SUSTAINING THE ACCELERANT?

THE RESPONSES OF SIMON COMMUNITIES TO FOUR WAVES OF COVID-19

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CONTENTS

EXECUTIVE SUMMARY

This research report evaluates the responses of the Simon Communities in the Irish Republic to the challenges posed by COVID-19 from the points of view of the Simon Communities themselves and of key statutory (Local Authority and Health Service Executive) respondents, during the successive waves of the pandemic from March 2020 to August 2021. While responses to the challenges posed by COVID-19 varied across the Simon Communities with their different mix and scale of services, the focus of the research is to arrive at an overall evaluation of these responses, rather than providing a detailed evaluation for each region. Although reflecting the Simon Communities context, the findings are likely to be indicative of the experiences of other homelessness NGOs during this period.

This report represents the concluding phase of a larger study encompassing two prior reports, *Systems Accelerant? The Responses of Simon Communities to 'First Wave' Covid-19* (Finnerty and Buckley, 2021) and *The Experiences of Simon Community Service Users during the COVID-19 Pandemic*' (Finnerty, Cullinane and Buckley, 2021). The first report offered an initial evaluation, by Simon and statutory managers, of the responses of the Simon Communities to the first wave of COVID-19. The second report explored the experiences and perspectives of Simon Communities service users themselves as they navigated successive waves of the pandemic. This third report offers a more comprehensive evaluation, again based on interviews with Simon and statutory managers, of the responses of the Simon Communities during the four waves of the pandemic in the period March 2020 – August 2021.

The report findings are summarised below under the headings of congregate accommodation, move-ons and exits, rough sleepers and outreach/ drop-in services, health services, online and telephone supports, education and leisure, food services, staffing, interagency working, and future prospects.

Congregate accommodation

- Where decanting has taken place, respondents viewed it positively in terms of improvements in liveability of congregate accommodation, effectiveness of keyworking, and in some cases incidents within services. Challenges regarding decanting included difficulties in asking service users already settled in congregate setting to move out.

- There were differences in how residents coped with services restrictions. For some residents, coping with service restrictions led to mental health issues, and some concerning patterns are emerging around service users' problematic drug use.

- It is clear from respondents that congregate settings continued largely to be operating in an emergency mode, with some settings seeing only a limited loosening of measures.

- A downsizing in provision of isolation/ shielding facilities has taken place in recent times. This appears to have created issues in more recent waves, necessitating the rapid provision of private emergency accommodation units and a greater reliance on in-house isolation in services. Innovative responses were required and implemented in order to adapt congregate settings to achieve this.

- Some issues in coordination outside main urban centres were noted in terms of accessing timely isolation units, and issues around homeless people being successfully referred to them alongside other social inclusion categories. The suitability of supports for those in Covid isolation units were highlighted as a challenge in some areas.

Move-ons and exits

- Broadly, the evaluations of how those moved out for Covid-related reasons (e.g. decanting, isolation) were positive. In some areas concerns regarding the sufficiency of available supports were made; in others, it was apparent that significant efforts were being made to ensure continuity of appropriate supports including wraparound supports where required.

- Mixed but broadly positive reports around service user adaptability and tenancy sustainment were provided by respondents, and while respondents were clear that avoiding returning service users to their former emergency accommodation settings was a key priority, longer-term housing solutions have yet to be sourced for many.

- With regard to other exits from homeless services not specifically related to Covid, respondents tended to report good levels of ongoing sourcing and tenanting of, particularly, Housing First initiatives and in line with national targets, although the availability of one-bed units was a significant blockage to greater provision.

- The availability of rental properties for HAP tenancies was increased in one large urban centre, in significant part owing to the release of formerly short-term let accommodation during the pandemic. However, respondents elsewhere did not report a dividend and that issues around supply and costs in the private rented sector remained acute.

Rough Sleepers and Outreach/ Drop-in Services

- Some drop-in services for rough sleepers needed to be curtailed at different times, but when possible, drop-in services were offered. The outreach teams continued to work throughout the pandemic.

- Sustained efforts were made in accommodating rough sleepers in emergency accommodation, isolation/ cocooning facilities, and where possible, more long-term accommodation.

Health Services

- In some areas the increased availability of in-reach medical and health services in recent months has allowed services users to engage more fully with the services, although in some regions online and phone consultations continue.

- The sustained availability of methadone and benzodiazepine maintenance has meant that for some service users their addictions have become more manageable.

- The very low levels of infection and fatality amongst rough sleepers and users of emergency shelters throughout the pandemic, was due to their early recognition as a high-risk group for COVID-19, and the expansion and acceleration of services put in place by homelessness NGOs working together with statutory bodies.

- Liaison with the HSE, GPs and Local Authorities, as well as organisation and proactive stances taken by staff, meant that vaccination for both service users and staff was successful in the majority of cases.

Online and Telephone Supports, Education and Leisure

- While many of the supports continue remotely, some staff are now able to meet service users face-to-face (while adhering to social distancing and mask wearing guidelines).

- To address the loneliness and boredom faced by people who needed to isolate, laptops, tablets and phones were purchased for service users. These were crucial in facilitating service users in continuing to interact with drug and alcohol supports, counselling services, maintaining contact with family and friends, and facilitating online learning and leisure activities.

- Some Simon Communities have been able to slowly reintroduce scaled back and modified in-person activities.

Food Services

- Curtailment of some food services occurred at the beginning of the pandemic.

- Simon Communities moved to delivery of food and medication to service users, ensuring that food bank operations continued throughout the pandemic.

Staffing

- Despite challenging circumstances throughout the Covid-19 pandemic, which included reduced staffing, longer shifts and increased pressures, staff have managed to organise and execute new staffing arrangements so that they could safely continue to provide support services.

- Staff are worn-out in many services but are coping well given the circumstances.

Interagency working

- Generally excellent levels of interagency working in response to covid-19 were reported by Simon and statutory respondents across the whole range of services.

Future Prospects

- There was a striking consensus on the desirability to mainstream the 'new ways of working' triggered by the perils of covid-19.

- These new ways of working centrally involved an intensive case management approach across a range of services, the reconfiguration and management of emergency shelters, and a recovery-oriented and housing-led approach.

- Issues of housing supply and of finance of homeless services were commonly identified as potential barriers to realising this prospect.

This third and final report finds that responses throughout the covid-19 pandemic by the Simon Communities - working in cooperation with Local Authorities and the regional Health Service Executive – may be characterised as broadly 'sustaining' the systems acceleration found in the first report. The term 'system accelerant' draws attention to the heightened awareness, and in many cases the strengthened implementation, of principles already espoused at policy level (the elimination of involuntary rough sleeping and long-term use of emergency accommodation, the desirability of intensive case management, the need to provide independent accommodation with appropriate supports, and more generally the importance of integrated inter-agency working to underpin intensive case management). The sustained implementation of these principles, however, faces several obstacles relating to the supply of appropriate housing exits from homelessness, and to the level and structure of funding for homeless services.

CHAPTER 1 – INTRODUCTION

1.1 Research aim and objectives

This research represents the third and concluding phase of a larger study which also encompasses two recent prior reports, 'Systems Accelerant'? The Responses of Simon Communities to 'First Wave' Covid-19 (Finnerty and Buckley, 2021) and Simon Community Service Users' Experiences During the Pandemic (Finnerty, Cullinane and Buckley, 2021). These earlier phases of research sought to, respectively, offer an initial evaluation of the responses of Simon Communities in the Republic of Ireland to the challenges posed by COVID-19 during the months of its 'first wave' in Ireland from the perspectives of those involved in the management and delivery of those responses; and to explore the experiences and perspectives of Simon Communities service users themselves as they navigated successive waves of the pandemic in Ireland. This third research phase allows a more conclusive evaluation of the Simon Communities response, in collaboration with the HSE and local authorities, 18 months into the pandemic.

The objectives of this research are as follows:

- Explore the research and policy context in which Simon Communities operate

- Describe the views and experience of key service providers concerning the responses of Simon Communities over the course of successive waves of Covid-19, from March 2020 to August 2021

- Evaluate the responses of the Simon Communities, drawing on a prescriptive, analytical and explanatory framework

1.2 Research methods

As a direct follow-up to the initial phase of research captured in the Systems Accelerant? report, the research methods employed here closely mirror those from that earlier study. As before, a series of semi-structured interviews were planned and undertaken with Simon Communities and statutory stakeholders around Ireland exploring the impacts of and responses to COVID-19 on their services through the four waves of the pandemic from March 2020 to August 2021.

Interviews were sought with three key categories of respondent in each of the Simon Community areas nationally, comprising managers within the Simon Communities as well as Local Authority and Health Service Executive (HSE) personnel with responsibility for homelessness and social inclusion services in each area, where possible involving a follow-up interview with the same interviewees who contributed to the initial study.

In total, twenty-four individuals were interviewed during July and August 2021. These comprised ten Simon respondents from six of the eight Simon Communities nationally; seven Local Authority respondents from six Simon Communities areas; and six HSE respondents, again based in six of the Simon Communities areas. A further interview was undertaken with a national-level statutory policymaker in the field of housing and homelessness. Most interviews involved the same respondents as in the initial phase.

Given the goals of this phase of research, interview discussion themes were closely informed by those explored in the initial study. Interview themes were partly tailored to the professional roles of each respective respondent, but key themes addressed throughout the interviews covered developments in Simon emergency and long-term supported accommodation; rough sleepers and outreach/ drop-in services; housing supports and Housing First tenancy sustainment; health and food services; staffing; and planning and cooperation between the Simon Communities and statutory bodies. Reflecting the changed context since the first round of interviews, respondents were also queried on topics including progress in mitigating COVID-19 transmission since the first wave, including via the vaccination

programme; and interviewee perspectives were also sought on what – if any - enduring impacts (both positive and negative) are likely to follow in homeless service provision in Ireland arising from the pandemic (see Appendix for a sample interview schedule).

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

1.3   Research ethics

Research interviews were conducted in conformity with Simon Communities codes of ethical best practice in relation to social research and informed consent.

The series of semi-structured interviews undertaken for this study were conducted by means of phone call or video conferencing depending on the participants' preferences. This remote rather than face-to-face approach to undertaking the primary research was taken in light of COVID-19 public health guidelines.

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 initial phase of the research which interviewed statutory and Simon Community personnel, all respondents were assured of anonymity in relation to use of their interview material. Consequently, neither respondents from the Simon Communities nor respondents from the local authority or the HSE are identified by name or region.

1.4   Interpretive framework

The interpretive framework employed in this third report to inform interview themes and to understand and explain the research findings reprises the three aspects used in the first report: prescriptive, analytical, and explanatory.

The UN Special Rapporteur on Housing provided, in the early stages of the pandemic, a prescriptive checklist of actions that states must take to fulfil their human rights obligations to homeless persons (Farha, 2020). The recommendations relevant to Simon Community services were:

- Rough sleeping
  - o   urgently provide accommodation to rough sleepers, as a steppingstone to eventual permanent accommodation;
  - o   guarantee access to public toilets, showers, and handwashing facilities and products for homeless persons who remain living on the street;
  - o   ensure that homeless people are not criminalized, fined or punished in the enforcement of containment measures;

- Emergency accommodation
  - o   facilitate pandemic health guidelines around physical distancing, self-isolation, and quarantine;
  - o   Ensure access to privacy, water/sanitation, food, social and psychological supports, health services and testing;

- COVID-19 testing
    - provide homeless persons exhibiting virus symptoms, those who test positive for coronavirus, with a safe place to stay, immediate medical attention, access to food, and any necessary medical and other supports to ensure they can manage quarantine or self-isolation;

- Food and other services
    - ensure that food banks, and other support services for homeless people, are included in the list of essential service providers and are allowed to continue their services;
    - a more decentralized delivery of services, including on-site support or "home" delivery should be considered;

- Supports for service providers
    - governments must ensure that service providers can have access to up-to-date health information, masks, hand sanitizers and any other necessary personal protective equipment required to safely continue providing support services.

This prescriptive framework was again drawn on for the themes to be explored in interviews with the Simon Communities and statutory bodies (see Chapter 3).

Analytically, this third report revisits Seeley (2020), which provides a five-fold typology of how homeless services and systems in 21 cities across the globe have responded to COVID-19. This typology distinguishes between:

- 'weakened' systems which have resulted in contraction of or closure of services such as shelters, day services and food provision, and in some cities an increase in punitive measures;

- 'no change' services where few if any changes were made, apart from observing general social distancing and sanitation guidelines and the use by staff of PPE, with no 'homeless-specific' guidance

- 'expanded normal' services which have increased the quantum of services (e.g. number of emergency beds), increased funding, with 'homeless-specific' guidance

- 'broadened normal' services which have increased the quantum of services (e.g. number of emergency beds), increased funding, with 'homeless-specific' guidance, and added elements such as street medical services and better access to temporary and single-person accommodation services which have undergone a 'systems acceleration', with a focus on bringing in all rough sleepers and offering own-room or independent-living accommodation. "These cities benefitted from a special committee or taskforce charged with a COVID-19 homelessness-specific strategy, and while congregate services like day centres and soup kitchens may have closed as part of quarantine measures, alternate services in the shape of single-person accommodation with social support replaced them" (Seeley, 2020: 7). In some cases, this meant widening the eligibility criteria to include some who were in insecure or inadequate housing.
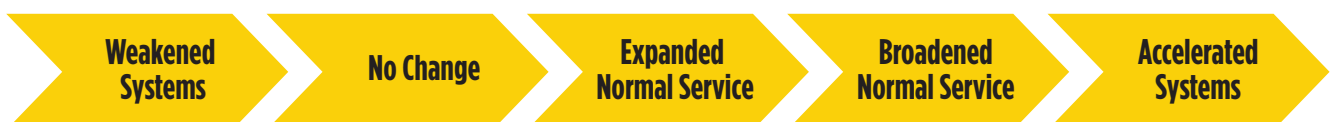

Fig. 1 - A Framework for Homelessness Services System Responses to Covid-19
(Adapted from Seeley, 2020).

To explain which of these options predominated, the social science concept of 'path dependency' is once again employed (Anderson, Dyb and Finnerty, 2016; Clapham, 2019). In a path dependency approach, the decisions made at one point in a policy pathway are likely to narrow the choices at a later point. However, while the main institutions in society may be solid and only change slowly, at a particular moment striking turns may occur or be activated, for example public health crises such as the COVID-19 pandemic. These possible turns or developments are, however, dependent on and limited by former developments and structures. 'Path dependence' would suggest a preliminary hypothesis that policy and practice responses would reflect both prior policy arrangements and some degree of institutional inertia.

