

**The Wellbeing of Homeless Families and
Services Providers in Cork, Ireland:
An Exploratory Study of COVID-19 and
Implications for Service Provision**

**Edge Hill
University**

ISR

Institute for
Social Responsibility

Dr Lisa Moran

Mr Liam O'Farrell

Contents

| | |
|--|----|
| Acknowledgements..... | 4 |
| Acronyms | 5 |
| Executive Summary | 7 |
| 1. Introduction..... | 9 |
| 1.1 Central Research Question (CRQ) | 11 |
| 1.2 Aims and Objectives | 12 |
| 1.3 Report Overview | 14 |
| 2. Policy and Services Context..... | 16 |
| 2.1 Introduction | 16 |
| 2.2 Overview of Local Context – Homelessness in Cork in a National Perspective | 16 |
| 2.3 Homelessness in Cork City and County: An Overview | 18 |
| 2.4 Contextualising Cork in the National Context: Understanding Homelessness in the Republic of Ireland..... | 20 |
| 2.5 Irish Policy Responses to Housing and Homelessness Pre COVID-19..... | 20 |
| 2.6 Irish and EU Policy Responses on Housing and Homelessness during COVID-19 | 22 |
| 2.7 Impacts of COVID-19 on Housing, Homelessness and Service Users..... | 24 |
| 2.8 Chapter Summary and Conclusions | 26 |
| 3. Literature Review | 27 |
| 3.1 Introduction | 27 |
| 3.2 Conceptualising Wellbeing, Social Support and Social Stressors | 27 |
| 3.3 Wellbeing and Experiences of Homeless Persons | 29 |
| 3.4 Effects of COVID-19 on Homelessness Service Providers: An Overview | 33 |
| 3.5 Chapter Summary and Conclusions | 35 |
| 4. Methodology | 36 |
| 4.1 Introduction | 36 |
| 4.2 Research Design | 36 |
| 4.3 Participant Recruitment and Sampling..... | 41 |
| 4.4 Principal Ethical Considerations | 42 |
| 4.5 Chapter Summary and Conclusions | 43 |
| 5. Findings..... | 45 |
| 5.1 Introduction | 45 |

| | |
|--|-----|
| 5.2 Pathways into Homelessness during COVID-19: Poverty, Domestic Violence and Historical Legacies of Oppression and Exclusion | 46 |
| 5.3 Complexity of Life Paths, Homelessness and Marginalisation..... | 50 |
| 5.4 Technology and New Ways of Working during COVID-19: Relationship-Based Approaches, Trust and Mental Health | 55 |
| 5.5 Social Distancing, Mental Health and Personal Coping..... | 57 |
| 5.6 Wellbeing, Informal and Formal Social Supports and Interagency Working..... | 61 |
| 5.7 Staff Members’ Emotions, Social Support and Coping..... | 65 |
| 5.8 Chapter Summary and Recommendations | 69 |
| 6. Discussion..... | 72 |
| 6.1 Introduction | 72 |
| 6.2 The Complexity of Wellbeing Narratives and Social Support: Exploring Relevance for Policy, Research and Practice..... | 72 |
| 6.3 Informal and Formal Support for Staff and Service Users: Exploring Impacts on Wellbeing | 75 |
| 6.4 Conclusions | 77 |
| 7. Conclusions and Recommendations..... | 79 |
| 7.1 Introduction | 79 |
| 7.2 Overview | 80 |
| 7.3 Key Findings | 82 |
| 7.4 Recommendations for Practitioners..... | 83 |
| 7.5 Final Thoughts..... | 85 |
| References | 87 |
| Appendix I – Interview schedule service users | 99 |
| Appendix II – Interview Schedule for Good Shepherd Cork Staff | 101 |
| Appendix III – Invitation Letter to Service User Participants..... | 103 |
| Appendix IV – Participant Information Sheet for Service Users..... | 105 |
| Appendix V – Informed Consent Document for Service Users | 108 |
| Appendix VI – Information Sheet for Good Shepherd Cork Staff..... | 110 |
| Appendix VII – Informed Consent Document for Good Shepherd Cork | 114 |

Acknowledgements

We are very grateful to the many people who assisted with this research. We especially thank the Good Shepherd Cork staff members and service users who relayed complex life stories to us about their experiences during the COVID-19 pandemic. We are truly humbled by the stories you told us and we thank you most sincerely for sharing your insights with us. We thank the research committee at the Good Shepherd Cork who took part in this study from its inception, and who were influential in guiding and shaping this research. We thank you most sincerely. We also thank the team at the Institute for Social Responsibility (ISR) Edge Hill University (EHU) especially Dr Victoria Foster and Prof Jo Crotty for their guidance and also Ms Danny Harkness. We thank our friends and colleagues at the Department of History, Geography and Social Sciences (DHGSS), EHU particularly Prof Tom Cockburn, Prof Mark McGovern and Dr Lorraine Green for their guidance and insights on ethics. Finally, we acknowledge the work of Dr Tom Simcock, formally of EHU for his work at earlier stages of this research.

Acronyms

| | |
|---------|---|
| BAME | Black Asian Minority Ethnic |
| CCHF | Cork City Homeless Forum |
| CRQ | Central Research Question |
| DEHLG | Department of the Environment, Heritage and Local Government |
| DHLGH | Department of Housing, Local Government and Heritage |
| EHU | Edge Hill University |
| FAS | Faculty of Arts and Sciences |
| FEANTSA | European Federation of National Organisations Working with the Homeless |
| GBV | Gender Based Violence |
| GSC | Good Shepherd Cork |
| GSCED | Good Shepherd Cork Education and Development |
| HPRC | Health Protection Surveillance Centre |
| HSE | Health Service Executive |
| IPV | Intimate Partner Violence |
| ISR | Institute for Social Responsibility |
| KCHRS | Kerslake Commission on Homelessness and Rough Sleeping |
| MS | Microsoft |
| MTU | Munster Technological University |
| NESC | National Economic and Social Council |
| NGO | Non-Governmental Organisation |
| NHAC | National Homeless Action Committee |
| OECD | Organisation for Economic Co-operation and Development |

| | |
|-------|--|
| PIH | Personalised Integrated Healthcare |
| PLA | Participatory Learning and Action |
| PPE | Personal Protection Equipment |
| SD | Social Distancing |
| SOT | Street Outreach Team |
| TA | Temporary Accommodation |
| UCC | University College Cork |
| UN | United Nations |
| UNSTG | United Nations Sustainable Development Goals |
| USA | United States of America |
| WHO | World Health Organisation |

Executive Summary

This study encompasses a qualitative case study of service users and staff members in Good Shepherd Cork, an integrated service targeted at homeless families and children in Cork, Ireland. Specifically, it elicits qualitative data on lives lived during COVID-19 lockdowns in 2020 and 2021, focusing on ‘what worked’ during the pandemic with regards to services delivery; the use of Personal Protective Equipment (PPE), the adoption of remote working, increased use of technology and social distancing (SD). We thereby illuminate the complexity of wellbeing narratives of staff and service users, showing how such narratives embody notions of risk, safety, and concerns for both physical and mental health. Internationally, there is a growing corpus of research on wellbeing; however, sparse research exists in Ireland on wellbeing narratives of frontline staff members and services users. However, such research on the complexities of people’s everyday lives in relation to different dimensions of wellbeing during pandemic times, are exceptionally important for policy and society.

Importantly, this research reveals the multidimensional impacts of COVID-19 lockdown conditions on both staff members and services users’ wellbeing, in terms of social isolation, loneliness, separation from loved ones and exposure to new and varied risks. Drawing on approaches to wellbeing from White (2010, 2015), this study underlines the complexities of wellbeing narratives, revealing intersections between concepts that feature strongly in participants’ narratives including health, loneliness and personal safety. The research illustrates the highly emotive dimensions of COVID-19 lockdowns, and the multifarious, everyday struggles of living alongside the virus, whilst also revealing how transformations to individual’s perspectives about COVID-19 as well as peer support and debriefing opportunities with fellow staff members and management provided powerful spaces for staff participants to reclaim feelings of resilience whilst strengthening their abilities to cope during highly challenging circumstances. Significantly, our data also suggests that service user participants attribute increases to wellbeing in terms of improved self-confidence and morale to the Good Shepherd Cork staff, illuminating the positive perceived impacts of the service on important elements of participants’ lived experiences during lockdown periods.

Importantly, our data reveals that the Good Shepherd Cork provides a flexible, people-centred way of working that is sensitive to individual traumas and the uniqueness of participants’ everyday experiences including life pathways that initially led them into homelessness, complex events and personal encounters that occurred whilst homeless and challenges and opportunities whilst transitioning to permanent housing. Furthermore, the report concludes with several

recommendations; the embedding of trauma-based ways of working across the service and issues pertaining to job security and precarity which potentially impacts on continuity of services and staff development. We also highlight the value of informal and formal supports currently on offer in the Good Shepherd Cork and the importance of harnessing relationships with the region's universities and the local authority for future training and cultivating deeper research links to enhance evidence-led and evidence-based practice.

1. Introduction

Ireland is in the midst of a homelessness crisis that substantially predates the emergence of the COVID-19 pandemic in 2020. Indeed, the number of homeless families in the Republic of Ireland increased by 232% from 2014 to 2020 (O’Leary and Simcock, 2020). Comparably, research by the Government of Ireland which documents homelessness statistics nationally shows substantial increases country wide in monthly reports in 2022 (Department of Housing, Local Government and Heritage (DHLGH, 2022)). While there has been a marked policy and research focus on reducing rough sleeping during the pandemic, little attention has been paid to the experiences of homeless families in temporary accommodation, including the impacts of COVID-19 on households and homelessness services, as well as perceived impacts on wellbeing which encompasses both the physical and mental health of service users and service providers. This study, which comprises a small-scale qualitative case study, engages with subjective experiences of wellbeing among homeless families and services staff in the Good Shepherd Cork, offering hitherto unknown insights about the impacts of COVID-19 on families in temporary and/or inadequate accommodation, service providers, and changes to ways of working with vulnerable families during pandemic times. Significantly, this study examines changes to services provided to homeless parents and children during COVID-19 and their effects on the wellbeing needs of service providers and families, the effectiveness of communication within the Good Shepherd Cork service during the pandemic; and challenges associated with managing social distancing (SD) in inadequate and/or temporary living conditions. In bringing together staff and service user opinions about stressors encountered during COVID-19, along with reported changes to subjective wellbeing, this report makes an important contribution to extant Irish research on COVID-19, which has largely overlooked the perspectives of homelessness service providers as well.

The genesis of this research was an initial collaboration between the lead author of this report (LM) who was a lecturer at Edge Hill University (EHU) and researchers at University College Cork (UCC), which was developed in 2020 to discern research opportunities to explore the homelessness crises in Ireland and the UK, with the overarching aim of investigating differences and similarities in ways of working among statutory and non-statutory bodies to support families who experienced homelessness during COVID-19. As part of a broader commitment to partnership working, shared learning and collaboration, the lead author subsequently developed a research partnership with the Good Shepherd Cork which comprises an integrated, community service for parents and children who are homeless in Cork City, Ireland. The principal aim of this partnership was to produce a report documenting service user and services providers’

perspectives on transformations to ways of working during the COVID-19 pandemic. This report is the first output of this collaboration with Good Shepherd Cork and evaluates the perceived effectiveness of Good Shepherd Cork services for service users, and the challenges and opportunities of remote working during COVID-19 as per qualitative interviews conducted with service users and staff members carried out in 2021 and 2022.

In this study, people's experiences of homelessness are interpreted from holistic, biographical perspectives, mindful of extant international literature from policy, practice and academic research, which illuminates the multiplicity of interlinking factors that typically lead people into homelessness, including poor mental health physical health, employment status, debt, relationships, and inability to access secure housing (Clapham, 2003; Ravenhill, 2008). These factors in turn shape how service users interpret the effectiveness of services providers; individual staff members, opinions about government and policy and how they see their own imagined futures (FEANTSA, 2013). From the perspective of this report and following recent literature, homelessness is conceptualised not only as 'rooflessness' (e.g. rough sleeping), but as a social phenomenon and everyday experience that is related to interplays of broader structural, societal and personal/individual factors (Johnson et al., 2015; Rose, 2022). As per recent literature, homelessness is defined in this study as lacking access to having a secure 'place to live in security, peace and dignity' (FEANTSA, 2013, p. 1). This definition further illuminates the significance of people's lived experiences of homelessness in terms of emotions, subjectivities and identities, and generates further important questions about the multidimensional effects of homelessness on people's lives in relation to wellbeing. Following White (2010), wellbeing is defined as a process that 'happens in relationships'; it is inherently dynamic and fluid, and encompasses 'a social process with material, relational and subjective dimensions' (White, 2010, p. 158). In subsequent chapters, we apply White's (2010) conceptualisation to frame the narratives of services users and Good Shepherd Cork staff members with regards to wellbeing during and after COVID-19 in relation to SD, relationships, loneliness, isolation and ways of working during the pandemic.

Currently, the Good Shepherd Cork provides the following services to homeless individuals and families in Cork City, the second largest city in the Republic of Ireland:¹

- Edel House: emergency accommodation for women and children who experience homelessness

¹ Cork City is located on the southern seaboard of Ireland in the province of Munster. Please see chapter two for a more detailed profile of Cork City and County.

- Support and Advocacy: works with single people and families who are transitioning from Bed and Breakfast (B&B) and Emergency Accommodation to independent living
- Family Hub, Redclyffe: emergency accommodation to men, women and children who are homeless
- Bed and Breakfast Outreach Service: support and advocacy for families living in B&B and temporary accommodation
- Residential accommodation for teenage girls who are out of home or at risk of being out of home
- Supported housing for single, adult women
- Good Shepherd Cork Education and Development (GSCED): offers educational opportunities for women who are unable to access mainstream education (Good Shepherd Cork, 2016).

The Good Shepherd Cork has a long history in Cork City. Edel House Emergency Accommodation was founded initially in 1972, and catered to homeless women and children. This was followed in 1977 by Bruac Day Centre (now GSCED) which was targeted exclusively at girls aged 15-25 years. In 1983, the Hearth Parenting Unit was unveiled which focused on mothers and infant children, while Advocacy and On-going Support opened officially in 2000. This brief synopsis provides only an initial snapshot of the remit of the services, which is described in greater depth in chapter two of this research. The subsequent sections of this chapter provide an overview of the study; the Central Research Questions (CRQ) (Part 1.1) and aims and objectives (1.2). Part 1.3 is an overview of subsequent chapters in this report.

1.1 Central Research Question (CRQ)

The CRQ of this study is as follows:

How did COVID-19 impact on homeless families' wellbeing and the effectiveness of homelessness services provided by Good Shepherd Cork during the COVID-19 pandemic?

The principal, inter-related research questions emanating from this CRQ, as explored in this report in chapters 5, 6 and 7, are as follows:

- How has COVID-19 affected the subjective wellbeing of homeless families and Good Shepherd Cork staff members in Cork, Ireland?
- How do homeless families and services providers interpret the meaning of wellbeing in relation to emotions, personal and professional experiences, and services users' biographical experiences both before COVID-19 and during the pandemic?
- How did families and services providers experience and operationalise Social Distancing (SD) in temporary/cramped and/or inadequate accommodation?
- How effective were Good Shepherd Cork services for homeless families during the pandemic as per service users' and staff members' perspectives?
- What kinds of novel stressors emerged during the pandemic and how has COVID-19 exacerbated other stressors that already affected people's lives before COVID-19?
- How did families manage COVID-19 in various temporary accommodation types (e.g. hotels, hostels, home hubs)?
- How did homeless families and staff members imagine their futures during and after the pandemic?
- What gaps do Good Shepherd Cork staff members perceive as prevalent in current policies and services provision for homeless families in Cork and in Ireland?
- What kinds of gaps do homeless people see in current policy and service provision and 'what worked' for them under pandemic conditions?

1.2 Aims and Objectives

The main aims of the study are as follows:

- To understand the effectiveness of Good Shepherd Cork as per service users and services staff with regards to accommodation and related wellbeing needs during COVID-19;

- To critically examine discourses of subjective wellbeing of service users and Good Shepherd Cork staff;
- Analyse how COVID-19 impacted on people's wellbeing and identify factors that offset and exacerbated social and emotional stressors for staff members and service users pertaining to accommodation, family breakdown, relationships, and other life experiences connected to physical and emotional wellbeing, in Good Shepherd Cork;
- To examine homeless people's reactions to restrictions in movement (e.g. Social Distancing, SD) and transitions to shared accommodation during COVID-19.

The principal research objectives are as follows;

- To conduct a scoping review of academic and non-academic literature (e.g. policy reports, government statistics and journal articles) on homelessness from Ireland, Europe and internationally;
- To conduct qualitative interviews online (e.g. on Microsoft Teams or Zoom) and/or telephone to elicit narrations from homeless adults about factors that led them into homelessness and their everyday life experiences during the COVID-19 pandemic;
- To conduct interviews with Good Shepherd Cork services staff on the impacts of COVID-19 on homeless families' lives and wellbeing and on their own personal and professional experiences;
- To elicit narratives and discussion from homeless participants on how they see their futures and gaps in services and policy provisions;
- Capture the impacts of new ways of working during COVID-19 on Good Shepherd Cork services staff (e.g. remote working) and effects on relationships and building trust and rapport with service users.

Although the widespread reopening of societies has now occurred on a global scale, with some exceptions remaining, including heightened travel restrictions or bureaucracy associated with

international travel and occasional lockdowns in certain cities and countries; the findings of this pandemic-linked study remain significant for several reasons.

COVID-19 unequally affected particular social groups, including homeless persons, by deepening social inequalities with regards to social capital and access to resources. The social and physical effects of the COVID-19 virus on homeless persons with regards to access to healthcare and negative impacts on spiritual, mental and emotional wellbeing are well documented in international research (Corey et al., 2022; Del Castillo, 2022; Del Castillo et al., 2022). However, there is a paucity of research on the effects of COVID-19 in Ireland focusing on homeless services providers and services users, a gap which this report addresses. Qualitative findings documented in this report are also significant for contextualising the lived experience of national and local social, housing and homelessness policies in Ireland, illuminating the complex factors (e.g. social, cultural, economic, and biographical) that shape and reflect the everyday experiences of families and services providers during COVID-19. Moreover, for the Good Shepherd Cork service itself, the findings are significant in documenting ‘what worked’ during pandemic lockdowns as per services staff and services users which is pertinent for services planning for the future. As COVID-19 case numbers continue to rise in some countries early in 2023, including England and Ireland, it is important to remember that the pandemic is still not over and that the first European lockdown occurred only three years ago (March 2020). As scientists and policymakers continue to plan for the next pandemic (Svoboda, 2022), the impacts of transformations to ways of working, relationships with services users and challenges for interagency working necessitate greater understanding to improve the provision of services to marginalised and ‘hard to reach’ groups in society, including homeless persons.

1.3 Report Overview

The remainder of this report is divided into six chapters. Chapter two outlines the policy and services context from supranational (EU), national and local government levels in Ireland which frames the remaining chapters. Chapter three encompasses the scoping review of international, Irish and European research literature on subjective wellbeing, stressors and experiences of homeless services users and services providers during COVID-19. In chapter four, the study’s methodology is presented in relation to research design, ethical considerations and factors affecting how interviews were conducted during COVID-19 and lockdowns. SD and associated infection control measures precipitated more widespread usage of internet-based platforms for interviewing (Moran and Caetano, 2021). The study’s main findings based on analysis of the data

are presented in chapter five and are discussed in relation to policy and relevant extant literature in chapter six. Finally, chapter seven offers conclusions and recommendations that is relevant to national and local policy-makers in Cork, Ireland and to the Good Shepherd Cork service.

2. Policy and Services Context

2.1 Introduction

This section provides an overview of the context in which this study was carried out. It opens by examining the local situation in Cork, Ireland, to subsequently contextualise the homelessness situation in Cork within (interlinking) national and European contexts. Following this, relevant academic and policy literature on the impact of homelessness upon wellbeing, literature on the impacts of temporary accommodation, noting how they impact upon families, is introduced. Key national and supranational policy interventions in the domain of housing and homelessness are also presented.

The remainder of this chapter is divided into five principal sections. The first section (2.2) outlines homelessness statistics in Cork City and County and describes the policy and services context locally. Part 2.3 focuses on the principal policies on housing and homelessness nationally which were implemented pre COVID-19 to further frame the policy and services context in Cork. Significantly, recent EU policies that are of relevance to this report are discussed. Subsequently, in part 2.4, this report summarises the main EU and national policies implemented during COVID-19 which contextualises subsequent chapters while part 2.5 outlines extant research on the impacts of the COVID-19 pandemic on homelessness. The final section of the chapter (2.6) summarises the main elements of the chapter and offers some conclusions which are salient to subsequent chapters (e.g. literature review and presentation of findings).

2.2 Overview of Local Context – Homelessness in Cork in a National Perspective

Cork is the second largest city in the Republic of Ireland, with around 210,000 people living in the city itself and over 300,000 in the wider metropolitan area. The city is located in Ireland's largest county, County Cork in the country's South-West region, within the historical province of Munster (see Figs 1 and 2). Cork is a port, situated on one of the world's largest natural harbours. IT, pharmaceuticals and distribution are major components of Cork's economy, and local government, the health service and the city's two universities, University College Cork (UCC) and Munster Technological University (MTU), are amongst its largest employers. Since the 1990s, national policies have acknowledged that homelessness is a growing problem in the city, and over time, the policy response to this challenge has moved towards a co-ordinated multi-agency approach that tries to break the cycle of failed tenancies and subsequent evictions

towards early intervention, ‘joined up’ thinking and increased interagency working (Health Service Executive, (HSE) 2013). This further reflects broader currents of thought in Irish government policy which increasingly embrace systemic life cycle approaches (McGregor and Miller, 2020).

There has also been the introduction of the Homeless Housing Assistance Payment (HHAP) scheme, which is available to persons living in Dublin and Cork and provides landlords with a deposit and two months’ rent paid upfront at competitive levels (DHLFH, 2021a). The primary aim of the scheme is to reduce the growing levels of homelessness in Ireland’s two major cities, Dublin and Cork.



