confirmed cases. Amongst these cases there were a total of five confirmed deaths. The largest number of outbreaks and cases occurred in January (n=13 outbreaks and 57 cases) and March 2021 (n=12 outbreaks and 119 cases).<sup>3</sup>

### **2.3 Research into the perspectives of the homeless population during the pandemic**

A relatively small number of studies exploring the perspectives of homeless persons during the pandemic have been published to date, with just two studies on the experiences of the homeless population in Ireland. These studies vary in their approaches to respondent recruitment and data collection, their sample size, as well as in the segment of the homeless population being researched and the themes being explored. What these studies – of London, Toronto, New South Wales, Dublin, and the Irish Mid West - have in common is an exploration of homeless persons’ experiences of services that underwent significant transformation, along the lines of a ‘systems accelerant’ (Finnerty and Buckley, 2021) in response to the threats posed by covid-19.

- The experiences of formerly roofless persons housed in London hotels were explored via semi-structured telephone interviews with 35 hotel residents. When residents left the hotel, 28 participated in further interviews (Neale et al., 2020 and 2021). This two-stage study was conducted over the period June to December 2020.
- A quantitative survey of 239 current service users of a variety shelters and of COVID-19 hotels in Toronto, Canada was conducted in early 2021 (Nerad, Iman, Wolfson, and Islam, 2021).
- Qualitative interviews with twelve respondents who had become roofless or had been offered hotel-style accommodation in New South Wales, Australia during the early months of the pandemic was undertaken in mid-2020 (Pawson, Parsell, Liu, Hartley, and Thompson, 2020).
- A quantitative survey of 430 homeless persons was undertaken by the HSE National Social Inclusion Office (NSIO) along with the HSE Homeless Advisory Governance Group (HAGG) between March and June 2020 (HSE, 2020). Just under half of respondents were living in cocooning, shielding or self-isolation facilities, with the remainder in a variety of other homelessness accommodation settings. Four-fifths of respondents came from Dublin, Limerick, Clare and Tipperary.
- A qualitative study involving ten clients of Merchants Quay Ireland and HSE ACCES in Dublin, was conducted by Kelly (2020) during October 2020 during the onset of the second wave of Covid-19. These services are for persons with mental illness, substance use and/or homelessness.

3 Data kindly supplied by the HSE Health Protection Surveillance Centre.

## Well-being and Mental Health

For respondents in the HSE survey, about 45% of service users indicated that their health, mental health and quality of life was better than a year previously. Respondents' drug and alcohol use had less impact on normal daily activities than prior to the pandemic. For those who indicated a negative change to their overall health, the key dimension was a deterioration in mental health, involving lower mood and an increase in anxiety, isolation, negative thinking, loneliness and stress (HSE, 2020). In the London hotel study, some respondents similarly maintained that their mental health was good, but many others reported depression, stress and anxiety. Some participants described feeling 'up and down', whereas others said that they were very low, had no motivation, and/ or felt unable to leave their accommodation" (Neale et al, 2021).

Kelly (2020) focused on the psychological effects of changes in service delivery they have ensued as a result of COVID-19 for the ten study participants. For many of those participants with chronic mental health issues, social isolation, loneliness and the effects of the pandemic restrictions led to a deterioration in their reported mental health. While two participants report reduced alcohol consumption due to closure of pubs, one reports increased alcohol intake. Four participants, who had been in recovery or drug free, report a return to substance use.

## Use of Technology

Most respondents in the London hotel study had good IT literacy and were willing to help other residents who were less familiar with mobile technology. Participants were, however, very reliant on mobile phones given to them by the hotel staff and on the free hotel wi-fi for calls, texts, video calls and social media. The phones also allowed participants to keep themselves occupied in their rooms (Neale et al., 2020). By contrast, most participants in the Merchants Quay / ACCES study lacked internet access to avail of online services such as counselling (Kelly, 2020); access to reliable internet was also identified as a barrier to uptake of online mental health services in the Toronto study (Nerad et al., 2021).

## Use of and satisfaction with services

The Toronto study found respondents valued the access to health supports such as masks, screening and testing (Nerad et al., 2021). At the same time, around one quarter of Toronto respondents noted the negative impacts of on-site shelter services being curtailed or moving online. In the HSE study, one-quarter of respondents who were living in COVID-19 isolation or shielding/cocooning facilities reported that they had accessed new health services or supports since the start of the COVID-19 outbreak. For all respondents, the number of health professionals seen was comparable with the number of professionals seen in the six months before the outbreak. The only exception was respondents' engagement with a key worker, which increased during the COVID-19 study period. Nonetheless, two-fifths reported not having an up-to-date care plan or key worker/case manager.

Respondents in the Merchants Quay/ACCES research experienced a more formal, clinical and structured range of services due to Covid-necessitated restrictions (Kelly, 2020). Outreach services were highly valued. However, as noted above, most participants lacked internet access to avail of online services such as counselling. A relatively high level of service satisfaction was reported in the HSE survey, with 70% of survey respondents satisfied with the health services and/or supports that they were receiving during the COVID-19 outbreak period. Nonetheless, one of the most suggested areas for improvement related to having more consistent and accessible supports. Respondents particularly suggested greater availability and access to key workers and mental health services. Other suggested supports included outreach Public Health Nursing, GP and community health supports, supports in all hostels, harm reduction supports, drop-in-centres, activities, individual support work and hospital carers (HSE, 2020).

## **Accommodation**

The New South Wales, London, Toronto and HSE studies had an additional focus on the accommodation experiences of respondents. Those in New South Wales described the health crisis as spurring them to accept offers of accommodation after sleeping rough for several years and the relative safety of hotel living (Pawson et al., 2021). Those in London preferred the hotel to other places where they had recently stayed, with the kindness of the hotel staff, the room facilities, and the warmth, safety and privacy all receiving favourable mention. Some reported that the hotel had provided them with an opportunity to take stock of their lives and address their substance use or physical, emotional and financial problems. Although they experienced some boredom and loneliness within their rooms, most were very resourceful in terms of finding stimulating activities, taking exercise, and trying to look after themselves as best they could. In the Toronto study, the majority of survey participants stated that the changes made to the shelter system during COVID-19 were positive in terms of the overall impacts on their lives, including having their own room, cleaner facilities and a safer environment (Nerad, 2021). Nonetheless, around one quarter of respondents noted the negative impacts of restrictive shelter rules. In the HSE research, many of those who indicated improvements in their overall health found that having their own room has had an impact on their sense of safety, mental health, drug use and relationships (HSE, 2020).

A key finding of the London hotel research the shortcomings of their subsequent move-on accommodation: Our findings illustrate how the move-on options being provided are not always meeting the needs of people previously housed in the Everyone In initiative. Moreover, the move-on accommodation offered has sometimes undermined the good work completed with individuals during earlier stages of the pandemic (Neale et al., 2021: 25).

This finding is echoed in the HSE survey, with one of the most mentioned suggestions for improvement being the desire for stable, safe and private accommodation. Many respondents suggested that single room accommodation or less crowded accommodation with own toilet, washing and cooking facilities will support transition to independent living, drug and/or alcohol detox, safety and mental health. Several respondents suggested that their own accommodation with supports would significantly improve health outcomes (HSE, 2020). This is similar to the recommendations made by homeless persons in Toronto, with recommendations centred on increased housing supports and affordable housing (Nerad et al., 2021). For some homeless persons in the New South Wales study, the COVID-19 response has provided the hope of a pathway into secure housing (Pawson et al., 2021).

## **2.4 Conclusion**

Covid-19 poses particular risks to the homeless population, and homeless services in many cities and countries have taken measures to mitigate these risks, often resulting in rates of infection and death much lower than feared. Across the five studies discussed, homeless respondents reported having both positive and negative experiences of the adjustments made by homeless services during the pandemic. In general, respondents felt well supported by shelter or hotel staff during the pandemic and reported satisfaction with infection control measures undertaken. Most appreciated the increased privacy and safety available. At the same time, restrictive rules, mask wearing, and curtailment of services were difficult for many homeless persons.

# CHAPTER 3: FINDINGS

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## 3.1 Introduction

This chapter presents the findings from research interviews undertaken with Simon Communities service users from around the country who availed of Simon housing and housing-related services over the duration of the Covid-19 pandemic to date. A total of thirteen individuals linked to services in five Simon Communities regions contributed interviews to the study over the period June to August 2021.

As indicated in Chapter 1, the goal of this second phase of the research is to solicit the experiences and views of a selection of Simon Community service users located across Ireland during the pandemic. Of particular interest was how respondents' housing and other needs were met over the course of the Covid-19 pandemic, as well as other aspects of the lived experiences of navigating the many impacts to daily life brought about by the coronavirus and the public health response to it.

Interview findings are presented under the following main headings:

- Housing circumstances at the outset of the Covid-19 pandemic
- Changes between and within accommodation during the pandemic
- Access to Simon supports and other services (keyworker support and access to health and other services)
- Impacts of public health restrictions (on employment and education, activities and mobility, health, and relationships)
- Overall views on Simon's Covid-19 response and impacts of the pandemic
- Reflections on the pandemic

While this study does not purport to offer a representative sample of those utilising Simon housing and related services or to generalise the findings beyond the interviewed cohort, efforts are made in the analysis that follows to draw links between similar experiences as well as reflecting a broad diversity of perspectives that were articulated in the interviews.

In the material that follows, direct quotes from the Simon Communities service user respondents are alphabetically denoted from A to M. Respondents were assured of anonymity in relation to the use of their interview material (see section 1.3), consequently no respondents are identified by their name or region, and where necessary other potentially identifying information has been omitted (in some select instances, letters denoting participants are not attached to quotes to maintain anonymity). Some quotes are presented in condensed form for brevity and clarity. Ellipses [...] are used to indicate breaks in the parts of quoted passage.