The first report in this study, Systems Accelerant? hypothesized that homeless systems which have undergone a 'systems acceleration' are those which, as in the Irish case, had already embraced, at least in principle, housing first and rapid re-housing approaches, and were more likely to accelerate and deepen these efforts in the face of the challenges posed by COVID-19. As Seeley (2020: 41) suggests, "For systems whose homelessness system was already calibrated to a housing-led methodology, therefore, the COVID-19 crisis may have acted as an accelerant for minimizing use of congregate shelters without requiring a major mindset change". A more agent-inflected version of path dependence would suggest that 'political will' broadly construed (to include the values, commitment, and behaviour of NGO and statutory actors) plays a key role in translating these potentialities into actual policies and practices. This hypothesis is further explored, in the light of the research findings, in the concluding chapter.

1.5   Research scope and limitations

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

•   While there was a plurality of responses to the challenges posed by COVID-19 varied across the Simon Communities areas with their different mix and scale of services and degree of collaborative working with statutory bodies, the research aims to arrive at an overall indicative evaluation of these responses, rather than providing a detailed evaluation for each region.

•   The perspectives of the different agencies were captured via interviews at managerial, rather than rank-and-file, levels.

1.6   Report structure

Following on from this introductory chapter's discussion of research aim, methods, framework and limitations, subsequent chapters comprise a brief literature and policy review (Chapter 2); a detailed account of the research findings arising from the third phase of the present study (Chapter 3); and a discussion and conclusions chapter exploring the immediate implications of the findings and assessing their likely significance into the future (Chapter 4).

CHAPTER 2 – RESPONDING TO HOMELESSNESS

2.1   Introduction

This chapter provides an overview of current research and policy in relation to homelessness. Section 2.2 describes how the shift in policy aspiration in Ireland towards an integrated and 'housing-led' response to homelessness has fallen short in practice. Data on Covid-19 outbreaks in homeless settings in Ireland is presented in section 2.3. An overview of Policy Responses in the UK, European Union, Australia and Canada is supplied in section 2.4. An overview of the services provided by the eight Simon Communities is supplied in section 2.4.

2.2   Irish Homelessness Policy and Services: Transitioning to an Integrated, Housing-Led Approach

Homelessness policy in Ireland has broadly shifted towards the ambition of an integrated and 'housing-led' model in the last two decades. Such a policy aspires to helping rough sleepers into sustainable accommodation, minimising length of stay in dormitory-style accommodation, rapid re-housing via provision of suitable tenancies in the private rented and social housing sectors, continued expansion of 'Housing First,' and partnership working involving the voluntary sector and statutory bodies (principally the local authority and the HSE, but also including bodies such as Drug and Alcohol Services, Education and Training Boards, Probation Services, and the Gardai). The 'integrated' dimension to homelessness policy, involving inter-agency planning and provision, began with Homelessness *An Integrated Strategy* (2000), and was strengthened in *Homeless Preventative Strategy* (2002).

This 'housing-led' policy ambition emerged in *The Way Home* (2008), was explicitly stated in the *Homeless Policy Statement* (2013), and re-iterated in *Rebuilding Ireland* (2016) the *National Housing First Implementation Plan* (2018) and in the *Program for Government* (2020) (Anderson, Dyb, and Finnerty, 2016; O'Sullivan, 2020). In relation to the HSE, the parallel development of a social inclusion approach resulted in a deepened homelessness remit. Most recently, *Housing for All* (Government of Ireland, 2021) has proposed, as part of 'Pathway Two', a suite of measures with the overall aim of eradicating homelessness by 2030 which includes continued delivery of Housing First units, a concomitant emphasis on enhancing supply of one-bed social homes in particular as part of a broader expansion of social housing construction and acquisition, and strengthening of coordinated health-led responses to homelessness including through enhanced integrated care pathways.

NGOs are central to the delivery of homelessness policy in Ireland and are a key mediating influence on homelessness outcomes[1] (O'Sullivan, 2020). These private not-for-profit services are funded from both statutory sources (primarily the Health Service Executive and the Local Authorities) and from fundraising (O'Sullivan and Musafiri, 2020). This structure of service provision is characteristic of many social service sectors in the Irish Republic, as part of the Irish 'mixed economy of welfare' whereby NGOs work in partnership with health and local government bodies, including through Service Level Agreements (Anderson et al., 2016).

Despite the pivot towards a housing-led approach, however, 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[2] 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).

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1   In addition to the eight Simon Communities, other homelessness NGOs include Focus Ireland, Peter McVerry Trust, De Paul, and Crosscare.

2   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).

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 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.

A recent review of homelessness policies across the European Union placed Ireland in a group of countries which continue to have a predominantly staircase model of homeless service provision with some evidence of a shift to housing-led approaches (Baptista and Marlier, 2019). In explaining the gap between policy aspirations and policy responses for single homeless people with complex needs, Allen, Benjaminsen, O'Sullivan, and Pleace (2020) stress the relative lack of focus and ambition by local and national government in providing housing exits with suitable supports – including 'housing first' tenancies - for this group (see also Daly, 2020).

The importance and impact of frontline providers' values on outcomes for service users is explored in the study by Manning and Greenwood (2019), which examines the impact of values that align with the Housing First (HF) model. The core values of the Housing First, and more broadly housing-led approach, could be described as 'recovery-orientated' where 'services value consumers as individuals with strengths and abilities, rather than as cases with problems to treat'.

Given that homeless people are highly vulnerable to infectious diseases such as COVID-19 (Cumming, Wood, and Davies, 2020), the 'accelerated' implementation of these policy commitments – and the role of homeless services such as those provided by the eight Simon communities – has become particularly critical over the past 18 months (Finnerty and Buckley, 2021).

2.3   Covid-19 outbreaks in homeless settings in Ireland

Between March 2020 and September 2021, there have been over 350,000 confirmed cases of Covid-19 and over 5,000 deaths in Ireland from the disease. According to the Health Surveillance Protection Centre (HSPC: 2021) there have so far been four waves of Covid-19 in Ireland:

Wave 1:   1st March 2020 to 1st August 2020

Wave 2:   2nd August 2020 to 21st November 2020

Wave 3:   22nd November 2020 to 25th June 2021

Wave 4:   27th June 2021 onwards

Despite the high risks to homeless populations, rates of infection and fatality have been thankfully extremely low. O'Carroll (2020) noted, in a report on the first wave of the pandemic, the low infection and mortality rate.[3] This has thankfully continued to be the case: Data from March 2020 to the end of August 2021 that there were a total of 61 outbreaks associated with facilities for the homeless population and these were 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) (Table 1).

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3   O'Carroll et al. (2020: 4) Attributed these benign health outcomes to a number of factors: "The expansion of housing provision was an unequivocal success in limiting the direct effects of COVID-19 transmission and infection. Swift, decisive action from all sectors, properly coordinated by public servants, was reflected in this outcome. Policy and central coordination was not sufficient, it was the enabling backdrop that made change possible for many organisations who responded quickly by adapting existing services; redeploying staff; opening new services; and who generally took significant personal risks upon themselves and their loved ones to support the public health response. When these various factors coalesced, including top level institutional and political support, clear coordination coupled with command and control decision making capabilities, existing organisational capacity and a willingness and ability to adapt this, and the sheer dedication and bravery of front line service workers, decisions that would normally take many months or years were effected within days and weeks."

Table 1: Outbreaks, linked confirmed cases and deaths associated with facilities for the homeless population March 1st 2020 to August 31st 2021

Year	Month	No. of outbreaks	No. of confirmed cases	Total number confirmed died
2020	March	1	1	
	April	2	11	<5
	May	1	3	
	August	3	7	
	September	4	6	
	November	1	2	
	December	1	3	
2021	January	13	57	<5
	February	8	39	
	March	12	119	<5
	April	9	35	
	August	6	21	
Total		**61**	**304**	**5**

Date of Response from HPSC: 01/09/2021

2.4   Policy Responses in the UK, European Union, and Canada

A limited number of international studies exploring homeless policy responses during the pandemic have been published to date. 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.

Owen and Matthiessen's (2021) early review of Covid-19 homelessness policy responses in the European Union found evidence of large continent-wide divergences across numerous aspects of the overall pandemic response as it pertained to homelessness, including with regard to incidence of the virus amongst homeless populations and accommodation settings, the scope and endurance of statutory and inter-agency coordination, vaccine prioritisation strategies, success in providing universal access to single-room accommodation, and in adapting ongoing health and social supports to service users who required them. They point to several positive aspects of the Irish response, including rapid and effective early coordination to protect people in homelessness, harm reduction policy innovations and that the pandemic has helped engender a greater urgency for housing-led responses to homelessness more broadly. Overall, they suggest that experience of the pandemic confirms much of what is already understood about the close relationships between health and housing, has drawn attention to the inadequate nature of much of the accommodation provided for people experiencing homelessness across the continent, and has ultimately brought 'into clearer focus an already existing problem with already existing solutions' (p. 162) - above all, the imperative for sufficient volumes of accessible and permanent housing as the basis of any serious move towards ending homelessness.

Fitzpatrick et al. (2021) characterise the homelessness policy response in the three nations of Great Britain as marked by a 'timely and effective' immediate crisis response that from the start was conceptualised as a public health imperative, reflected in the emphasis on the provision of single-room accommodation and on social distancing. They suggest that overall, enhanced statutory and inter-agency collaboration was a 'defining characteristic' of the pandemic response, which in part entailed a 'significant and unprecedented injection of funding into homelessness services'.

However, questions remained around the long-term availability of increased resourcing. They also found serious challenges around timely and appropriate access to move-on accommodation in light of interruptions to social housing allocations processes as well as reduced access to the private rental sector, and reported particular challenges around providing suitable supports to those with complex health needs who were placed into temporary settings such as B&Bs with limited supports.

Nerad et al.'s (2021) report on how Toronto's network of emergency shelters responded to the challenges posed by the pandemic offers a richly-contextualised exploration of the experiences, success and failures of a key part of the homelessness response in one urban jurisdiction in Canada from the perspectives of both staff and service users. For service users, a general satisfaction with the levels of support provided in shelters as well as with the implementation of infection control measures coincided with challenges around coping with restrictions in congregate settings as well as with deficits in available supports outside the shelter system during the pandemic. For management and front-line staff, core challenges highlighted included the physical and mental well-being of staff, and a keen awareness of the many negative impacts for service users of a range of supports that were curtailed as well as the impacts of isolation. Conversely, they also note successes with rapid re-housing initiatives introduced during the pandemic as well as the forging of new and strengthened partnerships with other agencies and organisations, particularly in the area of health services.

2.5   Profile of the Simon Communities in Ireland

As detailed in the first report in this series, Systems Accelerant?, the eight Simon Communities provide a wide range of services to persons who are homeless, at risk of homelessness, and who have formerly been homeless. The eight Simon Communities in Ireland provided services to approximately 16,700 persons in 2019. They had an expenditure of €39 million in 2018, and are funded from both statutory sources (primarily the Health Service Executive and the Department of Housing, Planning and Local Government / Local Authorities, typically through Service Level Agreements) and from fundraising.[4]

The wide range of, and variation in, the homeless services provided in the eight Simon areas spans preventative, emergency and resettlement services and is reflected in the range of topics discussed in interviews.

2.6   Conclusion

Homelessness policy in Ireland has broadly shifted towards the ambition of an integrated and 'housing-led' model in the last two decades. Such a policy aspires to helping rough sleepers into sustainable accommodation, minimising length of stay in dormitory-style accommodation, rapid re-housing, continued expansion of 'Housing First,' and integrated care planning via partnership working between the voluntary and statutory sectors.

However, only sluggish progress had been made in implementing these commitments prior to the onset of Covid-19. Homeless people are highly vulnerable to infectious diseases such as COVID-19, making the accelerated implementation of these policy commitments – and the role of homeless services such as Simon - particularly critical. The next chapter presents findings arising from a second, follow-up set of interviews with managers from the Simon Communities and from the local authorities and the HSE, exploring their responses to the challenges posed by the four waves of the COVID-19 pandemic from March 2020 through to August 2021.

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4   Data collated from the websites of the eight Simon Communities. These website details may be found on the website of Simon Communities of Ireland: www.simon.ie

CHAPTER 3: FINDINGS

3.1 Introduction

This chapter presents the findings from research interviews undertaken with Simon Communities managers in six Simon regions in Ireland as well as statutory personnel in each corresponding region, in most cases involving staff from local authorities and the Health Service Executive (HSE) with responsibility for homelessness and social inclusion services. A total of twenty-four interviews were undertaken in July and August 2021 involving both Simon management and statutory personnel in six out of the eight Simon areas nationally.

The six Simon Communities involved in this third phase of the research provide a wide range of services spanning the preventative, emergency, and resettlement categories, and COVID-19 posed challenges in each of these areas. As indicated in Chapter 1, the principal goal of this third phase of the research is to revisit-one year on from the initial round of interviews and eighteen months on from the arrival of COVID-19 to Ireland- the ongoing impacts and experiences of and responses to the pandemic in the delivery of housing and homeless services by Simon Communities as part of the broader national interagency and interorganisational response.

Interviews focused on the period subsequent to the 'first wave' of the pandemic in Ireland, encompassing the period Autumn 2020 to Summer 2021 inclusive. Notable pandemic-related events during this period included a second wave of the virus in the Autumn, a third and particularly acute wave in the Winter around the Christmas period and into January, the arrival of a number of impactful coronavirus variants in the form of the Alpha and Delta variants, the rollout of the national vaccination programme from early 2021 and the onset of a fourth wave of the virus during Summer 2021.

Interview findings are presented under the following main headings: Staffed congregate forms of accommodation (including Simon emergency and supported accommodation as well as relevant Covid-19-specific provisions) in section 3.2; Move-ons and exits from emergency accommodation, including Independent and shared community housing in section 3.3; Rough sleeping and outreach services in section 3.4; Health services (including the vaccination rollout) in section 3.5; Food services in section 3.7; Staffing in section 3.8; interagency working in section 3.9; and assessments of post-pandemic prospects in section 3.10.

In the material that follows, direct quotes from the ten respondents from Simon Communities are alphabetically denoted A to J on a randomised basis; the seven respondents from local authorities are similarly denoted A to G; the six HSE respondents are denoted A to F; and one national-level policymaker is denoted A. 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. Some quotes are presented in condensed form for brevity and clarity. Ellipses […] are used to indicate breaks in the parts of quoted passages. Occasionally, some lengthy quotes are supplied for fuller context.

3.2   Congregate Accommodation

3.2.1   Decanting

Respondents commented on the implementation, current status and impacts of the process of reducing densities within some residential services. The extent of decanting varied considerably depending on the nature of the service and existing facilities, the needs of residents and the availability of isolation accommodation elsewhere.

Where decanting had taken place, Simon respondents reported that reduced densities remained in place up to the time of interview, owing to the ongoing nature of the acute phase of the pandemic.