Fig 1: Map of Ireland showing the position of County Cork

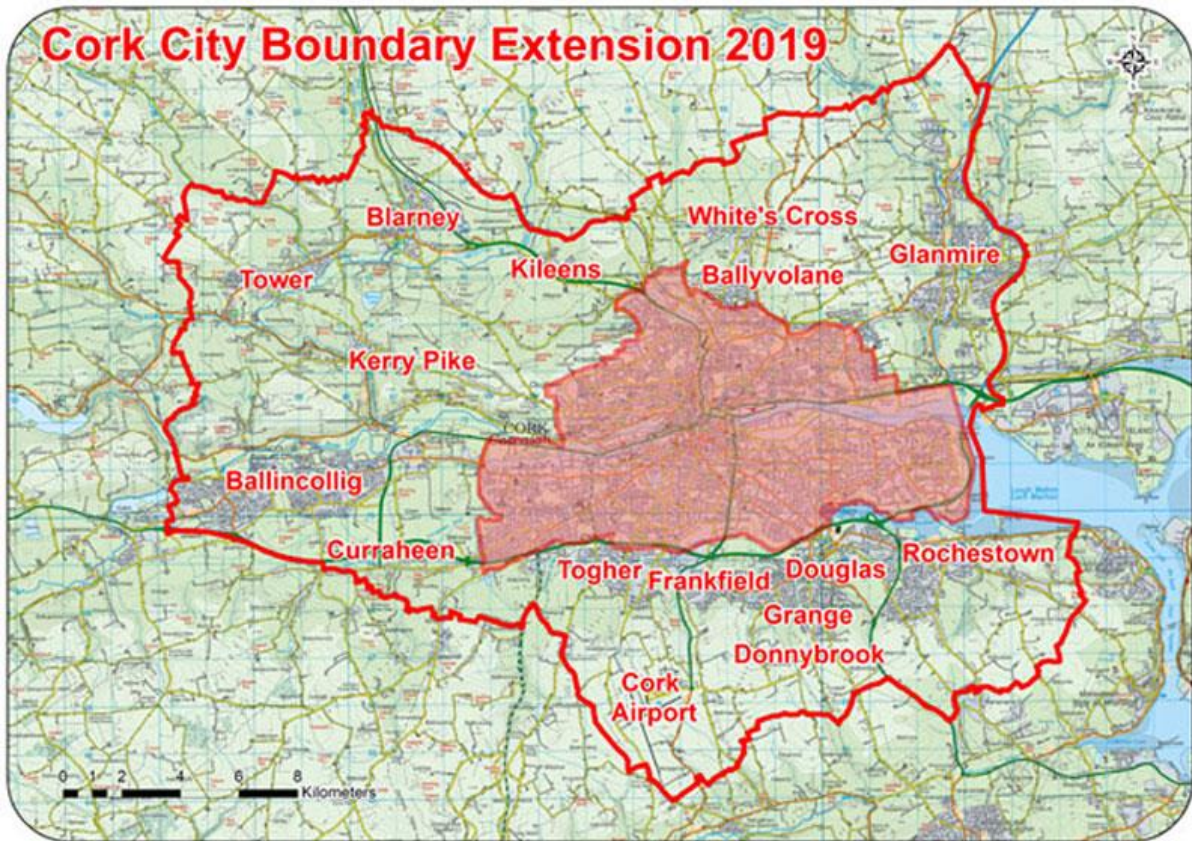


Fig 2: The boundaries of Cork City were extended in 2019, taking in more of the surrounding County Cork (source: [Cork City Council](#))

2.3 Homelessness in Cork City and County: An Overview

As of January 2022 there were 457 homeless adults accessing emergency accommodation in Cork City and the surrounding County Cork, as well as 125 dependents (DHLGH, 2022b). These figures render the South-West region as the largest cluster of homelessness in Ireland outside Dublin. Figures provided by the DHLFH in November 2022 showed that homelessness had increased for the fifth month in a row up to October 2022 and that 11,542 people were homeless in that same month. The highest number of homeless persons was reported to be in Dublin (5,655 adults), while Counties Cork and Kerry accounted for 8% of the total number of homeless persons documented nationally. A total of 513 adults were homeless in Cork (O’Keeffe, 2023) and the total number of homeless adults in the South West region (encompassing Counties Cork and Kerry) was 595 (DHFLH, 2022a, p. 2).

A report by Focus Ireland, one of the largest housing and homelessness organisations in the country, previously found that Cork accounts for over 70% of adults in emergency

accommodation in the South-West region of Ireland, and that over the period 2014 to 2021 the number of adults living in such housing in the city increased from 200 to 412, with a 7:3 ratio of men to women (O’Sullivan et al., 2021). There were 10 families in temporary accommodation (TA) in the South-West region as of 2014; but by 2019 the number peaked at 143, which has since fallen to 46 by June 2021 (O’Sullivan et al., 2021). Rent prices in Cork are amongst the highest in Ireland, following Dublin, Wicklow and Kildare (Rountree, 2022). There has also been a doubling of the number of adults in emergency accommodation over the period 2014 to 2021 (Lee, 2021). As such, the COVID-19 pandemic and subsequent lockdowns emerged in the context of increasing homelessness and growing rental pressure on groups who are the most vulnerable to homelessness, including low income families, persons accessing supports/services for drug and/or alcohol dependencies, persons with lower access to educational resources and social capital, and families who experience discrimination in employment due to structural, cultural and individual reasons (Benjaminsen and Bastholm Andrade, 2015; Bramley and Fitzpatrick, 2018).

Currently, as well as Good Shepherd Cork, the following homeless services providers operate in Cork City offering emergency accommodation:

- Cork Simon Community
- St Vincent De Paul
- Cuanlee
- Threshold

The local authority, Cork County Council, also operates services for homeless persons in North, West and South County Cork. In addition, Cork City Council operates the Accommodation Placement Service Office (APSO) in the City Centre. Other important local services include the Cork City Homeless Forum (CCHF) which produced information for homeless adults in the city pertaining to emergency accommodation, welfare allowances, health services and accommodation services that are available for children and young adults. This constitutes a further example of ‘joined up’ thinking in homelessness services provision.

2.4 Contextualising Cork in the National Context: Understanding Homelessness in the Republic of Ireland

Over the period 2008 to 2014, Ireland experienced a protracted economic crisis after a period of unprecedented economic growth and a booming property market since 1995 (Fahey et al., 2007; Norris and Coates, 2014). Austerity measures implemented in the country in 2008 and successive years were strict, and while Ireland experienced an economic recovery from 2014 onwards, increasing homelessness and child poverty rates reflect a deeply uneven course out of the Great Recession experienced nationwide (Cullen and Murphy, 2020). Figures from July 2018 showed that over 6,000 adults resided in state-funded emergency accommodation in Ireland, 41% of who were counted among homeless families (Housing Agency, 2018). By the beginning of 2020, there were approximately 10,000 homeless people in the country, most of who were living in TA (Kennelly et al., 2020). Homelessness was thus a growing problem in Ireland prior to the pandemic but, comparable to the international experience, COVID-19 deepened structural inequalities and prejudices for vulnerable groups, including homeless persons and other social services users (Johnson et al., 2022; Nielsen and Albertsen, 2022).

Furthermore, homelessness is also gendered, with gender-sensitive policy responses to homelessness gaining greater traction in international policy and research (Savage, 2016). Indeed, the gender gap between adults living in emergency accommodation in Ireland has increased substantially since the onset of COVID-19. While men constituted 60% of the population living in such accommodation in December 2019 (3,766 of 6,309), by January 2022 men comprised 66% of the total figure (4,323 of 6,587) (Focus Ireland, 2022). Women are more likely to be among the 'hidden homeless' who live with family members, friends or in squats and therefore remain largely off the radar of homelessness support services (Mayock and Sheridan, 2012). Research from Ireland and internationally further illustrates that homeless women are more likely to have experienced sexual and emotional abuse during childhood and adulthood in comparison to homeless men, and that experiences of intimate partner violence (IPV) and gender-based violence (GBV) are directly and indirectly linked to homelessness as per biographical research conducted with homeless women (*ibid.*).

2.5 Irish Policy Responses to Housing and Homelessness Pre COVID-19

The Irish government had embarked upon a series of interventions to tackle the growing problem of homelessness in the country prior to the COVID-19 pandemic and the first

European lockdown in 2020. Central amongst them was the government's report entitled *The Way Home: A Strategy to End Adult Homelessness in Ireland 2008-2013* which committed to ending long-term homelessness by 2010 (Department of the Environment, Heritage and Local Government (DEHLG) 2008). Subsequently, the *Homelessness Policy Strategy* was launched by Minister Jan O'Sullivan, which pledged to end homelessness by the end of 2016 through the adoption of a 'housing led approach' which is defined as 'the rapid provision of secure housing with support as needed to ensure sustainable tenancies' (DEHLG, 2013, p.2, cited in O'Sullivan, 2016, p.12). However, despite successive government pledges, long-term homelessness increased from 2013 to 2016 in Ireland (O'Sullivan, 2016, p.11).

While it is clear that homelessness is a global problem, in certain countries the scale of this problem is increasing more sharply than in others. In the context of the EU the housing situation in Ireland can be described as mixed, as the following statistics demonstrate the pre-COVID-19 situation:

- In the Irish context, the share of children in emergency accommodation has increased sharply by some 250% over the period 2014 to 2020 (FEANTSA, 2021). Data from 2017 showed that one in three homeless people in Ireland is a child in a family, with the unprecedented increase in homelessness being referred to as 'one of the most devastating, enduring and unacceptable consequences of the economic crisis that began in 2008' (Stanley, 2017, p.12).
- Ireland has also seen among the highest increases in house prices, with the increase of 54% over the period 2009 to 2019 meaning that Ireland had the highest average house prices in the EU (FEANTSA, 2021).
- That said, the country still has one of the lowest shares of the population overburdened by housing costs as of 2019 – around 4.2% of the population, compared to 15.1% in the UK and an EU average of 10.1% (FEANTSA, 2021). However, the trend in the data has been an increase in households who are overburdened by their housing costs.
- 5.9% of the Irish population were in rental or mortgage arrears as of 2019, which is double the EU average (FEANTSA, 2021).
- It should be noted that on a range of other measures, Ireland performs very well. The country has the second lowest overcrowding rate in the EU (at just 3.5% versus an average of 16.7%) and the rate of severe housing deprivation (e.g. living in housing with

leaking roofs, without baths, showers or indoor toilets, and/or housing that is poorly lit) was also the second lowest.

2.6 Irish and EU Policy Responses on Housing and Homelessness during COVID-19

Significantly, recent policy initiatives introduced pre-pandemic and during COVID-19 include national implementation plans for the *Housing First* programme (Housing Agency, 2018, 2021), which sought to create 1,319 additional tenancies under the programme over the period 2022 to 2026. *Housing First* is an intervention that was developed initially in New York City as an evidence-based approach to reducing homelessness which has been proven to be a highly cost-effective and effective policy (Tsemberis, 2020). It offers permanent housing as quickly as possible to homeless people, accompanied by appropriate levels of support in related areas including mental and physical health. Noteworthy aspects of *Housing First* include the following:

- Increased alignment of health and housing supports for persons experiencing homelessness and/or who are at risk of homelessness;
- Joint working between government departments, e.g. DHLGH, the Department of Health, local authorities and NGOs
- Multidisciplinary teamwork approaches to optimise the speed at which service users could access services in various (and interconnected) areas (e.g. health, housing).

Housing First has shown some benefits for homeless service users with regards to housing sustainment rates. Also, a range of recommendations emanated from the implementation report especially with regards to staff turnover to ensure continuity of support and service user involvement (e.g. peer support) to improve future implementation (DHLHG, 2021b, p. 8).

Housing First was also referenced in *Housing for All* (DHLGH, 2021c), the principal national policy document that seeks to shape the course of the future of housing policy in Ireland up to 2030. Significantly, *Housing for All* aims to eradicate homelessness by 2030, thereby supporting the *Lisbon Declaration on the European Platform on Combatting Homelessness*, using not only the *Housing First* model but also by delivering 90,000 new social homes over a nine year period to improve social inclusion (DHLGH, 2021c). Significantly, *Housing for All* acknowledges there is a severe

shortfall in housing provision versus people's housing needs nationally and seeks to eradicate pathways into homelessness in the following ways:

- Substantially improving housing supply through increased investment in housing of €4 billion
- Establishing a new National Homeless Action Committee (NHAC) to re-examine the factors that lead to homelessness
- Extend provision of Street Outreach Teams (SOT) nationally
- Personalised Integrated Healthcare (PIH) for persons experiencing homelessness
- Providing 1,200 tenancies for people who sleep rough, access emergency accommodation and who have complex needs
- Improving the quality of accommodation for members of the Travelling communities
- Provide over 6,000 affordable homes for sale or rent annually countrywide.

At the EU level, the *European Platform on Combatting Homelessness* also made significant provisions in relation to homelessness and diverting pathways into homelessness through the following in 2021. Significantly, this built on the previous Social Investment Package at EU level which encouraged housing-led approaches and increased working between local, national and EU levels to combat homelessness through increased integration of services (European Commission, 2023). Under the *European Platform on Combatting Homelessness*, the following provisions were made:

- No person is to be discharged from hospital or any other form of institution without appropriate housing
- No one is to be evicted without a viable solution for alternative housing to be offered
- People are not to be discriminated on due to their homeless status (European Commission, 2023).

In Ireland, a moratorium of evictions and rent increases was introduced over the period March to June 2020, with the potential for further extensions of this ‘emergency period’ (Byrne, 2020). This was broadly in line with the response of other EU member states and OECD countries and the *European Platform on Combatting Homelessness*, which stated that evictions were to be avoided as much as possible (Pleace et al, 2021, p. 4). The moratorium was ultimately extended to late April 2021. Further interventions provided by the Irish state included payment breaks for those having difficulty paying their mortgages, a pause on legal proceedings and repossessions of properties owned by borrowers in default, and a temporary ban on disconnections for non-payment of gas and electricity (Cahill, 2020). The pandemic also had the effect of increasing the political momentum behind *Housing First*, resulting in greater funding allocations (Owen and Matthiessen, 2021). At the beginning of the pandemic there were increased fears about a potential higher prevalence of COVID-19 among homeless people. However, prevalence and mortality rates among this group were lower than expected, owing to the rapid provision of shielding accommodation and a coordinated response among service providers relating to homelessness (Owen and Matthiessen, 2021). Overall, data shows good performance in Ireland in terms of protecting homeless and drug using populations and avoided forecasted high mortality in these groups (O’Carroll et al, 2021).

In comparison to other countries (e.g. the UK), Ireland’s mortality rates due to COVID-19 remained relatively low, partially due to the swiftness of the government response; a sharp lockdown of universities, colleges and schools, immediate ‘stay at home’ orders and significant proscription on all public services from mid-March 2020 (Moran and Green, 2021). Despite this, the country’s hospitals and medical services were still overwhelmed. The number of homeless persons who died during 2020 ($n=47$) in Ireland was estimated as roughly double the number reported in 2019, while three of the 47 were rough sleepers (Molony, 2021).

2.7 Impacts of COVID-19 on Housing, Homelessness and Service Users

COVID-19 has had a significant disruptive impact on the Irish housing market. For instance, travel bans meant that short-term tourist rentals became available on the letting market, which increased new rental listings in Dublin and Galway, although listings decreased elsewhere in the country (Cahill, 2020). It is speculated that a long-term impact of the pandemic is likely to be the accrual of private rental arrears and personal debt, which may be future structural causes of homelessness (O’Sullivan, 2020). In the longer term there will also be a negative impact on new housing completions as construction sites and speculative new development proposals have been

put on hold; at the same time, Ireland's National Economic and Social Council (NESC) forecasts that rents and house prices will fall (Cahill, 2020). Finally, government orders to 'stay at home' drew attention to those without housing security or experiencing homelessness, who disproportionately tend to be young people, migrants and those in low-income households (Byrne, 2020).

Irish Travellers and Roma were also identified as extremely vulnerable groups during the pandemic lockdowns. There are 36,000 Irish Travellers and 5,000 Roma in Ireland, a considerable proportion of whom have no fixed address and/or live in overcrowded accommodation, with the majority of these groups lacking access to water and sanitation, heating and other basic facilities (Villani et al., 2021). As such, concerns were also raised about the impact of 'stay at home' orders on these groups with poor living environments, as reported incidents of domestic violence nationally and in other countries, during successive lockdowns, soared (Mittal and Singh, 2020; Safe Ireland, 2021).

In Ireland however, there were gaps in service provision and certain vulnerable groups were more exposed to the challenges these gaps represent. For instance, legislation in August 2020 protected tenants who were experiencing rent arrears due to COVID-19 from eviction and rent increases; however, eviction for other reasons was still permitted (Pleace et al., 2021). Updated legislation in October 2020 protected tenants in both the private rented and social rented sectors from being compelled to leave their properties until December 2020, except in cases of anti-social behaviour or reported damage/risk of damage to the housing (Ibid.). Persons who became homeless during COVID-19 often faced further challenges accessing support as lockdowns and the shift to remote working disrupted service provisions. For instance, a survey of *Housing First* staff found that 84% reported moderate or major impacts upon their work from COVID-19 (Curran and Hoey, 2022). Researchers have also highlighted a long-term shortage of refuge spaces for homeless women, particularly those escaping domestic violence, which was exacerbated during the pandemic when the need for refuges was greater (Cullen and Murphy, 2020). Summarising the crisis, Kjell Larsson, President of FEANTA states the following: 'The Corona-crisis made abundantly clear that access to adequate and affordable housing is the best protection against the virus, and that housing people experiencing homelessness is the most logical public health intervention' (Pleace et al. 2021, p. 4).

2.8 Chapter Summary and Conclusions

This chapter has contextualised the policy and services context in Cork and the Republic of Ireland regarding homelessness and homeless services users. Despite numerous policy efforts to end homelessness at national, local and EU levels; various statements and initiatives by the United Nations (UN) regarding homelessness as a human rights violation, which includes the inaugural *UN Resolution on Homelessness* launched in 2020 and the prioritisation of housing in the UN Sustainable Development Goals (UNSTGs), homelessness is a pervasive feature of Irish, European and global societies. Irish policies have made significant strides forward in adopting housing-led, integrated and life cycle approaches and, while there is evidence that this is making a positive difference, the resolutions of the Lisbon Declaration are not yet achieved.

In the next chapter, this report describes the impacts of COVID-19 on wellbeing generally and on homeless populations specifically. It also evidences how COVID-19 adversely affected service users' wellbeing, deepening and widening structural inequalities for persons at risk of homelessness and/or who are homeless and who experience multiple oppressions and prejudices across the lifecourse. This further prefigures the findings which are presented in chapter five and the discussion and conclusions in chapters 6 and 7.

3. Literature Review

3.1 Introduction

This chapter outlines key insights from Irish, European and international research literature on wellbeing and homelessness, including the experiences of services providers and services users subsequent to and during COVID-19 lockdowns. Significantly, since the first European lockdowns in March 2020, extant literature on homelessness focuses on how COVID-19 accentuated existing inequalities experienced by persons who are homeless in relation to healthcare access and the increased susceptibility among homeless populations of contracting the virus, experiences of social isolation and prejudice (Bertram et al, 2021; Mattson et al, 2023). Recent studies also illuminate how COVID-19 deepened pre-existing structural and systemic inequalities pertaining to income levels, unemployment, substance and alcohol misuse as well as experiences of racism, xenophobia and societal stigma towards homeless children and families (Perri et al, 2020; Lenhard et al, 2023). Drawing on international theoretical and empirical studies (e.g. White, 2010, 2015) we also demonstrate the intricate connections between COVID-19 and the wellbeing of persons who experience and/or at risk of experiencing homelessness (see Kelly et al. 2021; Mejia-Lancheros et al, 2021). Significantly, we incorporate a life course perspective to understanding wellbeing which accounts for intersections in trauma and exposure to risk factors, applying a ‘spectrum’ approach to conceptualising wellbeing. Importantly, this chapter also reviews literature on COVID-19 and its impacts on the wellbeing of homeless services staff which has hitherto been largely overlooked in Irish research but has been accorded prominence in other countries (e.g. the UK and Canada).

The remainder of this chapter is divided into four principal sections. The next section (3.2) engages with research perspectives on wellbeing, social support and factors that offset social stressors and contribute to increase resilience amongst homeless service users and staff members as per extant research (Mago et al, 2013; Durbin et al, 2019). The following section (3.3) outlines the extant research on wellbeing and people’s experiences of homelessness. In 3.4, we delve further into research perspectives from homelessness services providers while part 3.5 provides a brief chapter summary and conclusions.

3.2 Conceptualising Wellbeing, Social Support and Social Stressors

The concept of wellbeing has gained in prominence in social scientific research since the mid-1990s (White, 2010); however, it remains one of the most contested concepts in contemporary

theory and research (Green and Moran, 2023). Various measures of wellbeing exist and it is regularly equated with a rich array of terms like happiness, utility, satisfaction, empowerment, quality of life, human development and welfare (Easterlin, 2005; McGillivray, 2007). Hence, wellbeing is multidimensional and encompasses several dimensions including knowledge, health, care, financial security, affection and friendship (McGillivray, 2007b, p.4). It is regularly defined as “whatever is assessed in a person’s life situation or ‘being” (Ibid, p. 3). White (2010, p.159) conceptualises wellbeing as ‘doing well, feeling well’ and for this reason, wellbeing commands assent as, in White’s words, ‘who could not desire it?’ (p. 215).

White (2010, 2015) adopts a three-pronged approach to wellbeing, as embodying subjective, relational and material dimensions, which interconnect in multiple ways. Wellbeing is therefore holistic and relational, referring to human satisfaction with physical/material and emotional aspects of everyday lived realities (Green and Moran, 2023). From this perspective, optimal human wellbeing occurs when a person’s emotional, relational and material needs are being met in proportion to each other. However, wellbeing varies markedly across the life course; one person may report that their subjective wellbeing is higher or lower at different life stages and, furthermore, this perception is by its very nature contextual.

Subjective wellbeing also varies both in and across time, place and context. In their study of homeless children’s wellbeing, Halpenny et al, (2001) conceptualise wellbeing in relation to concepts like social isolation, safety, experiences of food poverty, physical health problems, self-esteem and depression, thus showing the interconnections between various (connected) dimensions of wellbeing and diverse ways of understanding the term (McGillivray, 2007a). Significantly for this report, this indicates how terms such as health, safety, belonging, isolation, and community might be used as proxies for higher/lower wellbeing for participants. In the case of homeless service users, this is especially important given the range of risk factors they negotiate daily pertaining to their mental and physical health, including poverty and experiences of material deprivation, often from young ages. From this perspective, wellbeing can be conceptualised as a type of spectrum; individuals’ understandings of their own wellbeing vary markedly depending on people, place and circumstances.

Importantly, studies also corroborate the relationships between various forms of social support and wellbeing (Gulacti, 2010; Siedlecki et al, 2014). Social support is defined in different ways but generally speaking it is conceptualised as embodying informal and formal elements (Cutrona and Russell, 1990). Formal social supports encompass material supports (e.g. financial/monetary payments) often provided by government, support organisations and policy supports, while

informal supports frequently embrace more subjective domains including friendship, empathy and care. Crucially, informal support also embraces material supports provided occasionally/often by family, friends and/or services providers, such as community groups (Ibid.). The importance of formal and informal supports for offsetting social stressors and increasing wellbeing amongst so-called ‘vulnerable’ or ‘hard to reach’ groups is well documented in the literature (e.g. asylum seekers, lone parents) (see for example, Moran et al, 2019). Importantly, studies have also found that perceived, received and behavioural social supports were positively associated with physical and mental health of homeless persons and also decreased feelings of victimisation that are regularly associated with lower levels of subjective wellbeing (Hwang et al, 2009). Furthermore, social support has been shown to offset social stressors and risk factors like depression, substance misuse and anxiety among homeless populations in the USA (Tan et al, 2021; Durbin et al, 2019). Community-based organisations supply a broad mix of informal and formal support mechanisms for persons experiencing homelessness that go far beyond the provision of accommodation for families and children, which is significant to wellbeing. Often, this ranges from clothing and footwear to food, advice, referrals, care and supportive conversations (Moran et al, 2019). This is essential to enhancing resilience, defined by Masten (2000) as ‘ordinary magic’, amongst groups who have experienced various and multiple types of trauma, which frequently includes homeless service users.

3.3 Wellbeing and Experiences of Homeless Persons

It is well established that homelessness and accessing temporary accommodation (TA) correlate strongly with negative impacts upon individuals’ physical health and wellbeing (Hwang and Burns, 2014; Savage, 2016; Cowie and Myers, 2020). Research shows that not only does homelessness dramatically worsen individuals’ access to health, education and employment opportunities, but it also incurs substantial costs to the state owing to the higher demand placed on services such as hospitals, police and the justice system (Wilson and Barton, 2021). The health consequences of rough sleeping are demonstrated as severe, with the costs of treatment and supports increasing sharply the longer that people live on the streets (Kerslake Commission of Homelessness and Rough Sleeping (KCHRS), 2021).