## **3.2 Respondent profile**

The thirteen respondents comprised 4 women and 9 men, with an age profile ranging from mid-20s to mid-60s. The majority were single people, with two residing with children, and almost all were of Irish nationality.

While all respondents had been engaging with Simon housing or housing-related services over the duration of the pandemic, the study's cohort of respondents reflected a broad diversity of personal circumstances, life stages and type and extent of prior experiences of homelessness. However, detailed explorations of personal histories and pathways in and out of homelessness were not systematically sought as part of the interviews which focused mostly on the period of the pandemic.

At the time of interview, respondents reported residing in a range of congregate and non-congregate accommodation settings. The sample included two respondents currently residing in emergency accommodation; four in some form of supported shared housing, some of which were staffed; and seven in independent (non-shared) accommodation, in general on a long term and permanent basis. Close to two-thirds of the sample experienced at least one change in Simon-provided or Simon-supported accommodation provision during the pandemic. Most respondents reported being currently unemployed or retired, with many reporting being actively engaged in further and higher education or training as well as job seeking.

## **3.3 Findings**

### **3.3.1 Housing circumstances at the outset of the Covid-19 pandemic**

When the novel coronavirus pandemic arrived in Ireland in Spring 2020, respondents described differing levels of stability with regard to their housing as well as personal circumstances. Forms of occupancy cited during this period included residency in emergency accommodation, supported housing, shared community-based housing, and independent housing. Respondents reported a diverse range of precipitating factors related to their most recent spell of homelessness, including the impacts of alcohol and/or substance addictions, mental health issues, relationship breakdowns and sexual violence.

Four respondents reported being in different forms of emergency accommodation - mostly hostels but also including a hotel - at the time the pandemic hit. For one respondent residing in a hostel at the time, their occupancy was one in a series of extended periods of homelessness that had played out over a period of many years associated with their alcohol addiction. Their current spell in Simon emergency accommodation had most recently followed the loss of independent Simon-provided accommodation as a consequence of that addiction. They reported that they were currently 'still working on my addiction and my mental health issues', that Simon had 'gave me another chance' and that they were currently awaiting allocation of own-door independent housing under the Housing First programme. *Service User J.*

For another, their entry into emergency accommodation followed a spell of rooflessness subsequent to their release from prison:

*I went from prison to... I came out in [date] and I was on the streets in a tent and that's how I got in touch with the Simon and then went to the Simon from a tent and all the rest came afterwards.*

**Service User E**

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Five respondents reported being resident in shared supported accommodation of various kinds at the outset of the pandemic. Three of these were occupants in high support shared accommodation with on-site staffing. One of these respondents spoke about their entry into this accommodation as being a consequence of prolonged experiences of sexual harassment and sexual assaults as well as severe anxiety and depression. They spoke about their limited recollections of a traumatic period in their recent history:

*My first three months when I was admitted to [supported accommodation]  
I was just sleeping and eating because I was exhausted of  
homelessness and sexual harassment.*

**Service User D**

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Two others were living in longer-term community-based shared transitional accommodation with regular visiting supports for a number of years prior, in both cases having faced drug and/or alcohol addiction. One of these respondents reflected on having established a drug addiction abroad and upon their return to Ireland experienced a deterioration, leading to their entry to initial entry to emergency accommodation before moving to supported accommodation in the community:

*I was on heroin and crack at the time, but... I got off it and everything  
but then it became prevalent again in my life...it ruined the relationship with  
the mother of my child and with my son...*

**Service User F**

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By early 2020, four other participants reported residing in independent accommodation (typically provided by an Approved Housing Body or Local Authority) with Simon visiting supports. For one such respondent, the eventual attainment of long-term independent housing followed periods of street homelessness and residency in emergency accommodation having 'lost everything to gambling and cocaine' (Service User C). For another, it followed a marital breakdown abroad and a return to Ireland but without any stable accommodation to move home to. This led to the service user accessing a series of short-term congregate and independent accommodation placements before eventually securing a long-term housing solution.

### **3.3.2 Accommodation change during the pandemic**

#### **Changes of Accommodation**

Six respondents remained in the same accommodation at the time of interview as they had been in at the outset of the pandemic. These mostly comprised those in independent or shared supported accommodation, some of whom had been in situ for a period of some years. However, almost two-thirds of all respondents reported experiencing at least one change of accommodation over the duration of the pandemic. These changes varied in duration, destination and purpose (not all were Covid-related) and included temporary moves into isolation accommodation where a Covid transmission risk had been identified as well as progression into shared supported as well as long-term independent accommodation. In the main, moves were viewed positively by respondents- particularly by those moving towards or into full independent living- albeit for some entailing logistical challenges and constraints on autonomy.

Two respondents who had been in emergency accommodation reported temporary moves into isolation accommodation as a consequence of Covid-19 testing. One such respondent recalled the stresses associated with being temporarily moved into a hotel for this purpose:

*Like, I, for example I was coming off the drink and I had a high temperature, but straight away after getting my temperature, I had to be moved from the house eventually into isolation to wait for a result like. And that was the hardest part of it for me like because just feeling [...] the gut feeling that you might have given the coronavirus to over [several dozen] people. [...] that feeling is probably one of the most horrible feelings I had.*

**Service User J**

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While this respondent was subsequently returned to their prior emergency bed, the other respondent moved for this purpose reported further onward moves through bed and breakfast-type accommodation and then more recently into supported accommodation:

*I was in close contact with someone who had the virus so I got put up to [B+B] and I tested negative. But I was up there for two weeks and I lost my bed in the Simon then. So then, but they put me straight from [B+B] then to a place where the B+B that I was in last [...] and now I'm in this new place.*

**Service User E**

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Four other respondents reported moving into more independent forms of accommodation in the community, including fully independent and shared housing, usually on a long-term basis. In several cases the moves came early on in the pandemic. For one such respondent who progressed to their own single accommodation, the onset of the pandemic coincided with a mental health crisis resulting in hospitalisation. Others reported varying trajectories during the pandemic towards independent living. These included for one respondent, a progression from a high-supported housing context for those in active addiction to independent living in the community, and for another, a series of moves during the pandemic from hotel accommodation into family-specific emergency accommodation, leading them subsequently to be offered an interim form of independent accommodation pending a longer-term solution. One respondent experiencing long-term homelessness reported a trajectory back into emergency hostel accommodation from their high support housing placement. They commented on how owing to experiencing several non-Covid illnesses and injuries sustained,

*'I just had to be given a bed here [Simon hostel], it was easier'.*

**Service User K**

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Those who reported moving since the pandemic arrived generally reported satisfaction with the nature and process around their move- particularly those moving into long-term accommodation.

One respondent who moved from supported into independent long-term accommodation expressed that they had some initially doubts about their new home, especially given how supported accommodation had played an important part in their recovery, commenting that

*[supported accommodation] was absolutely a place that you can really recover. They really support you every day. You have assistance and help. They work with you every day non-stop.*

**Service User D**

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However, they have since adapted, and have grown to thrive in their new home having seeing the 'benefits and the positive side of where I am'.

Another recent mover into independent accommodation during the pandemic spoke of their happiness at their move into a 'beautiful' new home which exceeded all expectations, their successful adaptation into independent living and the sense of security that came with it:

*Being able to lock our gate and lock our front door is,  
you know, it's a good feeling definitely.*

**Service User H**

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Several however reported some challenges with their moves, typically of a logistical nature. One respondent moving between independent forms of accommodation reported a stressful moving experience in which they felt insufficiently supported by Simon having had to spend quite a lot of money themselves on a taxi in order to move their belongings.

Another recounted receiving sudden news from local authority officials informing them about an immediate move out of private emergency accommodation into Simon congregate accommodation, and noted the challenges posed in travelling to the new accommodation with all of their belongings, and issues around accessing it by bus.

Two respondents reported feeling that their move-on options were particularly constrained. One commented that their move out of emergency accommodation was a change that was largely out of their hands and for

*...reasons that weren't in my power unfortunately. When you're in the emergency accommodation they just come into you and say you're going, you know?*

**Service User E**

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Another respondent working towards a long-term solution for independent accommodation reported being offered a temporary option albeit in a setting inappropriate for families. They commented on how they

*...got a phone call from a housing officer and he just said look there's an apartment coming up and pretty much you kind of have to take it otherwise you'll be taken off the housing list. So, I was put into [location]. So, I was able to get an apartment. They said I'd still be on the housing list but that pretty much, you know, this is my option and I kind of have to take it.*

**Service User I**

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Of the persistent noise issues, they subsequently experienced in this accommodation, they felt resigned to the fact that for now, '...you kind of put up with it because you kind of have to' (Service User I). They further recalled that a coping mechanism they had developed while living in the hotel of placing a large object against the hotel room door to impart a greater sense of safety in their accommodation was one that they had begun to do again to help ease their sense of fear and insecurity in their new environs.



### **Changes within Accommodation**

Respondents who were residing in congregate or other shared accommodation or had done so at one point or other since the onset of the pandemic experienced heightened risks of Covid-19 transmission, though all respondents irrespective of housing status had to make substantial adaptations to their daily lives. They spoke about their experiences of measures taken by service providers- as well as by themselves- to reduce the risk of Covid-19 transmission. Participants in the main spoke positively about the changes effected within their accommodation to this end, as well as articulating a high level of personal alertness and compliance with respect to social distancing and other public health measures, despite the personal sacrifices this often entailed.