As one Simon respondent put it:

> *…we haven't even really visited that conversation yet*
> *if it's safe to back up to pre-Covid levels if it's even safe.*

Simon Respondent J

A Local Authority respondent commented that de-densified services would remain as they were for now, particularly in the absence of official guidelines on how capacities in services will be impacted by the vaccination programme:

> *…we haven't moved back to full capacity and I suppose without government*
> *guidelines on how we're going to function with people vaccinated,*
> *we are still at a lower volume in the shelters and the residential*
> *setting than we would have been pre-Covid times.*

Local Authority Respondent F

Various respondents pointed out the advantages of reduced densities in services. One Local Authority respondent noted how the removal of bunk beds in congregate settings, thus reducing numbers in rooms, has had multiple benefits:

> *…it helps the clients themselves especially people who are suffering from mental*
> *health or anything like that it is great to be sharing in smaller rooms. It also means that*
> *there is more, a smaller ratio for keyworker to client, so more interaction, more support.*

Local Authority Respondent B

A Simon respondent described how in their view

> *A lot of the issues we have with clients in homeless services, in emergency*
> *accommodation […] come from not having single rooms and sharing with*
> *people that it causes difficulties for them.*

Simon Respondent C

They reported how the improved staffing ratios associated with lower densities has made a 'huge difference' across multiple services:

So, when you move to twenty staff in a building, when you move to twenty clients instead of thirty, your incident rate drops to almost zero, mainly.

Simon Respondent C

Another noted that the improvements have been particularly dramatic in cases where overcrowding in services had been most acute.

Simon Respondent J

A Local Authority respondent noted that the negative flip side of reduced densities in services was greater challenges in accessing beds for those in need. Commenting on a Simon residential service, they described how this was an untenable situation going forward:

…there's less people that can go in and we very rarely would get a bed back or have a vacancy there. So, we are finding that very difficult. We will open those back up to two per room though. We won't leave them as single rooms.

Local Authority Respondent B

A Simon respondent also highlighted practical issues around decanting residents who may be quite settled where they are:

…it's not nice to be going to somebody and say listen, we'd like you to move from, you know what I would term could be a very supportive kind of environment we'd have very close staff who were onsite 24 hours to moving into, in some instances a Bed & Breakfast where people may not necessarily have, the staff may not have the necessary and required relationships or knowledge or training actually to meet the needs of people. So that for in its own right could have been very traumatic for people as well.

Simon Respondent A

3.2.2   Resident welfare

For long term congregate accommodation facilities with higher support thresholds, capacities were not reduced due to the availability of single rooms for each user and higher support needs than would be feasible in dedicated isolation accommodation.

One Local Authority respondent spoke of the challenges for residents in coping with being strongly encouraged to return to rooms, avoiding congregation and shared spaces, with service user education around Covid risks often proving a challenge for staff. They noted that the combination of the removal of shared spaces within LTA setting as well as the curtailment or closure of external services a double blow to residents:

*…so it's put a lot of strain both on staff and the individual –
not understanding it escalated some behaviours. Some isolation set in for clients.
Also, that it is a bedroom so when you're encouraged back to a bedroom,
it's very hard when you're used to being in a congregated setting,
where you'd be in the canteen or you'd be in the TV room.*

Local Authority Respondent E

A Simon respondent reflected on the trade-offs for resident welfare associated with both decanting and with internal restrictions on access and mobility within residential services:

*…we have different factors here pulling against each other so on the one hand I'm
saying less people in the service, individual rooms has helped manage things onsite
but where pulling against that is mental health problems have increased and people
have been more bored and worried and lonely and frustrated as well…*

Simon Respondent C

Respondents offered a somewhat differentiated picture in terms of how service users coped with the waves of virus and the associated often extended periods of stringent restrictions they were subjected to. One Simon respondent spoke about how the sudden return to full lockdown conditions after Christmas 2020 engendered an increasingly challenging set of conditions in a range of Simon congregate residential services. They reported encountering increased challenging behaviours, various incidents, and reduced compliance with public health measures in the early months of 2021, including

A lot more drug use, a lot more aggressive behaviour, mental health incidents.

Simon Respondent J

They added that the inability to move residents between services as per normal practice and depending on various needs served to further contribute to challenges and pressures within services.

Regarding the broader impacts on welfare on service users and staff, another Simon respondent expressed concern about the likelihood of an impending wave of mental health impacts to come:

I don't think we're going to see them for a while and then we're going to see them. You know, that isolation, what people have gone through, you know, life will move on for some people but it won't for others. I think that's going to be a major impact, the whole mental health side of things.

Simon Respondent D

One Local Authority respondent did draw attention to the differentiated impacts of the pandemic on individual service users. They offered the anecdotal instance of an individual in homeless congregate accommodation whose reactions to the pandemic defied staff expectations: rather than contributing to an escalation of challenging behaviours, the shared challenge of keeping the virus out of their accommodation had positive aspects, and that

…it actually helped and aided with her recovery, which was interesting we thought […] she took on that role of being a champion among the other women in the service around probably policing and regulating in some respects as well other people's behaviours.

Local Authority Respondent D

A Simon respondent took the view that overall, the provision of technological and other supports generally helped residents in congregate settings to keep occupied and to adjust to restrictions on mobility:

…overall if you look at it, once people settled down and had something to do and weren't bored and we gave people mobile phones and TVs and tablets and various things that we would have given people at different times, once they settled into the Covid routine, generally incidents would have reduced due to having their own room and due to less people on site.

Simon Respondent C

Several Simon respondents highlighted how the provision of structured activities including through activity packs as well as social and personal development activities facilitated by technology was particularly valuable in helping residents adapt to dramatic changes in their mobility in the early phases of the pandemic.

Referring to one successful group-based online initiative undertaken early on in the pandemic, a Simon respondent commented on how it ran its course as time went on. They described how Simon

…were quite creative around trying to get people, you know, using technology and upping the use of technology and that was kind of novel for a while […] but then after a while it just went on for too long so the energy with that flagged.

Simon Respondent G

This diminished energy around sustaining the use of technology as a stand-in for formerly in-person activities was contextualised as part of a more generalised 'Covid fatigue that has set in' which was also related to the curtailment of communal spaces in services and some difficulties around maintaining compliance with regulations around mask wearing and social distancing.

Another described how notwithstanding the value of providing activities early on,

> *…I think once people got their laptops and their phones and everything sorted, people were happy enough to start moving into their own activities.*

Simon Respondent C

A Local Authority respondent in one area, commenting on Simon's provision of a makeshift gym for residents in one emergency accommodation setting described how it was a measure that had 'definitely kept people going in that facility', albeit one that had since been decommissioned to make way for another use of the space (Local Authority Respondent D).

3.2.3   Extent of re-opening shared spaces, services, and activities

Respondents made clear that as of Summer 2021, even with high rates of vaccination in services that many public health restrictions in congregate residential accommodation remained in place, albeit with some differentiation between services.

One Simon respondent described the current circumstances as being characterised as being 'still more or less working in the emergency', describing services as remaining in a heightened state of caution and with many restrictions still in place. Noting for example that rota changes instituted to reduce risks were only now being relaxed and only in services with high levels of vaccination, they highlighted what they saw as a disparity between a broader societal relaxation of restrictions which was not being reflected within residential services due to ongoing risk:

> *So, from a services point of view, especially in the residential services, it doesn't feel like much has changed whereas as a broader society we might feel like we're coming out of it and restrictions have lifted here or there […] so things feel like they've been going on quite a while in the services in terms of the restrictions being in place and still operating at what feels like a high level of risk.*

Simon Respondent J

This respondent attributed part of their caution to the uncertainties around the implications of the Delta variant of the novel coronavirus for any relaxation of measures.

> *Commenting that 'we're not back to the normal running of hostels', a Local Authority respondent gave the example of access to canteen remaining accessible only on a rota basis to limit numbers at any given time.*

Local Authority Respondent E

A number of other Simon respondents suggested that congregate services were seeing a gradual return in some respects to something approaching normal levels of access, facilitated by high vaccination rates and concomitant reduced risk of transmission. One spoke about a return to small gatherings in communal spaces in line with public health advice; with another emphasising that restrictions on visitors have had to be maintained. One respondent described the re-opening process:

… two things would be the reopening of the full house and access all areas for people and the other would be and, you know, people mixing in the common areas without concern about distancing now that we're vaccinated and the other thing would be activities, in house activities, there's been a whole, mostly outdoor, we're trying to emphasise the whole outdoor stuff so things like gardening projects and art projects taking place outdoors.

Simon Respondent F

A further Simon respondent described how the necessity of maintaining isolation spaces had until recently prevented the return of health professionals including a psychologist and addiction counsellor, but that in the weeks prior to interview a space was coming back into service allowing for the resumption of such in-reach services (Simon Respondent A).

Another Simon respondent spoke about the slow resumption of client development work of various kinds which they described as having 'really suffered this year but we've really adapted':

It's suffered because we can't deliver what everybody wants us to deliver but we've adapted in so far as we've managed to provide a lot of services online and a bit of outdoor stuff last summer and now this summer, we'll be looking to try to do that again.

Simon Respondent C

This respondent noted that 'core pieces' of client development had continued by moving them online- including coaching, literacy work or job application work- although 'a lot of it required supporting the clients to be able to get online'. They disclosed that staff involved in client development activities have yet to go back into services in person by the time of interview, which was again partly due to the Delta variant and the broader sense of caution around relaxing measures which may lead to higher virus incidence, including sending staff into services who are not part of the core team in a given service. The interim step of booking rooms for activities in a controlled setting outside of residential services was being implemented at the time of interview.

Offering an overall view on Simon's efforts in proactively responding to need in their region, one Local Authority respondent said that an understandable caution and risk aversion by service providers in some instances leading to an unfortunate 'lack of support going to service users' – but that in their view, Simon had stood out in terms of commitment to service continuity:

I really think Simon excelled in that environment, they were 'get the job done and do it safely' as opposed to 'let's take the risk out of this and not go in and support people we're being paid to support'

Local Authority Respondent C

3.2.4   Implementation of mitigation measures in services

Respondents spoke very positively about the quality of implementation- as well as the results- of virus mitigation measures in congregate residential services.

A Simon respondent described how that to date there had been 'very few cases of Covid in the whole organisation', additionally highlighting a high level of buy-in from across the organisation to the introduction of training to undertake audits of Covid-19 measures within services, and which had yielded positive results in terms of compliance. (Covid infection is explored further in Section 3.5.3)

Simon, Local Authority and HSE respondents all typically reported minimal levels of individual cases and outbreaks throughout the pandemic to date in services with which they were familiar.

One HSE respondent (F) reported that protocols around virus mitigation measures in Simon congregate homeless services were implemented in full and without significant issue, and to their knowledge had successfully prevented any major outbreaks or subsequent fatalities.

3.2.5   Entries and presentations to emergency accommodation

Respondents typically reported a relative normalisation in intake procedures into congregate setting by the time of interview.

One Simon respondent described a progressive series of changes in Covid risk mitigation measures taken upon admission in their service, explaining that entries were paused for a period in the early part of the pandemic, then requiring a 2 week isolation period in a local authority-funded B&B space, before moving more recently to increasingly briefer periods of isolation within the service before access to communal areas is deemed sufficiently safe. They said that now, decision-making around entries

> *…would probably be a combination of getting a test, some kind of isolation and are they vaccinated and the combination of those would help decide how quickly we could take people in. But there was definitely delays in taking people in at different times.*

Simon Respondent C

Another Local Authority respondent described a relaxation of stringency around emergency accommodation placements compared with earlier in the pandemic:

> *I mean, there's nobody querying if somebody comes from [location] and because they heard on the news that [location] was a hotspot yesterday, whereas during that period, that's exactly what would have been happening in services so that kind of would have relaxed a lot.*

Local Authority Respondent D

Several respondents highlighted imminent questions around the extent to which vaccinations should impact on risk management planning within congregate settings. Respondents frequently made the point that vaccination status cannot be made a condition of entry to services for both ethical and pragmatic reasons. One respondent suggested that rapid antigen-based testing might represent a proportionate and minimally invasive tool in broader risk management, while another emphasised that the focus remained on boosting vaccination rates further through engagement with service users:

…what has worked is really encouraging. So far, we have taking the tactic of really encouraging talking, discussing, trying to address vaccine hesitancy.

Simon Respondent G

One Simon respondent noted increased cross-county mobility reflected in more variability in presentations and increased demand for one-night beds as the Covid-19 restrictions associated with the third wave receded in recent months:

…there's new people coming in to [location], people are on the move again, the county bounds are open, so you have, you could have increased capacity presenting or increased presentations and then other nights then you're down again.

Local Authority Respondent F

Another Simon respondent elsewhere described how an extended period where their 'services […] remained stayed relatively stable over all that time, not much movement in or out'. There has been some change in that.

We are seeing a lot […] less clients coming into us actually, not necessarily that that's a good thing, we just don't know why and where they are.

Simon Respondent D

They further highlighted concerning recent patterns around an increase in what they described as:

…quite a lot of chaotic drug use, much more so than we've seen before, much more difficult to manage.

Simon Respondent D

Conversely, a Local Authority respondent noted continued rises in presentations and that while demand is being met, it is being done so with an increasing reliance on leasing new private emergency accommodation (PEA) facilities.

In another location, a Local Authority respondent suggested that the provision of additional effective isolation beds under the seasonal Cold Weather Response initiative which had been retained in a modified form as a dedicated Covid response beyond its Spring expiration had helped keep pressure off existing emergency accommodation provision in the area to the extent that there had not been a 'huge demand' on emergency accommodation (Local Authority Respondent D).

3.2.6   Covid isolation and shielding

The provision of dedicated isolation or shielding accommodation played a key role during the pandemic in helping keep the virus out of congregate settings. In a range of areas Simon Communities continued to or had been directly involved in the management of such units or in the provision of supports to those isolating.

A HSE respondent commented positively on Simon's record in managing isolation pod service in one region. Owing to the small size of the unit, the often complex nature of service user needs and the possibility of an extended two-week duration of stay, they felt that it was a 'very challenging' set of circumstances to effectively manage but that Simon took a 'very proactive' yet 'very empathetic' approach, linked in those in isolation users in with other services as appropriate and did a good job in responding to arising challenges, ultimately accomplishing the task very effectively from their perspective (HSE Respondent C).

One Simon respondent highlighted what they felt were significant disparities in available organised interagency responses in the areas of isolation and cocooning services in the regions compared with larger urban centres, with their absence at times impacting on Simon's ability to effectively manage risk and isolate service users appropriately (Simon Respondent C). This respondent reported some challenges in accessing isolation beds on occasion, speaking of a 'mismatch' in coordination across county boundaries and that there was 'definitely a gap' that had impacted on the timely provision of suitable beds for those in need.

Simon's successful advocacy with a number of local authorities to establish isolation capacity in such areas was also noted, including through the provision of a number of local authority-owned houses- although Simon were required to provide staffing and support to occupants.