There is a well-documented link between homelessness and mental trauma, due to the increased experience of physical and sexual violence, severe hardship and exposure to other risk factors (e.g. alcohol, substance abuse) among homeless populations (Murphy et al, 2017; Corey et al, 2022). Living in TA impacts negatively upon social and emotional wellbeing, particularly in large-

scale or shared spaces where a lack of privacy causes significant stress and anxiety (McMordie, 2020). As such, rather than being framed solely as a housing issue, homelessness is also a complex social, cultural and public health matter (Mayock and Sheridan, 2012; O'Donovan et al, 2020); indeed, the long-term homeless have mortality rates many times greater than those of the general population (Doran and Tinson, 2021). In Ireland, homeless populations have been the group in society most affected by COVID-19 as per research conducted with homelessness services. In total, 65% of homelessness service providers reported that the health and wellbeing of homeless communities have been severely affected nationally as per Lima (2021). Significantly, qualitative research with 10 women who experienced homelessness during the pandemic further highlights the exceptionally complex social effects of COVID-19. As per Mattsson et al, (2023), some participants viewed COVID-19 as a '*storm in a teacup*'; the challenges of negotiating access to basic resources (food, accommodation) may have been harder than usual but was also a continuation of pre COVID-19 conditions. Other women discussed the '*shifting sands*' of government guidance and the difficulties making sense of continually changing social/medical/regulatory entanglements in everyday life. Yet other women commented that the pandemic '*added insult to injury*' in diminishing social relationships and feelings of being supported even more. Significantly, pre COVID-19 studies further illuminate the importance homeless persons attach to feeling cared for and supported which featured prominently in qualitative research with homeless women in Canada, for example (Biederman and Nichols, 2014). This further indicates the complexity and depth of people's experiences during COVID-19 and the impacts of the virus on the various dimensions of subjective wellbeing (e.g. perceptions of care, welfare, health, relationships), which are deeply personal and coloured by personal experiences that occurred pre-COVID and during the pandemic itself.

Studies in Ireland have shown that the life expectancy of homeless people is just 42 years; by contrast, the average life expectancy for all citizens in the Republic of Ireland is 82 years (Housing Agency, 2018). Contributing factors to this discrepancy include that homeless people frequently have multiple chronic conditions, suffer from poor physical and mental health, and are more likely to experience problems related to drug and alcohol usage. The Irish government's Housing Agency (2018) report that 58% of homeless people have a diagnosed mental health condition and 27% of homeless persons report having a disability, which is almost double the rate of the general population. As such, homeless people experience a far earlier onset of frailty and have a substantially increased risk of early development of health issues usually seen in the elderly. On this point, similar conclusions have been made with regards to the homeless population in the UK. One study of a hostel in London found that, while the average age of

service users was 56, their average frailty was comparable to that of 89-year-old housed people (Coombs and Gray, 2020). Homeless people who fall sick are more likely to develop severe symptoms and difficulties in accessing healthcare. One-third of deaths of rough sleepers in the UK are from treatable conditions, with this group facing barriers to accessing GP services, cancer screening and treatment for chronic conditions (Ibid.).

Dubey et al (2020) further highlights the complex psychosocial impacts of COVID-19 on societies generally and on homeless populations specifically. Many homeless people are more susceptible to mental health issues, physical health problems; lower levels of social capital and experience severe difficulties accessing high quality, affordable healthcare in comparison to the general population (Del Castillo 2022). Therefore, the negative (and potentially life long) effects of COVID-19 on persons experiencing homelessness (adults and children) are likely to be far worse than in the general population and are more likely to be far reaching in comparison to persons who experienced an income dip during lockdown but recovered financially after lockdown ended (Dubey et al, 2020, p.780). Furthermore, lockdowns and stay at home orders have serious deleterious impacts on homeless persons, many of whom have anxiety, depression, fear of institutionalisation, mistrust of institutions, mental health issues and experiences of social isolation, avoidance and stigma (Ibid). Significantly, symptoms of anxiety and depression and feelings of isolation can also become more accentuated during periods of extreme uncertainty, social crisis and fear. The use of Personal Protective Equipment (PPE) by front line workers in various spheres (e.g. masks, gloves), although necessary to ‘flatten the curve’ and save lives, potentially reinforced feelings of social isolation for homeless communities and other ‘hard to reach groups’ through proscribing skin-to-skin touch and enforced isolation (Moran and Green, 2021). Applying White’s (2010, 2015) model of wellbeing, lockdown impinges significantly on people’s emotional and relational wellbeing.

Researchers highlight the intersectional nature of inequalities facing homeless people, with gender, race, sexuality and age all playing a part in shaping the lived realities of homelessness. For instance, while BAME individuals make up 15% of the UK population, they are 30% of those owed homelessness prevention or relief duty (Doran and Tinson, 2021). However, identifying the scale of challenges facing sub-groups of the homeless population is often complicated by a lack of data; this includes data on case rate and mortality among the homeless in the UK during the pandemic, along with basic data such as the ethnicity of rough sleepers (Doran and Tinson, 2021). The pandemic has further underscored the point that rough sleepers are the tip of the iceberg when it comes to homelessness. For instance, it is known that women and young people

are more likely to be ‘hidden homeless’ than rough sleeping on the street – typically ‘sofa-surfing’ between friends and family – and as such these groups have been missing from homelessness services and were statistically invisible (KCHRS, 2021). Social distancing requirements and the need to self-isolate during the pandemic disrupted the cycle of sofa-surfing and drew many hidden homeless people to the attention of authorities for the first time.

Over the course of the pandemic, particular challenges were encountered by those who are homeless. For example, research conducted in Ireland with *Housing First* staff (a programme described in the following section) noted several challenges for users of the service during lockdowns. 73% of staff reported an increase in substance misuse among service users, 63% reported increases in relapse, and 57% reported deterioration in mental health among service users, including suicidal ideation (Curran and Hoey, 2022). Nevertheless, some of the worst fears at the onset of the pandemic appear to have been avoided. Mortality rates among homeless people have been lower than expected in both Ireland and the UK because of rapid action by governments in the two countries (Pleace et al, 2021). A key lesson from the pandemic is that coordinated, science-driven, and adequately funded interventions can have a significant impact upon social problems such as homelessness in a relatively short span of time (O’Carroll et al., 2021).

Owing to the relationship between experiencing homelessness and poor health, there were major concerns that the impacts of COVID-19 would be disproportionately felt by families and individuals without fixed residences (Schrooyen et al, 2021). The living conditions of homelessness, including the use of shared shelters, exposure to bad weather, poor nutrition, difficulties in accessing hygiene facilities and spaces in which to socially distance, and barriers to accessing public health information were all highlighted as grounds for considering homeless people among the most highly at-risk groups during the pandemic (Owen and Matthiessen, 2021). However, the number of outbreaks in homeless services nationwide remained relatively low and was far lower than expected. For example, from March 1st 2020 to March 16th 2021, a total of 39 outbreaks in homeless facilities were reported nationally. Significantly, the largest number of outbreaks ($n=28$) was reported in a three month period, from December 1st 2020 to March 16th 2021 due to the outbreak of the Omicron variant and the relaxing of social distancing rules (Health Protection Surveillance Centre (HPSC), 2021).

A report by Finnerty et al (2021), which draws on interviews with Simon Community services users in Ireland, further documents the complex effects that COVID-19 wrought on homeless people and the deeply personal, emotive impacts that the pandemic had on individuals. For

example, most interviewees experienced at least one change to their accommodation during lockdowns which perpetuated heightened stress and anxiety. Others reported losing their beds in the accommodation after they were moved temporarily when they were a close contact of another person who tested positive for the virus (p. 13). Furthermore, participants commented that they had to pay money for taxis to relocate to TA and placing heavy objects against their doors in temporary hotel accommodation for fear of being broken into (p. 14). In Spain, quantitative research by Faciam (2021) shows that homeless persons regularly reported feelings of boredom (69%), loneliness (64%) and sadness (71%) during lockdown periods. This heightened irritability (55%), sleep disruption (56%) and weight fluctuations (49%) which were frequently reported by participants, leading to decreased wellbeing ($n=641$).

3.4 Effects of COVID-19 on Homelessness Service Providers: An Overview

The effects of COVID-19 on homelessness services staff members are also far reaching as per extant literature. Qualitative research conducted in Canada by Goodwin et al, (2022) with 40 services' staff (30 frontline staff and 10 in leadership roles) illuminates the multidimensionality of service providers' reactions to the pandemic and new ways of working. Goodwin et al (2022) discerned five important themes from their research; instability about job role and responsibility (*'how on earth do we do our job?'*, *'everything was changing every day'*), transitions to home workplaces and experiences of isolation (*'it all comes down the chute'*); the importance of organisational support, positive communication with management and peer support, and challenges forging and maintaining relationships with clients. Importantly, services staff members often articulated the pressures emanating from writing and implementing new COVID-19 policies, the continual shifts in how things were done, boundaries between home and work which became increasingly blurred during the pandemic, loss of community, and feeling powerless to effect positive change in service users' lives in a unique and unprecedented social and epidemiological context (see esp. p. 5). Similar to research with services users documented previously (and other extant research on social reactions to the virus), this illuminates the complexity of ways of working during the pandemic and the complexity of staff members' opinions about novel working arrangements under SD.

Furthermore, Goodwin et al, (2022) also shows that there were strong confluences in occupational values held by staff members which were central to how they worked together daily, pre COVID-19 and new social and regulatory contexts that emerged during the pandemic. Staff commented that the core occupational values undermined during COVID-19 lockdowns

included the following: feeling that they were in control and were safe at work, teamwork, community and collaboration, the importance of a relationship-based ethos in the workplace, and trust and legitimacy from management. Parkes et al, (2021) also argues that creating a 'culture of care' in services during COVID-19 was essential to maintaining the wellbeing of staff members. Strong leadership, teamwork, supports for staff and client feedback were all significant to staff adoption to rapidly-changing working environments during the pandemic as per qualitative research in a homeless centre in Scotland. Similarly, Kaur and Jagpal (2021) also show that lack of donations to support charity work from members of the public, feelings of uncertainty and lack of face-to-face interaction also precipitated mental health issues amongst homeless services staff in the UK. Our findings, as shown in chapter five, also highlight the range of emotional issues affecting staff in our sample. However, findings also showed that teamwork and cultures of care through peer support were significant for staff members' morale thereby impacting positively on continuity of service during COVID-19.

Carver et al, (2022) also documents mixed-method research with homelessness services staff in Scotland, which illuminated the multiple stressors that frontline employees face during COVID-19 lockdowns. Working in homeless services can be exceptionally challenging at the best of times. Engaging with persons who have experienced/are experiencing multiple traumas pertaining to various forms of abuse, neglect and isolation can be extremely difficult for staff, leading to severe effects on wellbeing including burnout and absenteeism. Significantly, Carver et al, (2022) found that pre-pandemic, services staff often felt frustrated from their inability to help service users achieve their life goals. They also perceived themselves as 'less than' other professionals in service users' lives and expressed that they were seen like this by other professionals which they said inhibited interagency working (e.g. social workers, doctors, healthcare staff) during lockdown crises. Significantly, our findings suggest that interagency working is happening in Good Shepherd Cork which enhances services delivery. However, this also represents a key challenge for services into the future should they be forced to close during pandemics/crises periods. Indeed as per Carver et al (2022) services working together are extremely significant for offsetting mental and physical health problems which are both central dimensions of wellbeing.

Significantly, Carver et al (2022) found that the pandemic had both positive and negative impacts on staff as per services staff interviews. Some staff reported that they devised new strategies to manage relationships with clients and saw this as a positive effect of COVID-19. This was also reported by staff interviewees in our sample, as per chapter five of this report. However, services

staff also felt frustrated that they were overly exposed to COVID-19 working on the frontline and many were extremely anxious about this. This was also reported by services staff in our sample too, thus showing interchanges with extant research. While the pandemic brought new challenges in ways of working with clients, staff members interviewed by Carver et al, (2022) reported that they felt supported and that management were generally open to reflective practice, which has been shown to have significant effects on staff members' social supports and coping. Increased flexibility in the workplace was also significant and vulnerability became an accepted part of organisational cultures to the extent that staff members actively shared their own personal vulnerabilities with clients leading to acceptance. However, lack of staff involvement in decisions about COVID-19 also perpetuated a 'them and us' culture within some homelessness services as per Carver et al (2022).

3.5 Chapter Summary and Conclusions

The research reviewed in this chapter further underlines the complexity of COVID-19's impacts on wellbeing in relation to health, care support, belonging, financial insecurity and human welfare. Moreover, it illuminates the intricacies of wellbeing itself and the diverse array of terms frequently used in extant research and by participants in different contexts to conceptualise and make sense of wellbeing. Clearly, the pandemic and governmental responses (e.g. SD, widespread use of PPE in daily life) had manifest, positive impacts on reducing death tolls and global infection rates. However, deeper exploration into staff members' and clients' understandings of wellbeing during an unprecedented global health emergency which has led to radically new social architectures is critical. Furthermore, the complex discourses that are evident in global research on people's everyday pandemic experiences and the challenges of satisfying basic needs like food and accommodation in the context of this emergency, requires further investigation. The next chapter of this report (chapter four) outlines the methodology in detail while chapters five and six focus on ways of working during COVID-19, and salient issues including the adoption and renegotiation of social conventions, emotions, relationships, technology, perspectives on health and accessibility, all of which intricately relate to the notion of wellbeing as outlined in this chapter.

4. Methodology

4.1 Introduction

This chapter outlines the methodology of this study, the principal features of the research design, how we utilised in-depth interviews on online platforms (e.g. MS Teams, Zoom) with service users and services' staff, and our approach to analysis and interpretation of interview materials. This study adopted a qualitative, interpretative research design, focusing on how participants make sense of the world around them and how they actively re-construct their own life worlds through 'talk'. We analysed and interpreted the data in tandem with data collection, to maximise the integration of data with extant literature and feed the themes and topics that were continually emerging from the interviews into the study. This fostered dynamic relationships between the data and the literature, which reflects recent trends in the research methods literature (Kutscher and Howard, 2021). Full ethical approval for this research was granted by Edge Hill University, (EHU) in May 2021.

The remainder of this chapter is divided into five principal sections. The first section describes the research design and our approach to data collection through in-depth interviews (4.2). Section 4.3 documents our approach to sampling which is followed by an overview of main ethical considerations (4.4). The final section (4.5) provides a chapter summary and conclusions.

4.2 Research Design

To explore the research question and fulfil the principal aims and objectives, we used a qualitative research design using narrative-style depth interviews. This was to extrapolate participants' interpretations of wellbeing, which linked to their everyday life experiences during COVID-19 lockdowns and pre-COVID experiences (e.g. life paths that led people into homelessness), participants' experiences of using the Good Shepherd Cork services, and the extent the service helped to offset negative life stressors that were exacerbated or heightened during COVID-19 lockdowns. Commensurate with the biographic approach of this study, focusing on life pathways in and/out of homelessness, biographical 'ruptures' and turning points (Pinkerton and Rooney, 2014) in people's narratives, the design research focused on pre-COVID and pre-homeless life experiences as well as quality of service and subjective experiences whilst homeless. This emphasis on dynamic interchanges in everyday life experiences and the interconnections between pre-homeless and present life experiences also proved beneficial in

previous research for eliciting rich narratives about the connections between people's everyday life experiences (Ibid.).

To uncover a deeper understanding of service users' lives during COVID-19 and their narratives of changed and emergent novel ways of working during COVID-19 lockdowns, as well as adaptations to unprecedented global circumstances, we also interviewed services staff. Initially, we envisaged that services staff interviews would supplement the data collected with service users. However, the sample size of service users who agreed to participate was small ($n=2$) and we decided to give equal priority to both the service user and staff interviews, thus placing greater emphasis on staff members' self-reported experiences of the effectiveness of formal social supports in the workplace and informal supports from family, friends and colleagues during lockdowns and COVID-19 times generally. We subsequently added some additional questions to the interview schedule with services staff about service users' experiences to supplement the small dataset generated with service users. While the sample size was small (e.g. in total, we conducted 12 interviews), the depth of data was rich and enabled us to respond to the research questions. We completed the research in four (interlinking) phases, which are outlined below.

Research Phase 1 – Scoping Review

The initial research design process encompassed a scoping review of extant literature on homelessness in Ireland, the UK and Europe including statistics, policy reports, grey literature, and peer reviewed academic articles and books. We prioritised literature published during the five years prior to the emergence of pandemic (e.g. 2015-2020) but also used older sources on policies to contextualise the findings. We focused attention on qualitative research on service users' experiences of wellbeing and homelessness during COVID-19 and more general qualitative research on homeless persons' experiences, wellbeing of services providers and new ways of working adopted during lockdowns to provide further context. We used the literature as a guide for the development of interview schedules provided in Appendix I and Appendix II of this report. This continued the emphasis on methodological integration, which was a key feature of this project.

Research Phase II – Partnership Approach

In phase II, we developed a partnership approach with the Good Shepherd Cork services in Cork City, Ireland to further facilitate our research relationship. We discussed the research project in detail with management and staff at the Good Shepherd Cork. We followed up with several research meetings on Zoom and MS Teams from 2020 to 2022. This was to build trusting relationships between the EHU and Good Shepherd Cork teams and also strengthened the researchers' knowledge of the unique context of homelessness in Cork; changes to socio-demographic profiles of service users, if any, since the beginning of the pandemic; and general information about life paths of service users. We drew on aspects of Participatory Learning and Action (PLA) to develop this relationship, with specific emphasis accorded to learning (e.g. how we as researchers could learn from participants and staff and vice versa) and how our research findings could be used in a meaningful way by the Good Shepherd Cork (action), following authors like Allaham et al, (2022).

The interview schedules were also forwarded to and discussed by the Good Shepherd Cork team who subsequently reviewed them and offered critical advice on the number and types of questions we intended to ask service users. We accorded importance to the 'practice wisdom' of staff members (Devaney and Dolan, 2017), mindful that they worked closely with service user participants every day, and often for extended periods of time, and therefore could recognise if our questions may have triggered painful memories or harmful behaviours. We held a dedicated full team meeting about the interview phase with the Good Shepherd Cork team who recommended that we reduced the number of questions to service users. We operationalised strict ethical guidance throughout this study, mindful of the traumas, oppressions and marginalisation frequently experienced by homeless families. We informed participants that they could stop interviews whenever they liked or they could opt out or say no. This was explained to participants verbally and in writing to minimise opportunities for triggering negative emotions. We drew on Rosenthal's (2003) work on discovering 'safe spaces' in interviews for participants and interviewers alike. To do this, interviewers are vigilant of changes in participants' intonation, speech patterns and turns of phrase that may indicate that interviewees are becoming emotionally upset. Searching for 'safe spaces' means that the interviewer leads the interviewee gently to the topics which were discussed positively to offset and/or minimise negative emotions.

Research Phase III – Sampling and Data Collection

We began interviews with services staff and service users in October 2021 and in total conducted 12 interviews with participants up to April 2022. Staff interviews were conducted entirely online on Zoom and MS Teams. Due to rising COVID-19 rates in Ireland in Autumn/Winter 2021/2022, it was safer to conduct interviews online or by phone only and not face-to-face as was envisioned originally in the ethics application. The interviews with services users' took place via telephone which was requested by both participants, although the Good Shepherd Cork service did provide interviewees with access to Zoom, on the services premises.

Online and Telephone Interviewing – Limitations and Opportunities

There were limitations to using online interviews and telephone interviews which we were of course aware of; including potential lack of access to Zoom and MS Teams for service users (Deakin and Wakefield, 2014), or lack of access to a space where the participant felt they could talk without being overheard, ethical issues pertaining to confidentiality, anonymity and triggering emotionally painful memories (e.g. factors that led into homelessness) of life episodes including circumstances of abuse (sexual, physical, emotional) and incidents of violence. We were also aware of the difficulties forging trust relationships with participants online and by phone and the dangers of triggering participant's memories after an interview take place, which could potentially lead to harmful behaviours (Moran et al, 2022). We were also cognisant of other limitations of online interviewing too which were more heightened under pandemic lockdown and travel proscriptions that rendered us more geographically and physically distant from participants that ever before (Moran and Caetano, 2021). When staff member participants had their cameras on, we could only see their faces and are therefore limited in what we can see of our participant's body language (Seitz, 2016). Participants could also switch their cameras off or end the interview abruptly. We also recognised it could be very difficult (if not impossible) to gauge if participants were in confidential spaces during interviews or if they were under duress to respond in particular ways to certain questions. This could lead to skewed data and could seriously compromise the ethical integrity of the research.

To offset the issues of confidentiality and accessibility, we linked with Good Shepherd Cork services who agreed to offer Zoom access to participants who agreed to be interviewed online. They also offered us a confidential office where we could meet participants face-to-face if the COVID-19 situation changed or if service user participants agreed to be interviewed by phone or online. This would also offset concerns we had about participants' safety if they were being

‘coached’ or if they under coercion from others to participate and/or to respond in a particular way. As we conducted interviews online with staff and not service users as envisioned initially, the limitations of online interviews did not affect our research with homeless adults per se. Furthermore, in our experience, the online platforms worked well for staff members who displayed many different emotions during interviews about personal and professional challenges during pandemic lockdowns.

We offered online access to all service user participants as well but the two interviewees who agreed opted to do the interviews on the telephone. There are many reasons why this may be the case; including mistrust, feelings of shame, fear of prejudice and lack of experience using online platforms. Operationalizing our ethical obligations to participants and mindful of the need to accommodate and listen to participants’ needs and opinions, we opted to do these interviews by telephone in February 2022.

Research Phase IV - Data Analysis and Interpretation

We analysed the data using Thematic Analysis (TA) which is described as an ‘accessible and theoretically flexible approach to analysing qualitative data’ (Braun and Clark, 2006. p. 77) where codes, patterns and themes are identified within the data. We kept detailed fieldnotes during each interview, which were subsequently read and re-read after interviews took place. The authors transcribed interviews verbatim, which were read and re-read by both. We generated themes and subthemes, following the principal steps involved in TA as outlined in Nowell et al, (2017). These themes were examined further in relation to the literature review and the research question, the aims and objectives. The researchers conducted online research meetings to discuss each transcript in depth as part of the interpretation process.

During interpretation, we used the principal themes and subthemes and created interactive mind maps to link the findings to the CRQ and the subsequent research questions that emerged from the CRQ and the literature review. This optimised the continual interaction between theory, method and data as per our commitment to methodological integration, which was an important facet of our data interpretation process as well.

4.3 Participant Recruitment and Sampling

To recruit participants, we designed an email which would be sent to all current service users of Good Shepherd Cork requesting their participation in the research in September 2021. The Good Shepherd Cork team had also reviewed this email prior to it being sent to participants to optimise the services' involvement in the research. Participants were also provided with a Participant Information Document and a Consent Form (included in the appendices section) which outlined the main purpose of the research, our ethical obligations to participants and that taking part or not taking part would not affect any of services they might be using (and/or that they may wish to access in future). We stressed the importance of consent; that participants had the right to say 'no' to take part and that they had the right to decide for themselves if they wanted to do so or not. The EHU team did not have access to any contact information of participants as per our ethics application and all information about the study was given in hard copies to participants via the Good Shepherd Cork team. The Good Shepherd Cork management team in each service also spoke about the research directly to service users to try to maximise the sample but also stressed the importance that they did not have to take part if they did not wish to do so, and that they had the choice to opt in or not.

With the consent of service users, Good Shepherd Cork management gave the researchers the contact details of people who agreed. This comprised a first name only and a contact number which was destroyed immediately after the interview took place. The Good Shepherd Cork team also asked participants if researchers had consent to contact them directly after the service supplied us with contact details. In both cases, participants agreed. Subsequently, a third service user expressed interest in taking part in the study but they later opted out. In the resultant transcript, pseudonyms were applied to operationalise anonymity and confidentiality to service users and staff.

The management teams in each Good Shepherd Cork service also spoke to their respective teams about taking part in the study and they were subsequently reminded of their rights if they wanted to take part or not (they could opt out, refuse to take part without any implications). In total, ten services staff members took part, who worked in several areas of the services (e.g. management, education and learning). The inclusion of staff was significant for several reasons: staff members' interviews provided detailed narratives of ways of working during COVID-19, gaps in services provision, what worked, life pathways into homelessness, and they gave ample examples of how COVID-19 impacted on their own wellbeing and that of services users.