One participant in shared supported accommodation described the rapid implementation of new hygiene and distancing procedures in the house:

*Everyone immediately distanced themselves [...] we had to be asked to wear gloves once you left your room when you went to the sitting room or kitchen you were touching stuff with your hands so just to make sure everything is clean. [...] The staff were cleaning more often in this place than it used to be so it became more cleaner within, you know, two, three days.*

#### **Service User D**

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Another respondent in a similar form of accommodation but who had experienced multiple forms of accommodation for homeless persons over the course of the pandemic spoke positively about the speed and thoroughness of the health measures they witnessed. After a brief period of 'winging it a small bit at the start', he described a rapid response swinging into action:

*So, like in [name of house], the measures they took were unbelievable. Like, everyone, every morning, had to be temperature checked every morning and then they done that twice a day... [...] there was definitely no expense held back anyway because everyone was, the minute if you had a cough or even a scratch in your throat they would ship you out to a hospital and you'd be isolated then for three days I think it was just to make sure there was nothing there because it was so, so deadly when it first came out it was like, Jesus it was like the plague like you know. They [Simon] sheltered, they done their best to shelter the majority of people...*

#### **Service User H**

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Commenting on their prior experience in a Simon emergency shelter, they added that

*... over in the shelter, you see it used to be doubled up rooms. You used to be sharing a room with someone but they had to put all single rooms and then the majority of people got moved out [alternative hotel accommodation]. [...] They done loads. And they're still doing loads.*

#### **Service User H**

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A respondent who moved from hotel emergency accommodation to Simon emergency accommodation with on-site staffing spoke positively about the safety measures taken:

*Then when you go in they take your temperature with a thermometer, then you have to sign a piece of paper and tick the box you know when you're in and out. So, just to make sure. And then the place is very big in there. It's very nice. Out on [location]. They keep it spotless. Everyone takes precautions, it's cleaned all the time. It's spotless out there.*

**Service User I**

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This respondent also noted the closure of shared spaces like sitting rooms in the facility to limit the risk of transmission between residents, but that the management retained self-catering facilities for the residents:

*[We] had scheduled times to cook or whatever and you know and everyone just tidies up after themselves and everything's spotless during the day. Some of the workers clean at night time. [...] it was so spacious. And we had our own cupboard with our own key to lock and you had your own fridge. Because they have like a little mini-house out the back that has the washing machines and freezers and the fridges. You have your own key for your fridge and everything.*

**Service User I**

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They also noted the efforts made to create a 'homey feeling' despite the pandemic- certainly by comparison to the hotel, citing good heating, support from staff, access to key services, and a good level of autonomy inside the accommodation as making a big difference to them:

*I felt safe and warm for once, which is nice. I think they made it feel like a home as much as they could under the circumstances, they were under. Which is not always easy [...]*

**Service User I**

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A resident in a Simon emergency accommodation service commented on the extent of changes in their accommodation they've witnessed over the course of the pandemic, which they described as a 'different kind of ball game completely' to what they had been accustomed to. They noted the onerous nature of infection control restrictions which prevented congregation within the premises:

*I'd nowhere else to go like, I couldn't go downstairs into the sitting room or into the kitchen or anything like that. It was just stay in your room.*

**Service User J**

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Despite the closures of shared indoor and outdoor spaces, they emphasised however that in their view the adaptations to make the house liveable during the pandemic were significant and valuable:

*...the Simon Community, they did go above and beyond. We had Wifi for a start. The other hostels didn't even have Wifi. AA meetings were a possibility and stuff like that. Like, they put televisions in the rooms. They got a chef in to cook the food for us.*

**Service User J**

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They further positively noted the provision of mobile phones to those residents who didn't have them, which helped maintain contact between residents as needed as well as other purposes. And, while 'pretty strict' in nature, they also noted that staff had shown some flexibility and pragmatism around the implementation of restrictions. More recently, the success of the vaccination programme meant that 'the house is more or less back open now', allowing for the easing of some restrictions around congregating, including in the sitting room.

Another respondent, a long-term resident in shared accommodation in the community with visiting supports, recounted a less positive experience with regard to Simon's role in keeping service users safe. They reported how they and their housemate had a heightened awareness and concern around the risks presented by the coronavirus at an early stage, exemplified by being early adopters of mask-wearing having made their own out of household fabrics. While they noted how a cleaner was being sent to the house on a more regular weekly schedule to maintain a high standard of sanitation, they spoke of the anxiety prompted by the prospect of new occupants moving into their accommodation and a sense that their concerns weren't being sufficiently recognised at the outset of the pandemic:

*The staff were calling up like you know and they were on about someone moving in. And we were like 'No way you're not moving anyone in'. They were there, 'We're the landlords. And we were there 'oh', and they were laughing at us saying 'oh you're taking this serious' [...] this was about two weeks before it all blew up.*

**Service User F**

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They recalled a specific instance, disruptive to the home environment, in which a new occupant was moved in over their objections during 'the height of Covid', who arrived inebriated and with a friend- seemingly against the rules that they were expected to follow- which caused significant stress to the respondent.

For the other participants in shared accommodation in the community with visiting supports, the experience in terms of public health precautions was more straightforward. One described how in their shared home of three residents:

*...everyone just pretty much just carried on as normal. I just kind of tried to do... I did a little bit of social distancing in here, you know. Yeah, I wouldn't let anyone be on top of me or too close to me, I suppose. But no, no things just carried on fairly normally in here, you know.*

**Service User B**

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Describing the spectre of catching Covid-19 as a 'constant worry, a daily worry', this respondent said that their overriding concern was safety for themselves and their housemates:

*I was just hoping that it didn't come into the house.  
If one of us got it in here, there's a chance that it could be spread,  
you know, to other people in the house.*

**Service User B**

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While those in independent accommodation by definition had greater control over who had access to their home and thus shielding themselves from a major source of Covid transmission risk, it didn't mean this was a simple matter. One respondent in shared supported accommodation reported feeling 'quite lucky' that they at least had company. One respondent in independent accommodation in particular found the rigours of public health restrictions challenging to uphold:

*...you're not allowed to have visitors, that was just like I mean you're looking at four walls. [...] But, it's just terrible because you're not allowed to meet your friends that you've been, that you've known for a long time.*

**Service User G**

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Nonetheless, respondents overwhelmingly reported taking public health guidelines to heart in the interests of the health of themselves and those around them, including with regard to hygiene and avoiding unnecessary social contact. One described how social distancing in their shared house became routine and ordinary as the pandemic wore on:

*I think that after 12 months people kind of settled in and there and it was almost, it was semiautomatic...*

**Service User L**

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Another described how attention to hand and facial hygiene became almost compulsive for them, adding that this has continued up until the present:

*I'd always bring alcohol. Always have my little bottle of alcohol and I'd always pocket my gloves and mask and alcohol with me wherever I go you know so I still do that even though I've gotten the jab. I still do it.*

**Service User F**

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One service user in higher support accommodation articulated a different sort of relationship to the restrictions imposed. While in their house 'people just kept to themselves', and 'some of the lads were very particular' about maintaining distance, they themselves 'personally took no precautions to myself anywhere' albeit were content to wear masks when out and about 'so as not to upset anyone'. *Service User K*.

One service user said that in their emergency accommodation, there were significant numbers of those who 'didn't believe that there was a virus', which they said did create a challenge for staff in maintaining compliance around, for example, the wearing of face coverings indoors.

No respondents reported being aware of any Covid-19 cases while in their accommodation. One respondent in an emergency hostel expressed relief that the virus had been kept out of their building particularly in light of the potentially severe implications for those with medical conditions as well as those in active addiction:

*For example, if there's heroin users there. If they were asked to isolate, they wouldn't have been allowed their heroin and I don't know how that would have worked like. We were fortunate in a way that we never got hit with the virus.*

**Service User J**

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### **3.3.3 Access to Simon supports and other services**

#### **Keyworker support**

For many respondents, continued contact with their assigned Simon keyworker- albeit of an often-reduced intensity and changed modalities- was an important factor in having various practical and social needs met during the pandemic. A smaller number experienced change or other disruptions in access to keyworkers that in some cases impacted upon reported wellbeing.

Several respondents volunteered strong affirmations that their keyworkers had played pivotal roles over the pandemic. For one respondent for whom the pandemic was particularly challenging and which led to serious relapses in drug use after having 'cracked up basically during the lockdown', they felt that their keyworker's dedication was what made the difference not only in helping them retain their accommodation but in keeping them alive:

*I wouldn't be alive to be honest without her. I really wouldn't.  
And I wouldn't have a roof over my head or a family to talk to.  
I'd probably be dead from drugs, you know, because I nearly overdosed  
a few times. [...] She also kept a firm grip on reality for me...*

**Service User C**

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They also reported coming close to losing their independent accommodation due to not adhering to guidelines, partying, and not being able to effectively manage their own control over entry to their home, but that their keyworker was instrumental in helping avoid this outcome:

*So, yeah, I nearly lost the tenancy and [keyworker] helped again with that.  
She organised meetings and put together plans...*

**Service User C**

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For this respondent, the keyworker's dedication to them during the pandemic involved self-sacrifice:

*I think she had to work a lot harder... [S]he went out of her way to do that you know.  
And put herself at risk of Covid and everything. But without that happening,  
I don't think I would have kept the house...*

**Service User C**

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Another similarly felt that their journey out of homelessness was greatly assisted by the support of their long-standing keyworker, whom they initially met on their very first occasion on arrival at the Simon emergency hostel and with whom they had ongoing contact:

*She's after going above and beyond too many times for me. Too many times.  
She is absolutely brilliant at her job.*

**Service User H**

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One participant in independent accommodation reported that when their health permitted them to more easily engage with any external supports, the ready accessibility of their keyworker by phone and occasionally in person was a significant help to them, predominantly from a social point of view:

*...I don't have many friends. I'm not in touch with as many people as I used to be.  
So, I do appreciate that Simon Communities providing the social aspect.  
So, they will, I am in touch with [keyworker], so I can ring her any time I need or  
she is ringing me to check up on me.*

**Service User D**

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The social aspect was supplemented by bi-weekly visits from another person in Simon for outdoor accompaniment, with whom the respondent went walking and chatted. This meant that as far as social opportunities were concerned, 'there is always something'.