Respondents frequently noted a winding down or downsizing in isolation provision in their regions in response to the changing course of the pandemic. A Simon respondent described a smooth transition for both residents and staff:

> *…it was almost like overnight the project changed and then it just overnight changed back again but in fairness to the staff it was pretty seamless, you know, and it was kind of one lot out one lot in kind of a thing...*
>
> **Simon Respondent H**

Another Simon respondent similarly raised experiences of issues around both referrals from homeless services into isolation accommodation and also staffing challenges around supporting those in isolation. They suggested that there had sometimes been challenges in making successful referrals into services populated by other demographic groups prioritised by social inclusion authorities, and that in the earlier stages of the pandemic in particular, Simon staff had frequently committed to levels of follow-up support for isolated clients that ultimately 'simply wasn't sustainable' but which they had felt was necessary:

> *…our clients who would experience maybe chronic addiction or mental health issues were going into an environment where perhaps the staff and the staff in hospitality sector weren't trained, they weren't trained in crisis management, they hadn't got the necessary knowledge, skill set or the relationship with people as well […] when they were going into the Bed & Breakfasts it wasn't suited because the proper structure care and support wasn't there for them.*
>
> **Simon Respondent A**

A HSE respondent described how in the context of a developing fourth wave of the virus, the winding down of the main isolation unit in the area had necessitated the procurement of additional isolation space. This had become a 'pinch point' and challenges in sourcing accommodation had resulted in the local authority taking over private rented accommodation 'to provide a bit of a safety net if and when there are Covid cases and people need to isolate out of a congregated setting'.

This respondent noted that they were encouraging service providers of congregate accommodation to utilise on-site isolation space to the greatest degree possible, owing to pressures on capacity but also because the often-greater support needs of those in emergency accommodation settings was impeding access to isolation spaces. They noted that a large isolation space was effectively not accepting homeless service users:

> *…ultimately [location] won't accept homeless clients because they come with complex needs. So that has been and continues to be a block so we need to provide that isolation space locally and sometimes that isolation space can be easy to get but what can be challenging is the wrap around support then for particularly homeless clients who are isolating and all that goes with it.*

HSE Respondent A

Other statutory respondents emphasised this point, including a national-level policymaker who described how over time an approach characterised by a 'necessary level of risk aversion […] was adapted into more focused and targeted responses'- ultimately facilitated by high levels of cooperation and communication between statutory authorities and service providers, which enabled a reduced reliance on sourcing external isolation beds (National Policymaker A). At time of interview, a Local Authority respondent described how the current focus was on readiness of appropriate isolation units in the context of a developing fourth wave of uncertain severity:

> *So, that's where we're at now, we're making provisions for making sure we have isolation units, making sure there's space, making sure each service provider in a residential setting is ready for number four so that's where we're at.*

Local Authority Respondent F

The same respondent underlined the need for service providers to maximise isolation capacity because of the experience of the third wave of the virus which saw the main dedicated isolation accommodation in the area becoming full, the beginnings of cases 'starting to spread like wildfire', and a lot of close contacts requiring isolation. However, these challenges were met with a strong and proactive response locally from all stakeholder groups which saw cases kept to a minimum:

> *…the third wave was a very, you know, the hardest on services, had the most impact and I suppose had the best response as well in some ways.*

Local Authority Respondent F

They described how in the context of a shortage of isolation capacity, Simon had risen to the challenge:

> *…the shelter themselves did a fantastic job, they held people onsite because we couldn't actually move them offsite. So, there were scenarios where we were almost pulling our hair out as to what to do. We quarantined, we cordoned off, we got locks in, the one night only beds became like a quarantine hall.*

Local Authority Respondent F

A Simon respondent described how the exigencies of the third wave necessitated drastic improvisation within a shelter to provide isolation accommodation and also adaptation of another service for more formalised isolation. They noted how this took from existing main capacity, entailed significant costs and had staffing challenges associated with it but that it was a necessary intervention because

…if we didn't do it, where would those people be? You know, and what level of care, where would that have fallen to, what organisation would have stepped in to provide that? You know we didn't want to see people on the streets because no one wants to see people on the streets.

Simon Respondent A

3.3   Move-ons and Exits from Homeless Services

Respondents offered their perspectives on the progress and outcomes to date for those who moved from their previous emergency accommodation occupancy during the pandemic into a range of other occupancies, from Covid-related moves into isolation accommodation to the provision of longer-term housing solutions from private rented and social tenancies as well as under Housing First schemes.

3.3.1   Covid-related moves

The levels of support provided to those who had been decanted from emergency accommodation was discussed by a number of respondents. One Local Authority respondent spoke about the establishment in their area of additional supports to assist with the immediate needs as well as future housing needs of decanted service users:

…since the start of Covid we have developed a new team called the Housing Support Officers who go out into the Private Emergency Accommodations and they're supporting people of exiting homeless services. So, the same like what people would get in the NGOs like [location] Simon, we are now providing that in Private Emergency Accommodation from a [local authority] perspective so we're kind of getting a win-win then for the clients who had to be decanted.

Local Authority Respondent B

They described how the combination of Housing Support Officers, a team from a local NGO to assist with the mental health and addiction challenges, doctors and a HSE dual diagnosis team has added up to the effective provision of suite of additional supports in private emergency accommodation – viewed as close to the standard of supports that might be expected in a dedicated NGO service – and which they felt had been working 'really, really well'.

Another Local Authority respondent commented on how this team of support workers have been engaging with occupants of shielding/cocooning services with a view to securing appropriate move-on accommodation:

…so we try to move people into long term housing, so we've been successful at moving some… the main thing was to try and look at long term options for those that were shielding, whether that's long term supported or whether that's housing, we've tried to look at everybody's option there.

Local Authority Respondent E

They added that there have been challenges for some decanted service users in adapting to their new living arrangements, and that particularly with regard to more serious behaviours pertaining to drug addiction, there have been instances where service users have been moved to other more appropriate emergency accommodation following vaccination. They highlighted the increasing prevalence of crack cocaine which has 'brought a new level of addiction to us' and associated challenges of working effectively with those with such addictions.

A HSE respondent suggested that to their knowledge that many service users decanted from congregate homeless accommodation for shielding purposes had done well, saying that

…I think it's been a really positive thing the shielding because it looks like it's helped people stabilise and a lot of people are n ow moving on to their own accommodation.

HSE Respondent F

A Simon respondent in this region gave a positive assessment of the extent move-ons from shielding accommodation, saying that while it was too soon to assess tenancy sustainment outcomes for those who had moved,

…a lot of them ended up getting accommodation so they literally went from wherever they were whether that's the street or a hostel to the shielding unit and from the shielding unit they went directly to accommodation provided by the local authority so that was a brilliant outcome.

Simon Respondent D

The same respondent however highlighted less positive experiences for Simon service users who had been residing in recovery units and moved into isolation units:

For our clients who may have been moved from our recovery units and were moved into isolation units it wasn't a good experience because they were in an isolation unit or service with other people who were not in recovery and t hey were struggling to maintain recovery…

Simon Respondent D

They suggested that 'it would have been better to isolate people and protect their recovery at the same time' and that this was an area where a more nuanced approach than that adopted may have been in the best interests of this cohort of service users.

A Simon respondent highlighted concerns which had been expressed locally around the provision of ongoing supports to those moved into Covid-specific temporary accommodation, saying

We had a level of concern that they weren't getting the care and they weren't getting the support.

Simon Respondent A

One Local Authority official described how in their region, decanting partly involved authorising the provision of licence- as opposed to regular tenancy- agreements with the major homeless service providers in the area to provide own-door accommodation. This strategy was described as part of an attempt to 'get some wins out of the crisis' and the usage of licences was justified on the basis of speed and that the use of regular tenancies may have run into roadblocks:

> *We really use that in an effort to try to get it deliverable because*
> *if we were to go and do a direct tenancy with a particular chaotic individual*
> *that isn't in Housing First or which cycle of the clearance or whatever*
> *we wouldn't get it over the line.*

Local Authority Respondent D

They reported that a year and a half on into the pandemic, those service users remained in situ, and that an important task was to regularise those occupancies which have gone well and to revisit those which have proved problematic:

> *…it's like a limbo land really in the sense that these license agreements*
> *were given to the service providers, tenant in them, tenants well established like*
> *we're looking at regularising those tenancy agreements and giving them*
> *to the person that went in there*

Local Authority Respondent D

While respondents reported differentiated extents of provision of longer-term accommodation across different regions (with supply a key factor), as well as variations in terms of tenancy sustainment outcomes to date for those who have moved, a number of respondents gave upbeat assessments around the adaptability of service users and the imperatives for housing-led responses to the pandemic.

A HSE respondent in one region offered a positive view on outcomes, saying that

> *I think certainly in our region and talking to people in other regions*
> *as well is that the outcomes of people who were homeless and very vulnerable*
> *when they were given housing in relation to hotels, staying in a hotel or*
> *temporary accommodation, their outcomes are far better.*

HSE Respondent B

A Simon respondent in another region spoke positively about tenancy sustainment rates of those who moved on to private rented accommodation during the pandemic, reporting high levels around the 90% range.

A HSE respondent suggested that one positive impact of the increased urgency with which some service users in homeless accommodation have been supported to exit into greater housing independence and positive outcomes of those exits is that it has illustrated that many service users had a greater readiness for independence that sometimes assumed by homeless services. They said that they personally noticed early on in the pandemic that

> *…there's one group of people that very much managed this*
> *Covid [pandemic] better than most and that was the homeless population because*
> *these people are resilient, they know when there's risk around the corner and they*
> *know when, how to cope with such risk…*

HSE Respondent D

They suggested that accelerated moves into housing independence prompted in some instances by the imperatives to decant congregate settings has made some service users 'more empowered' and this was not going unnoticed by those working in services:

I think staff are seeing that maybe people, the homeless population are more resilient, all we need to do is give them the resources and the supports and they may be better, we may get them progressed through housing services and maybe into their own independent living. You know, maybe we're hand holding a bit too much over the years which I do feel we were doing that we were probably disempowering by doing a lot on their behalf rather than moving people on earlier.

HSE Respondent D

This perspective was echoed in a comment from a Local Authority respondent in another region who noted how the imperative of reducing numbers in congregate settings had the effect of encouraging some more entrenched users of emergency accommodation to move on:

…some people who were intrenched in emergency accommodation, it provided them with an avenue out and because of their, they had the fear of leaving the supports of the hostels in previous years but Covid kind of refocused their minds very sharply so they were willing to work on co-living projects, they were willing to just think outside the box and live in a different supported setting that was less institutionalised so from that perspective it was a benefit.

Local Authority Respondent C

They added that this was done in a manner that was encouraging and tried to reduce concerns about leaving emergency accommodation where a service user may feel relatively settled:

…sometimes you need to kind of let them try it out and we would have went with that kind of carrot to say, look if this isn't work out for you, you can always revert back and we'll do things a little bit differently.

Local Authority Respondent C

3.3.2   Housing First

On the topic of implementation of Housing First initiatives specifically, Local Authority respondents typically reported being broadly on track to meet current targets for the provision of units and that they had continued working through the pandemic to progress the sourcing and tenanting of Housing First properties. Most however highlighted the limited availability of one bed units as a significant hampering factor.

One Local Authority respondent who reported being a little behind current targets noted that Covid has had impacts, saying that delivery

Has been hampered by Covid just in terms of trying to get units up on systems, refurbed, all of that kind of thing so it has been difficult. The sourcing of one-bed units has been our biggest struggle and I think every authority is in that boat

Local Authority Respondent C

Another Local Authority respondent in a different region reported being about to meet their target presently and that they were looking to pre-emptively increase it before one was imposed by government. They offered an upbeat assessment of likely future supply, citing the backing of a strong housing supply team and supportive senior management.

A HSE respondent suggested there was a strong case for more urgency and ambition around Housing First targets on the basis of the existence of a far greater evident need than there is of supply and in recognition of the fact that the provision of appropriate housing can be a life-saving intervention:

> *…if there's two-hundred on your list and you've only got forty places you're not meeting the needs of those people appropriately and their outcomes are actually getting worse year on year by not helping them.*

HSE Respondent B

A national policymaker respondent offered a positive assessment of Housing First progress during the pandemic:

> *…the housing led approach proceeded right throughout the pandemic. Which would be reflected in the number of new tenancies created under Housing First. Housing First continued I would say continued right through out. There wasn't a pause on Housing first. That proceeded as it would have proceeded. So, we would have had, even in 2020, we can see the number of Housing First tenancies that were created and I think it provided an ability to address issues like the so called 'one night only' systems and to put more structure and probably more sustainable for the individuals effected, to enable people to be brought into broader supports to a greater extent and to be provided with those supports.*

National Policymaker A

Beyond Housing First specifically, they suggested that a good degree of broader progress in advancing a housing-led response to homelessness during the pandemic had occurred. They pointed to an acceleration in reduction in homelessness which preceded Covid accelerated during the pandemic, attributing improvements to Covid-era protections against evictions, the availability of new sources of supply (including formerly short-term tourist lettings), and other pre-Covid policy measures bedding in, concluding that:

> *So, while the trend towards reducing homelessness was being felt before Covid, it allowed additional opportunities to address homelessness to a great extent on a housing led approach.*

National Policymaker A

3.3.3   Other exits from homelessness

Respondents in one urban centre did report positive trends in the supply of some forms of rental accommodation including those from formerly short-term holiday lets. One Local Authority respondent reported improvements in recent months in securing HAP (Housing Assistance Payment) properties for single people exiting homeless services:

> *…I suppose the pandemic opened up the private rented market a little bit more so we have seen an increase in HAP tenancies, and people exiting homeless services into HAP with a visiting support such as SLI.*

Local Authority Respondent E

A Simon respondent in the same region commented on positive trends in exits into private rented accommodation they attributed as likely due to an increase in formerly short-term let rental accommodation, describing how

> *…we've had a lot more move-ons to private rented than we would have had any year previously for the last, I don't know how long, definitely the last four or five years, we've had more in the last year.*

Simon Respondent J

Another Local Authority respondent in the same region described good recent progress in exits from homeless services particularly for some older cohorts due to the nature of available accommodation:

> *So, we are moving a lot of senior citizens at the moment. Obviously, it is that's more to a bedsit kind of accommodation. We're struggling to do one bedroom which is very high in demand at the moment but it's not very financially viable for the developers. They'd rather be doing larger accommodation builds. But the exits in terms of housing, it is going good but more for the senior citizens rather than the larger families or singles looking for one-beds.*

Local Authority Respondent B

Most respondents in other regions reported however that there was little or no measurable increase in the supply of formerly short-term let holiday accommodation that may have been released during the pandemic, despite some expectations of same voiced by respondents.