Furthermore, staff members also offered important insights into policy working for homeless people in Ireland and locally in Cork.

4.4 Principal Ethical Considerations

The study received full ethical approval from the Faculty of Arts and Sciences (FAS) at EHU to carry out research over the period 15 July 2021 to 30 April 2022, with funding from the university's Institute for Social Responsibility (ISR). The aim of the project was to understand the impacts of COVID-19 on the physical and mental wellbeing of homeless families, related to the issues of lockdowns, social distancing, use of temporary accommodation and interaction with services. It was later decided to extend this to also consider the impacts on the wellbeing of homeless services providers, for which approval was granted. At the outset, it was decided to conduct interviews with participants online (using a platform such as Zoom) rather than in person, given the difficulties of travelling and in-person interaction at a time when pandemic lockdowns and restrictions were rapidly changing.

While using digital technology to conduct the interviews was the best means of protecting the physical health of the researchers and the participants, given that there is no risk of spreading viruses and bacteria in this way, we also acknowledged that there may be unintended increased risks for negative impacts on the emotional wellbeing of participants in this format. The interviews touched on topics that were stressful and emotive that relate to experiences of being or working with homeless people.

For the homeless people themselves, conversations about their use of temporary accommodation could lead to them reliving painful events, stigma, shame, feelings of hopelessness, risky behaviours, health fears, fears for their personal safety, and anticipation of a bleak future. It is already well-established that homeless people often face issues including substance abuse, sexual abuse, history of family trauma, exposure to physical and/or emotional abuse, and health issues. As such, this is an extremely vulnerable group of subjects. There are likewise risks for homeless services providers, who may have emotional responses to their work or relive feelings of being burnt out and/or overwhelmed during pandemic lockdowns, as well as stress related to uncertainty about their jobs or the future of their services with issues related to funding. Finally, for the researchers conducting the interviews, the sensitivity of issues discussed may also cause emotional responses such as stress.

To manage the ethical issues related to this empirical work, full ethical approval was sought. As part of this process, all participants were provided with full details about the topics of the interview ahead of time in written format, and this was also explained verbally at the beginning of the interviews and via services staff. Participants were informed of their right to stop the interview at any time and to withdraw their interview transcript up to 28 days after the interview took place. We consulted with homeless services providers to ensure that the information produced on ethical issues was accessible to participants. The interviews were carried out by interviewers who have prior experience of working with vulnerable, at risk and hard-to-reach groups, which has informed their approach to conducting interviews. The interviews were conducted in a highly sensitive manner. Participants were informed that they could bring a supportive person to be with them in the interview if they wanted and they were also provided with information on locally based free counselling and psychotherapy services available to them if they wished to access such support after the interview takes place. Participants' agency was prioritised; the decision to use narrative and free-flowing interview approaches is said to reconfigure the power inequities associated with more semi-structured formats (Pinkerton and Rooney, 2014).

One issue with video or telephone interviewing is that body language, facial expressions and eye contact are far more difficult or impossible to take account of (Seitz, 2016). To mitigate this, we maximised facial expressions and ensured that the top half of our bodies was showing on camera at all times so that participants can see our movements, as per Moran and Caetano (2021). While participants were in their personal spaces where they may feel more relaxed, we also acknowledge issues with privacy as we could not guarantee that participants were alone or that they were not being overheard. Access to technology could also be an issue for some participants. As such, a private space was made available by the Good Shepherd Cork homeless services for taking part in interviews. However, all service user interviewees opted to do them in their private spaces. Interviews with staff members took place via Zoom. In addition, personal phone numbers were not exchanged with service users and staff members and all interviews were conducted on organisational rather than personal accounts.

4.5 Chapter Summary and Conclusions

The study's methodology, which centred on qualitative data collection, analysis and interpretation, was suited to this project, as it discerned rich and detailed insights on staff and service users' experiences during COVID-19. As per the previous chapter (literature review),

qualitative materials on wellbeing, working conditions and the operation of services for society's most vulnerable populations are exceptionally important. The PLA approach of this study, the partnership with Good Shepherd Cork services and the emphasis on individual and collective life pathways in and out of homelessness and visions of new futures post COVID-19 are extremely important for national and international research.

The next chapter (chapter five) offers the main findings which are thematically organised, and are subsequently discussed in the context of national/international policies and research in chapter six. Conclusion and recommendations are offered subsequently in chapter seven which are relevant for the Good Shepherd Cork service and for policies.

5. Findings

5.1 Introduction

In this chapter, we present the principal findings with regards to ways of working with clients/service users during the main lockdowns associated with COVID-19, the complexity of service users' and Good Shepherd Cork employees' experiences, impacts on wellbeing and specific stressors. As shown in this chapter, COVID-19 and social distancing (SD) were strongly associated with negative effects on the wellbeing of staff members and persons experiencing homelessness. SD reinforced feelings of social isolation among service users, along with feelings of stigma, oppression and 'being different' which corresponds strongly to findings in extant Irish and international research on wellbeing during the pandemic (Curran and Hoey, 2022; Faciam, 2021; Finnerty et al, 2021). Comparable to existing research on the experiences of frontline services staff during COVID-19 (see Carver et al, 2022; Goodwin et al, 2022), findings presented here also illuminate that staff members experienced strong personal and professional struggles during and after the lockdowns. However, our data also suggests that staff members' experiences during lockdowns had far reaching emotional effects on their wellbeing which affected their personal lives and job performance both during and after COVID-19. Staff exhibited strong teamwork skills despite the multiple and unforeseen adversities of working during lockdowns; they regularly confronted their own personal fears about contracting and spreading the virus whilst prioritising the needs of service users. Significantly, this data is discussed in depth in chapter six in the context of national and international research literature.

The remainder of this chapter is divided into five main sections which emerged from the data. The first section (5.2) elicits staff member narratives about individuals' pathways into homelessness and levels and types of support required by service users, who often present with very complex needs. This section prefigures subsequent sections of the chapter which detail how COVID-19 exacerbated stress experienced by staff members and service users during the pandemic. Part 5.3 focuses on technology adoption and communication during lockdowns which emerged prominently during interviews, while part 5.4 provides detail on interagency working and the significance of informal and formal supports during COVID-19. Part 5.5 focuses on staff members' emotions, coping and wellbeing during COVID-19 and part 5.6 concludes with a series of recommendations which are discussed further in chapters six and seven.

5.2 Pathways into Homelessness during COVID-19: Poverty, Domestic Violence and Historical Legacies of Oppression and Exclusion

Staff members who participated in interviews frequently alluded to the complex factors that led families and individuals into homelessness, regularly stating that pathways into rough sleeping or couch surfing were frequently irreducible to one single factor. Rather, the factors themselves were highly complex and related to individual and familial legacies of poverty, material disadvantage, domestic abuse and multiple forms of exclusion, experienced across the life course. Staff members who took part were highly skilled, well qualified and experienced professionals who had worked in other services that strongly interlinked with the orientation and ethos of Good Shepherd Cork. They typically had extensive professional histories working with persons experiencing homelessness and persons who have experienced other traumatic events over the course of their lives (e.g. child abuse, neglect, mental health problems, domestic violence). This was significant given the multiplicity of traumas alluded to in the literature in relation to homeless service users (Kelly, 2021; Villani et al, 2021).

During the pandemic there appeared to be relatively good continuity for service users due to low staff turnover and integrated ways of working within the service, which drew upon the key principles of a participatory ethos that was similarly oriented towards prevention and early intervention. That said, staff commented on short-term contract arrangements in some areas of the service which they said impeded upon continuity and enhanced service provision:

It's a real problem because the people who have the knowledge and gain the experience would have to leave, which is a serious issue for a service like this.

Significantly, the B and B Outreach Team commented that support was also provided for persons transitioning out of homelessness. This further entrenched the 'wraparound', generational ethos of the service which was oriented to creating new pathways for better futures and breaking historical legacies of poverty and oppression. Across the service, staff members were acutely aware of the range of problems encountered by people moving out of homelessness and into secure housing arrangements:

Just because they leave here, all the problems they had don't disappear because they have a house. That still requires a lot of support. The needs have got higher and the work in general has got more demanding.

Importantly, staff members were passionate about their jobs and were notably engaged about improving the lives of persons using the service. They often commented that the importance of support work for homeless persons was not properly recognised by national policymakers or by society more generally. The passion and enthusiasm that staff members felt for their work and to working proactively with service users was evident in the following excerpts:

I love it. I love it. It's a great organisation. We have a great team and a great culture. I'm very proud to work here and the ethos that we have and how we work to the letter of that ethos and to treat every human being with dignity and respect that they deserve. People don't always recognise how hard it is to live in a B and B for example with a family.

You don't do this work for the money. You do it because you are committed to people. Even if you're afraid, like during COVID, you can't disappear when things get tough. You still have to provide a service.

It's a lot more about holding and emotional support what I do. This means more than paperwork. In this service you have people lone working in the community. If it's a residential unit, you hand over at 5pm so if a person's had a bad day, you hand it over but in settings like this, you can't.

Staff had a very strong knowledge of the multiplicity of factors that typically led people into homelessness, commensurate with their professional experiences in the homelessness sector and the strong degree of knowledge-sharing amongst staff teams that emerged in interviews. Significantly, service users who were interviewed also alluded to the interplay of different factors that were structural, cultural, relational and personal in nature that initially led them into homelessness, with both interviewees attributing the pathway out of homelessness directly to the work of Good Shepherd Cork:

We would have grown up with not a lot and I think he preyed on that and I had low self-esteem, no self-confidence or self-belief. I never had any counselling before I met him and that was a shame. He was very mentally abusive, the stuff that came out of his mouth to the kids as well. It has really affected them and they have no relationship with him, the boys. If it wasn't for the Good Shepherd, I don't think I would be here.

It was financial control, personal control, all that. My husband was a very, very controlling person. I did as I was told. I was more like his child. I was cutting out the things that were good and it destroyed me and I was blocking all the bad things out. It was actually my son that said to me one day 'This isn't right. You have to leave'. So that was an eye opener for me.

Importantly, interviewees commented that the support they received from the Good Shepherd Cork had inspired them to escape from cycles of violence they regularly experienced at home. Clients spoke openly about their experiences of multiple forms of abuse (physical, emotional, sexual) that they endured from partners. They attributed the changes in their personal outlook and self-confidence to the support they received from the service:

I had been using the service and he became violent. I always had a home before that and it was here that I got emergency accommodation. I had been built up to think I was nothing but now I know that's not true. I couldn't have done it without going to Cuanlee. He was violent and told me 'you can't leave'. I was shocked to think that I could leave. I was shocked by that knowledge and I was shocked as well that I could do things for myself.

I'm a far stronger person now than I was. I wish I had the confidence back then that I have now. I should have stayed with him for about a week instead of wasting my life. I'm getting the supports I need now. I didn't even realise what I was living with. The staff members were great in supporting me so I know I don't need him and that's very, very powerful. I was so messed up in that relationship and being here showed that to me.

He really destroyed me emotionally and it was the hardest thing. He accused me of abuse. That was so hurtful and accused me of being unfaithful.

Staff members regularly alluded to the high level of teamwork that existed within the service, across various teams, commenting on the tacit knowledge/shared knowing that existed amongst employees and management: *'you'd kind of notice if someone is quiet and if they were OK because we have worked together for so long'*. This was significant for providing peer support. They also had a deep knowledge of individual clients and the biographical experiences and individual life stories of services users, alongside the negative impacts that homelessness had on children as well as parental wellbeing. Interviewees employed a strongly supportive way of working with clients as evident in interviews, which was based on their individual needs and was non-prejudicial:

Whoever comes here, it really doesn't matter where their stance is in society. Everyone who comes in the door is uncertain, overwhelmed and I would say somewhat afraid. You know they're thinking 'will the social workers take my kids', you know? I think we all know what the stigma or the ideal stereotypes around homeless people are and I don't know how many people I've met here that say 'we didn't think we'd end up in this situation' so there is an element of shame to it as well. I think it takes an awful lot of bravery to say you need help and for the people who use Redchylffe for example, to come to the gates and buzz in that first time. That admission must take an awful lot of strength.

You can only have certain conversations with people if they are at that place. So you have to understand what place they are at and where they have come from. There is a lot of diversity in the family structure as well which you have to recognise and acknowledge.

Staff interviews viewed addiction as a way of coping with multiple personal traumas that were experienced across the life course which were exacerbated by lack of support from family and friends and failures by state services to intervene early enough to make a positive difference. Importantly, staff interviewees also spoke of the tendency in society to judge people who presented with substance and alcohol abuse issues. However, they viewed anti-oppressive practice which was central to how they engaged with service users as central to breaking social

stigmatisation and stereotypes. This anti-judgmental attitude towards services users is evident in the extract below:

It's like a chicken or egg, which one comes first? To me, the trauma and mental health issues were there before and the substance is being used as a soother to stop the pain the person is going through. They would have had traumas in their lives. A lot of horrific stuff happened in their lives with their families and turned to substances and then because of substances and falling out with their family and into crime because they didn't have any connections or supports and then into prison. It seems to be a revolving door of prison and mental health addiction, and it just keeps going.

The job roles of interviewees were also highly varied and this was valued by staff member participants. This was summarised by one female participant who said ‘*no two days are the same. It's one of the things I enjoy most about the role. Every day is different and every person is different. You learn all the time, you know?*’

5.3 Complexity of Life Paths, Homelessness and Marginalisation

Significantly, all staff interviewed at Good Shepherd Cork stated that the typical profile of persons accessing homeless services had changed since the recession of 2014, also stating that the pandemic itself had forced many more people into poverty traps, which affected both their physical and mental health. Moreover, increased domestic violence rates, mental health problems and higher levels of alcohol misuse during lockdowns had also expanded the pathways for more people to become homeless since COVID-19, so that, as per one female staff member, ‘*the complexity of the problems are even greater than before*’. Importantly, staff interviewees also alluded to cycles of homelessness where persons using the services as adults also accessed Edel House with their own mothers as children. This is further indication of the inter-generational legacies of material deprivation and homelessness, as well as the link between homelessness and trauma (Savage, 2016; Schrooyen et al, 2021).

Staff interviewees were also cautious that the effects of COVID-19 on homelessness were likely to ricochet into the future and would be felt for a long time to come. They worried about their own abilities to cope in the long-term and what the full psychological and emotional effects of the pandemic might be on service users. They also reflected on the differences in what they saw

as the typical profile of people using the service over the last decade in terms of geographical location and age profiles of services users, personal experiences in the rental market and personal traumas, asking questions such as ‘if rents continue to rise and people are forced out on the streets, how will we cope as a service?’ The changing demographic profiles of service users, the levels and types of traumas experienced, and concerns about the length of time people spend in homeless services, and lack of government will to effectively tackle homelessness are all evident in the following quotations:

The person who is coming into homeless services has changed. You see a lot of people who had jobs and who were working and can't get on the housing ladder and you see a lot more people in their 20s who maybe had to live at home but due to stresses at home, just had to leave. There are a lot of economic reasons that seem to force people into homelessness and domestic violence which just seemed to mushroom, even during the pandemic, mental health problem and addiction and a lot younger coming in now. People didn't stay in homelessness for as long. You also have more people using the service from outside Cork City so that has changed and the will is not there on behalf of government as it's to do with money.

People moved on more quickly. Now they could be in here for three years so they are in the service for a lot longer. In the past, it was large families were the biggest worry, and stayed the longest but that was probably a couple of months at most. Drugs weren't as plentiful 20 years ago either in Cork and that made a huge difference. The drugs landscape was totally different. In the past, people moved out and into a house and that was it. Now the landlord puts the rent up and they're back six months later and back to square one. There is no stability.

I think the person who is coming into homeless services now has experienced an awful lot of trauma. At the beginning, this place was kind of low support. Now, there are a lot of people accessing different parts of the service who have experienced a lot of trauma. The experience of homelessness further traumatises them and people who have big problems with English, navigating those systems. Their needs now are high support. These people could get lost, not if they come to our service but just in the system generally.

I would worry about that. I don't think we know the full impacts of COVID-19 yet. I don't think that any service has. I would worry about that and our own coping as people and on the service users too. We might get a swell just when we think this is all coming to an end. You have an awful lot of people coming in here who have been in this position before. Some of whom know it from childhood and might have been with their mothers in Edel House or experienced some level of homelessness. It could have happened sometime during their upbringing, or it could be addiction, but we also have families who never experienced homelessness before who are more victims of the housing crisis and not being able to keep up with the HAP or the rent.

Importantly, some staff members also stated that the principal changes they noticed in the profile of persons using service during and since COVID-19 is the increasing number families who have experienced domestic violence. Staff described this as an important societal legacy of the pandemic which did not receive enough attention at government level or in the national media, commenting that the impacts on children were also not known, and nor is it clear what this increase potentially means for service delivery in the future:

I do think that we won't know what's happened during COVID for years, how it has impacted on people's wellbeing and what happened in terms of domestic abuse. I really don't think so. And the trauma that has on families and future generations isn't clear.

Some staff participants also worried that there would be an increase in women wanting to access support later due to increased violence experienced at home during COVID-19. They worried for people's welfare that were experiencing domestic violence generally, and also for possible impacts for service delivery if there was a subsequent pandemic or a COVID-19 wave, followed by more intense lockdown periods:

What we see an awful lot is that the landlord says they're selling so they can up the rent. We have a mixed bag here really and we have seen a real increase in the number of families experiencing domestic violence. We have referrals coming in from Cuanlee next week. We've always had families that were from Cuanlee. Now we have 6 or 7 beds at the moment. I do wonder if it's a knock on from COVID. Like

partners working from home, you can't pick up the phone and it's a far more intense situation. I have noticed that in the last few months and it is in relation to COVID I think. And they might not even attribute it to COVID, the women I mean because they have been in that situation for so long, they might not even have thought about why it was happening more and more because they were being assaulted. I do worry if there is another lockdown or something, what is going to happen and how we can manage it all.

The historical legacies of marginalisation in official systems (e.g. courts, education) with regards to the voices and experiences of people from lower social class backgrounds and/or who had experienced homelessness was also evident in interviews with staff who had worked directly with women who took legal actions against their partners for domestic violence: *'it's like saying because you're homeless, you don't know, you're just being hysterical. We say to people 'go to court and get the help'. Then they go and they are dismissed. All they got was a solicitor saying 'you tried your best'.* Comparably, accounts of marginalisation in courts systems also emerged from interviews with female clients:

I never got a barring order and I had to live in the same house with him which was hell. I felt really under threat and under pressure. The courts really didn't take care of us at all. I told one of the staff here what he was doing and she said 'you have to get out of there. This is dangerous'. I didn't feel safe at all. We left everything here and that house, it was my world. I just took black bags, not even an ornament, nothing. Our bags were searched as we left the house to see what we're taking out.

As per interviews, the COVID-19 situation also exacerbated pre-existing historical legacies of social exclusion and inadequate access to housing traditionally experienced by working class families and now by younger people who are effectively 'locked out' of the housing market due to rising rents, unemployment and precarious work which severely undermines people's abilities to obtain a mortgage. According to staff members, however, persons accessing homeless services often had a higher likelihood of getting a house faster from the local authority in comparison to persons who did not access these services.

One thing I've found over the last 3 years is that there are a lot more working people and they probably can't get on to the housing, into the council. People who are homeless for longer probably have a better chance of getting a house. I think the waiting list is 8, 9 years.

Significantly, staff members also commented on the extreme emotional pressures felt by people accessing homeless services for the first time. This also emerged in interviews with service users too. The staff members and service users who were interviewed commented on the importance of counselling and medical/health services working together to help alleviate stressors. An integrated approach to services working together was extremely important in offsetting the stressors associated with sourcing and accessing various services and for improved outcomes for services users overall (van Laere and Withers, 2008). Importantly, staff members spoke of the importance of relational ways of working with clients to build up as comprehensive a picture as possible of individual pathways into homelessness and the complexity of clients' everyday experiences whilst homeless. This approach to understanding life histories and contexts grounded in life pathways and complexity was a crucial part of working effectively with clients:

When they come into a system and they're not used to accessing services and they have to start accessing counselling, social services, the HSE, they find it extremely hard to navigate through and then they become entrenched in the stresses they probably wouldn't have felt before in their lives. Addiction and mental health is all around them and people get tangled up in that web then... During the pandemic, it seemed to get worse, that the timeline for people getting in seemed to increase.

I just deal with people on an individual basis. I just see them wherever they are coming from.

Significantly, some staff also said that, despite lockdown conditions and restrictions on movement, many clients they had worked with moved freely on the streets, and that other compounding factors including past experiences of oppression and social exclusion further fuelled isolation and substance misuse during COVID-19. In the opinion of the staff member below for example, 'stay at home' orders also had detrimental effects on persons who had mental health issues as well. In turn, this indicates the multidimensionality of factors that lead people into homelessness and precipitates cycles of abuse, neglect and isolation:

People with addictions were all out and about. Obviously, there was nobody out so they started trying to run around the street and get money for drugs or alcohol. I saw all that madness and the people whose mental health was not good, they stayed indoors.

5.4 Technology and New Ways of Working during COVID-19: Relationship-Based Approaches, Trust and Mental Health

Unsurprisingly, the adoption of new ways of working and the challenges and opportunities of using communicative technologies; the use of platforms including Zoom and Microsoft Teams to communicate with clients emerged prominently in interviews with staff members about COVID-19. Aligning with findings from Goodwin et al (2022), services staff spoke of the importance of building strong, trusting relationships with services users, and mentioned their commitment to ensuring that trusting bonds continued during the pandemic, regardless of SD:

Obviously because of social distancing, being able to work with different centres and keeping staff safe, that has restricted me, but I have been able to work using telecommunications, Zoom and walk talk therapies. The relationships stuff would be important to me, yes it would.

However, interviews also identified some significant challenges in communicating with service users pertaining to access to technology, financial barriers to platforms, inability to use them and reticence among service users about adopting them. This illuminates the multidimensionality of factors affecting access to communicative technologies and that issues of access are rarely (and perhaps never) irreducible to one singular factor. Rather, factors affecting technology uptake and access among homeless populations during COVID-19 comprise many different (yet interlinking) facets:

A lot of the people I was working with, they wouldn't have had smartphones or laptops. They wouldn't have broadband and wouldn't have had the funds to pay for any of those, so the organisation had to find funds to get that out there, but people didn't really want to go on Zoom. They found it hard to use Zoom.

Importantly, staff members also noted the importance of body language (tacit knowledge) when communicating with clients. The fact that they could not see service users led some staff to comment that they were on the ‘*back foot*’ trying to support services users. In the extract below, one staff member states that pauses and silences are important dimensions of working with clients. However, due to SD and the use of phone technology, the meanings of the pauses and silences were ambiguous and obscured during the pandemic:

I couldn't see them, they couldn't see me. I couldn't read body language. There were long pauses. If you're on the phone and you can't see them, you don't know what the long pause is for and it became a problem for people when there would be a pause and then 'Look, I need to go now'.

For the ‘Making Change’ programme, which focuses on wellbeing and educational services, moving online had some unanticipated benefits with regards to the number of women who accessed the service who may have been unable to access the group if it was running face-to-face, as per the following extract:

I think a Zoom art group would have been very intimidating for new people. But because we already had a group, we were able to send out a link every week, post art packs to people, plan the schedule a few weeks in advance. One unexpected benefit is that women were able to come to the group online who were struggling to make it because of schools or because they'd been rehoused outside the city, so actually that went very well so we did wonder about whether to keep the Zoom art going – although lots of people were very eager to get back face-to-face. But from our point of view it was just capacity, we don't have the capacity to run parallel offerings online and in-person.