Another respondent in independent accommodation spoke about a decade long relationship with a Simon staff member, a 'stalwart' who has long supported them in the form of weekly in-person meetings. The respondent noted that their meetings have had to revert to phone calls during the pandemic:

*[Keyworker] of course calls me every Monday and if I'm not good on Monday  
he'd call me again two days later. So, there's great back up there. There's great  
back up and I know I can phone anytime if there's a problem...*

**Service User A**

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For a respondent who moved from hotel to Simon emergency accommodation during the pandemic, the more liveable environment and increased support from their keyworker as compared with local authority staff improved their sense of wellbeing and ability to rest:

*I was sleeping better because... it was just warmer and I felt a bit more. [...] I felt like I had someone in my corner and they were listening to me.*

**Service User I**

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Three respondents experienced changes of keyworker during the pandemic due to personnel changes. One respondent reported a mixed experience, noting that their keyworker support had diminished very significantly during the pandemic, saying that owing to public health restrictions it had effectively been curtailed beyond cases where it 'really needed [...] to happen or if it really was a desperate occurrence' (Service User K), and that passing messages to them through a Simon office was their designated means of contact when necessary. The respondent felt that given the potential risks of contact and the volunteer status of their keyworker, that was understandable and acceptable.

Two others offered less positive assessments of their keyworker support during the pandemic. Of these, one participant expressed frustration at being asked to meet their keyworker out of their home at an office, voicing their 'doubts', uncertainty and anxiety around what was and wasn't safe when it came to meeting their keyworker -

*'...that really did put pressure on keyworkers [and] on [myself] personally'.*

**Service User G**

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**Other Simon services and supports**

Respondents reported differential levels of access to and utilisation of Simon-provided, Simon-supported as well as non-Simon services in the realms of health, social, and educational services separate to their core keyworker support during the pandemic. Simon services accessed included in-person outdoor social activities, assistance with everyday tasks, a food bank, online social activities, online and offline group and individual health-related meetings and appointments, and online and offline education activities.

One respondent in independent accommodation vividly described the value of a shopping assistance service provided by Simon:

*Bags are very heavy. You have depression, you have anxiety. You go to town you do your shopping and in the middle of it you have enough. You have enough and you have to come back with the heavy bags on the bus. So instead, Simon Community will pick you up from the shop, will give you lift to the house which is amazing service.*

**Service User D**

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In addition to weekly outdoor walks with a visiting Simon staff member which had begun to be offered in the recent period before the interview, a respondent in shared accommodation described their extensive participation in Simon-organised activities conducted online during the pandemic. They recalled doing

*A lot of Zoom-ing. You know these classes, which lasted about 7 or 8 weeks. [...] art therapy and we did a bit of yoga, over the zoom. [...] The art therapy, the yoga, the mindfulness. We had creative writing as well. I did a little bit of creative writing. I wrote some poetry, and I wrote some prose... [...] they were a great release, you know.*

**Service User B**

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These activities helped with the 'anxiety and stress' associated with lockdown and included some activities and discussion groups which were entirely new to the service user. They also reported sustained participation in a Simon choir group which had moved online and even if it was a 'poor substitute for the actual choir', it was a 'great outlet to have and it doesn't really matter if you're a good singer, just the taking part in it'. The downside of the curtailment of other services, such as with help accessing places in a car, was noted by the respondent, although this had recently been reinstated in line with the improving public health situation.

One respondent noted the cessation of various programmes of activities at their emergency accommodation, including art therapy and gardening, losses which they suggested was likely to particularly impact on older residents. Another spoke about the curtailment of a monthly meeting for service users in which they would produce information for other residents and the wider community about the activities of the Simon Community - for this person,

*'it was nice to attend this kind of service and that has been cut off since coronavirus'.*

**Service User D**

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A number of participants were enrolled in educational activity. In one case, this was a higher level programme undertaken on an online basis from the respondent's room in their emergency hostel and facilitated by the wireless internet access on the premises. In the other case, it entailed in-person work around computers, art and employability skills, provided by Simon, which were paused for most of the pandemic and which had only recently returned at the time of interview.

For a respondent who spent much of the pandemic in different forms of emergency accommodation, the absence of basic amenities like access to on-site cooking or laundry facilities loomed large while in hotel accommodation, requiring travel to a petrol station for laundry and the purchase of a microwave for personal use. The availability of on-site cooking and laundry services upon their move to Simon supported accommodation was a relief and added very significantly to their quality of life:

*Everyone I met was from a hotel so I think we were all exhausted and we were just happy we could wash our clothes.*

**Service User I**

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## **Health Services**

Several respondents spoke of their experiences with health-related services they were engaged with during the pandemic. In general, they commented positively on their ongoing in-person access to many medical services albeit a switch to phone or videoconferencing for some services sometimes proved problematic. The availability of Simon-supported access to Covid-19 vaccines was also noted positively.

One respondent noted with appreciation the flexibility shown by their methadone clinic with regard to their needs. While the clinic had relaxed their requirements for access during the pandemic, including regarding urinalysis in order to 'try to minimise the people going down', this respondent appreciated the accountability that more stringent requirements encouraged, and that it meaningfully helped avoid a relapse:

*...they'll ring you to come down for urine if they're suspicious of you or anything, but I said to them at the start, do you mind if I come down every week because I was getting tempted. Because I wasn't getting to see my (family member), you know at the start. I was afraid I was going to use that as an excuse, you know what I mean. So, I just went down every week, giving urine. No, they were very helpful to me and trying their best.*

### **Service User F**

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Another person with multiple health needs and linked in with a range of health services noted that lockdown didn't directly curtail in-person access to the services they used and that only in the case of access to a counsellor did the service move to online provision. They reported that this was challenging due to their lack of expertise with computers as well as the fact that they were engaging for the first time with that particular counsellor:

*I'm used to meeting my appointments through face to face. I'm not used to computers and I was a bit wary the first time I was doing it like. I was like woah I've never seen you before so I don't know who I'm talking to. So, it was a bit of a strange one at the start but then I got used to it and it did take a while to get used to.*

### **Service User G**

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Another reported that the prospect of meeting their addiction counsellor over the phone was an unappealing one and while they were committed to taking it up in the future, ultimately the remote approach was deferred as they 'definitely don't feel motivated to do it on the phone':

*I'll be honest like, that's hard to do, to do a session you know I really feel that that's something that needs to be done person to person.*

### **Service User B**

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One participant reported engaging productively with psychology and psychiatry services during the pandemic. They described their counsellor as someone who has:

*...been helping me the last three years. It was like I had all the pieces it's just she was the one then like she could put them together...*

### **Service User H**

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A respondent recalled anxieties at coughing in public places including when accessing medical appointments or when collecting essential medications, related to their own uncertainty around the risks of coughing, the source of the cough, when testing was the appropriate course of action, and the reaction of others- noting an instance of being turned away from an appointment at a Simon health service on account of having a cough although they felt the cough was just related to 'walking around or you're catching you're breath or something'. They said that they had previously went as far as avoiding collecting their medications out of the uncertainty of it:

*I didn't want to risk it, I stayed at home, it just feels like you know even not getting your meds does affect you because you need to get your meds but you can't get it because you're petrified.*

**Service User G**

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Simon's role in arranging for the timely and accessible vaccination of service users was also praised by several respondents. One pointed to the speedy rollout:

*They had, I think within, I'd say within a few weeks of the vaccination coming out there was a truck behind the Simons giving people their vaccinations like. Yeah. So, they were on it...*

**Service User H**

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Another emphasised the greater peace of mind that inoculation from Covid-19 meant to them:

*I was just going to be relieved when I'm fully vaccinated, and I'll feel protected a lot more protected from the virus. And that's, that'll be a really good thing for me to have sorted out in the Simon. Simon are helping me, they're bringing me up to the place where the vaccine is.*

**Service User B**

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### **3.3.4 Impacts of Public Health Restrictions**

Respondents in all types of accommodation reported a wide array of impacts on their lives wrought by the arrival of coronavirus and the associated public health restrictions. Areas highlighted by respondents included very substantial impacts with respect to their participation in work and education, leisure and a range of other activities as mobility outside the home was curtailed. More broadly, often profound impacts were disclosed in relation to physical and mental health, pre-existing alcohol and substance dependencies, as well as on relationships with friends and family. Respondents nonetheless often reported a good degree of personal adaptability, resolve and deployment of various coping mechanisms to adjust as effectively as possible to the many strains associated with, in particular, often extended periods of lockdown even amid challenging accommodation circumstances.

#### **Work and Education**

Three respondents reported that the onset of the pandemic disrupted their employment. For two respondents in full and part-time retail work, the impact of the public health restrictions cost them their jobs and they have not secured alternative employments to date. For a third who had been involved in a Simon back to work programme, the pandemic prevented them from taking up an anticipated role in their chosen field which had yet to come to fruition by the time of interview.

Many of the respondents reported being actively engaged in formal further and higher education and training during the pandemic, encompassing various levels and specialisms that included accountancy, business information systems, web design, and sports. It was apparent that educational progression was an important part of longer-term planning for many respondents and this was demonstrated in their commitment to their studies in the face of challenging life circumstances in relation to their accommodation that had been heightened during the pandemic.

This was exemplified by one respondent who had moved between various forms of emergency accommodation during the pandemic spoke about they continued in their studies 'all throughout' the pandemic and across multiple forms of accommodation.