A Local Authority respondent in another urban region expressed concerns about the prospects for rental availability and affordability for those emerging from homeless services. They suggested that in their region there has been no additional availability released from short-term lettings caused by the pandemic, that in smaller cities the 'rental market has just evaporated' and that the present viability of HAP- let alone the open rental market- was severely constrained:

> *…it's very hard for us as a local authority to talk to prospective tenants or people in homeless services and say HAP is a viable option when (A) the properties aren't available and (B) it only makes up some of the rent so you're kind of crucifying people from the get go really.*

Local Authority Respondent C

A Simon respondent in another region noted an uptick in rental availability in the second half of 2020 but expressed concern around the possibility of a 'different kind of wave coming' in the form of a deepening in the rental crisis, noting an alarming apparent trend of landlords taking advantage of elevated property prices to issue notices to quit to resettled service users in order to sell properties.

The same respondent described a broader phenomenon of large rent hikes in response to the extension of rent pressure zones which are 'putting properties outside HAP limits'. Saying that 'none of this is getting any easier' and that they were 'very nervous as to what's coming next', this respondent went as far as to describe the impacts of pressures in the rental sector as necessitating in some instances multiple resettlements for service users:

…we are actually finding that we are resettling people for the second time or that people we helped find accommodation maybe two, three years ago and it's now they're having to… or they'll have to pay extraordinary top ups that just aren't sustainable.

Simon Respondent G

One Local Authority official pointed to the better quality work being done with service users in thinned-out congregate services as involving 'more interaction, more support' and that it was aiding successful move-ons from homelessness:

…there's a higher number of people exiting homeless services and that's really got to do with the more one to one approach and I suppose less clients with the same amount of staff is working really well.

Local Authority Respondent B

This was echoed by a Simon respondent who, pointing to a thinning out of one formerly overcrowded emergency accommodation facility, noted recording the highest numbers of move-ons since it opened. They described

…just having that little bit of breathing space to give people a bit more support maybe than we would with larger numbers, we've hung onto people for longer and sustained their placement longer and then been able to get the outcomes for them into accommodation at the end. It's been a real success story actually in [emergency accommodation name] with the reduced numbers, a case study for quality over quantity…

Simon Respondent J

One Local Authority respondent in another area offered a positive assessment of overall progress in move-ons during the pandemic in their region, saying

…we had a lot of good work was achieved through Covid. We had a lot of allocations, we've had a lot of exits, from homeless services…'

Local Authority Respondent F

They recognised however that these have been impacted by periods of more stringent public health restrictions, saying that 'while we have accelerated […] creating move on plans for people':

'…exits are difficult, I suppose, in the last few months and again, it was a case in lockdown, batten down the hatches and manage what we can'.

Local Authority Respondent F

Beyond the core challenge of an accessible supply of housing, several respondents indicated other impediments to timely and appropriate move-ons for those in homeless services.

One Simon respondent commented on Covid-related changes to intake procedures as complicating some move-ons to addiction treatment centres or respite and nursing home accommodation:

…eighteen months ago before all this started there might be a weekly intake whereas now they might take in a particular group, isolate and quarantine them together and then and that's it. So, your intake only happens every six or eight weeks, whatever the length of time a particular programme is.

Simon Respondent G

One Local Authority respondent suggested that another issue hampering move-ons from emergency accommodation in their region is substantial non-registration of the housing needs of service users with the local authority which was a current area of work:

…while there is serious demand on housing in [region], you'll find that the clients that are in the shelter, now we, I have staff here assigned to each client and we have lists but when we go and look at them, their housing applications aren't open […] So, like while you've to go back a whole step, if you're not eligible or on a housing list, you're not even going to be looked at.

Local Authority Respondent F

3.3.4 Supporting movers in the community

A Local Authority respondent gave a positive assessment around the sustainment of Housing First tenancies in their area while noting how the changes and curtailments to the provision of ongoing supports did pose some challenges to some service users:

I'm still not aware of any tenancy breakdown within the Simon Community for Housing First and that's a positive. But [location] Simon, they've a great understanding, even as a landlord, of the complex needs of people...

Local Authority Respondent E

A Simon respondent described how after an initial intensive period providing direct practical supports to some service users, in subsequent waves of the virus they placed a greater emphasis on assisting service users to make use of alternative services including around food deliveries. Another Simon respondent described the evolution of approaches to visiting supports during the pandemic and the need for a case-by-case decision-making around when in-person visits were required:

> *...there were moments in the last year where the visiting support team did visit and there were moments when they weren't visiting at all then there was some level of in between and really it is a hybrid model we've been operating for most of the last year which means they risk assess their client and their client needs and they make a decision as to whether they should visit and in most cases they probably wouldn't be but there would be some cases where they would and if they're visiting then they have a whole procedure to follow on site...*

Simon Respondent C

The same respondent suggested that while a remote-only model has created challenges and offers Simon support staff less visibility into the circumstances of service users, a 'hybrid' approach of remote and visiting supports is likely to be increasingly adopted in the post-pandemic period:

> *.... I don't see us ever going back to a visiting only model I think the phone support probably works as a check-in for some of the people some of the time but we've suffered a lot from not having visits for many people for much of the time. We have definitely suffered, clients have big mental health problems, clients have health and safety issues in the house we can't assess what's going on inside the house, peoples addictions, people have relapsed to some extent that's been something that we could have helped with if we were visiting but you can't help with so much on the phone so I don't think moving to a phone model is the answer but I think we could certainly have some kind of hybrid model is probably the answer in the future...*

Simon Respondent C

A further Simon respondent described an 'ebb and flow' of increased or decreased in-person visits during the pandemic depending on safety levels at the time, and also similarly noted how this has impacted on how their curtailment has led to a decreased awareness of how some service users were coping:

> *...definitely there are people who we thought at the beginning were coping ok with the more distant support but then when it was possible to get back into the house it was clear that people maybe weren't coping as well as they were saying they were coping on the phone.*

Simon Respondent F

Several respondents identified some challenges in integrating resettled service users into their new neighbourhoods arising from the increased visibility of formerly homeless service users living in the community as a result of the pandemic.

One Simon respondent described challenges arising from an increased level of complaints and allegations of noise disturbances or other antisocial behaviours during the pandemic, attributing this to a combination of factors including challenges experienced by service users in coping within their accommodation, challenges around providing adequate supports in light of restrictions, an increased sensitivity and sometimes lower tolerance on the part of some people living in proximity to resettled service users in relation to disturbances given the increased time spent at home during the pandemic:

> *…when all your neighbours are at home and all the kids are off school and you're living in an apartment complex it just took on a heat or an intensity that was more pronounced... that definitely was a feature of [the pandemic], people experiencing frustration and annoyance, we definitely had more neighbourhood complaints than we ever had.*

Simon Respondent G

A Local Authority respondent similarly highlighted the point around an increased visibility within neighbourhoods of service users receiving support in their homes in the context of, particularly, periods of lockdown during the pandemic.

3.4   Rough Sleepers and Outreach/ Drop-in Services

During the first wave of the Covid-19 pandemic, 1st March to 1st August 2020[5], the number of rough sleepers appeared to decrease, in large part due to their accepting accommodation. However, by the third wave (22nd November 2020 to 25th June2021), the number of people sleeping rough appeared to begin increasing 'particularly around January, February, March when there seemed to be increased numbers on the street' (HSE Respondent F). This pattern seems to have been replicated in each part of the country. The increase in the number of rough sleeps (to pre-Covid levels) includes new presentations and people who have arrived from overseas.

> *There seemed to be a constant churn of new presenters all of the time, different kind of demographics of people becoming homeless. So, there was a lot of figuring out during the year especially if there were new presenters from overseas that was an issue at the time as to what their requirements were around quarantine and accommodation, would they be accommodated through the local authority, was it the HSE who were responsible for quarantine, these kinds of issues complicated by Covid.*

Simon Respondent J

Some of the shift in demographics of new presenters, particularly young and middle aged men, appears to be a result of domestic issues, many of which appear to have been amplified by Covid-19 and successive lockdowns.

> *For whatever reason and I don't know why, it does tend to ebb and flow quite a bit but now […] the presentations in singles have gone through the roof, especially here in [location], I'm not sure what the numbers are like in the rest of the country.*

Simon Respondent H

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5   The timeframe of each 'wave' of Covid-19 in Ireland has been obtained from the HSPC. See: Health Protection Surveillance Centre (2020-2021). Epidemiology of COVID-19 in Ireland [online]. Available at: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/

During Covid, you know when we were in lockdown? Presentations would have been down, definitely. People were concerned about moving around and health and safety, but last while, we have noticed definitely, there's an increase in presentations […] Covid has put a lot of strain on relationships […] the young people, we would have a lot of those, you know, in that 18, 19, 20 age group.

Local Authority Respondent A

Another kind of cohort of individuals we're seeing […] would be middle aged men, sleeping in their cars because their wife had thrown them out for whatever reason and lots of kind of domestic stuff happening. Again, I suppose because people are at home all the time now […].

Simon Respondent H

Throughout each of the waves of Covid-19, each of the Simon Communities have attempted to accommodate rough sleepers where possible, including, where necessary, accommodating people in isolation pods or cocooning facilities. Successes in accommodating people who were rough sleeping are evident.

We did have some success with some entrenched rough sleepers that we managed to pick up and bring in that were not coming in previously so they actually wouldn't have even really engaged with [location] Simon as such maybe the outreach team would be out with them but they wouldn't have been in the shelter.

Local Authority Respondent F

Unfortunately, in some areas, it was not possible to also continue drop-in service provision.

So, there was progress in that way and at the same time we still ended up with a group of people sleeping rough that it wasn't possible to develop an awful lot of service for. […] Everything possible was done to try to accommodate people, to put them in. The basic reality is, outside of the emergency hostel, there are no day-care facilities for people when they're homeless, anywhere in [location] actually.

Simon Respondent B

However, in other areas, drop-in services continued, although due to changing public health advice and restrictions, there were numerous instances of arrangements needing to be altered with 'different services open and not open at various times'.

Simon Respondent J

The Simon outreach teams continued throughout the pandemic, despite some curtailment during the initial phase of Covid-19, to distribute sandwiches and water throughout, and to direct people to available services.

> *The outreach services continued the best they could but it was a bit patchy but that was just about Covid that's not about them not wanting to work with people.*

HSE Respondent B

> *That outreach service was still going for the whole period […] It didn't stop. It didn't change. It wasn't lessened. It wasn't more. It wasn't less. It was the same as it always was.*

Local Authority Respondent G

One local authority respondent particularly singled out the outreach teams for their continued work throughout the pandemic.

> *[…] the only thing that I would say has really gone above and beyond is the [outreach team] in the last year. I really do think that they've had the hardest role within Covid. They were still going out when Covid was very high and we were in our first wave they were still going out meeting people, they were trying to accommodate people.*

Local Authority Respondent B

While some drop-in services for rough sleepers were curtailed due to public health advice at different times throughout the pandemic, when at all possible to offer drop-in services, they were offered by Simon Communities. The outreach teams continued to work throughout the pandemic in keeping lines of communication open with rough sleepers, distributing food and water and in offering advice. Every effort was made in accommodating rough sleepers in emergency accommodation, isolation/ cocooning facilities, and where possible, more long-term accommodation.

3.5   Health Services

Unfortunately, high levels of addiction, poor health and lower life expectancy are often evident in relation to the homeless person who episodically or chronically sleeps rough and/or resides in emergency shelters or has moved into some form of resettlement programme. To address these issues, a range of services have been developed, but given the nature of the Covid-19 crisis, the health and wellbeing of service users came to the fore and assumed particular significance.

3.5.1   In-reach and External Healthcare

In relation to rough sleepers and people in emergency accommodation accessing medical care in the form of either a doctor or nurse, in some regions in-reach medical services were increased after it was identified that people in PEAs had less medical and health supports than those in STAs.

> *I know that the HSE introduced extra nursing supports with doctor backup and also there wasn't doctors on the team, it was mainly nurse led teams but they could refer to doctors outside the service […] they introduced mental health workers and addiction support workers so they increased the numbers of those available specifically for PEAs.*

HSE Respondent F

In other regions, medical and health services have been led by public health nurses (PHNs).

Now during covid to be fair to our PHNs, our community health nurses, our HAT team. They have been excellent. They have gone above and beyond. [...] There have been delays and, of course, covid didn't help and then naturally a cyber-attack. [...] So, there were some challenges at times and access to medical care mightn't have been always as immediate as we would like it to be. Having said all that, it was never to the point that it was hugely problematic. If there was a very serious case. Whether it was covid or otherwise. It's always dealt with pretty quickly.

HSE Respondent E

In some regions, in-reach medical and health services do not appear to be functional, although Simon Communities do still have a referral service to general practitioners. However, it would appear that many doctors are still operating telephone consultations.

...referrals, yes, but I mean most doctors are still doing consultations by phone unless they know the patient. The majority of them are doing telephone consultations anyway.

Simon Respondent B

3.5.2   Addictions and Counselling

During the first wave of Covid-19, in some regions the availability of methadone was expedited, meaning that people who needed to be included in the programme did not have to wait for long periods, with one respondent noting that 'a lot of the red tape across a lot of areas went particularly in the first and second wave' (HSE Respondent A). The shortening in wait times for access to methadone were maintained throughout, as well as a relaxation of some of the guidelines around collection and delivery in order to facilitate people on the programme.

Everything from methadone to one-to-one counselling. A lot of those services were maintained at all stages during covid, during the lockdowns, go to virtual one to one meetings or small group meetings but it still existed. Anyone on methadone were able to get their methadone even if they were in the pods. It was delivered down to them. That worked quite well. There was a lot of planning, logistical planning, went into that.

HSE Respondent E

In addition to access to methadone and methadone programmes, access to benzodiazepine maintenance and detox have also been expedited in a number of areas.

We still have quick access for Methadone treatments so I think it's really effective and really good. So, I think that's very good and I'm very happy to see that. And the benzo detoxes have continued and they're much more available now and benzo maintenance as well for opiate substitution.

HSE Respondent F

There have been both positive and negative outcomes for people with addictions as a result of the COVID-19 crisis. The speeding up and some relaxation around access to methadone and benzodiazepine maintenance and detox in conjunction with people being accommodated in suitable accommodation resulted in some people's addictions becoming more manageable.

That if you have a shower and a bed and it's warm and you have your meals,
a lot of your basic needs are being met so, the element of you still wanting to use lots
of heroin or alcohol to make the day go easier isn't that necessary because you're not
cold, you're not damp, you're not fearful of being attacked or robbed and,
you know, you just felt better.

HSE Respondent B

Due to lockdowns and travel restrictions, the availability of some drugs reduced, which meant that, unfortunately, some people turned to other substances that they were not familiar with and there were a number of overdoses as a result.