The initial lockdown, which was the most severe and imposed the most rigorous restrictions on movement² from March 27th 2020 in Ireland, brought with it substantial restrictions on service provision at Redclyffe as per staff members’ accounts of changes to services delivery. SD substantially curbed overnight stays and prevented services users from meeting their families and

² People were allowed to travel 2km from their homes, except for essential work, providing care to elderly people, do essential shopping, or attend a medical appointment. These restrictions ran up to May 5th 2020.

friends outside the service to limit infection transmission. While such measures were necessary to save lives from a hitherto unknown virus, this notably increased social isolation, loneliness, stigma and mental health problems amongst service users, increasing the range and influence of these stressors in their lives. However, some service users also reported positive experiences in their accommodation; *'The hotel was deserted. The people who ran the hotel were lovely. It was just the little things that made a positive difference'*.

Despite this, not all service users had positive experiences in their accommodation during the pandemic initial lockdowns, with issues of safety and heightened risk emerging strongly from interviews. Neither of the service users who were interviewed commented specifically on risks from the infection itself. Rather they alluded to their own physical safety and that of their children and feeling fearful in their accommodation when discussing the meaning of risk. In the following extract, a female interviewee comments on her experiences in a Bed and Breakfast which she said made her feel unsafe. For these service users, wellbeing was a multidimensional concept that linked closely to their own physical and mental health and those of their families. Both mental and physical health were central to how they interpreted wellbeing, which they also discussed in relation to unanticipated and unknown futures, the challenges transitioning to new life pathways (if they did not have prior experience of being homeless) and physical safety in temporary accommodation (TA) which was discussed by both services user interviewees.

It wasn't the building really, it was more the people who lived in the building as well. They were quite rough and I could hear everything through the walls. All we could do was lock the door. I was very emotional about it.

5.5 Social Distancing, Mental Health and Personal Coping

In some situations, lockdown conditions, isolation and seeking safety from known friends and acquaintances outside the service led to detrimental wellbeing outcomes for adults who were discharged because they consumed alcohol on the premises. Significantly, some service users broke the COVID-19 restrictions on contact to maintain relationships with social connections and friends. However, some interviewees also devised their own strategies to cope with lockdown, working within the rules of what they were permitted to do during lockdowns whilst engaging with the service and observing SD:

I think we just waited for the changes in the restrictions and did what we could. I met friends for coffee whenever I could just to sit down and talk and it did make a difference.

We would go for a walk, the kids and I and even if it was just about town, it was something to do and we ended up laughing at something, you know. The staff members at Good Shepherd during lockdown were unbelievable. If I had any worries, I just talked to them about what was going on and I was totally ready.

Breaking the rules also affected changes in services; staff members could no longer meet clients face-to-face to delimit disease transmission when those service users had congregated with people from outside the service. As per the following interviews with staff, this also had severe implications for mental health of service users, often exacerbating anxiety and depression. Staff members were also nervous about engaging with service users for fear of contracting the virus and spreading it to elderly parents, friends and medically vulnerable service users:

That has a massive negative effect on people's mental health and how we ended up lifting it in the end was balancing mental health versus COVID risk. I would know from people coming in here that they suffered really badly with depression. There was nowhere to go. Working in this area you have to be intuitive and you get to know people so you can see what's going on. You go and have that conversation 'what's going on with you? Are you OK?' It's even just people knowing they have freedom and can do an overnight if they like. They need it for their heads.

They'd say to me 'I'm losing my mind. I don't want to get up in the mornings'. Their health went down. Some people were eating takeaways all the time. Some of them looked dishevelled. They weren't looking after themselves like they usually would be. Some people drank on their overnights and that was purely to manage things and feel like they were managing. There was a few caught drinking and they had to be discharged.

The lives of homeless people are quite regulated from morning till night. We have a code of conduct when people come in here and we do need it. We do need them to work with us and engage. If I had to look at something like that going in somewhere though! They are grown adults but we have to tell them they can only stay out two nights. So it does affect people, in terms of decisions and freedom. We have to do that to keep the bed and keep their placement. Everything that is in there is in there for a specific reason like fire and safety.

The families would normally have a support network, if it was a cousin or a friend, or else they were going out and we knew they were mixing. We had to offer phone support. We couldn't sit down with them in a room. We couldn't trust where they were or the level of engagement they had.

When restrictions loosened and some face-to-face contact was permitted with persons from different households, some staff members stopped using PPE to relieve feelings of isolation amongst service users. However, this was also adopted by staff to militate against feelings of low morale and to overcome negative impacts on mental health that they and the service users experienced during COVID-19. Staff members who were interviewed regularly commented on the fear of infection they felt initially working on the front line during COVID-19; *'we all have to go home to our own families'*. Some staff commented that they adopted new ways of thinking which enabled them to cope and to work effectively throughout the various lockdowns:

I was wearing gloves and a mask and washing myself and washing everything down and watching the research but then as time went on and we started living with COVID. For myself at the start, I was a bit anxious and nervous I thought 'No I'm keeping myself as safe as possible, the service users are as safe as possible'.

The world can't stop. It's not my way of working that I can work for months on end because my job, one thing I knew from the two weeks and trying to build relationships with people that it just wouldn't work. It would just die a death. My mental health would probably fall too. I couldn't stay home lying in bed or working in my house for long periods of time. I just couldn't sustain that. I did it for 2 weeks so I could

understand where my colleagues were at and where the service users were at. After the two weeks, I just wanted to get out of the house. That wasn't a place that I wanted to be.

Their mental health deteriorated and that happened with staff too, the service users, my colleagues. There were a lot of similarities in terms of what happened to them. Their joy in life was gone.

For staff interviewees, opportunities to engage with and support each other through training and development initiatives, albeit online, was significant in boosting morale and offsetting mental health problems. For some respondents, this also contributed to deep personal and professional reflection on what it meant to them to be a frontline worker during COVID-19, a time of immense global change, how they were coping and how they could better support each other:

The Zoom calls came in, the phone calls came in, talking to my colleagues, you know, training online. So I amalgamated all of that into my way of working and at the same time learned how I could be better as a worker, what was happening emotionally to me, how could I improve all that was going on for my colleagues as well?

Despite several personal and professional challenges, staff members expressed supportive views towards the Good Shepherd Cork service generally and also towards management with regards to how the pandemic crisis was managed at an organisational level. For example, staff members mentioned that they felt they were trusted by management to effectively perform their roles during COVID-19, and that their professional judgment is held in high esteem. They also said they were free to support clients in whatever ways possible. That said some of them also made recommendations for future training in areas like trauma-based working for example, which they said should be further incorporated into ways of working across the organisation:

The organisation that I work with is very, very good. There is no cut off point when I have to meet people and I can support people whatever they're going through. A lot of people in homeless services, they just see

a person there's no future for because of all the issues. I think we do need more training in trauma because it's pervasive in what we do.

5.6 Wellbeing, Informal and Formal Social Supports and Interagency Working

Significantly, staff member interviews emphasised the importance of working proactively with service users to source other services in Cork (e.g. medical care and specialist counselling) where needed. Family support also emerged strongly in interviews, as this was described as a key part of staff members' day-to-day roles. Importantly, staff members also discussed the significance of understanding the minutiae of everyday family dynamics for effective working with service users and the provision of informal support. This is evident in the interview extract with a staff member below:

What I do is that I work with individuals to access supports externally and then I help them with counselling and emotional regulation as well while they're in the service, looking at their drug and alcohol misuse, explore possible solutions they have effectively and offering support, advice on family dynamics and family support.

The effectiveness of informal social support in terms of developing peer networks and mutually supportive relationships between clients was commented on by staff members and client' alike for positive effects on wellbeing in terms of improved morale and self-confidence, feeling cared for and supported by others, and personal healing after trauma and abuse. This was commented on in the interview below on the 'Making Change' initiative that works to create a safe environment and enhance wellbeing through coffee mornings, art therapy, language classes, adult colouring, crafts and English language learning. Building peer networks and using art for therapeutic purposes was seen as significant for enhanced wellbeing overall. This approach also seemed to have strong positive impacts on personal wellbeing, although the pandemic curtailed some of the wellbeing-specific programmes that were on offer previously:

We know that creative pursuits have a therapeutic impact. It can calm worries and anxieties. One woman recently commented that when she does the art she's not only happy when she's doing it, she's

happy for the rest of the day. This isn't a formal art therapy but it's a women's art group, it is therapeutic but we didn't set it up to be a therapy group. Because of the pandemic over the last couple of years a lot of what we do has been curtailed. The opportunity to support people into formal educational routes, there's nothing specific around that. Some of the workshops around health, wellbeing and stress we were doing had to stop because we couldn't have any other organisations in here.

In some cases, I know with the art therapy piece, there was one lady that drank all day. Now she goes to art shops and that has become her passion instead of drinking, so it was a success for her.

Despite challenges in technological adoption and new ways of working, staff members also provided ample examples of achieving good outcomes with clients during COVID-19. Applying a relational way of working with people that engaged with clients' everyday life worlds and understanding their own personal biographies and homelessness journeys was significant to this. Working proactively with family members and other formal services in a type of wraparound approach was a pivotal part of this:

You know her mental health was bad. There were two suicide attempts, addiction but I've been there all the way through and worked through them all. Her health has been really bad. She calls me her second son. There are lots of positive stories and I think it's that connection. Both her daughter and her son were struck down with COVID recently and they couldn't get out of the house. So I was able to link in with her, explain the process, what was happening you know so I was able to help her out while her family weren't there. Just to help her to get over that... What the difference before was when she was out of homelessness, she couldn't deal with what was going on for her. She would have used prescription drugs and then her family would have backed away. She's not using prescriptions; her family are able to support her through that. I'm able to work with the family and talk to them and link in aftercare service workers with her. I think that would have been lost before. It's me key working and case working and working with the other services and making sure that everyone is linking in with her and supporting her through it.

Similarly, service user interviewees also alluded to this wraparound approach in relation to improved wellbeing of families. They also commented on the significance of informal social supports that they received from Good Shepherd Cork and on positive outcomes for themselves and their families, which they directly attributed to the service:

I did feel like I was being cared for in the centre and they did so much for the kids as well as they have been through so much. I think the fact that I feel cared for also means that I can be a better parent and what more can you ask for than that? My kids knew why I was leaving but it was so scary to do it.

I'd meet this lady from the Good Shepherd and we'd go for a coffee and she'd talk and she'd listen and she made my life so much better. She really helped with the paperwork and different things I had to do. The solicitor was a difficult thing as I never dealt with them before so it was good to have her help. We had a nice time chatting and she made me feel good. I couldn't even think my own thoughts when I was with him.

Every week they brought food and clothes and it was also someone to chat to that I felt was on my side. I felt positive on what was ahead. I could ask her anything as you're just feeling low and I was looking for answers. I looked in the mirror one day and I saw a different person than I saw when I was at home. I felt better about myself.

My daughter, she is happy again because of the counselling and the support. She is like a new child. The situation was very difficult for her as she couldn't go to school. She's at a point now where she is working and will go to college eventually. She has come out the other end of it.

We got this place and it feels like a home. I couldn't do too much with it because I don't have the money. But it's the mentality of it and the place is chilled. We are happy here and it makes a huge difference so I'm eternally grateful to the Good Shepherd.

There was strong evidence of effective interagency working among staff members as well; the varied, diverse nature of staff members' roles meant that they frequently engaged with Cork City Council and other services providers in the region (e.g. Men Overcoming Violence (MOVE) and Threshold) as part of their everyday work. However, linking in with other services for persons experiencing homelessness was a serious concern for staff, particularly when some services were closed or curtailed during lockdowns.

The diversity of the staff team was a very important strength in implementing the key principles of early intervention, knowledge-sharing and improving outcomes for clients across the life course. It was also significant for identifying gaps in services provision within the community. The provision of a Child and Youth Services Worker was critical to offsetting pathways to poorer outcomes for young people at an earlier life stage and interviewees saw this as essential for offsetting some pandemic-related stressors associated with poor mental health. However, interviewees also stated that the utilisation of therapy work and educational provision to adults in the Good Shepherd Cork showed evidence that life pathways can be repaved throughout the life course and that negative past histories are not necessarily indicative of poor outcomes if positive support is provided. Providing dedicated violence and sexual assault and dual diagnoses workers were also seen as significant for promoting positive healing and wellbeing after traumatic experiences:

The Making Change team would do an awful lot in terms of linking them in linking them in with educational services and doing art with them. The Glucksman Gallery in UCC and the link they have boosts people's confidence. It is important that we have that emphasis here on sexual assault as well, as it shows that people can move forward with their lives and it does help mothers to move beyond what's happened and look after themselves and their children, instead of living in the past.

We don't always hear the positive story in society but those supports are really, really key to wellbeing and were so pivotal during COVID especially. With the right supports, people can get back on track and can go to a good place.

Importantly, staff members also commented on the importance of building more relationships with schools for improved early intervention and to further enhance integration of services

across the Cork City region. This was seen as significant for enhanced services provision, early intervention and interagency working:

There would need to be a link with schools. Housing, education and health need to be linked together and have an integrated strategy. There needs to be specific workers who follow the families through these systems. Access to healthcare has always been difficult for homeless families, pandemic or no pandemic. There were no face-to-face visits from health visitors or midwives during the pandemic, so the families became invisible because nobody knew that they were there.

5.7 Staff Members' Emotions, Social Support and Coping

Interviews also revealed the complexities and challenges encountered by Good Shepherd Cork staff in managing the emotions that emerged while performing their role. Staff members spoke of the complexities of balancing their professional commitments to clients whilst also coping with their own isolation, being away from family and friends and fear of contracting the virus, particularly in the early stages of the pandemic. They used multiple and varied strategies to manage their own self-care including private counselling, peer support, case reviews, meetings, talking to friends and family members about their wellbeing, debriefing to colleagues, group supervision and support from management to carry the daily strains of their work. Furthermore, management expressed positive attitudes towards these initiatives, stressing the importance of continuous, accessible supports to staff wellbeing. Management also stressed the importance of ensuring staff felt supported and that they took regular breaks and annual leave periods to minimise burnout. Despite this, all frontline interviewees commented that they felt emotionally and/or physically drained by their work, which sometimes involved witnessing physical violence between partners in the service or being told about violent incidents which some of the staff found difficult to cope with on top of the pandemic stresses:

I manage my emotions through therapy and counselling, supervision and peer support. You can always talk or rant or rave. The support here is brilliant but I would do clinical supervision. All of that helps me to understand when I'm well or when I need to focus on my own self-care. This is a difficult place to work because it's emotionally draining. They're already so close to rock bottom, not having their basic needs met, not having their own home.

It's really tough, the work and you know, it's come from some of the dads too, how hard it is being in the service and feeling like you're not providing for your family so there is the emotional work with that person too and everyone is different, so a lot of things come up even at an individual level. There's a lot of pain and it's very, very real. The Christmases we have been able to give people because of the generosity of the community is unreal. But they still wake up homeless. There's no talking around it or getting away from it.

They are in a pressure cooker situation and these two were literally about to blow at each other. The pressure of COVID was too much for people in their own homes. Imagine having a situation where you are with that person 24/7 in a small unit with no privacy. So that is hard, bearing witness to that. They really squared up to each other alright.

When probed on the meaning of 'emotional drainage', a term which emerged strongly in interviews and what this feels like to them, staff participants routinely used the following terms to describe it: 'rage and you could be so cross at the system overall and the council'; and 'it's not their fault but you feel so frustrated at the pain that you see you know in another person', 'It can be very difficult working with the kids especially if there are drugs and alcohol involved. You can see the pain in their eyes'. Some staff members also commented that they regularly worry about clients who suffer from mental health issues which are a significant load to carry outside of the working environment. They also said these feelings of being 'drained' and 'burned out' were further exacerbated by negative interactions services users have had with the local authority housing unit and the level and types of trauma that service users presented with, particularly with regards to mental health, suicide risks and maintaining trust with service users in difficult circumstances:

I do feel bullied by the council. People crying on the phone that the council won't help them and God knows what's been said to them. It's very hard for the staff. The council probably do look at things less compassionately than us, tick a box, they don't care. It may not be appropriate for a woman to move to an area who is fleeing domestic violence. They don't care about the reasons behind it. It's just 'there's a place to live, take it or else, you know?'

You do worry if she or he will be there the next day. There's nobody to hand that over to. I would find it really hard when people are cast aside by the system. Sometimes when women come here, they are unsure if they will go back or if they are gone for good or they don't know if they will keep contact up. And if they have a bad experience or things don't work out the ways they want it to, it traumatizes them more and they think we've betrayed their trust.

Importantly, some staff also commented on the strains that lack of resources that was invested in improving their own wellbeing in the workplace. While the Good Shepherd Cork services had expanded significantly, the amount of resources provided to staff did not increase commensurately. Staff members commented that members of the public had higher expectations about what they should do owing to the growth in the service, which they felt they could not always meet and which some interviewees said *'stresses us out because we want to do our best'*. Interviewees also advocated for an existing part-time position to be extended to a full-time role in fundraising and events management, which they said would offset some of the problems to do with fundraising, staffing and resources:

We do need more workers in some parts of the services absolutely, to do our jobs well and fulfil our obligations to services users. We're expected to be all things to everybody which we do find frustrating compared to the actual work with the clients. Good Shepherd is more visible now. Simon has a much bigger team doing this.

Some teams have been looking for funding for years for new posts. It's hard to recruit new staff members that are good if all you can give them is one year. That lack of access to funding and short-term fixed contracts is not very attractive. If positions could be funded for longer-term, it would help the clients as well.

While staff members were generally positive about the service being expanded, some interviewees also felt concerned about the funding of the service into the future and competition

from larger, national providers:

Some of the larger organisations coming into Cork, like Peter McVerry, they aren't relying on the HSE for funding. We will come up against that. If we don't put more into new positions fundraising, I would question our future as an organisation. Homelessness is changing. It's grown so much.

Significantly, despite concerns, staff member participants were generally positive about the future of the service. Research by Carver et al (2022) found homelessness services staff during the pandemic reported feelings of frustration, poor interagency working, and a sense of being regarded as 'less than' other professionals in service users' lives – by both the users themselves as well as other service providers. However, we do not find the same issues among the staff interviewees of Good Shepherd Cork. While participants did report feelings of stress and emotional drainage, they also perceived themselves as making a meaningful impact in their work to support vulnerable people and feeling connected to other service providers in the city. Moreover, they believed in the ethos of the Good Shepherd Cork and, despite challenges, they remained committed to it; *'it's a really passionate workforce who believe in the work they do'*. As one staff member said: *'the organisation does a great job with clients, they really do'*. At the same time, some voiced concerns about precarious contracts, staff retention, increments, and improved maternity payments for staff members which they said needed to be attended to by management. Fundraising was also seen as pivotal to ensuring that new positions could come on stream to further alleviate staff pressures, so that staff members who may have otherwise moved to larger, national services, would stay at the Good Shepherd Cork and ensure continuity of service: *'if we don't have staff, we don't have a service'*. Significantly, all of the staff members who were interviewed said they would like to continue with Good Shepherd Cork which bodes well for the future of the service and while they articulated the complexities of their job roles and the difficulties and challenges that it brings regularly, they were proud of the service and the work that they do. Significantly, both service users also anticipated that they had brighter futures because of the work of Good Shepherd Cork. As one interviewee said:

We have hope for the future now which we didn't have before. I can imagine a better life now which I couldn't in the past.

5.8 Chapter Summary and Recommendations

This chapter has highlighted key findings that emerged from analysis of qualitative data produced in the interviews carried out for this report. It has noted the impacts of COVID-19 and its associated SD, lockdowns and concerns about virus transmission on the wellbeing of homelessness service providers and users. To a certain extent, the findings discussed here accord with other studies of the impacts of the pandemic upon individuals' wellbeing and the need to rapidly adapt to changing environments (Finnerty et al, 2021). At the same time, while service staff participants did report feelings of stress, emotional drainage and worries about burnout, this was tempered by reported feelings of positivity arising from making a positive difference to service users' outcomes, along with a palpable commitment to the mission of their roles. As such, the most pessimistic findings of Carver et al (2022) were not directly replicated in this case, which is likely due to the feeling of being well-supported by management at Good Shepherd Cork, which took action to mitigate negative impacts on wellbeing, as well as the wider milieu of homelessness services in the city which appears to be better integrated than is the case in some contexts. This is not to say that there is no room for improvement; staff participants did raise concerns with staffing levels, insecure contracts, and issues with pay increases and maternity leave benefits, all of which can have impacts on wellbeing, staff retention, and hence ultimately the effectiveness of the service.

Several key recommendations emerge from the analysis. These might be considered points for further discussion, with the professional experts within the service deciding how these findings impact their work and whether it suggests the need for changes in the service offering:

1. Given the well-documented relationship between historical poverty and abuse, and experience of homelessness, training and integration of trauma-informed approaches may enhance the provision of services and the effectiveness in breaking the 'vicious cycle' of homelessness.
2. Staff members repeatedly raised issues with service users having experienced domestic violence but also intergenerational abuse, with service users who had also experienced homelessness as children. Given that one impact of the pandemic was an increase in domestic violence, the service needs to reflect on how to adapt to this, given it is likely that this impact will 'ricochet' into the future.

3. Interviewees noted the changing profile of those accessing homelessness services, including those who are in work but could not make ends meet owing to the cost-of-living crisis, as well as younger people who cannot afford to get onto the housing ladder. The needs of these individuals are likely to be very different to those who have longer-term experience of cycles of homelessness and abuse. As such, the provision of staff may reflect that some service users will have less severe needs, meaning that staff trained to deal with more complex cases could be better assigned to complicated cases.
4. Staff members are highly motivated by the mission of the organisation; in the words of one, *'you don't do this work for the money'*. However, that does not mean staff should not be fairly remunerated. Attention should be paid to concerns raised about pay increments and wider benefits, such as maternity leave and issues with short-term contracts, given this can impact on staff retention. Investment in training and professional development could be a reward that accords with the personal commitment to the mission. For example, this might mean gaining new qualifications.
5. Staff also highlighted the need for a full-time (rather than part-time) role in fundraising and events management in order to take the pressure off frontline workers; *'we're expected to be all things to everybody which we do find frustrating compared to the actual work with the clients'*.
6. Some concern was voiced that larger service providers operating in the space might be a potential threat given their greater resources. However, given that engagement and Training and Development activities held online during the pandemic were reported to positively impact morale and contribute to personal and professional change, engagement, networking and collaboration with other homelessness service providers might have similarly positive impacts, rather than being a challenge.
7. Online education, wellbeing, social and art therapy groups were well-received by service users during the pandemic, especially given that it meant those who have difficulty travelling into the facility in person were able to access the service. These have been discontinued owing to resource constraints, but it might be considered whether a hybrid approach is possible, with some sessions online and some in-person. This might also suggest the need for digital skills training for staff to feel more comfortable with conducting a session both online and in-person; many academics in universities now deliver classes in this way, meaning it may be possible to approach a university for training in this area.

8. Likewise, there were concerns about whether service users could access online support or use Zoom. While noting that for some services, in-person provision is clearly superior (e.g. for confidentiality reasons and to read participants' body language), some services may be better suited to a more digital approach (which is often more cost-effective). Service users might also benefit from further provision of digital skills training, given how these are increasingly essential for the workplace and accessing all manner of services.
9. The interviews highlighted the importance of Child and Youth Services Workers and having dedicated violence and sexual assault workers, along with an interagency approach. In particular, staff members repeatedly highlighted the importance of having a single person to follow a service user through various systems and help navigate the various offerings, e.g. someone who can work with the service user as they move through the housing, education and health systems. In particular, service users and staff alike reported frustrations with the at times brusque manner in which the City Council deals with service users. We suggest that collaborative work to train council staff in a more sensitive approach could be an important departure for the Good Shepherd Cork for furthering relationships with the local authority as well.