Another respondent in emergency accommodation spoke about how they threw themselves into their studies during the pandemic, which was enabled by the provision of wireless internet in their accommodation:

*I was doing a course this year that was online so I actually had a lot more to do than a lot of people in the house. All my work came back very good. I probably overworked.*

**Service User J**

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A respondent in independent accommodation discussed how they were relishing the experience of continuing in education in part because of the longer-term structure and 'second to none' experience it provided for them:

*I'm on a Level 5 now so my next one is a Level 6 and I just want to keep going and keep going because I definitely want to get something out of it, do you know what I mean? If I'm going putting my time into it, I going to get something out of it. And this is just perfect for me because like that's the next three years of my life mapped out. I don't even have to think about it or have to worry about it, I just have to go in.*

**Service User H**

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Educational progression was raised by several other participants. One participant for whom the shift to online education provision hadn't been suitable was anticipating returning to in-person education this coming Autumn, while another spoke about completing the final stages of their professional certification during the pandemic and that they hoped to enter into employment in the coming year.

### **Leisure Activities and Use of Public Space**

The pandemic brought many disruptions to the lives of respondents which included a withdrawal of leisure activities as well as services upon which they relied. One respondent in supported accommodation spoke about how life in the city had ground to a halt at the onset of the pandemic and that it was a very eerie sort of experience:

*It was a nightmare. It was like a ghost town. [...] It was quite a culture shock in fact. [...] you could almost hear the city creak. It was just weird. [...] It actually felt very apocalyptic.*

#### **Service User K**

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Amongst the typical activities undertaken by participants which were curtailed partly or entirely during the pandemic included access to gymnasiums, cinemas, live music, fishing, and clothes shops. Coupled with restrictions on travel and sociality, this made for what one respondent described as a 'very humdrum' experience.

Another respondent emphasised the increased challenges around accessing public transport:

*I use public transport so in the heavier lockdowns, at one stage there was only ten people allowed on a bus, so you'd have to wait for busses to come and then there wasn't as many of them on the road so there were time cutbacks.*

#### **Service User E**

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The very limited options for activity beyond the confines of their hostel accommodation were described by another:

*My options during Covid when I left the house was to go drinking or go for a walk like, that was it.*

#### **Service User J**

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One respondent who spoke of suffering from multiple and complex health issues spoke about rarely leaving their home throughout the pandemic to reduce the risk of contracting the virus and that until very recently their partner and son had handled responsibilities outside the home such as shopping.

For another, the loss of access to their local library was keenly felt:

*I miss the library. The fact that I could go to the library to read newspapers because myself as a student and unemployed and I am on very short money. I am on disability allowance; it is only €225 per week. So, with this money you can't buy newspaper, you can't buy magazines. So, you go to the library and you read the magazines and the newspapers in the library. Also books - any new release you can't really buy.*

#### **Service User D**

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A further respondent who previously enjoyed access to a neighbour's shed for various creative activities commented on the significant impacts of a loss of access to this important outlet during the pandemic:

*So, I've no, what you'd call "out". So, I'd go out in the shed on a bad day and mess about in the shed, fix a bike or something but sadly I lost that. So that really knocked me back you know. [...] That was my, you know, go to place and mess around you know and cut things with my saws and make things. Nothing major, just scrap wood and that but I really miss that and that knocked me back terribly.*

**Service User A**

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Respondents reported attempting to adjust as well as possible to their new circumstances by keeping occupied by whatever means were available to them. Respondents described engaging in indoor and outdoor activities like reading books for pleasure or for their studies, engaging with social media, makeshift home gym workouts, jogging and cycling as means of passing time. One respondent in shared supported accommodation reported taking whatever available opportunities to go outside because

*You were clinging to any sort of normality and the sun was out and the breeze and so on and you really didn't want to be in a prison cell as long as you needed to be.*

**Service User K**

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One respondent in shared accommodation noted the strains of sharing a house with others with few options for recreation, speaking of the 'pressure [...] because we'd be in the house and all around each other' (Service User F).

## **Mental and Physical Health**

Respondents spoke about the toll of the pandemic period on both their physical and mental health, in many cases reporting significant impacts- often aggravating pre-existing health challenges- but also drawing on reserves of personal resilience to weather the challenges of the period as effectively as possible.

A respondent in emergency accommodation described how the strains of managing their situation and uncertainty about the future sometimes became too much, recalling how

*...in the [hotel] it was hard. It was hard. I think I was cracking about month four, I was thinking, 'oh no, what am I going to do' and I wasn't sleeping. So, it was about 4 hours of sleep I was getting a night in the [hotel] because I was staying up half the night terrified because I didn't know what was going to happen.*

**Service User I**

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One respondent in shared accommodation commented on the challenges around maintaining their mental wellbeing as the pandemic wore on:

*I'd say all of us, I suppose there wasn't one of us that didn't get a bit depressed at some stage or other, the trick of course is to try and keep things steady like you know and expect that, expect that you're not going to be feeling great about the idea because it was like being in a prison in one sense... [...] Time gets very long, very dragged out really like you know. Keeping occupied and things like that like, you know, which is...well you mightn't want to do a lot like but just to fill the day just to do that was very hard.*

**Service User L**

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Another respondent darkly commented on how their very significant physical health issues necessitated many hospital visits over the pandemic which perversely 'broke up the monotony' of lockdown.

Another emphasised a 'real feel of isolation' as a defining aspect of their pandemic experience, noting they 'personally found the lockdowns fairly difficult' especially given their often extended durations:

*...sometimes there's a real feel of isolation. Feeling alone and isolated. I know Simon are there at the end of the phone. Just feeling very isolated [...] You couldn't even go for a cup of coffee in a café with all the things shut.*

**Service User B**

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Another respondent in independent accommodation reported a range of negative impacts arising from the experience of the pandemic. They described a general malaise associated with life during the pandemic, owing in large part to the lack of social contact. They spoke about regressing socially and how the pandemic has 'mentally...done damage' in that they have also 'become a little bit reclusive', and that it was 'sometimes a struggle to get out of the house'. They expressed worry that they had 'let the whole situation kind of change me a little bit – not to the betterment' (Service User A) but hoped to be able to overcome it.

Another respondent spoke about the compounding effects on their stress and anxiety of other impediments to their accessing health services on top of public health restrictions. They described the impacts of the HSE hack in 2021, the increase in scam calls that occurred at a similar time and the general uncertainty around what was coming next as having 'really affected them', making them 'panicky' and 'on edge' as well as impacting on the timeliness of their access to care:

*It's put a lot of strain on a lot of things, basically being wary, being a lert at the same time [...] It's just the not knowing. Are we going into a fourth lockdown?'*

**Service User G**

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A number of respondents reported less pronounced or more manageable negative health impacts overall arising from the pandemic experience.

One respondent in emergency accommodation viewed themselves as 'one of the lucky ones' who hasn't 'suffered too much'. They partly attributed this to being engaged in online education throughout the year which served as a strong and positive focus of attention and effort.

Despite this, they suggested that emerging from the restrictions was providing an unexpected challenge due to increased 'social anxiety':

*I think I'm actually struggling more now coming out of it than I was going into it.  
I'm getting used to going into the sitting room now for the first two days.  
And it's been open for weeks.*

**Service User J**

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Another respondent who experienced multiple changes in accommodation during the pandemic, noted a negative physical toll on their body, having 'been pushing it to the extreme' particularly with regard to getting around with their young child. They described being in a 'survival mode', and also underlined their own sense of isolation in hotel accommodation and having felt 'disconnected from the community'. However, they spoke of a strong determination to deal with the situation positively on behalf of their child and ultimately felt that 'lockdown [...] made me a lot stronger'. (Service User I). Two respondents noted the discomfiting impact of round-the-clock news coverage of Covid. One spoke about the disorientation and stress brought on by how 'one minute we're up and then we're down' (Service User A) with regard to the progress of the pandemic in Ireland, with another reporting deciding to tune out and focus on other things 'because it was depressing me' (Service User I).

Another respondent who also described experiences of depression during the pandemic owing to their lack of contact with their son felt that prior experiences of significant adversity- including extended spells of homelessness - had helped them to endure the experience of extended lockdowns:

*What helped me that was, to tell you the truth, was because I've done  
treatment a few times and completed it a couple of times and I've done jail.  
That helps me a bit to be honest with you.*

**Service User F**

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One participant who moved into independent accommodation in the early phase of the pandemic reported finding it easier to embrace the restrictions, appreciating the greater emphasis on maintaining greater personal space afforded in places like buses and other public spaces. For this respondent, the period of the pandemic in independent accommodation was a time of gradual recovery from acute mental ill-health:

*I was very happy that I finally I could distance myself, I could be on my own,  
so I really enjoyed Covid-19 experience. It didn't have a negative impact on me  
at all. I would say it was more positive impact.*

**Service User D**

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## Addictions

Several participants spoke about how the experience of changed lifestyles during the pandemic has to varying degrees aggravated pre-existing alcohol or substance dependencies. One respondent in shared accommodation spoke about the isolation of lockdown leading to what became problem drinking on a daily basis, although it has since eased significantly:

*That was the first lockdown. I found that very, very difficult. I felt very isolated, and I was drinking a lot more, a lot. There was, I was drinking to get through it, I suppose but I was drinking way too much you know. And vodka, top shelf.*

### Service User B

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The consequences of this for the respondent were manifold and included increased depression, anxiety and self-neglect.

For a respondent in emergency accommodation, the extent of restrictions of movement magnified the problem. They reported outdoor drinking with others, and that 'it was probably a struggle for us to come back, knowing that we had to go straight to our rooms'. They spoke about how the impact of restrictions in the accommodation hit harder when under the influence of alcohol and that it could feel 'like my liberties were taken away':

*Once I started drinking, it was very hard to stop drinking because the only room I could stop drinking in was my bedroom. I'd nowhere else to go like, I couldn't go downstairs into the sitting room or into the kitchen or anything like that. It was just stay in your room.*

### Service User J

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They also pointed out that successfully concluding a Librium detox in such an environment was a daunting added challenge, because with the restrictions they had to be confined not only to the building but to their room for three days; they felt they simply 'wouldn't be able for it'.

