

Pathways Through Homelessness

A Lived Experience Case Study
from the COMHOM Project -
Problem Phase, Ireland



Produced as part of the COMHOM project, an EU-funded initiative

“

I would very much like to change this unwritten belief... that this person has done something to end up in the situation... Homelessness is not a crime... It's not because they're a scumbag.

Lived Experience Participant

Through this work, Simon communities of Ireland aim to highlight the voices of people with lived experience, using their insights to shape more responsive, inclusive, and effective homelessness services.

Simon Communities of Ireland is a network of independent local communities providing housing, homeless, and treatment services nationwide. With over 50 years of experience, we aim to end long-term homelessness in Ireland and ensure that when homelessness occurs, it is rare, brief, and non-recurring.

“At Simon Communities of Ireland, we care about moving people out of homelessness. We care about affordable rents, housing with supports, and preventing people from experiencing the trauma of housing insecurity before it begins”

This report captures the experiences and perspectives of people with lived experience of homelessness in Ireland. The findings aim to share insights from lived experience to improve understanding, inform more integrated and inclusive supports and services, highlight pathways to stable housing and wellbeing, and contribute to evidence-informed policy at both local and European levels.

This report reflects the perspectives of participants interviewed as part of the COMHOM problem phase. For more information about the COMHOM project, visit www.comhom.eu.



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COMHOM is a three-year transnational EU project, funded by ESF+, aimed at strengthening digital infrastructure and Monitoring & Evaluation (M&E) practices within organisations tackling homelessness across Europe. The project brings together people with lived experience, service providers, policymakers, and researchers to co-design practical, data-informed tools. Operating across five European countries, COMHOM focuses on supporting better decision-making, coordination, and long-term housing outcomes grounded in real-world experience.

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1. Introduction

This report presents a case study from the problem phase of the COMHOM project in Ireland, an EU-funded initiative delivered by a consortium of ten European partners. Led locally by the Simon Communities of Ireland, the project aims to address homelessness through the design of human-centred, evidence-based digital solutions that improve service access, coordination, and long-term housing outcomes.

While the broader COMHOM problem phase session engaged three stakeholder groups - individuals with lived experience, service providers and policymakers - through a living lab session to develop a shared, stakeholder-informed definition of the homelessness problem, this report focuses exclusively on qualitative interviews with individuals with lived experience of homelessness. It explores their journeys across three distinct phases - Beginning, During, and Ending - to capture how homelessness is experienced and understood in Ireland. Insights from this phase will inform the Solution Phase, during which stakeholders will co-design digital solutions responsive to real-world needs.

It is important to note that these findings are illustrative rather than representative. They offer an in-depth understanding of individual experiences to inform service design, policy development, and digital innovation.

The report begins with a brief description of the methods used, followed by a summary of pathways into, during, and out of homelessness. This is complemented by detailed insights into participants' experiences at each stage, including the homelessness pathway model. The report concludes with key considerations and a summary conclusion.

2. Methods

This study employed a participatory action research (PAR) approach, involving people with lived experience of homelessness. Between October and November 2025, nine participants took part in in-depth, semi-structured interviews and collaborative working sessions across Dublin, Cork, and Galway. Participants were recruited through homelessness service agencies to ensure accessibility and a diversity of experiences.

Interviews explored pathways into homelessness, daily life during homelessness, experiences within services, interactions with support systems, and routes toward stability. Participants had control over what they shared and were not required to discuss experiences they found distressing. Ethical approval was granted by the University of Galway. Participants were provided with information sheets and consent forms prior to the interviews, which were also explained in person before participation. Pseudonyms and altered identifying details were used to protect privacy.

Participants ranged in age from their 30s to 70s, with most in their 50s. The sample was predominantly male (six participants). Six were Irish nationals, and three were originally from outside Ireland. Educational backgrounds varied: three participants held university degrees, three completed secondary education, and three had left secondary education early.

Data were analysed thematically, focusing on the key stages of the homelessness pathway - beginning, during and exit. The cases included in this report were selected for the depth of insight provided and with explicit participant consent.

3. Summary Of Key Findings

The following stages capture the main phases of participants' experiences: how homelessness began, how they coped day-to-day, and how they found pathways toward stability.

Participants' journeys reveal that pathways into homelessness often result from a combination of structural and personal crises, including poverty, job loss, depression, family breakdown, trauma, domestic violence, and mental health challenges. Life during homelessness, whether in emergency accommodation, hostels, or informal arrangements, was described as highly unstable, with poor conditions, lack of privacy, and limited autonomy. Participants also experienced stigma and

discrimination, which compounded the difficulty of recovering and accessing support.

Exiting homelessness relied heavily on access to social and affordable housing and private rented accommodation through Housing Assistance Payment (HAP), but systemic obstacles such as bureaucratic delays and insufficient wraparound support like mental health or addiction services made accessing stable housing challenging.