6. Discussion

6.1 Introduction

As detailed in the previous chapter, this report further corroborates the multiple (and multidimensional) factors that lead people into homelessness, including complex personal experiences of traumas such as abuse, neglect, relationship breakdowns, poverty, alcohol and substance abuse. Significantly, it also highlights the complexity of people's everyday experiences as homeless service users, pertaining to stereotyping, social stigma, the effects of homelessness on family life and experiences of complex negative emotions (Mayock and Sheridan, 2012; Carver et al., 2022). Significantly, as documented in chapter five, COVID-19 also had severe negative effects on the wellbeing for service users and agency staff members in Good Shepherd Cork. The pandemic exacerbated intersectional inequalities and emotions like loneliness and isolation amongst service users, and severely undermined their mental health. The research emphasis of this report on the wellbeing narratives of staff and homeless persons alike are significant for Good Shepherd Cork and for future policy planning nationally, through offering a snapshot into complex daily experiences during a unique social, economic and medical context. This is pertinent not only for understanding ways of working during the COVID-19 pandemic but it is also very important as globally, scientists and policy-makers plan for subsequent COVID-19 waves and future pandemics that are expected to emerge (Smitham and Glassman, 2021).

The purpose of this chapter is twofold; firstly, it develops the main findings of the report in relation to extant literature and discusses how the findings potentially advance and contribute to existing research. Secondly, it synthesises the principal findings within the broader context of homelessness services provision in Ireland, offering detailed insights into 'what worked' in the Good Shepherd Cork during the pandemic lockdowns as per service user and staff members' accounts. The main findings and the contribution to extant literature on wellbeing are detailed in part 6.2, while part 6.3 provides a chapter summary and conclusions.

6.2 The Complexity of Wellbeing Narratives and Social Support: Exploring Relevance for Policy, Research and Practice

Findings described in chapter five underscore the complexity of wellbeing as a relational concept and the various effects of the pandemic on service users and staff members' wellbeing. In the context of increasing international research on wellbeing and stressors during pandemic times experienced by homelessness services staff and clients, this study is very pertinent. For staff

members, wellbeing frequently encompassed concerns for their own mental and physical health, along with that of their families, friends and service users. Furthermore, for staff members, understanding the effects of the pandemic on the wellbeing of service users also related to people-centred ways of working and gaining knowledge about individual clients' backgrounds and the unique experiences that led them into homelessness initially; the complex personal experiences that occurred in people's lives whilst homeless and life pathways that affected better transitions out of homelessness. As demonstrated in interviews, participants often alluded to proxies in interviews when discussing wellbeing (e.g. mental and physical health, risk, safety) which is important to understanding how clients' conceptualise wellbeing simultaneously as a multidimensional, lived and relational concept. Significantly, our finding also further demonstrates that homelessness has strong intergenerational effects on wellbeing, reinforcing cycles of poverty and disadvantage for children and families as per extant literature (see also Mayock et al 2014). This further demonstrates that wellbeing is an inherently multidimensional concept, as established in the relevant literature (White, 2010, 2015). The pandemic's influence on different (yet interlinked) dimensions of homeless persons' wellbeing including safety, mental health, definitions of risk and physical health warrants further exploration in larger-scale research. Moreover, more research into frontline staff members' pandemic experiences and their effects on wellbeing, physical and mental health of staff, are important in the Irish context.

While COVID-19 markedly impacted on the mental and physical health of staff and service users, our findings suggest that both groups experienced various types of stressors during the pandemic, albeit in different ways and to varying degrees. Both staff members and service users were fearful for their own health and safety and that of their families. The wraparound dimension of the Good Shepherd Cork service was frequently noted by staff and service users, as was the emphasis on anti-oppressive and anti-judgmental practice. The narrative which prevailed among service user interviews is that services providers cared for them and cared about their children's welfare. These are significant findings in relation to the positive impacts of the service on improved wellbeing. Moreover, service users' directly attributing positive transformations in their morale and confidence to Good Shepherd Cork staff, and to ways of working with clients which are significant to wellbeing, further indicates that the service had positive impacts on service users even during periods of extreme physical and emotional hardship – the COVID-19 pandemic, which exacerbated multiple intersecting inequalities (Marmot and Allen, 2020).

While extant international literature discussed in chapter three describes the complexity of service users' pathways into homelessness, their experiences while homeless, and staff members' discourses about working on the frontline during lockdowns, more Irish research on how homelessness services staff and users interpreted wellbeing and coped during SD and factors that helped and hindered wellbeing during lockdown would be valuable for policy, research and practice. Such research might also be significant for capturing factors that affect the social legitimacy of wellbeing initiatives nationally that are targeted at homeless populations, yielding important information on what wellbeing means to so-called 'vulnerable' service users and how to communicate wellbeing initiatives effectively with services' staff and service user groups. Furthermore, as more and more people tend to spend longer time periods in TA as per interviews in chapter five, it is important to remember that people's wellbeing needs change and vary in and across time in relation to context, and their individual needs entering homeless services are also variegated based on their past experiences. It would be valuable to conduct follow up studies on transformations to subjective wellbeing in and across different lockdown phases among service users and staff members in Cork and amongst homeless services nationally, and to compare and contrast this across Europe to understand the longer-term impacts of the pandemic on wellbeing. This temporal dimension and the significance of using longitudinal approaches are particularly apt given concerns raised by staff about the potential 'ricochet' of poor mental health outcomes from increased domestic violence experienced during lockdowns.

As per our findings, staff members exhibited high levels of flexibility and adaptability which was a very positive aspect of the service and were highly responsive to clients' wellbeing needs and unique circumstances. They were also largely positive about the support provided by management at Good Shepherd Cork, although it should be noted that there were some concerns about short-term unstable contracts, staffing levels, and pay and benefits. However, this is only a single snapshot and more detailed research into operational and structural aspects of the service may be warranted to fully clarify this. The staff members interviewed also placed significant emphasis on engaging in a trusting, open and honest way with clients, and ways of working that are oriented to understanding the life paths that led them into homelessness in the first place and how to support their wellbeing whilst they were using the service and after they exited homelessness. The support provided to people transitioning out of homelessness are very significant for breaking cycles of poverty and intergenerational homelessness, and this is a very important finding overall in relation to wellbeing and the provision of social support for service users. It also suggests the need to conceptualise homelessness services as a holistic combination

of emergency provision of temporary housing, mental health support, and assistance in navigating the housing, health and education systems.

The diversity in support available to clients via Good Shepherd Cork is also noteworthy. The emphasis on changing adverse educational outcomes and improved morale through the ‘Making Change’ initiative and subsequent professional links developed with the region’s largest research-intensive university, University College Cork (UCC), constitutes very significant developments. These links with UCC also have potential for improved outcomes for service-users, especially with regards to staff training and development, research-enhanced and research-led practice and service user engagement with the university community as well. Such inter-professional links are also potentially significant for developing further research using collaborative tools to engage service users as well as Good Shepherd Cork staff using Participatory Learning and Action (PLA) and Participatory Action Research (PAR). The 2022 designation of one of the newest universities in Ireland, Munster Technological University (MTU) which has a campus in Cork City, opens up similar avenues with regards to research engagement and further benchmarking of ‘what works’ with regards to services delivery. Chapter 5 also noted the value of university links in training and development of services staff, along with collaborative work with other public services and crucially the City Council to develop a fully integrated approach and a more sensitive communication style with service users than what is at times experienced.

6.3 Informal and Formal Support for Staff and Service Users: Exploring Impacts on Wellbeing

Importantly, this research also contributes to extant literature on social support and the importance of attending to the multiple support needs of clients using informal support and formal support systems. Previous research attests to the importance of providing a mix of supports for people who experience adversity, further highlighting the importance of emotional support, including through an attuned communication style and sensitive ways of working, and formal supports such as counselling and referrals (see Hwang et al, 2009; Siersbaek and Loftus, 2020). Our findings from service user interviews, albeit with a limited sample size, show that clients interpreted counselling and other services provided to them by the Good Shepherd Cork as high quality. Indeed, as per much extant literature, it is not only the range of support that is on offer to persons who endure traumatic life events that makes a positive difference, but also perceived quality of the support provided (Jafry et al, 2021). Significantly, our data suggests that ways of working with clients in Good Shepherd Cork are highly positive and that having

supportive conversations and giving positive assurances boosted service user wellbeing, affecting their morale and self-belief. Moreover, there was also evidence that engaging with the service had positive impacts on children's wellbeing. This is significant for breaking negative cycles of social and material disadvantage through early intervention. However, we would be able to provide a more comprehensive picture if we had been able to access greater numbers of service users who engaged with the Good Shepherd Cork at different points in time with regards to quality of service and wellbeing or by adopting a longitudinal approach.

The emphasis on staff members' wellbeing and informal/formal support was a key focus of this research. While work to understand frontline workers' narratives of challenges working during COVID-19 is increasing in Europe and internationally (see Billings et al, 2021), more research is required with homeless services staff members in the Irish context. Our research uncovered multiple stressors encountered by staff members during COVID-19 pertaining to controlling the transmission of the virus and fears about their own physical health and mental and emotional wellbeing, as well as that of their families. Concern was voiced that the impact of these stressors could affect prolonged periods of burnout and a sense of feeling overwhelmed. At the same time, our study corroborates the importance of peer support, reflective practice, counselling and regular debriefing sessions to offset some of the most salient emotional challenges of living and working in pandemic times. We concur with the literature with regards to the importance of such support for staff, and other related emotional supports including mentoring and coaching, recommending that such opportunities are provided into the future as they are crucial to coping with the emotional and physical demands of working with highly vulnerable service users with multiple complex needs (see Webb and Carpenter, 2012; Tsui et al, 2017). In addition, regular check-ins with staff could be beneficial in gauging how their wellbeing needs are being met and to identify any gaps in services provision, as the social and economic landscape affecting homelessness continues to transform in Ireland, Europe and farther afield. This is also significant for acknowledging how staff members' wellbeing is affected negatively and positively by broader social contexts, whilst underlining the complexity of wellbeing as a relational concept.

While staff members expressed supportive and positive attitudes towards management generally, they did express some concerns with regards to short-term contracts, pay progression and maternity leave which need to be addressed. People's economic and social wellbeing – and on a more prosaic level, staff retention and turnover – are strongly influenced by both incomes and feelings of security emanating from the knowledge that our jobs are safe and supportive (Cosby and Berry-Edwards, 2015). It is important to address the issue of precarity in some areas of the

service so that the quality and continuity of service can be maintained and as a means of strengthening staff wellbeing. Generally speaking, staff members were well trained and continuity in formal and informal supports provided to clients was good overall. However, continuity in services provision might be enhanced again by more permanent/long-term posts being made available in the service. Retaining and recruiting high quality staff is central to the future of the service and for maintaining good quality services to some of the most vulnerable people in society. Staff members did express that training in trauma-informed ways of working needs is a particular gap and this would be highly beneficial especially given the high levels (and multiple types) of trauma experienced by clients as expressed in interviews.

6.4 Conclusions

The discussion provided here summarises the main insights generated in this study with regards to wellbeing during COVID-19; the factors affecting wellbeing for staff members and service users, and the significance of social supports while also identifying ‘what worked’ and areas for improvement. COVID-19 and the social contexts around SD provided a unique and important context for this research; the everyday stressors experienced by homeless populations were severely compounded during lockdown periods. However the interviews also revealed the impacts of positive formal and informal supports on people’s lives during the pandemic. Our findings on services’ clients’ lives during COVID-19 are severely limited due to sample size but, nonetheless, they do indicate the importance of various types of formal and informal supports offered to them. As the sample size of staff members is larger, we can say with more confidence that our findings on wellbeing and the impacts of peer support on offsetting stressors are important too.

The literature presented in this report highlighted initial concerns at the beginning of the pandemic that homeless people would be particularly hard hit by COVID-19, owing to their generally poorer health, lack of access to safe places to self-isolate and socially distance, as well as their reduced contact with health services. While the worst fears of large numbers of deaths among homeless people were avoided owing to rapid action by states and service providers, there was at the same time a series of impacts on homelessness service users’ wellbeing that are likely to have consequences well into the future. We already know that homeless people are likely to have worse wellbeing and greatly reduced access to social support. Furthermore, homeless people also have greatly increased incidences of having experienced abuse during their lives. Research has found that those living in temporary accommodation such as B&Bs or hostels, as

well as the ‘hidden homeless’ sofa-surfing between friends and family, experience markedly worse outcomes across a range of measures including wellbeing and health. The issues affecting homeless people are compounded by multiple intersecting inequalities arising from gender, race, sexuality, class, age and experience of trauma.

As this report has also established, the pandemic had impacts on the wellbeing of homelessness services staff and forced those working on the frontline to rapidly adapt their ways of working in a constantly changing environment, while at the same time experiencing stress and fear for their own physical and mental health. The data gathered for this report showed that staff largely felt supported by management and were able to quickly respond to the changing circumstances to continue the delivery of a quality service, although some specific concerns were articulated which are summarised below. Experiments with new ways of working, such as incorporating more digital technology into the service delivery, also offer intriguing suggestions for coping with growing demand for services that is outstripping the growth in service resources. This report notes the concerns that homelessness services staff have about the long-term impacts of trauma, social distancing and health impacts of the pandemic will have to demand for support, particularly in the context of the housing and cost-of-living crises. It also adds to the small evidence base that currently exists that is specific to the context in the Republic of Ireland.

The previous chapter explored in greater depth a number of key recommendations that fall into the overarching themes of ‘how we work’ and ‘how our service users’ needs are changing’. This might suggest that, in order to prepare for the future, the service considers implementing trauma-informed approaches and other training to anticipate future demand from those who have experienced domestic violence, as well as the rather different needs of those who are in-work or simply could not afford to get onto the housing ladder. Issues were raised with pay increments and benefits such as maternity leave, as well as the need for more staff working on areas such as fundraising and events to take the pressure off frontline practitioners. The use of online or hybrid on-and offline service delivery in areas where this was shown to be effective, such as art therapy, may be useful in reaching those who physically find it difficult to attend the services in person. Overall, the interviews carried out for this report showed that staff at the Good Shepherd Cork already have the motivation and knowledge to deliver an impactful and professional service in even the most difficult and complex situations, but looking to the future the prospect of greater demand for services and resourcing issues are challenges that need to be anticipated.

7. Conclusions and Recommendations

7.1 Introduction

As this report has shown, the responses by the homelessness services sector in Ireland during the pandemic were generally effective at responding to rapidly changing circumstances. However, it is likely that the **impacts on staff and service users' wellbeing caused by the pandemic will play out over the medium- to long-term**, situated within the broader context of issues with **housing affordability and rising homelessness** in Ireland that predate COVID-19. This final chapter will summarise the findings of this research and set out a number of key recommendations for service providers.

To a great extent the media has moved on from the pandemic and there has been almost a form of collective amnesia among society about the 7 million people who died across the world (World Health Organization, 2023).³ However, we contend that **learning lessons from the pandemic and its associated lockdowns is important for two reasons:**

- 1) New variants of COVID-19 may emerge, as has happened in the past that are more resistant to the current range of vaccines. Alternatively, new viruses may emerge. Consider for instance the Monkey pox pandemic among men who have sex with men which thankfully could be treated by an existing vaccine. Scientists believe that future pandemics are a matter of 'when, not if'. In this case there may be further lockdowns and significant disruptions to normal life as experienced internationally over the 2020 to 2023 time period.
- 2) While most people are eager to go 'back to normal' after COVID-19, research shows that the impacts on mental and physical health will have long-term impacts (whether issues such as greater incidences of stress and anxiety, grief and depression from losing loved ones, respiratory issues associated with 'long COVID', or the simple facts of higher obesity rates and the implications of increased alcohol consumption owing to far lower levels of activity during lockdowns). Moreover, higher rates of personal debt and rental arrears built up during the pandemic, set against a backdrop of a housing crisis in most countries that has seen reduced access to affordable housing, means that there are structural causes of greater homelessness in the future.

³ See <https://covid19.who.int/> for the latest figures.

7.2 Overview

The Irish housing crisis substantially predates the pandemic; over the period 2014-2020, homelessness in Ireland increased by 232% (O’Leary and Simcock 2020). Rapid increases in house prices and rents have led to greater financial pressure on individuals who are most vulnerable to homelessness, including those on low incomes, people with drug or alcohol dependencies, people with lower access to educational and social capital, and those who experience discrimination for a range of structural, cultural and individual reasons (Benjaminsen and Bastholm Andrade 2015; Bramley and Fitzpatrick 2018). From 2009 to 2019, house prices in Ireland increased BY 54%, with the result that **housing in Ireland is the most expensive in the entire European Union** (FEANTSA 2021). This constitutes a significant structural problem that needs action at the level of the state to overcome.

Cork is the second city of Ireland and is the second largest cluster of homelessness in the country. The number of adults in emergency accommodation in the city more than doubled over the period 2014 to 2021, and there has also been a **significant rise in the number of homeless families** recorded in Cork (O’Sullivan et al. 2021). However, there are issues with official statistics; for example, those who are ‘hidden homeless’, or moving between friends and family without a fixed address, are more likely to be women (Mayock and Sheridan 2012). Such people are largely invisible in existing homelessness statistics. Research shows that these homeless women are more likely to have experienced **sexual and emotional abuse**, whereas homeless men are more likely to have **substance addiction and mental health issues arising from trauma**. It remains the case that a significant majority of those experiencing homelessness are men, with homelessness here being defined as lacking access to a ‘place to live in security, peace and dignity’ (FEANTSA 2013, p. 1). As such, responses to men and women need to be tailored to their different needs and historical experiences prior to first experiencing homelessness. Furthermore, research shows that **one in three homeless people in Ireland is a child in a family** (Stanley 2017). The traumatic experiences on children of this intensely destabilising experience also need to be considered by service providers.

COVID-19 had a disruptive effect on the Irish housing market, and it has been speculated that a long-term impact of the pandemic is the accrual of **private rental arrears and personal debt** which may become future structural causes of homelessness (O’Sullivan 2020). The temporary collapse in certain areas of the market, for example for AirBnBs, or limitations on evictions of tenants in private rented accommodation, also negatively impacted upon new developments of housing, meaning that issues with **shortage of housing supply will only continue in the**

medium term (Cahill 2020). On the personal level, the pandemic also exacerbated a range of issues relating to homelessness, unemployment, substance and alcohol abuse and financial pressures facing those on low and unstable incomes (Perri et al, 2020).

It is already well-established that homelessness correlates strongly with a range of negative impacts on the emotional and psychological wellbeing of individuals as well as far worse physical health outcomes (Hwang and Burns 2014; Savage 2016; Cowie and Myers 2020). The link between homelessness and historical experiences of physical and sexual violence, severe deprivation, substance and alcohol abuse, and childhood experience of homelessness is well-documented (Murphy et al 2017; Corey et al 2022). Indeed, during this pandemic, service providers in Ireland reported significant increases in substance misuse, relapse and deteriorations in mental health among service users (Curran and Hoey 2022). As such there is likely to be a growing need for specialised support and services to target those with addiction issues and mental health problems in the future. It is worth repeating that **the life expectancy for homeless people in Ireland is only 42 years**, compared to a national average of 82 years, highlighting the lethal effects on physical and psychological health of experiencing homelessness (Housing Agency 2018).

This research sought to address the gap in research on the impacts of COVID-19 on the wellbeing of homelessness services providers themselves, who are often overlooked in the literature on housing issues. We already know that the pandemic was an intensely stressful time for people, and homelessness services staff were no exception, reporting stress and instability alongside concerns about how to effectively do their jobs while minimising risk of exposure to the virus for themselves, their families and the vulnerable people they work with (Carver et al, 2022; Kaur and Jagpal 2021). Nevertheless, creating a ‘culture of care’ and organisational management engaging with staff wellbeing were able to mitigate some of the worst aspects of working during lockdown (Parkes et al, 2021). In cases where frontline services staff felt supported by management, increased flexibility in the workplace and openness to using new technology where possible was linked to positive impacts from the pandemic (Goodwin et al, 2022). Significantly, we did not find that a strong ‘insider/outsider’ or ‘them and us’ culture as reported by Carver et al (2022) existed in Good Shepherd Cork which was testimony to positive ways of working and knowledge-sharing during COVID-19. Management must work to continue good staff relations to offset additional stressors that might emerge during future societal/medical crises. Should another lockdown happen in future (or series of lockdowns), it is important that peer support for enhanced resilience is acknowledged by management and that

staff are given sufficient time and space for the development of such relationships/social bonds for enhanced wellbeing going forward.

7.3 Key Findings

Our interviews with frontline services staff frequently led to discussion of the complex pathways into homelessness and rough sleeping that cannot be boiled down to a single factor. Staff members were experienced in working with those who have experienced traumas such as child abuse, sexual abuse, domestic violence, neglect and deprivation, mental health problems and substance addiction. Staff generally reported that services adapted well to the challenges of the pandemic, but they also reported feeling that their work was not properly recognised by national policymakers or valued by other service providers, such as in local government. **Staff had strong individual commitments to the ‘mission’ of their roles** and made positive comments about the degree of teamwork and camaraderie in the organisation.

Significantly, our interviews also noted that the profile of service users is changing, with growing demands from young people who are unable to access affordable housing, those who are in work, and those facing domestic violence. Staff members also noted the growing complexity of needs that service users present with, meaning that people spend longer times within the service than in the past, in part fuelled by housing unaffordability. With reference to COVID-19, interview participants commented on increased incidences of domestic violence as well as mental health problems and substance abuse. As such, **homelessness services need to adapt to this longer-term challenge** with similar flexibility shown during the rapid changes of the pandemic.

Owing to social distancing (SD) requirements, where possible service provision made use of digital technology. While there were positive comments on the effectiveness of this for some services, such as art therapy and classes, issues with capacity meant this has been discontinued. For other aspects of the service, frontline staff felt that technology was not beneficial owing to issues with privacy and confidentiality and the importance of meeting service users in person to understand their issues and read body language and facial expressions. Moreover, many service users were unable to access the platforms for financial reasons, lacking the devices or internet connection, or in some cases the knowledge of how to use the software, or lacking a space where they could talk without being overheard.

The pressures of SD and wearing PPE (although in some cases staff reported not wearing PPE as this was a barrier to performing their jobs effectively) meant that staff relied more on their

social and professional network for support in dealing with ‘emotional drainage’ and feelings of burnout. Training and development initiatives and spaces to share experiences with colleagues were positively commented upon during the interviews. Staff felt that the management of the Good Shepherd Cork was of a high quality and that their professional judgment was respected and held in high esteem. Nevertheless, they did raise issues such as the need for greater awareness of trauma-based working throughout the organisation, as well as practical aspects such as maternity leave and pay increments, and suggestions that the organisation needs a full-time staff member working on fundraising and events to allow frontline workers to focus on delivering support to service users. Staff members also noted the existence of professional links with University College Cork (UCC), one of the most research-intensive universities in Ireland. This is extremely beneficial for future research links and for enhancing evidence-based and evidence-led practice. Potentially, these links could also be significant for forging relationships pertaining to staff training and development and for future service evaluation. The designation of the new Munster Technological University (MTU) also offers tremendous promise in terms of research and development and management should consider forging such relationships with practitioner and research-active staff.

7.4 Recommendations for Practitioners

Several key recommendations emerge from the analysis and were raised in chapter five. These are included here again for reference and might be considered points for further discussion, with the professional experts within the service deciding how these findings impact upon their work and whether it suggests the need for changes in the service offering:

1. Given the well-documented relationship between historical poverty and abuse, and experience of homelessness, **training and integration of trauma-informed approaches** may enhance the provision of services and the effectiveness in breaking the ‘vicious cycle’ of homelessness.
2. Staff members repeatedly raised issues with service users having experienced **domestic violence** but also **intergenerational abuse**, with service users who had also experienced **homelessness as children**. Given that one impact of the pandemic was an increase in domestic violence, the service needs to reflect on how to adapt to this, given it is likely that this impact will ‘ricochet’ into the future.