## Impact on Relationships

The impacts of public health restrictions on familial relationships, friendships and networks of support were significant for many respondents.

A number of respondents commented on how maintaining physical interactions with family during the pandemic became fraught with uncertainty and difficulty as they sought to navigate the expectations and boundaries of others with regard to what constituted sufficient precautions around risks of transmission.

A respondent in independent accommodation spoke about ceasing their usual practice of regular visits to their son and daughter's homes, including for overnight stays. One respondent in shared accommodation spoke about how

*...with family it made me kind of uncomfortable because you half felt you shouldn't be there, you know? Especially as you wouldn't be living together, you'd feel like you know there was that uncertainty as to whether or not you could be bringing a problem on your family by even going near them at all, you know?*

### Service User L

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They described the difficulties around a shift to technological means of keeping in contact:

*Even that was terrible awkward as well because you've to pick the times and organise the times like you know. Just doesn't work for a lot of elderly people, because they just can't adapt, and they're right, it's not the same thing, you know? It's a barrier thing and they couldn't grasp that.*

**Service User L**

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Another described how their contact with close family had been limited to outdoor 'standing at the window chatting to them', as even though they had been invited into the home they said they

*...wouldn't have forgiven myself if I passed it on to a family member or anyone...*

**Service User F**

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They added that contact with their teenage son elsewhere in the country had been reduced by necessity to videocalls - a painful restriction which they described as one of the hardest aspects of coping during the pandemic for both parties. Another similarly reported being separated from their son owing to restrictions and which had been a source of anguish for them.

Another spoke about drawing solace from maintaining regular contact, insofar as possible, with family, with one respondent reporting that their own particularly turbulent experiences during the pandemic had had the positive consequence of growing closer to their family than heretofore.

One participant in supported accommodation spoke about their concern for absent friends during lockdown and they described the poignancy and happiness of seeing friends and acquaintances again when lockdown eased:

*It was warming to see your friends that I've known for a few years or something from (location) and it was just like 'aw you're alive'. It's amazing how much you... the rest of the days you might say alright guy [...] and you pass each other and you wouldn't bear it any thought but during that time there it was a powerful moment in some cases.*

**Service User K**

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One respondent who had moved into independent accommodation during the pandemic reflected on missing the close-knit companionship with those in their previous lodgings, particularly at a time when social contact was curtailed:

*I miss, I feel disconnected from the staff, from the house and from the residents. You know we were friends to each other we were bound. You will bond with the staff, with the residents, so then it was cut off kind of. It is one year now since I haven't seen many of the staff members, volunteers and the residents, I miss them.*

**Service User D**

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## Perceived Impact on Others

Respondents in shared and congregate accommodation in particular frequently drew attention to the experiences of others around them. Respondents were acutely aware of the differing reactions to the Covid threat and abilities of those around them to cope with life in the pandemic, particularly with regard to restrictions on personal freedoms and movement in their accommodation. Many pointed out that they were keenly aware of others around them who have and were experiencing more severe circumstances and impacts than themselves.

One suggested that many around them weren't necessarily sure how seriously to take the pandemic when it arrived initially:

*I suppose the homeless community, we don't take life too seriously anyway but I suppose it didn't devalue our lives too much. I suppose at the start we thought it was a joke, we never thought it would go on for so long firstly.*

**Service User J**

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As one respondent put it:

*Covid [...] kinda knocked everyone down. Not to the same level but knocked everyone down for a while...*

**Service User H**

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Another emphasised that compliance with social distancing was high:

*...for most people, they were taking it very seriously, they were doing their best to keep their distance like you know.*

**Service User L**

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The same respondent spoke about the challenges to public understanding inherent in the nature of the pandemic and the rapidly evolving response. They further spoke about the sense of dread engendered by the lack of a clear exit from rolling lockdowns:

*...what was adding to the frustration because there was no sign of what was happening. It didn't have a 'go away' sign and after over 12 months, 13, 14 months I think people were feeling like 'is this the way I'm going to have to live forever?' like you know that was the... I don't know what way people would have worked out, they certainly wouldn't have been good if they had to stay at it much longer, you know?*

**Service User L**

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The same respondent noted how the sudden reversal of the unwinding of restrictions over Christmas 2020 came as a blow and real disappointment to those around them: 'Christmas ended very quickly, before it even began'.

Another respondent commented on how it appeared to them that prior experiences of incarceration made it harder for some residents to cope with isolation:

*...I could see some of the guys in the house who had been to prison. It definitely affected them a lot more to being told they have to stay in one room at all times like.*

**Service User J**

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Overall, though, in their assessment other residents responded well, pointing to a resilience and flexibility in many people experiencing homelessness:

*...a lot of homeless people are very adaptable. That's the best way for me to describe it. We were told what to do and we kind of got on with it.*

**Service User J**

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Another respondent suggested that from their experience, a silver lining of the pandemic was how the provision of more appropriate accommodation for some homeless people has led to positive life changes:

*So, I think, Covid, Jesus, I know it wasn't a good thing to happen obviously but for some people it was and that's realistically it was. I know people who are after cleaning up their act majorly because they have that place, you know? That place to go to.*

**Service User H**

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Differing levels of comfort and risk assessments with regard to personal space amongst some residents and friends also occasionally posed a challenge. For one respondent, not everyone they encountered automatically respected their preferences with regard to infection control precautions:

*...it was strange people coming up to you trying to shake your hand and I'd be like 'woah', and putting the elbow kind of out, you know, not like flesh to flesh elbow. And some people would be like 'oh what's wrong with you?' and I'd be there 'it's Covid'. 'Ah go 'way'.*

**Service User F**

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Whereas for another respondent less inclined to worry about the risk of personally contracting the virus, this was perceived as other residents being 'very particular' about maintaining personal space.

### 3.3.5 Overall evaluations of Simon response

When asked to identify what went well and less well in terms of their experience of Simon's responses to Covid-19, respondents offered a largely positive overall evaluation, particularly with regard to maintaining core services in challenging circumstances and flexibly responding to a variety of service users' needs. Less positive commentary included concerns around Simon's handling of moving in new residents into shared accommodation and around equitable treatment of service users in the midst of the pandemic.

#### What worked well

One respondent said they would personally rate the Simon response a '10 out of 10', noting that the relationship between service users and staff was a unique and close one, describing the hostel environment as 'like a big family':

*The Simon were very helpful, in fairness no one went without, definitely, and they were around the clock, you know. Especially the lads on the street like it was fairly cold [...] Making sure everyone was as comfortable as possible. [...] They do put their heart and their whole personality into it. It's not like other parts of society it's more we become friends sort of thing. Slowly but surely, we get to trust each other.*

#### Service User K

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This service user separately wished to emphasise that other voluntary groups assisting rough sleepers also made an enormous and appreciated difference to those in need of practical supports.

For another respondent in shared accommodation, that Simon were able to adapt and retain key services of the services they offered and to do so safely throughout the pandemic was identified as key positive.

*...one thing that went well with them was that they were able to keep their services that they were offering going like you know. I mean, their services involve a fair amount of communication and they were able to alternate and find another way of getting the message and getting the information that was needed to their clients [...] the essentials were kept going.*

#### Service User L

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Another singled out for praise the swift vaccination of service users but also the broader ethic of care they saw reflected in the approaches and actions of staff in Simon congregate accommodation:

*...the people inside there are absolute heroes. The staff inside there, there's only young people, people not that much older than me inside there [...] And then they've a lot to take on, a lot to take on. So, I can imagine the stress of Covid just put on them is unbelievable, you know? And at the end of the day then it's only all in your best interest...*

#### Service User H

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A respondent who had spent time in congregate emergency accommodation during the pandemic offered praise for the Simon staff who assisted them:

*...they're really nice, genuinely they do care and they want to help. It was first time I felt like someone was actually genuinely caring, not because it was just their job. [...] All I know is they had my back and they kept me going...*

**Service User I**

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They noted that Simon's intervention in arranging accommodation was crucial:

*...the Simon Community really helped me because I wasn't going to last another seven more months out there. Psychologically it was a bit too much, you know?*

**Service User I**

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For another, that the Covid response precipitated their own progression from a Simon emergency shelter to more comfortable temporary accommodation was viewed as a significant positive. They also cited a strong response in the Simon shelter in terms of maintaining cleanliness and keyworker support.

Another emphasised the introduction of online educational, health-related and social activities as a high point for one respondent in shared accommodation which helped sustain them throughout the pandemic.

A respondent in emergency accommodation took the view that the adaptations made were about as good as could have been made in the circumstances:

*I genuinely believe they went above and beyond. I mean, there isn't much, they couldn't have done more.*

**Service User J**

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A respondent who had recently moved from Simon supported to independent accommodation described the lifeline that their entry into supported accommodation had meant to them, which ultimately set them on the path toward recovery and independence. Saying of Simon that 'if I stuck to my word, they always stuck to their word', the respondent commented on the significance of their support:

*It's hard to see the light at the end of the tunnel and when they brought me over to [supported accommodation] like it was, I finally had my identity back, that's what it was like. I was finally, [name] again, do you know what I mean?*

**Service User H**

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A respondent who has been resettled in independent accommodation for some time emphasised the significance of the long-term nature of the supports that have been provided to them. They suggested that after resettlement, 'They follow up, follow up, follow up all the time. And that's paramount'. They said that despite being 'housed, healthy and warm', they were 'still on the books' of Simon and that this ongoing support meant a great deal to them:

*And people would say, 'why do you want to meet them, you're out of there now'. I know I am out of there, but for what they did for me I wouldn't be here today.*

**Service User A**

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### Suggestions for improvement

A number of respondents offered some critical perspectives on aspects of Simon's Covid-19 response as they experienced it.

For one respondent in shared accommodation in the community, the sense that the Covid-19 response had seen Simon move service users not appropriate to lower-support setting into their accommodation was identified as a significant issue for them personally. On one occasion this precipitated the service user to temporarily leave the accommodation due to their own fears of an imminent risk to themselves and others, having previously experienced a physical altercation:

*They say this is low risk housing. They haven't moved in many low risk people now since I've been living here.*

#### Service User F

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While they acknowledged Simon had helped them and didn't want to take away from that, they felt that aspects of their Covid response had involved 'cutting corners' which had impacted them personally, specifically a sense that Simon had not taken their concerns around risk management of other services users moving into their accommodation sufficiently seriously- one consequence of which led them to feel that their 'trust is gone in the Simon Community'.

One respondent criticised the practice during the pandemic of a Simon health-related facility which required those with appointments to wait outside the building prior to their appointment often for extended periods; a practice which they felt was exposing them to unwanted interactions, confrontations and even physical risk with others awaiting appointments, particularly where service users were intoxicated. They suggested that Simon ask those with appointments to present fifteen minutes prior to their appointments and then allow them to wait inside for their appointment before leaving afterwards:

*Don't be waiting out there for 45 minutes to an hour because anything could happen in those few minutes.*

#### Service User G

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While offering a strong affirmation of the response of Simon personnel in congregate accommodation to the pandemic, one respondent offered a critical perspective on what they viewed as inequalities in the treatment of service users by staff. They noted that they had 'often seen stuff that shouldn't have gone on':

*I don't want to sound ungrateful, but there were rules made for some and then rules made for others and there was just a lot of compromising with the people that you shouldn't be compromising with...*

#### Service User H

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Another respondent who spent time in emergency congregated Simon accommodation during the pandemic and who also mostly had positive things to say about Simon's role nonetheless detected that catering adequately for the needs of service users was difficult in the circumstances:

*I think it's a battle though. I think people's resources and stuff they're stretched out, you know, even the workers.*

#### Service User I

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One aspect of resourcing that could have been improved according to another service user in emergency accommodation was the greater provision of laptops to support residents to engage in, for example, AA meetings.

A respondent in Local Authority-provided independent accommodation expressed some frustration at what they viewed as a hands-off approach by Simon when it came to responding to disruptions of various kinds at their home, such as unwanted door-knocking or people outside their home. They said that Simon 'don't really get involved, they just say ring the guards', an approach they found to be of limited value.

Another who reported strongly benefitting from their keyworker support during the year called for greater pay and recognition for those in that role, suggesting the introduction of

*...some government incentive to recruit the best minds that  
we have in this country for the roles like that.  
Maybe even apprenticeships for roles like this.*

**Service User C**

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### **3.3.6 Reflections on the Pandemic**

Finally, respondents often offered comment on the broader significances of the pandemic for themselves, others in homelessness, and society at large. They reflected on the likely implications- positive and negative- of the pandemic on collective life, on homeless services, and on their own housing futures.

One respondent suggested that as we were still in the midst of the pandemic, its profound impacts have only begun to be appreciated, predicting that returning to a world of mingling freely with others will be challenging and that in any case people will require time to adapt to increased freedoms:

*It's still fairly fresh, we haven't... our minds haven't really  
come around to what it meant, you know?*

**Service User L**

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Another reflected on how the sudden and dramatic transformation of so many aspects of life since the arrival of Covid-19 has given them personal insight into how previous generations may have experienced world-historic events and technological developments.

Others expressed fear for the future. One articulated apprehension about the prospect of further imminent waves of the virus, the possible necessity of additional lockdowns, as well as worry about whether even effective vaccines were in fact likely to offer a viable path towards normality. All of this uncertainty means operating on a 'day-to-day basis [...] I can't look a week ahead'.

One of the older respondents in the cohort took a longer-term view, admitting being daunted by doubts of whether 'any normality or relative normality' would return in their lifetime.

A number of respondents however took a more optimistic view about the broader impacts of the pandemic. One commented on how in their view,

*The world will never go back to the way it used to be, you know? I don't think it will. I think everyone is being more... they have simpler values and they understand what's important, you know? And they've taken the haste and rush out of life, the pandemic, you know? It has for us anyway.*

**Service User C**

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Another expressed the hope that the drive to curtail rough sleeping and offer them more appropriate housing options at the outset of the pandemic represented a longer-term improvement in responses to homelessness. They said that:

*...that should have happened without Covid. But it took Covid to come along and like that happened.*

**Service User H**

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It was imperative to accelerate efforts in this area because of the profoundly damaging impacts of rooflessness and the crucial nature of appropriate accommodation for basic wellbeing:

*... when you're on the streets you give up, you really do just give up [...] So, like accommodation is key. Accommodation is key because once you have four walls and a roof then everything else is a bonus...*

**Service User H**

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Others saw the pandemic compounding existing blockages in broader housing provision and delaying their own prospects for moving on from their current accommodation.

One participant in shared supported accommodation commented on how they were told that delays in the construction of local authority housing arising from public health restrictions were the primary factor in not having their longer-term housing needs met by the time of interview. Another emphasised how they and those they were currently sharing with were anxiously awaiting longer-term independent local authority-provided accommodation for which they had been waiting for close to two decades:

*They have not been building social houses. Hopefully they're building at the moment. But there was a good period of time there where nothing was being built. So, I'm over 18 years on the list.*

**Service User B**

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For one respondent, a more hopeful future was becoming a reality following their recent entry into independent accommodation. For them, attaining a home to call their own meant nothing less than a fresh start:

*I've learned more in the last six months than I have in the last five years. That's definitely hands down the truth [...] And that was only because I started wanting to. [...] It's definitely the start of my life now, the start of my journey...*

**Service User H**

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### **3.4 Overall Findings**

The foregoing thematic analysis of interview material from the thirteen Simon Communities service users around the country reflects a substantial diversity in housing circumstances, experiences and perspectives of how they, with the support of Simon, navigated existing and new challenges of many kinds during the Covid-19 pandemic. As a snapshot of views on a range of topics of a small but diverse cohort with highly individualised circumstances and homeless trajectories, the above analysis does not easily lend itself to broader generalisability. For this reason, this chapter has sought to emphasise the representation of a broad range of interview testimony from service users in their own words.

Nonetheless, a number of overall indicative findings may be discerned from this research with Simon service users.

Firstly, the findings around accommodation mobility during the pandemic suggest that the short, medium and in some cases longer-term accommodation needs of Simon service users were generally adequately or well met during the pandemic. Service user moves during the pandemic typically were towards greater housing independence, and included short-term moves into Covid-19 isolation accommodation, moves into shared supported rehabilitative accommodation, as well as move-ons into interim and long-term fully independent accommodation.

Service user perspectives on Covid-19 mitigation and infection control measures indicate strong levels of understanding and relative satisfaction with measures taken to prevent the spread of the virus within congregate settings, despite the often onerous impositions they entailed. The findings also indicate that respondents articulated and practiced a high level of personal alertness and care taken around mitigating virus transmission risks.

Respondents also generally indicated satisfaction with the ways in which staff in Simon accommodation settings sought to pragmatically mitigate the impacts of the restrictions. These included the provision of computer and telecommunications equipment to maintain social contacts and facilitate access to internet-based versions of activities and programmes of various kinds as well as a range of other efforts to improve day-to-day liveability albeit with mixed success in some cases. Continuity in access to health services was generally reported by service users, with regard to increased flexibility around the frequency of in-person appointments, as well as Simon-supported access to Covid-19 vaccines. However, reported anxieties around the implementation of Covid-19 protocols at health centres and challenges with the switch to remote consultations for counselling services were negatively highlighted.

The interview data suggests that notwithstanding changes in intensity and modalities of keyworker and other Simon supports, a good degree of continuity in supports was maintained for most service users. The provision of practical and social supports, albeit partly curtailed, often played a meaningful and sometimes critical role in service user wellbeing, housing stability and adaptation to the changed circumstances of living with the pandemic. This was particularly evident for service users living in the community who were often more vulnerable to the impacts of increased isolation.

Overall evaluations of Simon's response to the Covid-19 pandemic were positive, particularly emphasising success in maintaining access to core services and responding to needs while maintaining public health measures. Less positively, some respondents detected a reduced sense of agency over their housing circumstances that was heightened by the pandemic response from Simon and other housing providers. This included a sense of having moves (of themselves or others) effectively imposed on them, and sometimes without adequate communication and consultation. In one case this was perceived as a serious breach of trust. In other cases, a sense of occasional inequities around the application of Covid-19 restrictions were highlighted.

The findings are indicative of a range of often profound impacts wrought by Covid-19 and the attendant changes to everyday life for service users. The experience of the pandemic was marked – for some but not all participants – by significant deleterious impacts to their participation in work and education, mobility and social activity, and consequently on physical and mental wellbeing. Pre-existing alcohol and substance dependencies were sometimes worsened – in one case with serious consequences – and relationships with friends and families were impacted by a lack of face-to-face contact. Respondents nonetheless frequently articulated a good level of personal adaptability to weather the challenges of extended periods of lockdown and isolation. In some instances of successful move-ons into long-term accommodation, the pandemic period had significant positive overall impacts on wellbeing. For those still awaiting longer-term housing, their personal aspirations for a post-pandemic future evoked a mixture of anxiety about their housing circumstances, and hope that their needs for housing security and independence will yet be realised.

The broader implications of these findings, as well as their alignment with other emerging data and literature on the Covid-19 pandemic, are explored in chapter four.