The issues that we did have very early at the beginning was because
of the lack of quite a lot of drugs that weren't moving around the country
because of the 2k limit and the 5k limit. We did have issues where you know you
would share your drugs with me and I don't take your drugs whether it be pills or
anything like that and I had a bad reaction and there was a couple of, sorry,
I think there was one episode of an overdose, it was an accidental overdose
simply due to someone using a drug that they're not familiar with.

HSE Respondent B

Psychologist and counselling services moved to online at the beginning of the pandemic, an arrangement that suited some people well and others not so well. While in some regions counselling services continue online or over the phone, in others, psychologist and counselling services are beginning to hold face-to-face appointments.

…in the areas of mental health and addiction […] they were working under the same
circumstances even before the HSE data breach and IT breach, the clients were getting
counselling over the phone not having face to face appointments.

Simon Respondent B

In the first lockdown we didn't have counsellors coming into the services one-to-one
but […] once that lockdown was lifted and I think even in that tough lockdown in
December to May period, we did do the one-to-ones in person with the counsellors
which is much better for the client, they much prefer it that way.

Simon Respondent J

Although Covid-19 necessitated a move to online and phone counselling and psychologist services, the services did continue throughout. It would appear that the gradual shift back to face-to-face counselling services is having a beneficial impact on the service users.

3.5.3 Covid Infections and Vaccination

In terms of encouraging and arranging vaccination for service users, Simon Communities seem to have been very successful in liaising with the HSE, organising appointments and attempting to ensure that people (where possible) attended their appointments.

> *Now I can't quote statistics on this though I do know that the Simon have had impressive rates of Covid or rather non-Covid infection and they've also had impressive rates of vaccination so it seems to me that they seem to have maintained that and seem to have maintained their clients very safe and have done an extremely good job in getting them all enthused about vaccination and engaged with vaccination so that would be my impression but I can't quote statistics.*
>
> **HSE Respondent F**

The success of the vaccine rollout amongst homeless people is illustrated in one region where a respondent stated that 'so far now we have vaccinated 2,100 homeless people. And it is continuing to rise' (Local Authority Respondent B). The uptake of the vaccine amongst homeless people has been, by and large, very high.

> *Most of them engaged in [location], a very high uptake, very high but n ow that's down to staff. It's also down to the work of the GP and the nurse the homeless GP who work with them, that they allay the fears and we also made sure we did a number of vaccine clinics within services and we also did pop-ups through the GP and the RGNs and the agencies themselves. If they were age appropriate, they went to the vaccine centres as well so a very high uptake.*
>
> **HSE Respondent D**

Unfortunately, in some regions the uptake of vaccine was not as high.

> *What the clients were saying, I suppose, people with lots of mental health issues going on, we started getting comments like 'no it's a chip, they're going to put a chip into me' and stuff like that. The uptake wasn't fantastic, it was ok, I want to say maybe 60/40.*
>
> **Simon Respondent H**

However, health staff were conscientious in working with Simon to ensure that service users were vaccinated.

> *The [name] staff are great, the nurses are fabulous and they deal with people from all walks of life every day of the week so there was no issue. If people turned up under the influence, which they did, you know, they weren't turned away […] and they got the Johnson and Johnson, the one jab as well which was great.*
>
> **Simon Respondent H**

In many regions, staff in Simon Communities were prioritised for vaccination as frontline workers. Managers liaised with the HSE

Honestly, I have to say the roll out for staff went really well. We kind of had a liaison person if you like who I was dealing with directly and literally just had to send in all the names of the staff that wanted the vaccine.

Simon Respondent H

There was a point, in some regions, at which there was a discrepancy between cohorts of vaccinated people – staff were fully vaccinated but service users were not.

We ended up in that odd situation where staff were vaccinated probably before the clients were... So, staff were kind of saying 'oh I'm fully vaccinated', yeah, but not all our clients are so we have to wait until [they are fully vaccinated].

Simon Respondent G

However, staff were certainly more comfortable working on the frontline having received their vaccination.

I wouldn't say the staff felt bullet proof but certainly a lot more comfortable. Especially engaging with the clients, you know, some of the clients are really good and respect your space and all that stuff, personal space, some of them just don't get it and they're up into your face and you know definitely from that perspective, I think staff felt a little bit more protected.

Simon Respondent H

The number of cases of Covid-19 amongst service users has been kept to a minimum across all of the regions due to the planning and organisation of Simon Communities staff. When asked whether or not there were cases of Covid-19 amongst service users, one respondent said:

There wasn't and it's quite remarkable […] we did obviously use the isolation units on a couple of occasions you know in [location] but that was more in relation to the protocols that we had put in place and they worked ok […] But no, again I was surprised as anybody. I was very concerned with the underlying health issues a lot of people had that they would be susceptible to getting Covid and becoming very unwell with it as well but no.

HSE Respondent B

If a positive case was identified, protocols were in place to stem the spread of infection.

We had to try to encourage people to isolate in their rooms, we had to transfer one person who tested positive and had some significant symptoms to hospital and then it was a matter of getting all the other residents tested in the house and we were able to organise that between the Adult Homeless team and Social Inclusion in the HSE, we were able to organise for that to happen onsite in the house.

Simon Respondent F

I would say that Simon did really good protocols in [location], the protocols were exceptional to the point that as a result of all of this, even though we may have had no positive cases as far as I am aware within the Simon Community [...], even if we had, it proved that even if staff did get Covid, which we are aware of, it did not transfer into the settings which was hugely positive.

HSE Respondent D

The Simon Communities have responded well to the challenges posed during the Covid-19 pandemic across a range of health services. In some areas the increased availability of in-reach medical and health services in recent months has allowed services users to engage more fully with the services, although in some regions online and phone consultations continue. The sustained availability of methadone and benzodiazepine maintenance has meant that for some service users their addictions have become more manageable. The very low levels of infection and fatality amongst rough sleepers and users of emergency shelters throughout the pandemic, was due to their early recognition as a high-risk group for COVID-19, and the expansion and acceleration of services put in place by homelessness NGOs working together with statutory bodies. Liaison with the HSE, GPs and Local Authorities, as well as organisation and proactive stances taken by staff, meant that vaccination for both service users and staff was successful in the majority of cases.

3.6   Online and Telephone Supports, Education and Leisure

Many supports and interactions with service users were understandably moved to either telephone or digital communication. The format of many of the available supports needed to be altered in line with public health guidelines. This was not possible in all cases. For example, in the case of tenancy sustainment, one respondent noted that not all of the service users have smart phones, this necessitated a continuation of in-person visits.

The home visits still continued but they would have been done at the two meters at the door to check in on people. A lot of people, the clientele group that we have, don't have smart phones. So, trying to do anything online wouldn't have been possible.

Simon Respondent E

While many of the supports continue remotely, some staff are now able to meet service users face-to-face (while adhering to social distancing and mask wearing guidelines).

...unless it's a crisis situation we aren't allowing clients into the offices at the minute. Now, in saying that, again, our staff have become very creative so if they feel somebody really needs a face to face, we've a beautiful park here across the road from us so they are meeting people in the park, doing the whole two metre distance thing so, we get a sense from clients whether they need a face to face or not and they call it.

Simon Respondent H

We are increasingly able to meet them and I'll bring people in here depending on their status. I think it would be more personal safety, about individual behaviour that would stop us meeting people now. If we have concerns about somebody not being able to adhere to the guidelines and show no willingness to do it, we would probably continue with phone calls until we get an idea of the individual but for people we know, we'll try and visit them more and more.

Simon Respondent B

To ensure communication and supports continued, as well as addressing the loneliness and boredom faced by people who needed to isolate, laptops, tablets and phones were purchased for service users.

I think we bought tablets or basically small chrome books for people in the hostels just so they could access any kind of online support first of all but also any kind of educational courses they could do remotely as well again kind of to help them to stay on site really. We also bought a number of mobile phones, just cheap and cheerful ones from Tesco and they were just really for people who maybe got ejected from the hostel at least there was a phone there we could contact them and they could contact the services as well and that worked out really well.

HSE Respondent B

We got over sixty tablets […] and they were absolutely crucial to us. Particularly in the shelter and in the houses throughout the pandemic. People were self-isolating; they were locked in a room for fourteen days in some instances. Many of them didn't have smart phones or whatever. […] the tablets were really, really key in helping maintain people's sanity.

Simon Respondent I

The introduction of laptops, tablets and phones was crucial in facilitating service users in continuing to interact with drug and alcohol supports, counselling services and maintaining contact with family and friends. They also facilitated online learning and leisure activities.

We were trying to promote the online courses, typing skills, different apps that they could incorporate what they were doing previously but in a new way and to try and learn new skills while the classes were suspended.

Simon Respondent I

The online environment, understandably, suited some people and not others.

There was a lot […] more leisure, meaningful use of time. […] and you had some people, it was very funny like, 'yeah, come up to me but I'm at yoga and that's starting at 3 o'clock' and that was nice, that was kind of positive but we also saw some people just get a bit depressed or defeated or kind of really go into crisis or things, old demons re-emerged, there was definitely that too.

Simon Respondent G

Both service users and staff expressed their wishes to return to face-to-face as soon as practicable. While the online learning and leisure environment certainly addressed loneliness, isolation and boredom, it suited some people and it did not suit others, with many people 'desperate for one-to-one contact' (Simon Respondent I). Some Simon Communities have been able to slowly reintroduce scaled back and modified in-person activities.

> *We started to slowly introduce some group activities maybe outdoors where there's outdoor space, some more essential things […] and now more recently a couple of social things where we have outdoor space but small numbers and social distance so we really haven't returned to what we normally would have like a full programme of activities and social things being delivered.*

Simon Respondent J

3.7   Food Services

In addressing the issue of food poverty, the food bank and food drops provided by some of the Simon Communities regionally are important services. The number of people availing of the service appears to have increased significantly, growing by more than 20 per cent in one region during the first quarter of 2020 and remaining at that level throughout. Food and medication drops to service users continued throughout the pandemic, with a noticeable increase in the demand.

> *We collect people's medication and dropped it to them.*
> *A lot of food drops. That was the big thing we noticed was more food that we were trying to get to people.*

Simon Respondent E

Due to the increased demand and pressure, as well as changing public health advice, some creativity in the mode and frequency of food drops was required, with one region changing from food bank distribution to monthly deliveries of a month's supply of food.

> *We had to obviously close down our food bank as it was [because of] Covid because we couldn't run it like that. So, we basically are now operating a delivery system if you like and then we do have two sites where we operate from once a month. […] So, we're doing monthly deliveries to everybody, so you're getting a month's supply of food.*

Simon Respondent H

Where school packs were also distributed through the food bank, Covid-19 has also necessitated a change in the mode of delivery, with school packs being delivered directly to schools.

Plans in one region to launch an innovative 'social grocery' as an alternative to a food bank have advanced well. The social grocery model aims to offer people in food poverty the opportunity to purchase a variety of fresh food at a subsidised, greatly reduced price. This in turn allows people to have dignity and agency rather than queueing at a food bank.

… food would come into the social grocery and then we give people, empowering people I suppose […] the majority of people were happy that we were looking towards them going in and being able to purchase some food as opposed to getting a hand out. A lot of them said it would empower them, as opposed to making life more difficult for them and obviously then you're looking at more choice, better nutritious food, fresh produce.

Simon Respondent H

The curtailment of some food services due to health concerns for staff and service users understandably occurred at the beginning of the pandemic. However, Simon Communities pivoted successfully to delivery of food and medication to service users. Although this mode of distribution created additional workloads for staff, food bank operations continued throughout the pandemic.

3.8 Staffing

Staffing in Simon Communities is comprised of a mixture of paid staff and full- and part-time volunteers. Due to public health guidelines and concerns, generally full or part-time volunteers were unavailable. In addition, where voluntary staff were available the decision was taken to limit voluntary staff to working in one service, particularly in relation to emergency and long-term supported accommodation, in order to control the risk of infection.

There was concern about people travelling across all the services because if there was one person on the casual panel tested positive you could have close contacts across five different services quite quickly.

Simon Respondent F

This necessitated paid staff needed to assume many of the roles ordinarily fulfilled by voluntary staff, or to 'plug the gaps' (Simon Respondent F). The challenges of maintaining an adequate complement of staff in emergency accommodation and long-term supported accommodation is ongoing. In many instances 'bubbles' were created in order to ensure continuity of service provision.

The impact was on staff, on reducing staff to ensure that the hostel could run on a 24 hour basis so if someone was a close contact that it wouldn't take the whole service out, so they created bubbles and longer shifts to facilitate two separate teams, if one team went down then another team would be able to come in and manage it.

Local Authority Respondent E

However, particularly in frontline services, the staffing shortages and need to reduce the risk of infection meant that many of the Simon Communities needed to institute longer working shifts. The purpose of these longer working shirts, at times 12 and 13 hours, was to ensure that there were always enough staff on-site to meet the needs of clients, to reduce the number of handovers (thereby mitigating the risk of infection), and to reduce the amount of cross-service working, where possible.

Obviously, we came out at some stage of the extreme measures we had in place which was the long hour rota for staff so we had staff working twelve to thirteen hour shifts so that there was less handover of contacted staff but we went back into that then in late December, early January.

Local Authority Respondent D

Understandably, the longer working shifts and lengthened timeframe in which they continue have left staff exhausted. In many instances, due to staff shortages, staff have needed to postpone annual leave and travel. The necessary curtailment of annual leave and travel for staff, combined with increased working demands has had an impact on the mental health and wellbeing of staff.

*There's a lot of impact, massive impact of health and wellbeing on staff
I believe, burnout issues and those types of things. And I'm not even saying that
the staff are burnt out what I'm saying is after a year of this every person is weary,
everybody is weary no matter who you are or where you're at so that has to be taken
into account as to how you better support and manage that and that's tricky, you know.*

Simon Respondent C

Possibly as a result of the increased demands of the working environment, or as a result of a preference for working from home, or simply normal turnover, a number of staff have left Simon Communities. One respondent, in reference to the impact of new lifestyle options brought about through working from home, expressed concern for the future of staffing in frontline services.

*…people just made different lifestyle choices because of Covid.
So, I think that's going to be the biggest impact for the sector. I don't know if
we'll ever get the people back interested in this sector because of all this remote
working and for frontline services people are saying 'oh I'll have a different
career thank you very much, one where I can work from home'.*

Simon Respondent D

Many staff based in offices were, like so many others, working from home over the last twelve months. Most have now either returned to offices or are operating a blended approach whereby they will be in the office some days during the week and the others are worked from home. This arrangement appears to be working quite well for staff. The logistics of social distancing in enclosed office spaces are difficult to navigate, however, managers appear to be coping very well.

Despite challenging circumstances throughout the Covid-19 pandemic, which included reduced staffing, longer shifts and increased pressures, staff have managed to organise and execute new staffing arrangements so that they could safely continue to provide support services.

3.9   Interagency Cooperation

Generally excellent levels of interagency working in response to covid-19 were reported by Simon and statutory respondents. The nature of cooperation varied according to the existing levels of service provision and cooperation, the stage in the pandemic and the bedding down of guidelines and responses after the early emergency period.

> *It has proved to me what I always say about [the city] - we do work well together...*
> *there's an openness between the statutories and agencies. Ok, we may not get on*
> *all the time, but this highlighted we do work really well together…*
> *and there was no lack of support from everyone.*
>
> **HSE Respondent D**

The intimacy and closeness, made possible in this instance in part by smallness of scale and by a localist ethos, is again illustrated in this quote from another region:

> *I wouldn't say that covid changed the way we communicated. I think Covid*
> *enhanced and strengthened. I think we got through what we got through because of*
> *how we work together… it's the flip side of things, that had this integrative approach*
> *and had us all working together collaboratively. If we didn't have that, I don't know that*
> *we would have managed covid as well as we did to be honest with you….*
> *we were on a well-oiled machine that was sort of one more element that*
> *we were adding to what we needed to talk about.*
>
> **HSE Respondent C**

And again:

> *The inter-agency work is continuing, it's excellent, I think it's been an incredible*
> *operation and it's really positive to see.*
>
> **HSE Respondent F**

> *To be honest Covid has been a good thing in terms of the relationship*
> *between the local authorities, the NGOs the PEA, the HSE like all other kind of {NGOs]*
> *everyone is working really, really well and in line with each other and coinciding with*
> *each other so the relationships are very good at the moment in terms of teams.*
>
> **Local Authority Respondent B**

> *It was tough, it was worrying but it worked. I suppose that's probably the*
> *biggest part of this is that the steps and the measures we took protected lives*
> *and I think that's what the response was all about.*
>
> **Local Authority Respondent C**

In some cases, relationships developed as the result of covid-related planning:

[T]he first number of meetings were face to face. Now we got a lot done in those meetings…because while a large percentage of us knew each other, others didn't. That was our first time working together. So for example, I think I only met [Simon head of operations] once or twice before that…the face-to-face meetings helped in terms of building those bonds, building those relationships and I suppose that trust that you need in a group developed and a kind of collective leadership… There wasn't any one individual or agency that was kind of driving it.

HSE Respondent E

From a national statutory perspective:

So, I think that the early period, the learning period and the urgent period, responses were put in place where there was a high degree of uncertainty. And I think a necessary level of risk aversion around you know, we need to do whatever is necessary and then we learned and then that was adapted into a more focused and targeted responses. I think the key issue there was the ability of the different partners within the whole system and the whole sector to work together to share information and guidance and then to provide mutual supports to ensure that each could do their own job as effectively as possible. And also, that people talked to each other.

National Policymaker Respondent A

This quote illustrates two key areas of interagency working, viz. attempting to bring rough sleepers off the streets, and decreasing the occupancy rate of emergency accommodation

When this broke last year I think there was... a coming together rather rapidly in early March of our main stakeholders, say, City Council, Simon Community and [another NGO]...and the City Council, in fairness to them, were very proactive in getting people off the streets and in developing, our, shall we say, emergency accommodation to get all people who were rough sleeping and those... who could not isolate in certain settings, so we opened a larger unit... and therefore there now needed work to be done to support them.

HSE Respondent D

Another example is that of pods:

There was expanding cases. I suppose fear and trepidation around outbreaks in hostels and so on. So, we needed to come up with a plan and the pods were that plan. And from a hands-on operational perspective...Simon played a key role in getting down there, getting the clients in, getting the wrap around services involved, ensuring that social care was there, mental health and drug and alcohol services. Very practicable things including a good relationship with St. Vincent de Paul, whose services were nearby...Simon had all those bases covered.

HSE Respondent E

Another example of co-operation was in relation to accelerated exits from homelessness from isolation accommodation:

> *The exit plan in some cases might have been a route into addiction services because that was unique to that person or that was the need of the person or, you know, we were trying to source or APS were trying to source alternative accommodation, so the person does not come back into emergency, you know. So, I think it some regard... it has fast tracked that.*

Simon Respondent A

> *It was at that integrated care piece where the HSE was advocating, you had GPs nurses and ourselves and some of the support workers advocating how well someone was doing in isolation in terms of stabilisation on their medication. How their health had returned. Thinking about treatment. How they were X, Y and Z. And then what you had was… a daily link with the local authority where we were saying 'Look. X client has done really well for the past two weeks. We can't foresee him or her going back out into emergency accommodation or rough sleeping. Can we do something about it?'*
>
> *…The local authority said 'Yeah, fine. No problem. If your doctor, nurses, support workers are telling us he or she is doing well, let's do our best to give him a chance' be it through housing first or even a better B&B or better something or let's look at a HAP property. That was a daily thing... That arrangement that we had then backed by the NGO saying 'they have done better in two weeks up there than they did two years down here. Let's get supports in'….*

HSE Respondent A

A further example of joint working was in relation to PEAs:

> *You're going to see teams still going into the PEAs and I think you will find HSE social inclusion continuing to work more closely with the agencies actually, strangely enough because the HSE social inclusion they became very like they conducted a number of operations very much in tandem as opposed to previously they would just fund whereas this was they actually worked very closely and I would suspect that would continue.*

HSE Respondent F

However, a more limited degree of interagency working was evident in some regions e.g. in vaccination eligibility for service users, and cocooning and isolation facilities, and more generally in terms of coordinated HSE services

> *...the [city] co-ordination does not follow through in the regions so in both [regions] with our STAs we have had to try and advocate separately and individually for why our clients should be on any prioritized programme... they weren't identified as a particular cohort. So, up in [one region] we had to argue especially for it with the County Council who linked in with the HSE and certain adjustments were made but only in very recent times to try and offer those vaccinations to clients... In [another region] we ended ...up getting buses for clients up to [the city] and we could avail of the [city] services...*

Simon Respondent C

*In the early stages of Covid the responses to clients who might have symptoms,
in [the city] they were moved to specially identified services to keep them separate and
then there was the cocooning for people who were vulnerable to start with and
none of that was available for [the two regions].*

Simon Respondent C

Additionally, one local authority respondent sounded a note of caution in relation to the continuation of this collective effort:

*Certainly, at the beginning it was always about the greater good [but] ...
everybody's own little agendas are definitely more pronounced now
because we're breathing again.*

Local Authority Respondent D

3.10   Future Prospects

Respondents were asked about how they saw the future of homelessness and homeless services going forward. There was a striking consensus on the desirability to mainstream the 'new ways of working' triggered by the perils of covid-19. These new ways of working centrally involved an intensive case management approach across a range of services, and the reconfiguration and management of emergency shelters. Issues of housing supply and finance were commonly identified as potential barriers to realising this prospect.

3.10.1   Intensive Case Management

The key aspect of the 'new ways of working' identified by many respondents related to an enhanced appreciation, due to experience with clients in isolation or in emergency accommodation, of the benefits of intensive case management across a range of homeless services.

*How do we turn the emergency approach that was initiated to protect
our vulnerable group in homeless services, how do we turn that into
the mainstream now is going to be the challenges...*

Local Authority Respondent E

*... that model of what we had in isolation, whereby you had HSE services,
community drug and alcohol support workers, homeless NGOs and the local authority
actually daily collaborating and really providing an intensive case management
approach to people. Probably some of the most complex people and move them on
while you had a window... Integrated care: the evidence is there to say it works...
It can be challenging to achieve. But I think everyone... has seen the benefit of it.*

HSE Respondent A

The same respondent noted:

What we did see was the merry-go-round of people who are in emergency accommodation goes on and goes on and goes on. I worked with them in '[location]' sic and the same people for years and years. It's to try and stop that, break that. Get a really strong intensive case team around them and actually support and move people on within a certain time frame rather than people languishing back and again... It's not easy. It might take a few goes but that's where a lot of learning came from I think in terms of covid and what can be done when people really row together.

HSE Respondent A

Intensive case management was also seen as relevant to PEA supports:

You're going to find increased health supports for people in PEAs. I think shielding will go but the idea of identifying vulnerable people and loading services around them and giving them improved accommodation, I think that will be maintained.

HSE Respondent F

The importance of the ratio of staff to service users was noted by a Simon respondent in relation to the quality of care and engagement in emergency and pod settings:

We have some evidence now to show much better outcomes because of the reduced staff ratios where they are reduced, where we can see the move ons and see some of the work done where people were previously going around and around the system to different services, not sustaining a placement and then we've been able to keep them six months and get them a move on or get some good outcomes with them in terms of health and so on. I would love to think we could see that it is a better model, it is better value for money and it is more efficient to have...

Simon Respondent J

In the same vein, another Simon respondent noted:

We've learnt things like, that single rooms work better, right, we've learnt that aggression and behaviour issues and mental health issues generally go down when you have single rooms and better staffing ratios

Simon Respondent C

3.10.2   Reconfiguration and Management of Emergency Shelters

There were a number of suggestions about the role and organisation of emergency shelters arising out of lessons learnt during the pandemic. These related to shelter size and reconfiguration, booking of stay and opening hours, staffing, and duration of stay.

Shelter size and reconfiguration

Look at say emergency services we put in people there who are vulnerable who may be in the throes of addiction or other issues or mental health issues and we put all that into one unit… I'm amazed we don't have more issues, I'm amazed we don't have more violence, I'm amazed we don't have staff going off sick… Rather than have say a thirty-bed unit we'd have five, six bed units so they're at least within a cluster so that we could manage them… But again, that's down to capital money for funding for buildings.

HSE Respondent D

However, some respondents were pessimistic about the return to increased densities in shelters:

As in from a cold weather response perspective coming back in again, do you know what I mean, yeah, and that's the bit like. So, we could all go hand on heart and say we needed individual rooms, to reduce the risk, to reduce the spread, to reduce whatever, whereas when things start opening up again and suddenly it's back to well, there is no risk, there is no whatever else so we can put them into six to a room or whatever.

Local Authority Respondent D

Booking of stay and opening hours

We now no longer do one night only they're all rolling bookings. We used to have time restrictions in hostels before the pandemic, now we're doing 24-hour services. In some of the services we used to not provide food, now we provide breakfast, lunch, dinner and snacks. So, all that will continue.

Local Authority Respondent B

Staff ratios

Several respondents noted the improved client outcomes where altered staff ratios allowed more intensive working with the service user:

Now there's a nice little environment [in the hostel] people are being worked with proactively because the time is there and instead of managing a crisis you're managing intervention and real strength-based stuff.

Local Authority Respondent D

Duration of stay

Respondents frequently commented on fresh thinking about the length of time some chronically homeless service users were spending in shelters:

I think it was a big thing to have the HSE really stop and look at the emergency accommodation and have to think about what was going on there and not just be leaving it to the local authority like it might have been before so the HSE really getting on board with it I think has brought attention to how unsuitable it is... in the long-term way to have so many people sharing and to have shared rooms. But I do feel and believe there is an appetite for a housing led way and I'm not sensing an appetite to be opening extra emergency accommodation… So yeah, I'd still be hopeful it might be a turning point.

Simon Respondent J

A shift needs to happen now in terms of how you deliver emergency accommodation services, you know. I mean this idea of just letting people stagnate inside in a project without any prospects of moving on. It's all very well and good you get your SLAs, oh 'nobody should be in here any longer than six months' ...because it never happened that quickly for the majority of people.

Simon Respondent H

3.10.3   Finances

Respondents across the HSE, Local Authority and Simon regions expressed concern about funding of services into the future.

A lot of people have recognised the effectiveness of us all working together, but when emergency money is there, you can work together...so i suppose the eagerness from the local authorities and the HSE is to make this work so that's a fairly positive thing, and they see the effectiveness for the individual. How that looks, as in drafting up a strategic plan going into the future, I don't know!

Local Authority Respondent E

Bureaucratically we're still at a deficit because of the structures of funding, so you've two different funding streams, so to the best of my knowledge, [location] Simon, I don't think they're actually receiving any funding from the HSE outside of what they would have done in isolation units. So, I would say we haven't learnt enough of a lesson to realise that there should be one pot of homeless funding generically so that we can actually decide locally what we most need to spend our money on, if that makes sense. So, I don't necessarily think nationally we've learnt a lesson.

Local Authority Respondent C

You have the likes of Simon and NGOs - it's about adequately resourcing them as well....services..reliant on fund raising and being reliant of different funding streams. Its challenging. That's a challenging environment every year you know.

HSE Respondent A

To identify very clearly where wins were made during Covid and how much those wins would cost to continue them. And that if we revert back then there's no lessons learnt but if we don't get the funding to reflect the positive changes, we can't operate those changes by ourselves…. it's all just a matter of whether there is a political will to actually make long-term changes or not.

Simon Respondent C

An example of how such financial constraints might apply to the use of remote services was offered by the same Simon respondent:

…it's very important that they go back to visiting support and it's not all phone support because you'd have the pressure in the council I'm sure to say well you've done it last year by phone support, sure couldn't you do loads more phone calls that you can do visits, so why don't you take a case load of forty instead of twenty... But the thing is, sometimes the phone calls take longer... or the case load is more difficult because you might have people who aren't English, who can't fill out forms, people who aren't literate, people who aren't using computers... A hybrid model is probably a better model moving forward where we get a bit of discretion. My fear would be that what will be looked for in the pandemic would be ways in which the funders can save money rather than ways in which services can be better quality...

Simon Respondent C

Specifically, re Section 10 funding for emergency shelters:

If the funding is going to be cut in line with the cuts in beds it's going to be a problem because you need the same amount of people to operate a twenty-bed unit as a thirty-bed unit in terms of minimum staff cover. You do need more staff for sure to manage thirty people's behaviours rather than twenty but proportionally wise if it was just proportionally cut it would be a problem.

Simon Respondent C

From the Local Authority point of view:

I have kind of said... we will have to look at what's going to be delivered at what cost when everyone is vaccinated and government guidelines are saying we can operate at such and such, then we'll be looking at KPIs as per your contractual agreements but right now...for want of a better term, they're gone out the window and I think everybody did what they could.

Local Authority Respondent F

In relation to the tendering process for Service Level Agreements, one HSE respondent observed:

*It will be interesting if we go back to the tendering process, I hope we don't,
I hope that, obviously the HSE needs to be able to get the best value but something
where relationships are developed where there is a collaboration as well as a tendering
going on because the tendering tended to be one was to promote competition
and two is there was a certain race to the level the cheapest service.*

HSE Respondent F

3.10.4   Housing Supply

Respondents from both the Simon and statutory sectors stressed the importance of an adequate supply of housing to support homelessness exits.