Beginning

- ▶ Trauma
- ▶ Addiction - Substance Abuse
- ▶ Mental Health
- ▶ Institutional Discharge
- ▶ Family Breakdown
- ▶ Domestic Violence
- ▶ Job Loss
- ▶ Poverty



During

- ▶ Living with friends and family, couch-surfing, rough sleeping
- ▶ Emergency Accommodation - Hostels, Shelters, Breakfast & Bed, etc
- ▶ Temporary Accommodation, Transitional housing, Hotels, etc



Exit

- ▶ Access to Social Housing
- ▶ Access to Affordable Housing
- ▶ HAP
- ▶ Full time Employment
- ▶ Access to wraparound support eg. treatment and recovery services

4. Beginning: The Path Into Homelessness

Losing Home And Stability

For most participants, homelessness did not begin with the loss of a front door key. It began much earlier, in lives shaped by instability, loss, and environments where safety and consistency were never guaranteed. Childhoods were often disrupted by family instability, trauma, and neglect, with cycles of poverty and addiction repeating across generations.

One participant described growing up as the eldest of four children, with much of the household caught in cycles of addiction: **“Three of us are addicts. The only one who isn’t addicted is my little sister who is severely autistic.”** Another reflected **“My dad was an alcoholic, my ma was an alcoholic, plus...me and all my uncles were either alcoholics or struggle on heroin, right at the time this in the 80s”**. Others recalled living in overcrowded or unsafe conditions, moving repeatedly between relatives’ homes or temporary accommodation. One reflected: **“We moved from house to house. Sometimes we stayed with relatives, sometimes in hostels... I never felt like I had a real home.”**

Early exposure to alcohol and drugs was common, and coping strategies were learned through survival: **“From a very early age... just looking at your parents drinking all the time... I started drinking myself, 12 or 13 years of age taking tablets, sniffing cocaine.”**

In most cases, it was rarely possible to point to a single cause of homelessness. Many participants were already living with vulnerability and when another difficulty arose, they did not have the support or stability needed to manage. As a result, homelessness became the outcome of a series of pressures, particularly where there was no early intervention to break the cycle.

“

I’m telling you now to be destitute and without a home is a recipe for suicide... People wonder why homeless people take drugs or drink. Why the fuck wouldn’t they? If you can do anything to change your reality when you’re in that situation for any length of time, you’re going to do it.

As participants moved through adolescence and into adult life, these early vulnerabilities continued to shape their experiences. Addiction deepened for many, taking multiple forms and became a way to cope with shame, depression, insecurity, and emotional pain. One explained, **“I used [substances] to get fake confidence,”** while another reflected on how addiction crept in later in life: **“I got into tablets... and later, crack cocaine when I was 50 years of age.”**

For some, mental health difficulties developed alongside addiction and became another turning point in their housing journey. One participant described long periods in psychiatric care followed by homelessness: **“I got postnatal depression and that would have led to me being put on prescription medication and things like that I got addicted to.”** Another described long periods in psychiatric care followed by homelessness: **“I’ve spent a lot of time in mental hospitals... I spent 18 months in a mental hospital and then two years on the street.”**

At the same time, family breakdowns and heavy caring responsibilities made it harder to stay afloat. Participants described a slow unravelling - **“one thing after another... until there was simply nowhere left to go”** and spoke about feeling overwhelmed, angry or betrayed. These emotional states made it harder to hold onto work, maintain relationships, or ask for help early enough to prevent a crisis.

Several participants described marriages or long-term relationships breaking down, which left them without a place to stay, while others found that caring responsibilities, domestic violence, or ongoing conflict made it impossible to remain where they were. One participant described leaving an abusive partner which compounded existing instability: **“It was more the domestic violence... I felt isolated...”**. For some, structural failures compounded personal challenges. A participant explained how job loss and inadequate housing support left them on the streets: **“After Brexit happened, I came over to Ireland... I tried to get a job, but the company where I was working closed. So, I ended up homeless...”**

For some participants, homelessness began as the direct result of systemic failures, the moment they were discharged from institutional care into uncertainty without the supports necessary to sustain independent living. One participant recounted leaving hospital only to be placed in a care home, with no permanent housing arranged: **“When I left hospital, they sent me to a [care home] ...myself and my partner, cannot get accommodation.”** Similarly, others leaving prison faced immediate homelessness when no housing support was arranged: **“Prison just kicks you out... there’s not much after care service for you.”**

By the time housing was lost, most participants described feeling that the outcome was inevitable. When the door finally closed behind them, it was because too many things had gone wrong for too long, without the right support arriving at the right time.

Case Study: Damien (50s, Male)

Damien's story highlights the challenges faced by individuals dealing with intergenerational trauma and the cyclical nature of long-term homelessness. It outlines the various barriers he experienced within the prison and hostel systems, as well as the critical role of proactive administrative support in exiting homelessness.

After growing up in the Midlands, an area he described as lacking basic infrastructure, Damien struggled with a family history of alcoholism. During this time, he experienced a relationship breakdown involving his partner and three children, which acted as a catalyst for his entry into homelessness. He spoke about how he had previously secured a home and a car, but following the separation, his substance use escalated to cope with the trauma. He recounted how he was effectively **'disowned'** by his family, noting that while alcohol addiction was normalised in his environment, his drug use was stigmatised, leaving him isolated and without a safety net.

Damien explained how he spent nearly two decades cycling between rough sleeping, prison, and emergency accommodation. He approached various services but found the criteria for support often prohibitive, noting that early interactions were predicated on him being **'drug-free'**, a standard he could not meet while in crisis. He spent significant time in prison, expecting rehabilitation, but found no support upon release. He described the moment

of release as destabilising, stating that **'the minute I stepped inside the gate... the house went'**, leading him immediately back into homelessness without a transition plan.

Due to the unavailability of safe options, Damien frequently opted to **'sleep in tents'** or **'under bushes'** rather than stay in the hostels provided. He described the accommodation as having **'four or five men'** in a room, making it a volatile and unsafe environment. He explained how residents were **'under a microscope'** and how the lack of privacy caused frequent conflicts. Damien spoke about how distressing it was to share such intimate space with strangers, noting that **'one of them isn't going to get along with another one'** and that the lack of dignity in these spaces drove him away from the very services meant to help him.

Damien eventually engaged with a harm reduction service which he credited with changing his trajectory by meeting him **'where he was at'** rather than demanding immediate sobriety. However, his eventual exit was

Case Study: Damien (50s, Male) continued..

driven by administrative advocacy. He described how a Housing Officer in his hostel played a pivotal role by bringing him Choice Based Letting forms every morning to sign. He describes this intervention as **'brilliant'**, as it removed the bureaucratic barrier he had struggled with for years. Damien eventually secured a council tenancy through this process, describing the allocation as **'winning the lottery'**.

Despite securing accommodation, Damien spoke about the profound

difference between the hostel system and independent living. He described having his own front door as a **'life changing moment'**, contrasting it with the years of being **'turning with loads of people that you didn't know'**. His narrative sheds light on the pressing need for single-occupancy units in emergency accommodation and emphasises how proactive, non-judgmental support is often the deciding factor in ending long-term homelessness.



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Damien eventually engaged with a harm reduction service which he credited with changing his trajectory by meeting him ‘where he was at’ rather than demanding immediate sobriety.

5. During: Entering into Homelessness

Many participants described that homelessness did not begin visibly or publicly. The loss of housing did not always lead immediately to rough sleeping or emergency accommodation. Instead, participants commonly relied on informal arrangements, staying with friends, extended family, or acquaintances while attempting to manage the situation privately. This period was often described as an effort to “get by” without drawing attention to the crisis. Sleeping arrangements were frequently unstable and included couches, spare rooms, cars, tents, or other makeshift shelters. While these arrangements provided short-term accommodation, participants described them as insecure and subject to ending suddenly due to overcrowding, relationship strain, or financial pressures.

Many participants described actively trying to avoid hostels or emergency accommodation, which they associated with loss of privacy, reduced dignity, or fear of unfamiliar environments. Staying with friends or family, even under difficult conditions, sometimes helped them maintain a sense of normal routine. One participant reflected: **“I used to sleep in tents and under bushes... because I don’t like staying in a two man, three man, four room, that you don’t know any of the people.”** Another participant described moving between multiple households while attempting to avoid sleeping rough:

“

So, I’ve got four [families], and I sleep with my brother last night, and I sleep with my mother, well, in her house, and then in her van, and my father sometimes... I don’t actually sleep on the streets... I always have a place to go.

Even when participants tried to maintain some sense of normal life, uncertainty remained a consistent feature of this period: **“I had some money... and I was trying to stay in a normal hostel, I was staying in them for like a few months, and then when my money went out... I had to go into the homeless hostel”** Participants described informal arrangements as fragile and dependent on relationships and personal circumstances. In several cases, family support ended unexpectedly. One participant recalled: **“I moved in with my brother for a week... I overdosed and moved out.”** Another recalled: **“I thought my family would support me, but they won’t. To be honest, I was still actively taking tablets anyways... I overdosed and I moved out of my brother’s within a week and I went to stay in a hotel...”** When informal support options ended, some participants reported rough sleeping or engaging in high-risk coping strategies to secure accommodation. One participant, without family in Ireland, described: **“I used to have sex with strangers in order to get [some] where to sleep.”**

Participants from rural areas often described experiences that were somewhat different. In smaller communities, concerns about stigma or lack of anonymity influenced decisions to leave their hometowns. Several approached local authorities directly for formal accommodation but reported being referred back to their county of origin, which limited their options and, in some cases, resulted in rough sleeping. Over time, the instability and exhaustion associated with informal arrangements led participants to seek formal support services.

Life In Temporary/Emergency Accommodation: Hostels & Shelters

After periods of informal or hidden homelessness, participants typically approached local authorities and were referred to homelessness service providers for temporary or emergency accommodation, including hostels, bed-and-breakfast accommodation, transitional housing, and day services.

Participants often described relief at having a consistent place to stay after prolonged instability. Some reported feeling safer than when sofa-surfing or sleeping rough: **“I stayed in the same room for three years... it was just me and my best friend. At least I knew I had somewhere safe to sleep.”**

Accommodation provided an essential point of stability; however, experiences within these settings varied. Many participants described shared living environments as challenging, particularly where privacy was limited. One participant explained: **“It’s like being in prison. You have no freedom, you know. You’re in a room with four men, no privacy. Toilets are like open**

toilets. Everyone can just walk in. You haven’t got the privacy”. Several participants described daily life as tense or unpredictable in busy communal settings. As one person noted: **“There were fights all the time. You’re safer than the street, but you’re still on edge.”**

Participants frequently linked these experiences to environmental conditions. Overcrowding, noise, and lack of personal space affected well-being, and routine activities could feel stressful: **“There was no privacy. Even taking a shower felt stressful.”**

Physical conditions were also raised, including inadequate heating, limited facilities, and crowded rooms. While accommodation met an immediate need for shelter, participants felt it was not suitable for long-term living.

Challenges of Living in Temporary/ Emergency Accommodation

Participants described ongoing difficulty maintaining ordinary daily routines while living in temporary and emergency accommodation. Activities such as washing, resting, and preparing food were often constrained by shared living arrangements. Communal kitchens and bathrooms frequently became sources of tension, with minor issues around cleanliness or noise escalating into conflict. One participant described the anxiety this created: **“It’s frightening because if you have an argument with one of them, you’re afraid to go asleep... if somebody won’t clean up and you have to say it, it becomes an argument.”**

Residents described having to adjust to structured daily routines within accommodation services. Many participants reported fixed schedules

that shaped when they could leave or return during the day: **“You have to leave at 11 in the morning... if you left, you couldn’t come back until about seven. Otherwise, you had to stay in all day.”** Some participants described practical challenges associated with these arrangements, particularly during poor weather: **“You’d be left out waiting in the bus stop in the rain... not being able to access your room.”** For a number of participants, meeting accommodation requirements could be difficult, and in some cases this affected continued access to services: **“I’ve got quite a troubled background with hostels... I was barred from a lot of them because they have really harsh rules.”**

Participants also reflected on how administrative and payment requirements shaped daily life within accommodation. Some felt that meeting weekly rent obligations was closely monitored and, in their experience, sometimes took precedence over other aspects of their living environment. One participant described their perception of conditions within the hostel: **“I know people in my hostel that urinate in bottles... and they have the bottle stashed under the bed. And staff doesn’t think about anything because they are rent compliant..... But if you don’t pay your rent, you’ll get housed somewhere else... in a blink of a night.”**

Access to food was another area participants discussed. While some accommodation settings provided communal meals, participants reported that provision could be limited or inconsistent. One participant described the meals as insufficient for their needs:

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You get one meal a day. It’s not enough in my opinion an adult as a 41-year-old adult, one meal a day and sandwiches in the morning. It’s not enough to keep you sustained... Especially when I’m working... even in prison you get 3 meals.

Participants with children described additional pressures while living in temporary accommodation, particularly in trying to maintain daily routines and a sense of normality for their families. One parent spoke about the physical environment: **“There was no washing facilities... I couldn’t shower... there was no facilities whatsoever in it... it was over a pub... six double rooms... I had one room to myself with the children but even the bed... the hostel wasn’t fit for purpose.”** Providing regular meals for children was also described as difficult. After school pick-up, some parents relied on simple or improvised options: **“You literally just have to get like snacks out of the shop and put bread and ham... you couldn’t do dinners or anything like that.”** Participants also spoke about the emotional impact of parenting in these circumstances. One parent reflected: **“It’s just not a nice place to be with your kids”**

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You feel like a complete failure... at that time, I did try to take my own life.

Addiction, Mental Health, and Recovery

Emergency and temporary accommodation was described as particularly difficult for participants who were experiencing addiction or mental health challenges. Some participants reported being placed in shared accommodation with others who were actively using substances. For those attempting to maintain sobriety, this was experienced as stressful and unsettling. One parent reflected: **“I came off drugs, but they left me in the hostel with drug users for nine or ten months where I had to stay sober... there were a lot of people with mental health issues in the hostel as well...it was a scary time for me and the children.”** Another participant explained: **“I was trying to get clean, and I got put in a room with an addict. It made everything so much harder.”**

Participants also spoke about aspects of the environment that they found difficult to manage. Some described witnessing drug dealing, conflict, or tension among residents: **“The environment... it’s people in addiction, drug selling... violence. If money and drugs are involved, the only way to regulate that market is through violence.”** Others expressed concern for their personal safety and described the emotional impact of living in this setting: **“The hostel felt like a prison. You’re constantly on edge, and there’s no space for yourself.”** For participants attempting recovery, remaining in familiar drug networks was also challenging:

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Everyone trying to get out [of] drugs in Dublin, it’s impossible. I know every drug dealer on my ground. And every time...you try, they’re always there. They’re always there and you’re always tempted.

Daily life was described as requiring ongoing vigilance: As one participant explained, **“Dublin City isn’t a big place... you run into these characters everywhere, and it’s always tension... you have to carry something with you... to let them know you’re not going to take this.”** Some participants reported witnessing traumatic events while living in accommodation. In one case, a participant recalled discovering a close friend deceased in their room, which they experienced as highly distressing and isolating: **“... you just woke up this morning and found my best friend.....”**

Participants linked these experiences to emotional strain and difficulty coping, and some felt they would have benefited from additional support during this period.



Support and Services in Temporary and Emergency Accommodation

Participants' experiences of support within temporary and emergency accommodation varied considerably. Some participants described positive engagement with structured services and keyworkers, which helped them navigate housing applications, recovery programs, or day-to-day challenges. Where wraparound support focused on recovery or transitions, keyworkers assisted with practical steps, offering guidance and reassurance. One participant explained:

“

Staff are wonderful and they're very friendly... meals are very regular and very good. If you wanted to go in and cook something else... there's no problem in your house at all using the kitchen.

Some participants also benefited from addiction treatment programs and recovery housing, which provided practical support and a degree of stability: **“I went into treatment, then a recovery house... for about a year.”**

However, not all participants were able to engage with these supports immediately. Some were offered counselling or treatment but were not yet ready to access it. One participant explained: **“I just didn't even try to do any treatment and I still haven't... but I think I will now...they've already told me to go and get counselling. it's not to get a home, it's just because I'm sick and tired... having no money.”**

Despite these structured supports, many participants reported experiencing difficulties navigating the broader housing and support system. A number of participants also spoke about feeling overlooked within services: **“It's like we are forgotten; nobody asks if you want to go into treatment or counselling.”**

Within this context, keyworkers remained an important point of contact for residents. While keyworkers provided essential support, participants reported that contact was often brief and primarily focused on administrative tasks, such as housing applications or documentation. Several participants reported needing to initiate contact themselves in order to access assistance: **“Nobody comes to ask you... you have to chase them. If you don't know that you need something, nobody's going to tell you.”**

Experiences of keyworkers were mixed. Some participants felt interactions were limited, and a few described feelings overlooked or that their concerns were not fully acknowledged:

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They just wouldn't even acknowledge you... no matter how much you try; the trust was never there.

Some participants noted that the system could feel rigid and that strict rules occasionally created stress or uncertainty. While keyworkers were responsible for supporting housing applications, participants sometimes felt that the processes were slow or difficult to navigate, particularly when waiting lists were long: **“When you have a key**

worker in the hostel, they're there to help you get a place.... They'll come in and see you every week. They'll ask the same questions every week...they're there to help you get a key for a house, but [it's slow] as I was homeless for five years and there's still 2,000 people in front of me."

One participant described feeling dismissed during interactions with the council, stating:

“

The council didn't want to hear you. That was it. You're just a person who's homeless and used drugs. It's your own fault.

Administrative processes within the housing system sometimes created additional challenges for participants. Several described discovering that they had been removed from the social housing list after years of waiting, often without prior explanation or notification. One participant recalled: **"They said I'd been taken off the list a year ago... nobody protected you"**.

Another participant experienced their application being closed for **"non-response"** to a letter they never received while hospitalised, effectively losing years of waiting time due to circumstances beyond their control. Similarly, a participant who had been on the list for four years described being informed, **"Oh, you've been taken off the housing list a year ago."** Attempts to clarify these situations with keyworkers offered limited resolution; when requesting reinstatement, one participant was told they would need to be **"back at the beginning... somebody else went**

up in front of me." These experiences contributed to feelings of confusion, frustration, and a lack of control, reflecting the complexity and opacity of administrative systems.

For participants originally from outside Ireland, navigating housing processes could be further complicated by experiences of bias or discrimination. Some participants described experiencing racial bias or unhelpful responses when contacting services, or example being told, **"go back to where you came from."** Another participant reflected on the differences in how immigrant participants experienced homelessness: **"We're homeless people. Nobody cares how we deal with stuff. And the worst thing? I'm an immigrant. I'm not an Irish national, so the circumstances are totally different for people that are not from this country."** Traveller participants also reported that discrimination continued to affect their lives even after their circumstances improved. For example, they experienced bias when trying to rent properties, being told that they were **"not wanted"** in certain areas. These accounts reflect a subtle and pervasive nature of discrimination resulting in everyday exclusion.

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"It's like they don't see you as a person - just another file, another number on a list"

These accounts illustrate how variations in keyworker support, administrative complexity, and experiences of bias can collectively influence access to housing and related services, even when structured supports are available.

Case Study: Molly (30s, Female)

Molly's story highlights the lifelong trajectory of homelessness when it stems from intergenerational trauma and early childhood addiction. It outlines the severe safeguarding failures she encountered within the hostel system and the extreme measures she was forced to take to survive, including transactional sex for shelter.

Molly grew up in an itinerant family marked by instability, addiction, and mental health challenges, an environment that normalised substance use. She recalled first trying heroin around age 12 and injecting by 14, noting, **"I felt like the coolest person in the world... And I was 14 then"**. By her late teens, she had left home permanently, cycling through squats, rough sleeping, and institutionalisation, including **'18 months in a mental hospital and then two years on the street'**.

During these periods of destitution, Molly described how her survival was often contingent on transactional relationships. She stated that she **'used to have sex to have a place to sleep'**, highlighting the extreme vulnerability of women experiencing homelessness who are forced to trade their physical autonomy for basic shelter. Molly described situations in which she felt at risk, including being **'robbed and sexually assaulted'** by a roommate, and noted a lack of support from a staff member. For example, after a threat from another resident, she recalled a staff member saying, **"Oh, you have to pay or he'll hurt you,"** which left her feeling let down and unsupported.

Despite these challenges, Molly has made the decision to quit substances,

describing a turning point where she was **"suddenly sick of it... This stuff makes us animals to each other... I don't want to need people like that"**. However, she is waiting to access residential treatment but is blocked by restrictions requiring her to be on 60 milligrams of methadone or less. She noted that her doctor **'won't support me to cut down'** while she remains in her current situation, leaving her in a daunting limbo.

Molly explained that when she was discharged from a mental hospital, her housing application was closed due to **'non-response'**, leaving her caught in systemic delays. She is currently working with a homeless service provider to prove that this administrative error took place and have her application backdated, noting that if successful, **"I'll then have an 11-year-old application, which will be really good for me"**. Currently, she has managed to secure employment and is in rented accommodation through the Housing Assistance Payment (HAP) scheme.

Her narrative sheds light on the reality that securing HAP and a job does not instantly resolve the trauma of homelessness, particularly when medical and social support systems remain disjointed.



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Molly explained that when she was discharged from a mental hospital, her housing application was closed due to ‘non-response’, leaving her caught in systemic delays.

6. Exit: Pathways out of Homelessness

Finding Stability And Home

For many participants, homelessness was not a short-term crisis. Most had spent years, and in some cases decades, in temporary accommodation or experiencing homelessness. Some described experiencing homelessness for around 20 years, while others experienced repeated stays in hostels and recovery houses. This long-term exposure to instability shaped how they approached exits from homelessness and the supports they could engage with.

Participants described several routes out of homelessness, including access to social housing, choice based letting schemes and private rented accommodation. For most, however, these options were not immediate or straightforward. Exiting homelessness was a gradual process, shaped by engagement with services, treatment programmes, and persistent support from key workers. The “exit” was sustained by long-term, wraparound support that extended beyond initial rehousing.

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“I’m just happy to have a house”



For some with complex histories of addiction and trauma, engagement with treatment and recovery services marked the first step toward stability. One participant described moving step-by-step through services: starting in crisis, then entering residential treatment, followed by a recovery house, transitional housing, and finally independent tenancy. Reflecting on this trajectory, they said, **“I went into treatment, then a recovery house for about a year. After that I went to [....] House in [one of the homelessness service agencies]... it was a really big house, you get free food... I actually didn’t even want to leave.”** They also highlighted the importance of actively engaging with support programmes: **“I met them halfway... whatever they wanted me to do, I did it...the reason why it worked for me is because I was really in the process of changing myself.”**

“

“...a year ago, I got my housing. I was on the housing list. My [keyworker] helped me and... brought me...the application forms...And they were always bringing in and keeping in contact with the council for me. And then I got a council house, so I was lucky, you know, I was lucky to compare to some people”

Professional advocacy often made the difference between remaining in homelessness or securing housing. Several participants credited key workers with persistent support to navigate bureaucratic systems.

One explained, **“if I didn’t have them going in every week and advocating for me, I wouldn’t have got one.”**

In some cases, advocacy involved attending council meetings and viewing houses on behalf of the participant. In others, practical assistance such as bringing Choice Based Letting forms directly to hostels removed barriers. One participant, who had experienced decades of chronic homelessness, described his eventual exit as **“winning the lottery.”** He explained that this was not luck: **“having a housing officer... come around every morning with a stack of choice-based lettings... I won the lottery.”** Another participant was explicit about the importance of a **“pitbull”** key worker: **“if I didn’t have [...] from the [one of the homelessness service agencies] going in every week and going into the council meetings advocating for me, I wouldn’t have got a council house...they fought for that accommodation for a long time for me... went into the council meetings every second week like fighting for it.”**

The importance of personalised and flexible support was emphasised by most participants. Services that continued to work with people through relapse, instability, or changing life circumstances allowed individuals to remain engaged without fear of being excluded. As one participant explained **“This is the first time ever that I felt the place... was only going to help me... it meets us where we’re at,”** one participant noted. Another reflected

on the flexibility of transitional housing: **“The [...] agency were really good. They actually let me stay for an extra six months... Because I was in college at the time, they knew that I was doing well. So, they gave me that extra push”**

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“Having a one room....to yourself is [a] life changing moment because up until that moment you were [living] with loads of people that you didn't know. Now you have your own little space, you have your own bed, your own teddy, your own whatever you can afford...”

Overall, exits from homelessness occurred where recovery engagement, active advocacy, and consistent support came together. However, securing accommodation did not mean difficulties ended. Stability often depended on ongoing support after rehousing. Some participants moved into completely unfurnished accommodation, explaining they **“walked into four walls and a floor”** and received little help accessing furnishing grants. Without a bed, cooker, or basic household items, the home initially felt uninhabitable, turning what should have been a moment of relief into another form of struggle. Another reflected: **“I took it on the spot. I’m happy to have a roof over my head, but it’s very, they put me in a bad neighbourhood... And now I find it very hard to get over”**

Despite this, participants described important emotional changes once they achieved stability, moving from fear and shame toward confidence and hope. Reflecting on sharing their experiences, many spoke about both vulnerability and growth. One participant explained,

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“You feel embarrassed especially because when you start telling them about personal stuff and being homeless... maybe a bit frustrated sometimes when you’ve got to keep telling people the same thing over and over again.”

Another said, **“I feel happy at the minute because I’ve learned to deal with my story... but at the time [you’re living it], you literally feel hopeless.”**

A third reflected on how this changed over time:

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“It’s a reoccurring case for me to share my story... I’ve done it so many times now... so it’s nothing. I don’t have a problem [anymore].”



Case Study: Morris (40s, Male)

Growing up in an Irish Traveller family affected by alcoholism, Morris described an environment shaped by systemic discrimination. He recalled his community was “segregated” which affected his ability to complete his education.

Morris explained that boredom and the prevalence of substance use and petty crime in his neighbourhood influenced his early behaviour: **“When you see a neighbour that’s drinking... you’re doing it yourself.”** A falling out with his parents led him to leave the family home while still young. For roughly a decade, Morris was caught in a cycle of addiction, crime, and incarceration. He described employment opportunities as almost impossible to access for a Traveller with no education: **“You don’t want to hire a Traveller,”** he said, so crime became a way to survive. His homelessness was intertwined with this cycle – he initially stayed in private hostels and B&Bs until his money ran out, then moved into the homeless shelter system. Some hostels he described as having a **“convict”** feel, where residents were forced to leave at 11 a.m. and couldn’t return until 7 p.m., leaving them to walk the streets all day. His period of homelessness and instability lasted several years, roughly from 2018 to 2023.

Facing a prison sentence, Morris made a tactical decision to enter residential treatment, admitting that initially, **“I was just trying to trick them”** to avoid incarceration. However, this decision became the catalyst for genuine change; he recalled that **“after about a**

month or two of being clear-headed... that’s when I started to realise that I need to change my life.” Morris utilised a ‘stepped’ pathway: moving from residential treatment into a recovery house for twelve months, and then into transitional housing. He credited this structure as essential, advising others to **“get into treatment... because that’ll be a place to live for 12 months”** and offers a stability that emergency hostels cannot.



Case Study: Morris (40s, Male) continued..

The pivotal moment in Morris's exit was not just the provision of housing, but the system's willingness to be flexible. While residing in transitional housing, Morris enrolled in university, a feat he described with immense pride given his background. Standard policy would have seen his time in transitional housing expire before his degree was complete, risking a return to homelessness during his final exams. However, the agency recognised his progress and **"let me stay for an extra six months... because I was in college at the time, they knew that I was doing well."**

Morris emphasised that his success was a two-way street; he **"met them halfway"** and complied with the structure they provided. Today, Morris has successfully exited homelessness, is a university graduate and has worked with young offenders while also volunteering with peer support projects.

His story demonstrates that when housing providers look beyond rigid time limits and support clients' personal goals, the cycle of homelessness can be permanently broken. He reflects on his journey with a sense of reclaimed agency, stating, **"I pride myself, I actually did it."**

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Morris emphasised that his success was a two-way street; he "met them halfway" and complied with the structure they provided.

Case Study: Catherine (30s, Female)

Catherine's story highlights the devastating intersection of domestic violence, maternal health struggles, and addiction, illustrating how a lack of appropriate intervention can spiral into family homelessness.

Originally from the Southeast, Catherine became isolated in a relationship marked by domestic violence in the Northeast. Following the birth of her child, she developed postnatal depression. Seeking medical help, she was prescribed medication by her GP, which resulted in a severe dependency. She described how **"it all went downhill from there."** Upon fleeing the violence and returning to the Southeast, she hoped for family support but faced rejection. While still struggling with substance use, she overdosed and had to leave, moving into a hotel. Following another overdose, the council finally intervened, placing her and her two children into emergency accommodation (a private hostel).

According to Catherine, the private hostel provided was unfit for a young family. Located above a pub house, the room lacked heating and running water. Catherine described a regime where residents were effectively locked out during the day, forcing her to wait at bus stops in the rain with her children because **"you'd be left out... not being able to access your room."** The lack of cooking facilities meant the family subsisted on snacks, as **"you**

couldn't do dinners." Furthermore, while attempting to maintain sobriety, she stated she was housed alongside active drug users. She recalled a traumatic incident where a fellow resident died in a shared room and was left undiscovered until evening, noting with distress that **"that bed was left in that room afterwards, just left there empty."**

During this period, Catherine felt stigmatised by the local authority, describing a sense of being viewed as a **"complete failure"** rather than a person in crisis. She noted, **"The council didn't want to hear you... It's your own fault."** Support from official services was minimal, limited to only weekly visits from a key worker at the assigned homelessness service agency. This worker became her main source of help, attending meetings in person and advocated persistently. She believes she would not have exited homelessness without the intervention of the keyworker who **"physically attended meetings"** and **"fought for that accommodation for a long time for me."** She stated simply, **"If I didn't have Dee... advocating for me, I wouldn't have got one."**

Case Study: Catherine (30s, Female) continued..

Over time, Catherine eventually accessed psychiatric units, women's refuges, and treatment centers, with her children being cared for by family during these periods and has been in recovery for three years. Through her advocate's persistence, she secured a three-bedroom council house. However, the exit has presented new challenges; she was allocated housing in a neighbourhood with high levels of anti-social behaviour, admitting,

"I took it on the spot... but now I find it very hard to get over." Crucially, the legacy of homelessness remains for her children who are now teenagers. She explained that the trauma has had a **"long-term effect,"** leaving them with enduring emotional regulation issues requiring ongoing therapy. Her experience highlights that while housing is the solution, the quality of support and location are vital for true family recovery.

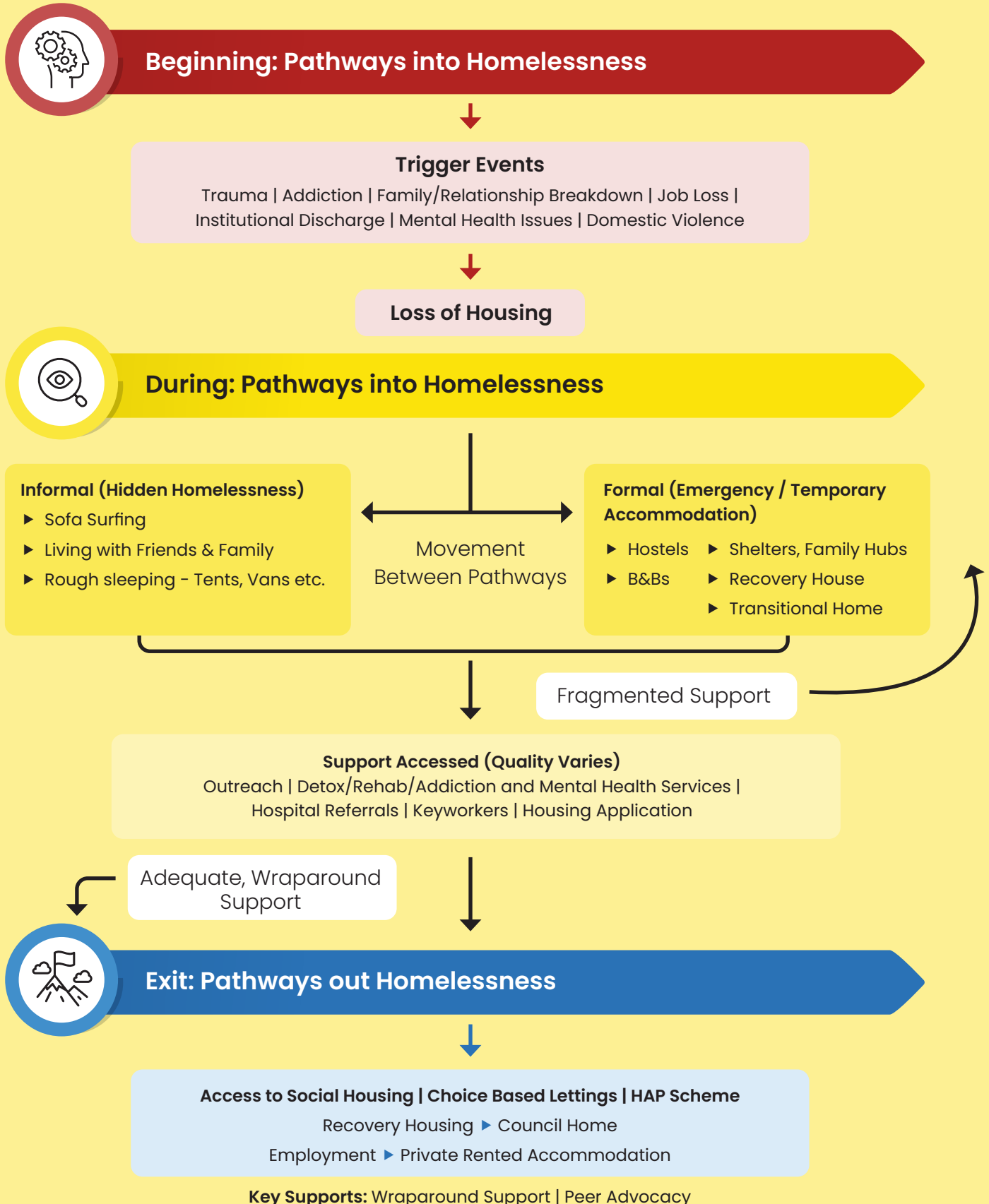


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She believes she would not have exited homelessness without the intervention of the keyworker who “physically attended meetings” and “fought for that accommodation for a long time for me.”

The Homelessness Pathway Model

Figure 1: The Homelessness Pathway Model



7. Key Considerations

Based on the lived experiences captured in this study, six major themes emerged that are central to understanding homelessness in Ireland. These considerations reflect the realities faced by participants at each stage of their journey and highlights where services, advocacy, and policy can better respond to real-world needs.

Figure 2: Key Considerations



8. Conclusion

The key insights from this case study highlight that although homelessness often results from, and can lead to, crises such as addiction, domestic violence, and mental health challenges, adequate and timely support, advocacy, and wraparound services can play a critical role in helping individuals regain stability.

This case study set out to explore homelessness as experienced by participants through their pathways into, through, and out of homelessness. The findings indicate that homelessness developed through an accumulation of life events, including relationship breakdown, trauma, addiction, health difficulties, financial strain, and gaps in support systems.

Participants often spent significant periods in unstable or insecure living arrangements before becoming visible to services. By the time formal support was accessed, many were already in crisis. Emergency accommodation therefore functioned less as an entry point and more as a response to advanced vulnerability.

Experiences during homelessness were shaped significantly by the nature of support received. Consistent advocacy, trust, and wraparound support played a significant role in movement toward stability, while fragmented services, stigma, and administrative barriers prolonged instability.

Importantly, the pathways differed across individuals. Some navigated hidden homelessness or informal arrangements, while others entered formal systems immediately, particularly in rural contexts where informal options were limited. These findings suggest that homelessness is better understood as a dynamic process rather than a single housing event.

The insights presented in this report contribute to the first phase of the COMHOM project by grounding the definition of the problem in lived experience. They will inform the next phase of the project (Solution Phase), in which stakeholders will co-design digital solutions intended to better reflect the realities of how homelessness unfolds in practice.


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About Simon Communities of Ireland

We lead campaigns advocating for effective policies and legislation to tackle homelessness, drawing on evidence, best practices, and the lived experiences of service users. Our work spans local, national, and European levels, focusing on practical, sustainable solutions to address homelessness directly.

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