# CHAPTER 4 – DISCUSSION AND FUTURE RESEARCH

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## 4.1 FINDINGS

This report explores, via a small-scale qualitative study, the perspectives of Simon Community service users during the pandemic. As noted in Section 1.4, respondents comprised a small, non-random but diverse cohort with significantly differing personal and housing circumstances. Notwithstanding these research features, shared in different ways by the other studies discussed in Chapter 2, this study adds to the overall stock of knowledge about experiences of housing and homelessness service provision during the Covid-19 pandemic, as well as to our understanding of the overall efficacy of the pandemic response by service providers like Simon Communities.

Findings in a number of areas – decongregation of emergency settings, Covid-19 health impacts, keyworking and tenancy sustainment supports, staffing, health and health service utilization, and housing circumstances – resonate with the earlier findings from interviews with Simon Communities staff around Ireland, undertaken as part of the initial phase of the research study (Finnerty and Buckley, 2021), as well as findings from the Irish and international studies discussed in Chapter 2.

Simon's progress in decongregating emergency accommodation, explored in the first report, is reflected positively in the experiences of several of the service users interviewed here in several ways. These included instances of service users who benefitted from greater personal space within emergency accommodation (as well as from various efforts to improve the liveability of emergency accommodation) as well those who attributed their own exit from emergency accommodation into supported accommodation to the de-congregation process. However, the case of the service user in shared accommodation in the community who described the destabilising impact of multiple movers into their house illustrates the risk of insufficiently managed resettlement during rapid decongregation.

Interview data with service users on the topic of Covid-19 mitigation measures in Simon congregate settings aligns with national-level data on outbreaks and fatalities in homeless settings, indicating a high degree of success in minimising outbreaks to date. This is additionally evidenced by testimony in relation to well-enforced distancing regulations in congregate settings, increased emphasis on regular sanitation of accommodation units by staff (also practiced in shared community-based accommodation), as well as prompt isolation and testing in cases of suspected transmission.

Other findings which resonate with the early phase of research and emerging literature include the challenges but also the imperatives of maintaining effective keyworking and tenancy sustainment supports during the pandemic. The interviews with service users clearly illustrate the often pivotal and typically highly valued role played by Simon staff in large and smaller ways, from resolving issues which may threaten a tenancy to practical matters such as providing transport to and from shops and the collection of essential medications. The findings here largely indicate a successful pivot to remote supports in the circumstances, but also point to the imperatives of re-instating in-person visiting supports at the earliest opportunity, given the multifaceted nature of these roles and functions and the significance attached to them by many service users.

More generally, the staffing challenges experienced by Simon explored in the first report is reflected to some degree in the present study. Service user interviews evidence these impacts in terms of access to supports and a general sense that Simon's resources were often strained, but broadly the findings point to continuity of service in challenging circumstances. The positive role played by Simon included provision of computer and telecommunications equipment and internet access within congregate settings to facilitate communication between residents, staff, friends, and families as well as accessing a range of services including entertainment, education, and health.

Regarding health during the pandemic, while experiences and outcomes varied, the service user interviews tend to confirm the more pessimistic analysis of Simon managers in the first report regarding the incidence of problematic drug and alcohol use. For some, the dramatic pandemic changes provided an opportunity to address addiction issues more effectively. However, service user interviews also indicate that the shift to online or telephone provision for counselling services- including addiction counselling- diminished their efficacy, typically due to the more impersonal nature of the technology. Nonetheless, the interviews indicate that overall access to health services was maintained and, in some instances, adapted to become more user-friendly and flexible. Simon staff concerns about meaningful deteriorations in the mental health of many service users articulated in the first report were also borne out to varying degrees here, as the numerous impacts of the virus on daily life took their toll. These findings again resonate with the research from Ireland and from other countries discussed in chapter two.

The London hotel study which found shortcomings in some move-on accommodation, the perspectives of homeless persons in the Toronto study, as well as the findings from HSE's survey of homeless persons in Ireland (see section 2.3) reinforces the fact that the overall success or failure of the pandemic response cannot be simply measured in terms of Covid-19 infections and fatalities but also by the availability and quality of move-on accommodation. While frequently illustrative of positive developments in the housing circumstances of interviewees, the findings here offer limited insight into the extent to which the responses to Covid-19 by Simon Communities and statutory authorities may be considered a qualitative step change or 'systems accelerant' as opposed to a more limited 'broadened normal' set of policy responses, in Seeley's (2020) characterisation. This is due, *inter alia*, to the goals of this phase of the study, which sought to emphasise experiential aspects of Simon service users during the pandemic; the nature of the housing circumstances of the specific cohort of interviewees; and uncertainty in many instances around which moves of accommodation experienced by service users during the pandemic were positively or negatively impacted by Simon and broader Covid-19 responses. More generally, at the time of completion of interviews, the acute phase of the pandemic had not passed. Thus, it remains unclear whether the various emergency measures indicative of a qualitative change in service provision will endure to become the permanent, 'new normal'.

## 4.2 Future Research

The extent to which the 'systems acceleration' found in the first report in this research project, and reflected to some extent in the interviews with service users, is followed up in the study's third report *Sustaining the Accelerant?* (Finnerty, Cullinane and Buckley, 2021). This third report comprises a second round of interviews with a range of regional staff from Simon Communities, the Health Services Executive and Local Authority regional managers, as well as an interview with a Department of Housing official, on the response of the eight Simon communities, in co-operation with statutory partners, to the challenges of Covid-19.

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# Appendix A – SAMPLE INTERVIEW SCHEDULE FOR SERVICE USERS

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[Interviewer introduces her/himself, thanks participant, goes through the information sheet and consent form, confirms that participant is happy to be recorded.]

Interview themes will cover characteristics, attitudes and experiences, throughout successive waves of the pandemic.]

- 1 Brief background information: age range; gender; employment status.
  
- 2 Accommodation arrangements:
  - a. where had you lived when the outbreak began? Roughly how long had you lived there? how did this change?
  - b. [where applicable: how did you find this new accommodation? Were these changes discussed/agreed with you?
    - i. PROMPTS:
      1. in relation to isolation and distancing measures in existing long-term supported / emergency / other accommodation.
      2. in relation to moves to HSE isolation and/or new accommodation for rough sleepers and for those isolated or decanted from emergency or other congregate.
      3. [WHERE RELEVANT: How are you finding your new accommodation? Any good points? Any bad points?]
        - a. [NOTE this section allows respondent to discuss if they contracted COVID-19, rather than asking them directly]
      4. Check if respondent had a Simon key-worker throughout.
  
- 3 What other Simon / Simon-supported services did you continue to use / what services were no longer available or were restricted or were changed? [provide check list of Simon services in each region, and ask]
  - i. Roughly how long had you been using this service?
  - ii. Was this service cut back in some way?
  - iii. how did you cope with restricted or non-available or changed Simon / Simon-supported services? What were the negatives? Were there any positives?
  - iv. Were these changes, if any, discussed/agreed with you? (Double-check if respondent has a key-worker)
    1. PROMPT: through successive waves of the pandemic

**4** How did the lockdown affect your life outside of your home / being able to move about freely?

a. PROMPTS

- i. Spending time on the street or elsewhere
- ii. Access to alcohol and other drugs (check use of addiction services Q.3)
- iii. Contact with family / friends
- iv. Employment / other sources of income

**5** Overall, what went well, what went poorly in the services and supports you got from Simon?

**6** Anything else you wanted to mention?

[Check that respondent is ok, refer them to local Simon supports if the interview has made them anxious or upset, thank them for their time, and arrange delivery of voucher]

# Appendix B – SAMPLE CONSENT FORM

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I \_\_\_\_\_ agree to participate in this research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Joe Finnerty/ Margaret Buckley/ Mark Cullinane to be recorded.

I understand that I can withdraw from the study whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up of the findings.

I understand that anonymised extracts from my interview may be quoted in the research report and academic publications, if I give permission below:

(Please tick one box:)

I agree to quotation/publication of anonymised extracts from my interview

I do not agree to quotation/publication of anonymised extracts from my interview

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_



# Appendix C – SAMPLE RESEARCH INFORMATION SHEET

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Thank you for considering participating in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, so as to enable you to make an informed choice.

The purpose of this study is to document and evaluate the response of Simon Communities, Local Authorities and HSE Social Inclusion in ensuring that those experiencing homelessness were kept safe during the Covid-19 crisis. As part of this, the research team aim to learn about the perspectives and experiences of those who directly engaged with Simon Communities services during this period. Should you choose to participate, you will be asked to take part in a one-to-one interview with a member of the research team. This interview will be audio-recorded and is expected to take 30-40 minutes to complete.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so you can refuse to answer specific questions or decide to withdraw from the interview. Once the interview has been concluded, you can choose to withdraw your data at any time in the subsequent two weeks.

All of the information you provide will be kept anonymous, and the raw data will be available only to the researchers. The only exception is where information is disclosed which indicates that there is a serious risk to you or to others. Once the interview is completed, the recording will immediately be transferred to an encrypted laptop and deleted from the recording device. The interview will then be transcribed by the researcher, and all identifying information will be removed. Once this is done, the recording will also be deleted and only the anonymized transcript will remain. This will be stored on the University College Cork OneDrive system and subsequently on the UCC server. The information you provide will be used as part of a research report and as part of presentations and academic publications.

If you have any queries about this research, you can contact Joe Finnerty at: [j.finnerty@ucc.ie](mailto:j.finnerty@ucc.ie) Alternatively, the research assistants Margaret Buckley and Mark Cullinane, may be contacted at: [margaret.buckley@ucc.ie](mailto:margaret.buckley@ucc.ie) or: [mark.cullinane@ucc.ie](mailto:mark.cullinane@ucc.ie)

If you agree to take part in this study, please sign and return the enclosed consent form.





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