*In terms of the partnerships and the relationships and having a common understanding
of how these things can work...yes, those gains will stay but... we're just back to
the reality that without housing there's no acceleration in moving people out of
homelessness...Even in those cases where people did move from sleeping rough, to
isolation, to Housing First, you know, it was to a large extent lucky that there were
available properties at that time that people were coming into isolation units.*

Simon Respondent F

A similar point was made by a HSE respondent in relation to rough sleeping:

*We may have to take a look at how we deal with people rough sleeping who are
homeless differently and progress them through... but again it's coming down to the
old nugget here, units - housing availability - if that's not there we're going to have
temporary emergency accommodation of anything up from twenty-six to fifty, can't see
a solution, unless we get units to get people moving through the system.*

HSE Respondent D

Housing type and location are other constraints identified:

*There's only certain places that you can actually put Housing First units,
I think in terms of accepted privately rented areas like you would have in Dublin would
be the norm because they blend in, nobody knows your business whereas in smaller
communities, smaller cities, it's a bit more obvious.*

Local Authority Respondent C

3.11   Conclusion

This chapter has presented findings from a second round of interviews with Simon Communities and statutory stakeholders, exploring the impacts of and responses to COVID-19 on their services through the four waves of the pandemic from March 2020 to August 2021. These findings, covering congregate accommodation, move-ons and exits, rough sleepers and outreach/ drop-in services, health services, online and telephone supports, education and leisure, food services, staffing, interagency working, and future prospects, are discussion in the chapter following.

CHAPTER 4 – FINDINGS AND CONCLUSIONS: SUSTAINING THE SYSTEMS ACCELERANT, 18 MONTHS ON

4.1   FINDINGS

This report represents the concluding phase of a larger study encompassing two prior reports, *Systems Accelerant? The Responses of Simon Communities to 'First Wave' Covid-19* (Finnerty and Buckley, 2021) and *The Experiences of Simon Community Service Users during the COVID-19 Pandemic* (Finnerty, Cullinane and Buckley, 2021). The first report offered an initial evaluation, by Simon and statutory managers, of the responses of the Simon Communities to the first wave of COVID-19. The second report explored the experiences and perspectives of Simon Communities service users themselves as they navigated successive waves of the pandemic. This third report offers a more comprehensive evaluation, again based on interviews with Simon and statutory managers, of the responses of the Simon Communities during the four waves of the pandemic in the period March 2020 – August 2021.

The report findings are summarised below under the headings of congregate accommodation, move-ons and exits, rough sleepers and outreach/ drop-in services, health services, online and telephone supports, education and leisure, food services, staffing, interagency working, and future prospects.

Congregate accommodation

- Where decanting has taken place, respondents viewed it positively in terms of improvements in liveability of congregate accommodation, effectiveness of keyworking, and in some cases incidents within services. Challenges regarding decanting included difficulties in asking service users already settled in congregate setting to move out. As the pandemic wore on management within services became harder with regard to compliance.

- There were differences in how residents coped with services restrictions. For some residents, coping with service restrictions led to mental health issues, and some concerning patterns are emerging around service users' problematic drug use.

- It is clear from respondents that congregate settings continued largely to be operating in an emergency mode, with some settings seeing only a limited loosening of measures.

- A downsizing in provision of isolation/ shielding facilities has taken place in recent times. This appears to have created issues in more recent waves, necessitating the rapid provision of private emergency accommodation units and a greater reliance on in-house isolation in services. Innovative responses were required and implemented in order to adapt congregate settings to achieve this.

- Some issues in coordination outside main urban centres were noted in terms of accessing timely isolation units, and issues around homeless people being successfully referred to them alongside other social inclusion categories. The suitability of supports for those in Covid isolation units were highlighted as a challenge in some areas.

Move-ons and exits

- Broadly, the evaluations of how those moved out for Covid-related reasons (e.g. decanting, isolation) were positive. In some areas concerns regarding the sufficiency of available supports were made; in others, it was apparent that significant efforts were being made to ensure continuity of appropriate supports including wraparound supports where required.

- Mixed but broadly positive reports around service user adaptability and tenancy sustainment were provided by respondents, and while respondents were clear that avoiding returning service users to their former emergency accommodation settings was a key priority, longer-term housing solutions have yet to be sourced for many.

- With regard to other exits from homeless services not specifically related to Covid, respondents tended to report good levels of ongoing sourcing and tenanting of, particularly, Housing First initiatives and in line with national targets, although the availability of one-bed units was a significant blockage to greater provision.

- The availability of rental properties for HAP tenancies was increased in one large urban centre, in significant part owing to the release of formerly short-term let accommodation during the pandemic. However, respondents elsewhere did not report a dividend and that issues around supply and costs in the private rented sector remained acute.

Rough Sleepers and Outreach/ Drop-in Services

- After an initial decrease in the number of rough sleepers during the first wave of Covid-19, the number of people sleeping rough began to increase again in the third wave. In addition, a change in demographics of new presenters were noted by respondents, with many young and middle-aged men represented.

- Some drop-in services for rough sleepers needed to be curtailed at different times, but when possible, drop-in services were offered. The outreach teams continued to work throughout the pandemic.

- Every effort was made in accommodating rough sleepers in emergency accommodation, isolation/ cocooning facilities, and where possible, more long-term accommodation.

Health Services

- In some areas the increased availability of in-reach medical and health services in recent months has allowed services users to engage more fully with the services, although in some regions online and phone consultations continue.

- The sustained availability of methadone and benzodiazepine maintenance has meant that for some service users their addictions have become more manageable.

- The very low levels of infection and fatality amongst rough sleepers and users of emergency shelters throughout the pandemic, was due to their early recognition as a high-risk group for COVID-19, and the expansion and acceleration of services put in place by homelessness NGOs working together with statutory bodies.

- Liaison with the HSE, GPs and Local Authorities, as well as organisation and proactive stances taken by staff, meant that vaccination for both service users and staff was successful in the majority of cases.

Online and Telephone Supports, Education and Leisure

- While many of the supports continue remotely, some staff are now able to meet service users face-to-face (while adhering to social distancing and mask wearing guidelines).

- To address the loneliness and boredom faced by people who needed to isolate, laptops, tablets and phones were purchased for service users.

- The laptops, tablets and phones were crucial in facilitating service users in continuing to interact with drug and alcohol supports, counselling services and maintaining contact with family and friends. They also facilitated online learning and leisure activities.

- Some Simon Communities have been able to slowly reintroduce scaled back and modified in-person activities.

Food Services

- Curtailment of some food services occurred at the beginning of the pandemic.

- An increase of approximately 20 per cent in the number of people accessing food services was noted throughout 2020.

- Simon Communities moved to delivery of food and medication to service users, ensuring that food bank operations continued throughout the pandemic.

Staffing

- Many office-based staff have been working from home, but most have now either returned to offices or are operating a blended approach.

- The logistics of social distancing in enclosed office spaces and in meeting service users have been difficult to navigate.

- Despite challenging circumstances throughout the Covid-19 pandemic, which included reduced staffing, longer shifts and increased pressures, staff have managed to organise and execute new staffing arrangements so that they could safely continue to provide support services.

- Staff are worn-out in many services but are coping well given the circumstances.

Interagency working

- Generally excellent levels of interagency working in response to covid-19 were reported by Simon and statutory respondents across the whole range of services.

Future Prospects

- There was a striking consensus on the desirability to mainstream the 'new ways of working' triggered by the perils of covid-19.

- These new ways of working centrally involved an intensive case management approach across a range of services, the reconfiguration and management of emergency shelters, and a recovery-oriented and housing-led approach.

- Issues of housing supply and of finance of homeless services were commonly identified as potential barriers to realising this prospect.

4.2   Conclusions

On the basis of the interviews conducted, the Simon Communities have continued to respond well overall to the challenges posed by COVID-19 across a range of services, along the lines suggested by the prescriptive human rights framework (section 1.4). Measures to decrease the number of people in any given emergency hostel, move residents to other services and facilities and ensure that cocooning/ isolation sites were established, engage with rough sleepers, and to develop innovative responses to the needs of methadone users, were sustained throughout the four waves under consideration. This third report once again paints a more mixed picture in relation to adjustments to food and health services and long-term supported accommodation, and in relation to staffing, in the face of the multiple challenges presented by the pandemic. The successful responses were achieved through a continuing and enhanced co-operation with local authorities and the Health Service Executive, involving an emphasis on intensive case management for homeless service users.

The very low levels of infection and fatality amongst rough sleepers and users of emergency shelters was sustained during these four waves of the pandemic through their continued recognition as a high-risk group for COVID-19, and the expansion and acceleration of services put in place by homelessness NGOs working together with statutory bodies. This is in the context of the mobilization of an already well-developed homelessness services infrastructure in the main cities.

In relation to explaining this recognition of rough sleepers and emergency shelter residents as a high-risk group, the research literature stresses the importance of the degree of person-centred support and choice, speedy responses, assertive outreach leading to a suitable accommodation offer, services that address wider support needs, 'political' will, and effective collaboration between agencies and across sectors (Finnerty and Buckley, 2021). Some of the same factors were clearly evident in the findings of this report.

In general, changes to practice continued throughout the four pandemic waves within the envelope of existing policy aspirations to the housing first, and more broadly, the housing-led model (section 2.2) . Employing Seeley's analytic framework (section 1.4), responses to the pandemic by the Simon Communities working in cooperation with Local Authorities and the regional Health Service Executive, can be confirmed as a 'systems accelerant' across a range of services: rough sleeper outreach and emergency accommodation, innovative health services around drug use, more intensive case management within a 'recovery orientation', and a housing-led approach, underpinned by enhanced interagency cooperation.

In terms of the path dependency explanatory framework (section 1.4), the hypothesis that homeless systems which had already embraced, at least to some extent, housing first and rapid re-housing approaches, were thus more likely to accelerate and deepen these efforts in the face of the challenges posed by COVID-19, is borne out by the findings of the present report. A more cautious interpretation of the research findings would place these responses in a 'broadened normal service' category based on the continued reliance on emergency accommodation (however 'thinned-out'), and a predicted return to 'business as usual' after the pandemic. This more sceptical evaluation would still be consistent with a path dependency approach, except that the 'continuity' would be with the pre-pandemic failure to meet policy aspirations (section 2.2).

Nevertheless, the broadly successful pandemic responses registered across a wide range of Simon services is mirrored in cities or countries that underwent a systems accelerant (section 2.3), and the cautious note struck in many of these evaluations applies to Ireland also. A key theme of these evaluations was about the importance of taking the successes achieved during COVID-19 and integrating them into mainstream services. A similarly cautious view is evident in many of the interviews in this third and concluding report: respondents noted that ssues of housing supply and of finance of homeless services were potential barriers to 'sustaining the accelerant'.

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Appendix A – SAMPLE INTERVIEW SCHEDULE

Phase 3 – Interview Themes: Simon Community Manager

Thanks once again for agreeing to take part in this follow-up research on your responses to the COVID challenges.

So, if you're ready to begin, I'd like to ask you a set of questions in relation to:

- The situation now in congregate settings (hostels, transitional shared houses, long-stay)

- The situation now in self-contained Simon accommodation

- What happened to clients 'decanted' into B&Bs and guesthouses

- Rough sleeping

- What is the current situation in relation to access to health services of existing and new clients?

- Evidently the role of local authorities and the HSE will be relevant throughout, but in the final part of the interview I'd like to focus on whether the momentum identified in the first report, the 'systems accelerant', has been maintained.

Starting with:

Simon congregate settings

Questions/ Prompts

- Have Vaccinations been completed for all residents (and staff) as priority groups?

- Ask about illness and fatalities amongst clients and staff – this is a qualitative question (quite a few, not many, some, etc.), not looking for (imprecise) stats

- Maintenance of social distancing/hygiene in communal/shared facilities (dining areas, recreation areas, bathrooms) - impact on homeliness?

- Maintenance of single rooms only in all (emergency, transitional, long-term) Simon accommodation?
  - o   Greater spacing for 'Night Light' overflow facilities in emergency shelter (Cork only)?

- Decanting and Covid Exits from Simon congregate accommodation. Where did these service users go to?
  - o   Social housing allocations (including Simon's own rental stock)
    - ■   Some of these may be availing of Housing First and, more broadly, Tenancy Sustainment services
  - o   Private tenancies (in Private Rented)
  - o   Simon non-congregate settings
  - o   Private emergency accommodation (hotels, B&Bs) including self-isolation beds
    - ■   Did Simon provide outreach to this latter category at the time?
    - ■   Have you continued to track / support these clients?
    - ■   Where are they now?

- Normal Exits from Simon congregate accommodation – are these taking place? If so, to where?

    o   Social housing allocations

    o   Private tenancies (in Private Rented)

    o   Private emergency accommodation (hotels, B&Bs) including self-isolation beds

    o   Simon non-congregate settings

- What about Entries to Simon congregate housing (esp. emergency shelters)

    o   Impact on admissions procedures? Have new admissions resumed? Do these include rough sleepers?

    o   What's the current situation re outreach to rough sleepers? Is this still curtailed?

Turning to:

Residents of Simon non-congregate settings (and how did Simon respond, and what role did LA / HSE play)?

- Has in-person visiting / supports resumed to any extent (or does there continue to be a reliance on phone and video contact)?

- How are clients finding this?

Health services

- What's the current situation re In-reach health clinics – has this returned to normal? (access to doctors, psychologists, psychiatrists, addiction counsellors…)

- Access to external health services e.g., methadone referral and to the methadone itself: have the changes (reduced waiting times, easier access) been retained?

Leisure, employment and training

- Organised leisure activities, both within the shelter and outside

- Education and training

- Those residents in employment?

- Managing morale

Financial costs of these responses to the challenges of COVID-19?

Engagement with Local Authorities

Have the enhanced levels of cooperation/ support/ prioritisation for homeless services been maintained?

- If so, how this resulted in e.g. changes in working arrangements?

Of particular interest would be:

- Funding / Section 10 arrangements for congregate and non-congregate accommodation

- For rough sleepers, and for new applicants to accommodation services, and for existing residents 'displaced' by social distancing arrangements, what has been the experience re role of Local Authorities in approving/facilitating access/ funding for Private Emergency Accommodation and around social housing allocations.

Engagement with HSE

Have Simon found that the enhanced levels of cooperation/ support/ prioritisation for homeless services has been maintained?

If so, concretely how is this reflected in eg.

• Service Level Agreements

• in-reach and external health services

Engagement with other organisations e.g. cooperation with other homelessness NGOs re e.g. bed management, outreach.

If it hasn't come up, ask about overall strategic planning in cooperation with other statutory and voluntary agencies – has there been a role for the regional homeless fora?

Finally, then, do you think that the changes discussed will be maintained as the pandemic restrictions ease?

• What will the future hold?

"Many thanks for your time.
Would it be ok to email you if we need to clarify or
expand on some point in the interview?"

Appendix B – SAMPLE CONSENT FORM

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 INFORMATION SHEET

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** Alternatively, the research assistants Margaret Buckley and Mark Cullinane, may be contacted at: **margaret.buckley@ucc.ie** or: **mark.cullinane@ucc.ie**

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

Simon
Communities of Ireland