3. Interviewees noted the changing profile of those accessing homelessness services, including those who are in work but could not make ends meet owing to the cost-of-living crisis, as well as younger people who cannot afford to get onto the housing ladder. The needs of these individuals are likely to be very different to those who have longer-term experience of cycles of homelessness and abuse. As such, the provision of staff may reflect that **some service users will have less severe needs**, meaning that staff trained to deal with more complex cases could be better assigned to complicated cases.
4. Staff members are highly motivated by the mission of the organisation; in the words of one, *'you don't do this work for the money'*. However, that does not mean staff should not be fairly remunerated. Attention should be paid to concerns raised **about pay increments and wider benefits**, such as maternity leave and issues with short-term contracts, given this can impact on staff retention. **Investment in training and professional development** could be a reward that accords with the personal commitment to the mission. For example, this might mean gaining new qualifications.
5. Staff also highlighted the need for a **full-time** (rather than part-time) **role in fundraising and events management in order to take the pressure off frontline workers**; *'we're expected to be all things to everybody which we do find frustrating compared to the actual work with the clients'*.
6. Some concern was voiced that larger service providers operating in the space might be a potential threat given their greater resources. However, given that engagement and Training and Development activities held online during the pandemic were reported to positively impact morale and contribute to personal and professional change, **engagement, networking and collaboration with other homelessness service providers** might have similarly positive impacts, rather than being a challenge.
7. Online education, wellbeing, social and art therapy groups were well-received by service users during the pandemic, especially given that it meant those who have difficulty travelling into the facility in person were able to access the service. These have been discontinued owing to resource constraints, but it might be considered whether a **hybrid approach** is possible, with some sessions online and some in-person. This might also suggest the need for **digital skills training** for staff to feel

more comfortable with conducting a session both online and in-person; many academics in universities now deliver classes in this way, meaning it may be possible to approach a university for training in this area.

8. Likewise, there were concerns about whether service users could access online support or use Zoom. While noting that for some services, in-person provision is clearly superior (e.g. for confidentiality reasons and to read participants' body language), some services may be better suited to a more digital approach (which is often more cost-effective). **Service users might also benefit from further provision of digital skills training**, given how these are increasingly essential for the workplace and accessing all manner of services.
9. The interviews highlighted the importance of **Child and Youth Services Workers** and having dedicated violence and sexual assault workers, along with an interagency approach. In particular, staff members repeatedly highlighted the importance of having a single person to follow a service user through various systems and help navigate the various offerings, e.g. someone who can work with the service user as they move through the housing, education and health systems. In particular, service users and staff alike reported frustrations with the at times brusque manner in which the City Council deals with service users. We suggest that **collaborative work to train council staff** in a more sensitive approach could be an important departure for the Good Shepherd Cork for furthering relationships with the local authority as well.

7.5 Final Thoughts

This research is valuable not only for Good Shepherd Cork staff and management in terms of services provision but also for the Irish government in presenting a snapshot of the working conditions of homelessness services staff during the pandemic; the unanticipated range of stressors encountered which impacted on wellbeing and the multiple, unprecedented challenges faced by service users whose lives are often complicated by poor mental and physical health and reduced access to various forms of capital. While this report fulfils its aims in terms of illuminating the complexity of stressors and lives lived during the pandemic and challenges for services delivery, it also presents powerful messages to the Irish government in terms of investment in planning for future pandemics to ensure that the most vulnerable members of society can avail of high quality services should future crises develop quickly. Most importantly, the study illustrates the multidimensional aspects of COVID-19 with regards to emotions,

support and subjective wellbeing, further illuminating the richness and importance of qualitative research perspectives into complex and hitherto underexplored aspects of people's pandemic realities, future imaginaries and the voices of citizen actors whose human rights are often compromised due to intersecting structural, cultural and historical constraints.

References

- Allaham, S., Kumar, A., Morriss, F., Lakhanpaul, M., Wilson, E., Sikorski, C., Martin, J., Costello, A., Manikam, L. and Heys, M. (2021) 'Participatory Learning and Action (PLA) to improve health outcomes in high-income settings: a systematic review protocol', *BMJ Open*, DOI: 10.1136/bmjopen-2021-050784
- Benjaminsen, L. and Bastholm Andrade, S. (2015) 'Testing a typology of homelessness across welfare regimes: shelter use in Denmark and the USA', *Housing Studies*, 30(6), pp. 858-876
- Bertram, F., Heinrich, F., Fröb, D., Wulff, B., Ondrushka, B., Püschel, K., König, H. and Hajek, A. (2021) 'Loneliness among homeless individuals during the first wave of the COVID-19 pandemic', *International Journal of Environmental Research and Public Health*, 18(6), DOI: [10.3390/ijerph18063035](https://doi.org/10.3390/ijerph18063035)
- Biederman, D. J. & Nichols, T.R. (2014). Homeless women's experience of service provider encounters, *Journal of Community Health Nursing*, 31(1), 34-48
- Billings J, Abou Seif N., Hegarty S., Ondruskova T., Soulios E., Bloomfield M., and Greene, T. (2021) 'What support do frontline workers want? A qualitative study of health and social care workers' experiences and views of psychosocial support during the COVID-19 pandemic' *PLoS ONE* 16(9): DOI: 10.1371/journal.pone.0256454
- Bramley, G. and Fitzpatrick, S. (2018) 'Homelessness in the UK: who is most at risk?' *Housing Studies*, 33(1), pp. 96-116
- Braun, V. and Clark, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), pp. 77-101
- Brousse, C. (2004) *The production of data on homelessness and housing deprivation in the European Union: survey and proposals*. Luxembourg: Office for Official Publications of the European Communities.
- Byrne, M. (2020) 'Stay home: reflections on the meaning of home and the Covid-19 pandemic', *Irish Journal of Sociology*, 28(3), pp.351-355.
- Cahill, N. (2020) 'The implications of Covid-19 for housing in Ireland', *NESC Secretariat Covid-19 Working Paper Series*. Dublin: National Economic and Social Council.
- Carver, H., Price, T., Falzon, D., McCulloch, P. and Parkes, T., (2022) 'Stress and Wellbeing during the COVID-19 Pandemic: A Mixed-Methods Exploration of Frontline Homelessness

Services Staff Experiences in Scotland’, *International Journal of Environmental Research and Public Health*, 19(6), DOI: [10.3390/ijerph19063659](https://doi.org/10.3390/ijerph19063659)

Clapham, D. (2003) Pathways approaches to homelessness research’, *Journal of Community and Applied Psychology*, 13(2), pp. 119-127.

Coombs, J. and Gray, T. (2020) *Lessons learnt from councils’ response to rough sleeping during the COVID-19 pandemic*. London: Local Government Association.

Corey, J., Lyons, J., O’Carroll, A., Stafford, R. and Ivers, J.H. (2022) ‘A Scoping Review of the Health Impact of the COVID-19 pandemic on persons experiencing homelessness in North America and Europe’, *International Journal of Environment and Public Health*, 19(6), pp. 1-30
Available at: <https://doi.org/10.3390/ijerph19063219> (Accessed 27 February 2023).

Cowie, H. and Myers, C.A. (2020) ‘The impact of the COVID-19 pandemic on the mental health and wellbeing of children and young people’, *Children & Society*, 35(1): 62-74

Cullen, P., and Murphy, M. P. (2020) ‘Response to the COVID-19 crisis in Ireland: from feminized to feminist’, *Gender, Work and Organization*, 28(52), pp. 348-365.

Curran, H. and Hoey, D. (2022) *Impact of Covid-19 on Housing First service provision in Ireland*. Dublin: Focus Ireland.

Cutrona, C. E., & Russell, D. W. (1990). ‘Type of social support and specific stress: Toward a theory of optimal matching’. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), *Social support: An interactional view*. New York: John Wiley & Sons (pp. 319–366).

Deakin H, Wakefield K (2014) ‘Skype interviewing: Reflections of two PhD researchers’. *Qualitative Research* 14(5): 603–616.

DEHLG (2008) *The way home: a strategy to address adult homelessness in Ireland 2008 - 2013*. Dublin: Ireland, Department of the Environment, Heritage & Local Government.

Del Castillo, M. (2022) ‘Mitigating COVID-19 in the homeless population’, *International Journal of Preventive Medicine*, 13(1), pp. 74-75

Del Castillo, F., Del Castillo, C., and Corpuz, J. (2022) ‘COVID-19 and the wellbeing of the homeless population’, *Disaster Medicine and Public Health Preparedness*, 16(3), p. 856

Devaney, C. and Dolan, P. (2017) 'Voice and meaning: the wisdom of Family Support veterans', *Child and Family Social Work*, 22(53), pp. 10-20

DHLGH (2022a) *Monthly Homelessness Report October 2022*. Available at: [Template 2 Cover Front and Back Dept - 0eec7dfb-d192-417e-82cb-491b99846136.pdf \(www.gov.ie\)](https://www.gov.ie/en/publication/0eec7dfb-d192-417e-82cb-491b99846136.pdf) (Accessed 11 January 2023)

DHLGH (2021a) *Homeless housing assistance payment*. Available at: <https://www.gov.ie/en/publication/eae11-homeless-housing-assistance-payment/> (Accessed: 10 March 2022).

DHLGH (2021b) *Housing First: National Implementation Plan 2022-2026*, Available at: [211822_f696f832-6100-4ef4-b75f-cde874caca06 \(1\).pdf](https://www.gov.ie/en/publication/211822-f696f832-6100-4ef4-b75f-cde874caca06(1).pdf) (Accessed 04 April 2022).

DHLGH (2021c) *Housing for all: a new housing plan for Ireland*. Dublin: DHLGH.

DHLGH (2022b) *Monthly homelessness report, January 2022*. Dublin: DHLGH.

Doran, K. M. and Tinson, A. (2021) 'Homelessness and public health: lessons learned from the COVID-19 pandemic', *European Journal of Homelessness*, 15(3), pp.49-62

Dubey, S., Biswas, P., Ghosh, R., Dubey, M., Chatterjee, S., Lahiri, D. and Lavie, C. (2020) 'Psychosocial impact of COVID-19', *Diabetes, Metabolic Syndrome and Obesity*, 14(5), pp. 779-788

Durbin, A., Nisenbaum, R., Kopp, B., Ocampo, P. (2019) 'Are resilience and perceived stress related to social support and housing stability among homeless adults with mental illness?' *Health and Social Care in the Community*, 27(1), DOI:[10.1111/hsc.12722](https://doi.org/10.1111/hsc.12722)

Easterlin, R. A. (2005). Building a Better Theory of Well-Being. In L. Bruni & P. L. Porta, *Economics & Happiness: Framing the Analysis* (pp. 29–64). Oxford: Oxford University Press. <https://doi.org/10.1093/0199286280.003.0002>

European Commission (2023) *European Platform on Combatting Homelessness*, Available at: [European Platform on Combatting Homelessness - Employment, Social Affairs & Inclusion - European Commission \(europa.eu\)](https://ec.europa.eu/easip/european-platform-on-combatting-homelessness) (Accessed 01 January 2023).

Faciam (2021) *Social exclusion and COVID-19: the impact of the pandemic on the health, welfare and living conditions of homeless people* (Available at https://informecovidpsh.Faciam.org/wp-content/uploads/2022/02/informe-Covid19_Faciam-EN-HR.pdf), Accessed: 14 May 2022

Fahey, T., Russell, H. and Whelan, C. (eds.) (2007) *Best of times? The social impact of the Celtic Tiger*. Dublin: IPA

FEANTSA (2021) *Sixth overview of housing exclusion in Europe, 2021*. Brussels: FEANTSA.

FEANTSA (2013) *Health and Wellbeing for All: Holistic Health Services for People who are Homeless*. Brussels: FEANTSA

Finnerty, J., Cullinane, M. and Buckley, M. (2021). *The Experiences of Simon Community Service Users during the COVID-19 pandemic*. Dublin: Simon

Focus Ireland (2022) *Latest figures*. Available at: <https://www.focusireland.ie/knowledge-hub/latest-figures/> (Accessed: 10 March 2022).

Goodwin, J., Tiderington, E., Kidd, S. and Ecker, J. (2022) ‘Gains and losses within the homeless service, supportive housing and harm reduction sectors during the COVID-19 pandemic: a qualitative study of what matters to the workforce’, *Health & Social Care in the Community*, 30(6), DOI: [10.1111/hsc.14008](https://doi.org/10.1111/hsc.14008)

Government of Ireland (2022) ‘March 2022 Monthly Homeless Report and Homeless Quarterly Progress Report Quarter 1 2022 Published’ (Available: <https://www.gov.ie/en/press-release/e4cbe-monthly-homeless-report-for-march-2022-and-homeless-quarterly-progress-report-for-quarter-1-2022/>, Accessed: 19/09/2022).

Green, L. and Moran, L. (2023) ‘Linking Parental wellbeing with the Wellbeing of Care Leaver and Care Experienced University Students: Analysing Relevance and Interconnections through the lens of ‘linked lives’’, *Irish Journal of Applied Social Studies*, 22(1), Available at: <https://arrow.tudublin.ie/ijass/vol22/iss1/2>

Gulacti, F. (2010) ‘The effect of perceived social support on subjective wellbeing’, *Procedia – Social and Behavioural Sciences*, 2(2), pp. 3844-3849

Halpenny, A.M., Greene, S., Hogan, D., Smith, M. and McGee, H. (2001) *Children of Homeless Mothers: The Daily Life Experiences and Wellbeing of Children in Homeless Families*. Dublin: The Children’s Research Centre Trinity College Dublin and the Royal College of Surgeons in Ireland.

Health Service Executive (2013) *Regional action plan for homeless services 2013-2018 in the South West region*. Dublin: Health Service Executive.

Housing Agency (2021) *Housing First national implementation plan 2022-2026*. Dublin: Housing Agency.

Housing Agency (2018) *Housing First national implementation plan 2018-2021*. Dublin: Housing Agency.

Howlett M (2021) Looking at the 'field' through a Zoom lens: Methodological reflections on conducting online research during a global pandemic. *Qualitative Research* 1–16.

HPSC (2021) 'Epidemiology of COVID-19 Outbreaks/Clusters in Ireland', 14 December 2021, available:

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19/outbreaksclustersinireland/covid19outbreaksclustersinirelandweeklyreports2021/COVID-19%20Weekly%20Outbreak%20Report%20Week%2049%202021%20Web%20v.1.pdf>

(Accessed: 10 June 2022).

Hwang, S and Burns, T. (2014) 'Health interventions for people who are homeless', *The Lancet*, 25(384), pp. 1541-1547.

Hwang, S., Kirst, M., Chiu, S., Tolomiczenko, G., Kiss, A., Cowan, L. and Levinson, W. (2009) 'Multidimensional social support and the health of homeless individuals', *Journal of Urban Health*, 86(5), pp. 791-803

Jafry, M., Martinez, J., Chen, T., Businelle, M., Kendzor, D., and Reitzel, L. (2021) 'Perceived social support attenuates the association between stress and health-related quality of life among adults experiencing homelessness', *International Journal of Environmental Research and Public Health*, 18(20), DOI: 10.3390/ijerph182010713

Johnson, K., Hood, K., Moreno, O., Fuentes, L., Williams, C., Vassileva, J., Amstadter, A., Dick, D. and The Spit for Science Working Group (2022) 'COVID-19 induced inequalities and mental health: testing the moderating roles of self-rated health and race/ethnicity', *Journal of Racial and Ethnic Health Disparities*, Available at: <https://doi.org/10.1007/s40615-022-01389-1> (Accessed: 2 January 2023).

Johnson, G., Scutella, R., Tseng, Y.P. and Wood, G. (2015) 'Entries and exits from homelessness: a dynamic relationships between structural conditions and individual characteristics', AHURI Final Report Series - Project: The interrelationship between structural factors and individual risk factors in explaining homelessness - AHURI Final Report No. 248,

pp. 1-67 Available: [Entries and exits from homelessness: a dynamic analysis of the relationship between structural conditions and individual characteristics - RMIT University](#) (Accessed 11 December 2022)

Kaur, S., and Jagpal, P. (2021) 'Provision of services to persons experiencing homelessness during the COVID-19 pandemic: A qualitative study on the perspectives of homelessness service providers', *Health and Social Care in the Community*, 30(5): 1805-1814

KCHRS (2021) *A new way of working: ending rough sleeping together*. London: KCHRS.

Kelly, K. (2021) *The effects of COVID-19 on People Experiencing Mental Ill health, Substance Use Disorder and Homelessness or Housing Insecurity in the Dublin Region: A Longitudinal Qualitative Exploration*. Dublin: Merchants Quay Ireland and Acces

Kennelly, B., O'Callaghan, M., Coughlan, D., Cullinan, J., Doherty, E., Glynn, L., Moloney, E., and Queally, M. (2020) 'The COVID-19 pandemic in Ireland: an overview of the health service and economic policy response', *Health Policy and Technology*, 9(4), pp.419-429.

Kutscher, E., and Howard, L. (2021) 'Integration as a process: Applying iterative multiple correspondence analysis to surface dynamic findings', *Journal of Mixed Method Research*, 16(3), DOI: [10.1177/15586898211021669](https://doi.org/10.1177/15586898211021669)

Lee, M. (2021) 'Number of homeless adults in Cork and Kerry more than doubles in seven years', *Irish Examiner*, 16th November. Available at: <https://www.irishexaminer.com/news/munster/arid-40745874.html> (Accessed: 16 March 2022).

Lenhard, J., Margetts, M., and Meng, E. (2023) 'Of not passing: homelessness, addiction, mental health, and care during COVID-19', *Medical Humanities*, 49: 55-63

Lima, V. (2021) 'The impact of the pandemic on services oriented towards single homeless persons', Publicpolicy.ie, downloaded via <https://publicpolicy.ie/covid/the-impact-of-the-pandemic-on-services-oriented-towards-single-homeless-persons/> (Accessed: 04 January 2023).

Mago, V., Morden, H., Fritz, C., Wu, T., Namazi, S., Gerenmayeh, P., Chattopadhyay, R., and Dabbaghian, V. (2013) 'Analysing the impact of social factors on homelessness: a Fuzzy Cognitive Map approach', *BMC Medical Informatics and Decision Making*, 13(94), <https://doi.org/10.1186/1472-6947-13-94>

- Marmot, M. and Allen, J. (2020) 'COVID-19: exposing and amplifying inequalities', *Journal of Epidemiological Community Health*, 74, pp. 681-682
- Masten, A. S. (2001). 'Ordinary magic: Resilience processes in development'. *American Psychologist*, 56(3), 227–238.
- Mattsson, E., Lindblam, M., Kneck, A. and Salzman-Eriksson, M. (2023) 'Voices of women in homelessness during the outbreak of the COVID-19 pandemic: a co-created qualitative study', *BMC Women's Health*, 23(1), DOI: [10.1186/s12905-023-02157-x](https://doi.org/10.1186/s12905-023-02157-x)
- Mayock, P., Parker, S. and Murphy, A. (2014) *Young People, Homelessness and Housing Exclusion* Dublin: Focus Ireland
- Mayock, P. and Sheridan, S. (2012) *Migrant Women and Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland. Women and Homelessness in Ireland, Research Paper 2*. Dublin: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin. Available: [Migrant women and homelessness: key findings from a biographical study of homeless women in Ireland \(lenus.ie\)](https://www.tcd.ie/~socialwork/research/papers/migrant_women_and_homelessness_key_findings_from_a_biographical_study_of_homeless_women_in_ireland/) Accessed: 15 November 2022
- McGillivray, M. (2007a) (ed.) *Human wellbeing: concept and measurement* Cham: Springer
- McGillivray, M. (2007b) 'Human Wellbeing: Issues, Concepts and Measures' in McGillivray, M. (2007a) (ed.) *Human wellbeing: concept and measurement*. Cham: Springer (pp. 1-22)
- McGregor, C. and Miller, M. (2020) 'A Systemic Lifecycle Approach to Social Policy Practice in Social Work: Illustrations from Irish Child Welfare and Parenting Research and Practice', *British Journal of Social Work*, 50(3), p. 2335-2553
- McMordie, L. (2020) 'Avoidance strategies: stress, appraisal and coping in hostel accommodation', *Housing Studies*, 36(3), pp.380-396.
- Mejia-Lancheros, C., Lachaud, J., Aubry, T., Wiens, K., O'Campo, P., Stergiopoulos, V. and Hwang, S. (2022) 'Multi trajectory group profiles of wellbeing and associated predictors among adults experiencing homelessness and mental illness: findings from the At Home/Chez Soi study, Toronto site', *Social Psychiatry and Psychiatric Epidemiology*, 57(1): 67-81
- Mittal, S. and Singh, T. (2020) 'Gender based violence during COVID-19 pandemic: A Mini Review', *Frontiers in Global Women's Health*, Vol. 1 DOI: [10.3389/fgwh.2020.00004](https://doi.org/10.3389/fgwh.2020.00004)

Molony, S. (2021) '2020 homeless deaths nearly twice 2019 – but it's not rough sleepers', *Irish Independent*, 28 June 2021, Available at: [2020 homeless deaths nearly twice 2019 – but it's not rough sleepers - Independent.ie](https://www.independent.ie/news/ireland/2020-homeless-deaths-nearly-twice-2019-but-it-s-not-rough-sleepers-2021-06-28) (Accessed 06 June 2022).

Moran, L and Caetano A (2021) 'Biographical Research through the looking glass of Social Distancing: Reflections on interviewing and online technologies in pandemic times'. *Irish Journal of Sociology*, 30(2), pp. 209-213

Moran, L., Green, L. and Warwick, L. (2022) 'Exploring Ethical Dimensions associated with 'Pushing for PINs and probing: A Critical Commentary on Key Features of the Biographic Narrative Interpretive Method (BNIM) with Vulnerable and Other Populations'', *International Journal of Qualitative Methods*, DOI: [10.1177/1609406922108579](https://doi.org/10.1177/1609406922108579)

Moran, L. and Green, L. (2021) 'Social Distancing as Scientisation: UK and Irish policy responses to COVID-19, emotions and touch', *Irish Journal of Sociology*, 29(1), pp. 124-128

Moran, L., Garrity, S., McGregor, C. and Devaney, C. (2019) 'Hoping for a better tomorrow: a qualitative study of stressors, informal social support and parental coping in a Direct Provision Centre in the West of Ireland', *Journal of Family Issues*, 25(4), pp. 427-442

Murphy, R., Mitchell, K., and McDaid, S. (2017) *Homelessness and Mental Health: Voices of Experience*. Dublin: Mental Health Reform (MHR), Simon and St Stephen's Green Trust.

Nielsen, L. and Albertsen, A. (2022) 'Pandemic justice: fairness, social inequality and COVID-19 healthcare priority-setting', *Journal of Medical Ethics*, Available at: [doi: 10.1136/medethics-2022-108384](https://doi.org/10.1136/medethics-2022-108384) (Accessed 1 February 2023)

Norris, M. and Coates, D. (2014) 'How housing killed the Celtic Tiger: Anatomy and Consequences of Ireland's Boom and Bust', *Journal of Housing and the Built Environment*, 29(2), pp. 299-315

Nowell, L., Norris, J., White, D. and Moules, N. (2017) 'Thematic Analysis: Striving to meet the Trustworthiness Criteria', *International Journal of Qualitative Methods*, 16, pp. 1-13

O'Carroll, A., Duffin, T., and Collins, J. (2020) *Saving lives in the time of COVID-19: case study of harm reduction, homelessness and drug use in Dublin, Ireland*. London: London School of Economics and Political Science.

O'Carroll, A., Duffin, T., and Collins, J. (2021) 'Harm reduction in the time of COVID-19: case study of homelessness and drug use in Dublin, Ireland', *International Journal of Drug Policy*, 87, DOI: 10.1016/j.drugpo.2020.102966

O'Donovan, M., Lynch, E., O'Donnell, L. and Kelly, K. (2020) *The experience and risk of homelessness for people with intellectual disabilities and/or autism and their families in Dublin. A Mixed-Methods Study*. Dublin: Trinity College Dublin and National Disability Authority (NDA)

O'Leary, C. and Simcock, T. (2022) 'Policy failure or f**k up: homelessness and welfare reform in England', *Housing Studies*, 37(2), pp. 1379-1395

OECD (2020) *Homeless and housing exclusion indicators: HC3.1. Homeless population*. Paris: OECD Social Policy Division – Directorate of Employment, Labour and Social Affairs.

O'Keeffe, D. (2023) 'Homeless figures in Cork hit record high', Echo Live.ie, 8 January 2023, Available at: [Homeless figures in Cork hit record high \(echolive.ie\)](https://www.echolive.ie/news/cork-homeless-figures-hit-record-high) (Accessed 20 January 2023).

O'Sullivan, E. (2020) *It's public housing stupid! Solutions to homelessness and the housing crisis in Ireland*. Bristol: Policy Press.

O'Sullivan, E. (2016) 'Ending homelessness in Ireland: Ambition, Adversity, Adaptation?' *European Journal of Homelessness*, 10(2), pp. 11-39

O'Sullivan, E., Reidy, A. and Allen, M. (2021) *Focus on homelessness. The South-West: Cork and Kerry*. Dublin: Focus Ireland.

Owen, R., and Matthiessen, M. (2021) 'COVID-19 response and homelessness in the EU', *European Journal of Homelessness*, 15(1), pp.161-184.

Parkes, T., Carver, H., Masterson, W., Falzon, D., Dumbrell, J., Grant, S. and Wilson, I. (2021) "They already operated like it was a crisis, because it always has been a crisis": a qualitative exploration of the response of one homeless service in Scotland to the COVID-19 pandemic', *Harm Reduction Journal*, 18(26), DOI: 10.1186/s12954-021-00472-w

Perri, M., Dosani, N. and Hwang, S. (2020) 'COVID-19 and people experiencing homelessness: challenges and mitigation strategies', *Canadian Medical Association Journal*, 192(96): 716-719

Pinkerton, J. and Rooney, C., (2014) 'Care Leavers' Experiences of Transition and Turning Points: Findings from a Biographical Narrative Study', *Social Work & Society*, (Available:

<https://ejournals.bib.uni-wuppertal.de/index.php/sws/article/view/389>, accessed: 01 December 2017).

Pleace, N., Baptista, I., Benjaminsen, L., Busch Geertsema, V., O'Sullivan, E., and Teller, N. (2021) *European homelessness and COVID-19*. Brussels: FEANTSA.

Ravenhill, M. (2008) *The Culture of Homelessness* London: Routledge

Rountree, S. (2022) 'Cork tenants paying some of the highest rents in Ireland as prices reach all time high', CorkBeo, 22 November 2022, Available at: [Cork tenants paying some of the highest rents in Ireland as prices reach all-time high - Cork Beo](#), (Accessed 11 January 2023).

Rose, J. (2022) 'Dynamic embodied positionalities: The politics of class and nature through a critical ethnography of homelessness', *Ethnography*, 23(4), pp. 451-472

Rosenthal G. (2003). The healing effects of storytelling: On the conditions of curative storytelling in the context of research and counselling. *Qualitative Inquiry*, 9(6), 915–933. <https://doi.org/10.1177/1077800403254888>

Safe Ireland (2021) *Tracking the shadow pandemic – Lockdown 2 Athlone, Co Westmeath*, Ireland: Safe Ireland

Savage, M. (2016) 'Gendering women's homelessness', *Irish Journal of Applied Social Studies*, 16(2), doi: 10.21427/D7KB0X (Accessed 5 January 2023).

Schrooyen, L., Deforge, M., Lebout, F., Vanbaelen, T., Lecompte, A., and Dauby, N. (2021) 'Homeless people hospitalised with COVID-19 in Brussels', *Clinical Microbiological Infection*, 27(1), pp. 151-152

Seitz S (2016) 'Pixilated partnerships, overcoming obstacles in qualitative interviews via Skype: A research note'. *Qualitative Research* 16(2), pp. 229–235

Siedlecki, K., Salthouse, T., Oishi, S., and Jeswani, S. (2014) 'The Relationship between Social Support and Subjective Well-Being Across Age', *Social Indicators Research*, 117(2), pp. 561-576

Siersbaek, R. and Loftus, C. (2020) *Supporting the mental health of children in families that are homeless: a trauma-informed approach*. Dublin: Focus Ireland

Smitham, E. and Glassman, A. (2021) 'The next pandemic could come soon and be deadlier', Centre for Global Development blog, 25 August 2021, Available:

<https://www.cgdev.org/blog/the-next-pandemic-could-come-soon-and-be-deadlier>, Accessed: 05 March 2023

Stanley, W. (2017) 'The growth of family homelessness in Ireland', *Homeless in Europe: the magazine of FEANTS*, Summer 2017, pp.12-14.

Svoboda, E. (2022) 'COVID communication often failed: how health policy makers can do better', *Scientific American*, Available at: [COVID Communication Often Failed: How Health Policy Makers Can Do Better - Scientific American](#) (Accessed 01 January 2023).

Tan, Z., Mun, E., Nguyen, U. and Walters, S. (2021) 'Increases in social support co-occur with decreases in depressive symptoms and substance use problems among adults in permanent supportive housing: an 18-month longitudinal study', *BMC Psychology*, 9(6), <https://doi.org/10.1186/s40359-020-00507-0>

Tsemberis, S. (2020) *A Housing First manual for Ireland*. Dublin: Dublin Region Homeless Executive.

Tsui, M., O'Donoghue, K., Boddy, J. and Pak, C. (2017) 'From supervision to organisational learning: a typology to integrate supervision, mentorship, consultation and coaching' *British Journal of Social Work*, 47(8), pp. 2406-2420

Van Laere, I and Withers, J. (2008) 'Integrated care for homeless people – sharing knowledge and experience in practice, education and research: results of the networking efforts to find homelessness health workers', *European Journal of Public Health*, 18(1), pp. 5-6

Villani, J., Daly, P., Fay, R., Kavanagh, L., McDonagh, S., and Amin, N. (2021) 'A community-health partnership response to mitigate the impact of the COVID-19 pandemic on Travellers and Roma in Ireland', *Global Health Promotion*, 28(2), pp.46-55.

Webb, C. and Carpenter, J. (2012) 'What can be done to promote the retention of social workers? A systematic review of interventions', *British Journal of Social Work*, 42(7), pp. 1235-1255

White, S. (2015) 'Relational Wellbeing: a Theoretical and Operational Approach' Centre for Development Studies, University of Bath, Bath, U.K., pp. 1-30. (Available at: <http://www.bath.ac.uk/cds/publications/bpd43.pdf>, accessed 16 January 2021).

White, S. (2010) Analysing Wellbeing: A Framework for Development Practice, *Development in Practice*, 20(2), pp. 158-172

Wilson, W. and Barton, C. (2022) *Households in temporary accommodation (England)*. London: House of Commons Library

World Health Organisation (WHO) (2023) 'WHO Coronavirus (COVID-19) dashboard'
(Available at: <https://covid19.who.int/> Accessed: 09 March 2023).

Appendix I – Interview schedule service users

1. Can you tell me a little about yourself, where you're from and where you are living currently?
2. Can you tell me about your path into homelessness; anything that happened in your life that you think affected you becoming homeless?
3. Can you tell me about your family? Your parents, brothers, sisters?
4. Do you have a partner and do you have children? If so, can you tell me about them please?
5. Thinking back to a few months before you became homeless, what was your life like then?
6. Thinking back to the first lockdown, where were you living and can you tell me what that lockdown was like for you?
7. What were the biggest challenges during lockdown for you and your family?
8. Did you have home schooling responsibilities? If so, can you tell me about that?
9. Did you have any caring responsibilities during lockdown to parents, elderly relatives or anyone else? If so, can you tell me about that and what that has been like during Covid?
10. How have your children managed life in temporary accommodation during the lockdowns?
11. How did you manage social distancing during the lockdowns?
12. What kinds of services did you use during the lockdowns in Good Shepherd Cork?
13. Were all the services you used during the lockdowns still available during Covid?
14. Did you use any other services from anyone else during lockdown?
15. What worked well in Good Shepherd Cork services during Covid and was there anything that could have been improved?
16. Since you started coming to Good Shepherd Cork, what has been the best thing about the service?

17. What worked well in the other services you used and was there anything that could be improved?
18. Are you accessing any other services currently?
19. What about other services? Does anyone stand out for you in those services as having helped you?
20. Does your partner/children access any services provided by Good Shepherd Cork or other service providers?
21. Was there anything else that was significant that happened to you during the lockdowns last year that you'd like to mention?
22. Is there a social stigma of being homeless? If so, how do you/your partner/children cope with that?
23. Is there anything else you'd like to say about your experiences of homelessness during COVID or anything you'd like to add about government or services?
24. What needs to happen to end homelessness in Ireland do you think?
25. How do you think about your own future and what it will be like?

Appendix II – Interview Schedule for Good Shepherd Cork Staff

1. Tell me about your role here.
2. How long have you worked for Good Shepherd Cork and how did you get into this job?
3. How is the service funded presently?
4. Can you tell me about the people who use the service; why they come here initially and how many people are using the service at present?
5. Are there any anonymised examples you can tell me of people that used the service in the past where it made a very positive impact on their lives?
6. What would you say are the best things about working here?
7. What are the biggest challenges of working here?
8. What were the challenges you encountered throughout the pandemic in the service?
9. Do you ever find it difficult to manage your emotions when dealing with homeless people?
10. How did the pandemic impact on the service and on how you do your job?
11. Tell me about the impact the pandemic had on the people who use this service.
12. How did social distancing and other measures like mask wearing impact on people using the service?
13. How did they impact on how the service operated during the pandemic?
14. What kinds of supports did the service receive from government during the pandemic?
15. What were the biggest challenges you faced personally during the pandemic and how did this affect you professionally? (and vice versa)
16. Did you feel supported by management or other staff members during the pandemic?
17. Was there anyone else you contacted for support during the pandemic?
18. How do you think service users feel they have been treated by government during COVID?

19. Do families or previous service users stay in contact with the service after they leave?
20. Any examples of long-term impacts of the service on people's lives as per feedback from service users?
21. What would be the key messages from your experiences during COVID that you would like to feed back to government?
22. What are the main challenges for the service going forward, in your opinion?
23. What are the main challenges to you as a staff member, do you think?
24. Has working in the service affected you personally?
25. Is there anything else you would like to add?

Appendix III – Invitation Letter to Service User Participants

Wellbeing, Resilience and Stressors Affecting Homeless Families in UK and Ireland: Understanding Experiences of Covid-19 and Implications for Policy

Dear Participant

The Department of Social Sciences and the Research Unit for Evaluation and Policy, Edge Hill University, Lancashire UK are doing a study with people using homelessness services in Cork, Ireland and Manchester UK. We want to learn more about your experiences since COVID-19 started; ‘what works’ for you with regards to services and things that can be improved. We are inviting you to take part in an interview to talk about these experiences in August 2021.

If you agree to take part, Lisa Moran or Tom Simcock who are the project researchers will talk to you about your experiences. This information is important for developing services for people who experience homelessness in Ireland and the UK. We will only keep your name, address, phone number for 28 days after the interview in case you want to withdraw your interview afterwards. You and your responses won’t be identifiable to anyone. We won’t have access to any other information about you other than what you decide to tell us. All the information you give us shall be treated with integrity, confidentiality and anonymity. Due to COVID-19 restrictions, we will be doing the interviews online or by phone at a time that suits you. You will be given access to a private space in the service where you can do the interview without being interrupted and we will make arrangements if you would prefer to use Zoom (which involves using a camera on a phone/laptop/tablet) or telephone only.

Participating in this study is voluntary. You can decide whether or not you want to take part. If you give your consent, you can also opt out at any time, without any consequences. Taking part or not taking part will not affect any of the services you are accessing. Further details about the project are in the Participant Information Sheet attached. If you would like to take part, we will then ask that you sign a consent form attached.

In the meantime, if you have any further questions or comments, you can contact me, Lisa Moran the project researcher, by phone at INSERT PROJECT PHONE NUMBER or via e-mail at lisa.moran@edgehill.ac.uk

Yours sincerely,

Lisa Moran and Thomas Simcock

Project Researchers

Appendix IV – Participant Information Sheet for Service Users

Wellbeing, Resilience and Stressors Affecting Homeless Families in UK and Ireland: Understanding Experiences of Covid-19 and Implications for Policy

Participant Information Sheet

This gives you more information about the research study on homelessness in Cork and Manchester. You are invited to take part in a research interview and it is very important that you know what this entails before you agree to take part. You should only agree when you know what the project is about and when you have had enough time to make your decision.

What is this study about?

This study looks at the experiences of people who are accessing homelessness services in Cork, Ireland and Manchester UK. Researchers in the Social Sciences Department and the Research Unit for Evaluation and Policy, Edge Hill University, Lancashire, UK are interviewing people about their experiences since the beginning of Covid-19; your experiences with accommodation services and other services you might be accessing. We want to know about the things that affected your wellbeing since the start of Covid, your opinions about social distancing and people and events that might have helped you to feel better. We want to find out about your experiences as your opinions are important for policies and services as well.

What does taking part involve?

If you agree to take part, you'll be interviewed by a researcher from Edge Hill University, Lancashire UK. Lisa Moran and Thomas Simcock are the project researchers and they have a lot of experience researching people's lives. Due to Covid-19 restrictions, the interviews will take place online or over the telephone, whichever you prefer. If you opt to do it online, we will do the interview via Zoom, which is a cloud-based service that you can access on a smart phone, tablet or laptop. If you would prefer, we can also do it by phone. You will be asked your opinions about services, things that can be improved and about your own experiences since the

start of Covid. We will do an audio recording of your interview and write it out later word-for-word to give due respect to what you tell us.

What happens if I don't want to answer a question?

If you feel uncomfortable about answering a question during the interview, you can choose not to answer. There won't be any consequences if you choose to do this.

Are there any risks to taking part?

During the interview, you might experience some uncomfortable feelings or emotions. If this happens, you should tell Lisa or Tom who will ask you if you wish to continue with the interview, or you can opt out altogether. There won't be any negative consequences to any services you are accessing if you end the interview or if you decide not to take part.

How shall the information be collected and stored?

All interviews shall be recorded on an electronic recording device. Interviews shall be stored electronically in encrypted files that are password protected on One Drive in a shared folder. Only the researchers will have access to these files and they won't be shared with anybody else. The researchers will also have paper copies of the transcripts but they will be kept in locked cabinets in their offices and nobody else will have access to them. We won't store any information about you (name, address, phone number) and your interview will never be stored on discs, CDs or USB keys.

Will someone be able to identify me or what I say in an interview?

No. The researchers will not have any access to identifying details of you outside of what you tell us so it will be impossible for anyone to identify you or your family in anything we might write after the research ends. All data collected shall be treated with the utmost confidentiality and anonymity.

Who are the researchers?

The project researchers are Dr Lisa Moran and Dr Thomas Simcock. Both Lisa and Thomas have a lot of experience researching people's lives, including farmers, Travellers and Asylum Seekers. You can contact Lisa or Tom about the project at any stage. Lisa's phone number is INSERT PROJECT PHONE NUMBER or you can e-mail her at lisa.moran@edgehill.ac.uk Tom's number is INSERT PROJECT PHONE NUMBER and his email is simcockt@edgehill.ac.uk

What if I am not happy with the research?

We will do our best to ensure that the research process does not cause you any distress or concern. However, if you are not happy with the research during your involvement, you can discuss this with Lisa or Tom. Alternatively you can contact the Prof Tom Cockburn, the Head of Department of Social Sciences, if you wish to speak to someone who is neutral to the research. Tom's email is tom.cockburn@edgehill.ac.uk

If you have any questions or concerns about your rights as a participant in this study or the integrity of the research, you can also contact Phil Bentley, Secretary, University Research Ethics Committee the Research Ethics Sub-Committee ethics@edgehill.ac.uk

Why should I participate?

Your participation in this study is very important. The project aims to improve policy and services for people who were homeless during the pandemic. Hearing about your experiences and opinions is very important. The research will help ensure that policy and services are informed not only by what they read but also by the experiences of people who experienced homelessness. Your input will help to improve services which will hopefully lead to better outcomes for families.

Appendix V – Informed Consent Document for Service Users

Wellbeing, Resilience and Stressors Affecting Homeless Families in UK and Ireland: Understanding Experiences of Covid-19 and Implications for Policy

Informed Consent Document

If you agree to take part in the study of wellbeing and homelessness, you must tick the boxes below. Please read the Participant Information Sheet before you agree/do not agree, to take part in the research.

This research was approved by the Faculty of Arts and Sciences (FAS) Ethics Committee of Edge Hill University, Ormskirk, Lancashire, UK. If you have any questions or concerns about your rights as a participant in this study, please contact Phil Bentley, Secretary, University Research Ethics Committee the Research Ethics Sub-Committee ethics@edgehill.ac.uk

If you wish to ask any questions or to discuss any concerns about the research, please contact Lisa Moran or Thomas Simcock, Project Researchers at lisa.moran@edgehill.ac.uk or Simcockt@edgehill.ac.uk

Please tick the boxes below if you agree to take part in the study;

- I have read the Participant Information Sheet for the study

- I have had the opportunity to ask questions

- My participation in this Study is voluntary

- I understand that I can withdraw from the study within 28 days

From the date of participation without any consequences to myself

●I understand that the researchers will record my interview using
An audio recorder

Please sign your name here:

Date:

Appendix VI – Information Sheet for Good Shepherd Cork Staff

Wellbeing, Resilience and Stressors Affecting Homeless Families in UK and Ireland: Understanding Experiences of Covid-19 and Implications for Policy

Information Sheet for Homeless Services

This gives you more information about the research study on homelessness in Cork and Manchester. We are asking you to take part in a research study of service users' experiences during the pandemic and it is very important that you know what this entails before you agree to take part. You should only agree when you know what the project is about and when you have had enough time to make your decision.

What is this study about?

This study looks at the experiences of people who are accessing homelessness services in Cork, Ireland and Manchester UK. Researchers in the Social Sciences Department and the Research Unit for Evaluation and Policy, Edge Hill University, Lancashire, UK are interviewing people about their experiences since the beginning of Covid-19; their experiences with accommodation services and other services they might be accessing. We want to know about the things that affected their wellbeing since the start of Covid, opinions about social distancing and people and events that shaped their experiences during the pandemic. We want to find out about their experiences as a service user and the types of services and ways of working that helped them during the pandemic. We want to make a positive impact to homelessness service provision in these two regions about service users' views on gaps in services delivery and how services can be improved.

What does taking part involve?

If you agree to take part, we're asking that you circulate some information about the project to people who are using your services currently to ask them to take part in interviews starting in August 2021. Lisa Moran and Thomas Simcock are the project researchers and they have a lot of

experience researching people's lives. Due to Covid-19 restrictions, the interviews will take place online or over the telephone, whichever they prefer. If participants opt to do it online, we will do the interview via Zoom, which is a cloud-based service that can be accessed on a smart phone, tablet or laptop. However, we can also do it by phone. We will do an audio recording of the interview and write it out later word-for-word to give due respect to what participants tell us.

We would also ask that if services can provide private spaces to service users where they can do interviews via Zoom, this would be much appreciated by us.

We also ask that you give copies of this information sheet to paid workers and volunteers in the service as we would also like to interview them.

What happens if the service user doesn't want to answer a question?

If they feel uncomfortable about answering a question during the interview, they can choose not to answer. There won't be any consequences if they choose to do this.

Are there any risks for participants and for the service to taking part?

Yes. There could be risks for the services if participants say they are not happy with the service provided to them. However, we will not name any particular service in any work we may publish from this research as to do so would be unethical and all information given to us will be heavily anonymised and is confidential. During the interview, participants might experience some uncomfortable feelings or emotions. If this happens, they should tell Lisa or Tom who will ask if they wish to continue with the interview, or they can opt out altogether. They will also be informed that there won't be any negative consequences to any services they are accessing if you end the interview or if you decide not to take part.

How shall the information be collected and stored?

All interviews shall be recorded on an electronic recording device. Interviews shall be stored electronically in encrypted files that are password protected on One Drive in a shared folder. Only the researchers will have access to these files and they won't be shared with anybody else. The researchers will also have paper copies of the transcripts but they will be kept in locked

cabinets in their offices and nobody else will have access to them. We won't store any information about the service or the names of people associated with it or contact details for longer than what might be needed. We also won't store any information about the participants beyond what we need it for either (name, address, phone number). Interviews will never be stored on discs, CDs or USB keys.

Will someone be able to identify participants or the service?

No. The researchers will not have any access to identifying details of any service user outside of what they tell us so it will be impossible for anyone to identify them or your families in anything we might write after the research ends. All data collected shall be treated with the utmost confidentiality and anonymity. It will be impossible for people to recognise the names of anyone associated with any services including volunteers or paid staff or any service users either. We will also anonymise information on services so it will be impossible for anyone to identify the services as well.

Who are the researchers?

The project researchers are Dr Lisa Moran and Dr Thomas Simcock. Both Lisa and Thomas have a lot of experience researching people's lives, including farmers, Travellers and Asylum Seekers. You can contact Lisa or Tom about the project at any stage. Lisa's phone number is INSERT PROJECT PHONE NUMBER or you can e-mail her at lisa.moran@edgehill.ac.uk Tom's number is INSERT PROJECT PHONE NUMBER and his email is simcockt@edgehill.ac.uk

What if I am not happy with the research?

We will do our best to ensure that the research process does not cause any distress or concern to the service or to any interviewee. However, if you are not happy with the research during your involvement, you can discuss this with Lisa or Tom. Alternatively you can contact the Prof Tom Cockburn, the Head of Department of Social Sciences, if you wish to speak to someone who is neutral to the research. Tom's email is tom.cockburn@edgehill.ac.uk

If you have any questions or concerns about your rights as a participant in this study or the integrity of the research, you can also contact Phil Bentley, Secretary, University Research Ethics Committee the Research Ethics Sub-Committee ethics@edgehill.ac.uk

Why should our service participate?

The participation of homelessness services in this study is very important. The project aims to improve policy and services for people who were homeless during the pandemic. Hearing about their experiences and opinions is therefore very important. The research will help ensure that policy and services are more closely informed by the experiences of people who experienced homelessness. The input of services will hopefully lead to better outcomes for families.

Appendix VII – Informed Consent Document for Good Shepherd Cork

Wellbeing, Resilience and Stressors Affecting Homeless Families in UK and Ireland: Understanding Experiences of Covid-19 and Implications for Policy

Informed Consent Document

If you agree to take part in the study of wellbeing and homelessness, you must tick the boxes below. Please read the Participant Information Sheet before you agree/do not agree, to take part in the research.

This research was approved by the Faculty of Arts and Sciences (FAS) Ethics Committee of Edge Hill University, Ormskirk, Lancashire, UK. If you have any questions or concerns about your rights as a participant in this study, please contact Phil Bentley, Secretary, University Research Ethics Committee the Research Ethics Sub-Committee ethics@edgehill.ac.uk

If you wish to ask any questions or to discuss any concerns about the research, please contact Lisa Moran or Thomas Simcock, Project Researchers at lisa.moran@edgehill.ac.uk or Simcockt@edgehill.ac.uk

Please tick the boxes below if you agree to take part in the study;

●I have read the Participant Information Sheet for the study

●I have had the opportunity to ask questions

●My participation in this Study is voluntary

●I understand that I can withdraw from the study within 28 days
From the date of participation without any consequences to myself

●I understand that the researchers will record my interview using
An audio recorder

Please sign your name here:

Date:

