IMPACT OF COVID-19 ON HOUSING FIRST SERVICE PROVISION IN IRELAND

Research Report

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Contents

Summary

This report looks at how Housing First services in Ireland responded to the first lock-down of the Covid-19 pandemic, based on the experiences of Housing First (HF) staff from voluntary sector HF providers across the country. Responses were received from 34 staff representing around 50% of all staff engaged in this role. The survey found that overall HF staff felt supported by their organisations during this time, that they prepared for this crisis as best they could and reacted quickly to an ever changing situation. This survey also discovered that staff adapted to the new public health guidelines and social distancing measures through using tech and other communication tools to stay in contact with other staff as well as service users. While it was found that other services disengaged at first, HF staff continued with service provision to support their caseload. HF staff reported that their ability to carry out longer home visits was impacted by lock-down measures, and some of their service users did experience a decline in community relations and disengagement from other key services (GP, mental health, substance misuse supports).

1. Background

While many parts of Ireland shut down amid restrictions to contain Covid-19 in March- June 2020, essential services, such as Housing First (HF), remained open and adapted quickly to the new public health and social distancing guidelines.

The relationship between HF staff and their service users is an important one, and these measures would have had an impact on the ability to carry out this complex, relationship based work, perhaps at a time most needed by HF customers. Research into the effects of these restrictions on service provision and service users is essential in helping us to understand the nature of the support provided, and how to respond to any challenges to relationships between project worker and service user. Indeed, research into this cohort, those in receipt of homeless services, was also carried out by the HSE in October 2020[1]. This research project will help to strengthen the HSE findings and serve to provide greater understanding to the public, NGOs, charitable organisations and public services on HF services in a Covid-19 context.

This research project was developed following discussions between the Housing First platform group[2] about the value of researching and understanding the impact of Covid-19 on HF service provision. A Research Sub Group was formed comprising of representatives from Focus Ireland, Peter McVerry Trust, Simon Communities and Depaul to design a survey that would be circulated to HF front line workers nationally. This survey was finalised following input from HF experts in Focus Ireland.

This report is the culmination of phase 1 of a two-phase project. It is envisaged a second phase will engage service users. A final report will be produced following the completion of the second phase.

2. Methodology

This survey covered the time period of the first wave of Covid-19 and subsequent lock-down measures, between March and June 2020.

This survey was comprised of 20 questions and covered areas such as the supports and measures implemented by organisations for their staff, the experiences of staff during this time with their caseload and ability to provide support, the experiences of service users and engagement with their family, community and other services as well recommendations from HF staff on new ways of working. There was a mixture of open ended and closed questions designed to understand the experiences of project workers providing support to service users during Covid-19.

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[1] HSE The National Social Inclusion Office (Oct 2020), *'National COVID-19 Homeless Service User Experience Survey',* https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/homeless-service-user-experience-survey.pdf

[2] The Housing First Platform Group is comprised of members of Housing First service providers and key stakeholders

Overall, 34 participants took part in the survey, which represents just over 50% of all HF staff across the various service providers. Participants were all front line staff, dispersed across Ireland in the various regions. Their responses were kept anonymous, which had been agreed by the Research Sub Group at design phase. Therefore, data is not available by service provider or specific region. This report is a snapshot at the broad national level.

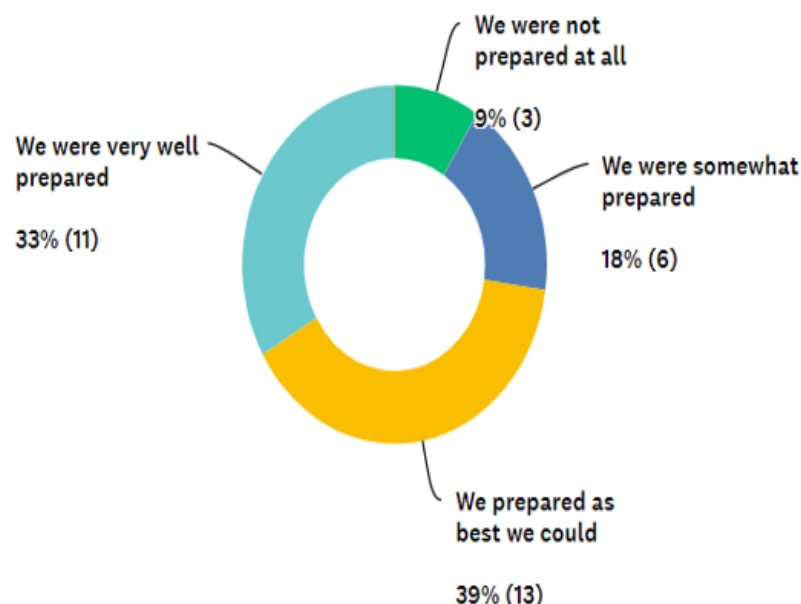Responses were collected and analysed using Survey Monkey.

3. Survey Findings

3.1 Impact on Staff
This section of the report will examine the impact of Covid-19 on staff members in Housing First services. In this section questions 1-3 will be discussed and analysed.

> **Q1. Which statement best describes your service's actions regarding measures taken to prepare for Covid-19?**

For this question, respondents were asked about the level of preparedness they felt in their organisation with regards to Covid-19 measures. Respondents were asked to answer in terms of the statement which best described their experiences.

We were not prepared at all — 9% (3)

We were somewhat prepared — 18% (6)

We prepared as best we could — 39% (13)

We were very well prepared — 33% (11)

Graph 1: The level of HF staff preparedness for Covid-19

Overall, respondents answered positively with 72% stating that they prepared as 'best they could' or that they were 'very well prepared'. 9% of respondents felt that they were 'not prepared at all'.

With regards to their organisation's actions, respondents stated that:

"I believe we acted fast, implemented new policies accordingly, and ensured our client group were supported whilst looking after the safety of staff."

"I'm not sure that anyone was prepared for Covid/a global pandemic. However, as things progressed our organisation was very pro-active in managing the situation and ensuring that staff and SU's wellbeing was a priority."

Answers were generally positive and took into account that this was an unprecedented crisis that no one was really prepared for.

> **Q2. Please indicate the types of measures put in place to support you and your colleagues during Covid-19.**

HF staff were asked to indicate the different types of measures implemented to support them in response to Covid-19 and subsequent public health guidelines.
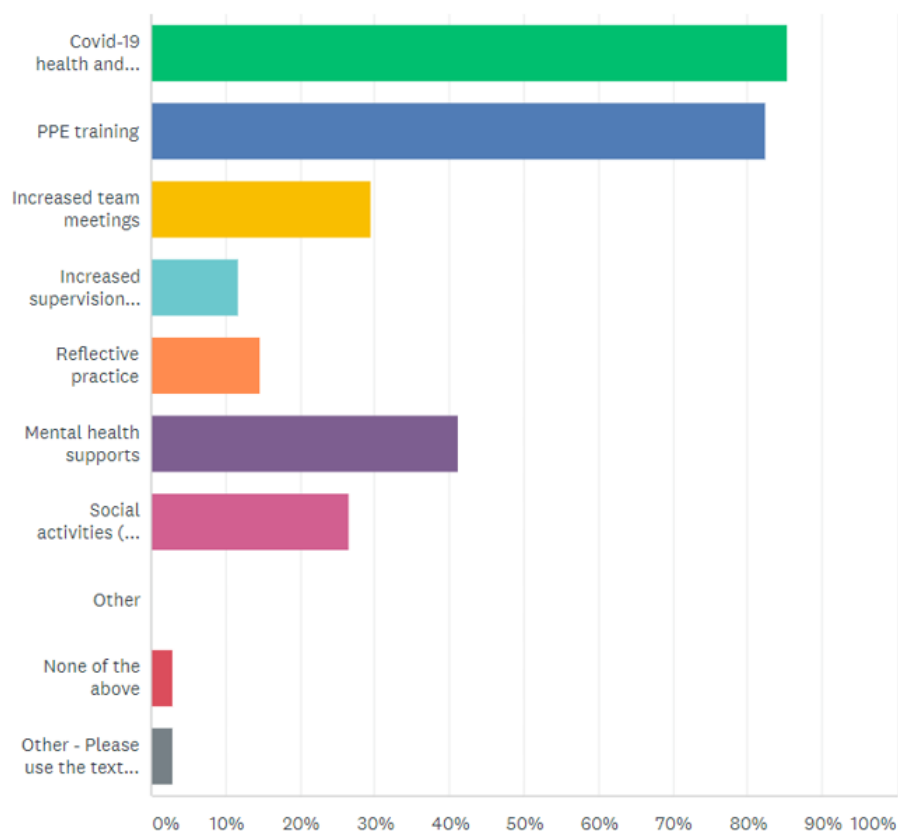

Graph 2: The Covid-19 measures and supports implemented by HF organisations

The top three measures implemented by organisations during Covid-19 included 'Covid-19 health and safety measures and working practices' (85%), 'PPE training' (82%), and 'Mental health supports' (41%). 'Increased team meetings' (29%) and 'Social activities (via Zoom, etc.) were mentioned by 27% of respondents, as supports implemented during this time.

> **Q3. How satisfied are you with the measures put in place to support you and your colleagues during Covid-19?**

Respondents were asked to rate the level of satisfaction with the supports that had been implemented by their organisation during the pandemic.
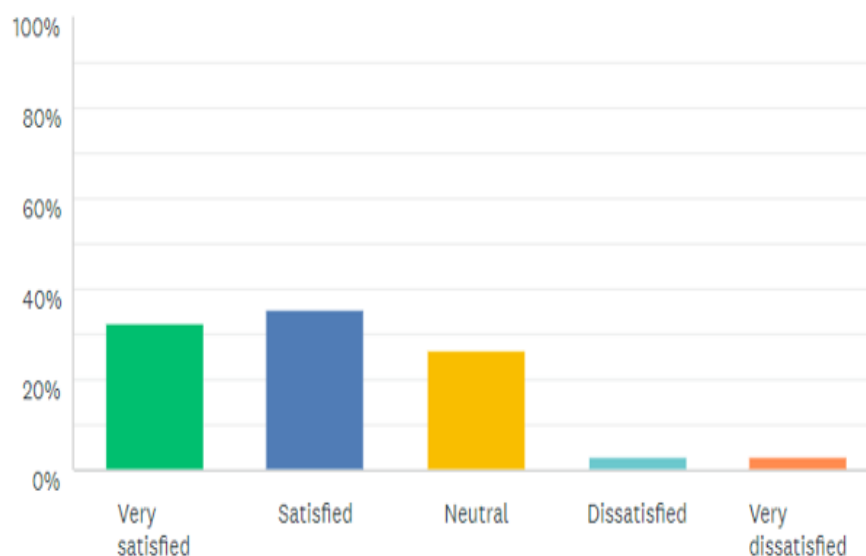
Graph 3: The level of satisfaction amongst HF staff for supports and measures implemented by their organisation during Covid-19

Respondents were mostly positive with regards to the measures that were put in place. 67% answered that they were 'very satisfied' or 'satisfied' with these supports. Approximately 26% were 'neutral' on this question.

Respondents also pointed out the difficulties between trying to maintain contact and support for certain tenants, whilst also adhering to social distancing guidelines.

> *"I feel the reality is for the very high support tenants that we support, the ability to adhere to social distancing guidelines and support them to maintain their tenancies is mostly not compatible. This is not the fault of management but just the nature of Housing First."*

Some project workers felt that that there was clear communication on supporting service users during this time and that their organisation had been proactive with measures implemented.

"I felt clear on how best to support clients during Covid. We amended our normal routine to include less face to face support, collecting medication for people cocooning and increasing virtual supports."

"I think the organisation has been very proactive throughout implementing many changes to working practices (e.g. use of masks) ahead of government advice."

3.2 Impact on Services

In this section the impact on service users and service provision will be looked at and analysed in depth. This section will cover questions 4-17.

Q4. How would you evaluate the impact of Covid-19 on service provision?

Respondents to the survey were asked to evaluate the level of impact that Covid-19 had on their ability to carry out their support work.
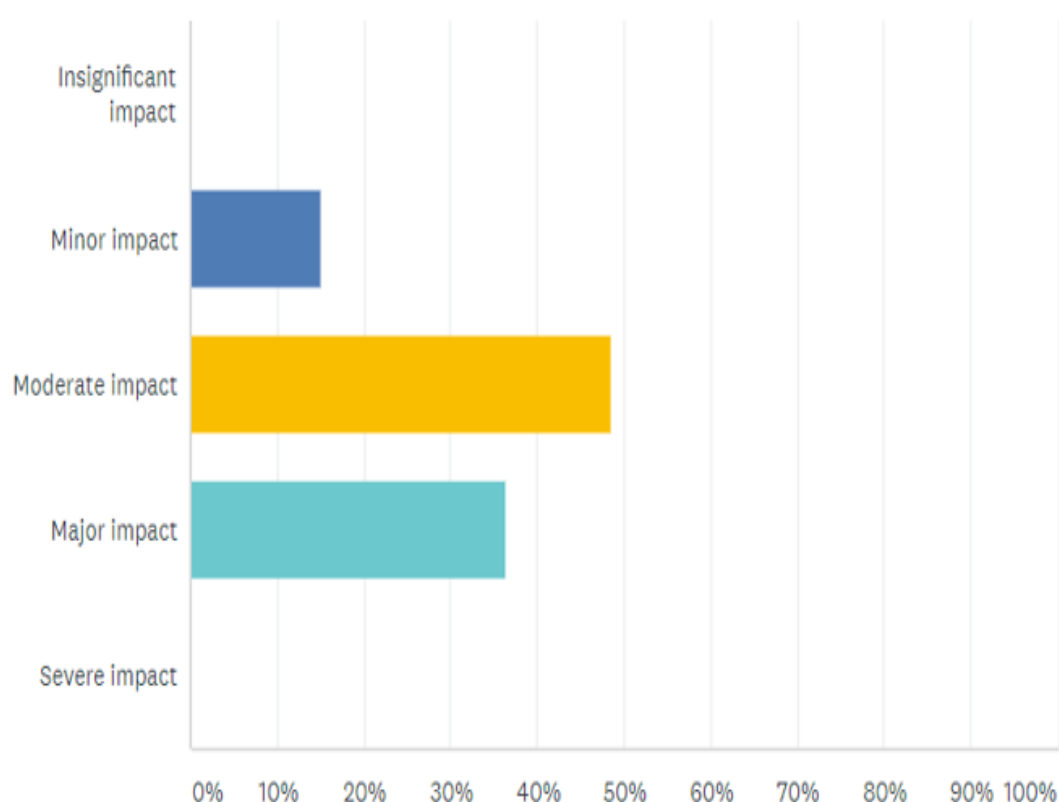
Graph 4: HF staff evaluation of the impact of Covid-19 on service provision

While Covid-19 has upended many of our routines and how we live, reassuringly, 0% of HF staff responded that it had a 'severe impact' on service provision. However, 84% did report a 'moderate' or 'major' impact, which is to be expected given the extreme circumstances. 15% answered that there was only a 'minor' impact on the level of service provision.

Some respondents described their experiences of trying to deliver services during Covid-19 below, and the risk it has on the health of staff:

"Initially when we were trying to reduce home visits etc... there was a severe impact on the tenants and their ability to maintain their homes. Therefore, the team needed to lessen strict adherence to social distancing guidelines but do so in as safe a manner as possible. Even so, risk to staff has therefore increased in order to lessen impact on the tenants."

"It has limited our face to face contact with service users. We have seen an increase in mental health issues which has impacted negatively on tenancy sustainment for some individuals. A lot of agencies were not taking on referrals and this impacted on our ability to provide wrap around support.

Q5. Which statement best describes your experience of inter-agency work throughout this period?

For question 5, HF staff were asked their experiences of engagement levels from other organisations during Covid-19.

Answer Choices	Responses (%)
Services disengaged and we took on additional work	34
Services disengaged initially but engagement improved over time	28
Services increased their engagement	13
Other	13
Services continued to engage as per normal	9
Services disengaged and we didn't take on additional work	3
Total	100

Table 1: HF staff experience of inter-agency working during this period

Respondents answered the highest to 'services disengaged and we took on additional work' (34%), and 'services disengaged initially but engagement improved over time' (28%). From these responses we can see that according to this group, there was a level of disengagement from other services, which then impacted on service users and the workload of staff. This is explained further in their statements below:

"Probation were only available via telephone and some other agencies were only working from home or were limited in their capacity to physically meet with clients."

"In some situations it was easier to contact services when staff were working from home. However, overall I think a lot of services were providing minimal services. For example, day drop in services as social distancing could not be implemented."

"Some services disengaged or stopped taking on referrals which impacted on our workload and responsibilities. However, communication and interagency relationships have improved during this time. Everyone is working together for the benefit of the service users."

"It felt very much like we were left to do much more of the support element for our Service Users, most external agencies started working from home and contact was only via telephone. However, things improved when other agencies started to use platforms such as Zoom for meetings etc."

While there were difficulties at the beginning of the pandemic and the resulting government restrictions, services did adapt to these changes and in this survey 22% of respondents answered that 'services continued to engage as per normal' (9%) and 'services increased their engagement' (13%).

Q6. To what extent has Covid-19 impacted on the ability to carry out home visits?

For this question, respondents were asked to what extent Covid-19 has impacted on the ability to carry out home visits with service users – had home visits continued as normal, decreased, or ceased entirely. Recognising that service users are a diverse group, respondents were instructed to answer in terms of the percentage of service users on their caseload, from 100% to 0%.

Percentage of Service Users	Home visits continued as per normal (n respondents)	Home visits decreased (n respondents)	Home visits ceased entirely (n respondents)
100% (All)	10	2	0
75% (Most)	8	5	0
50% (Half)	8	10	1
25% (Some)	0	8	4
0% (None)	7	3	11
NA	1	6	18
Total	34	34	34

Table 2: Impact on ability to carry out home visits with service users, by number of respondents

Responses to this question show that the impact of Covid-19 on the ability to carry out **home visits continued as normal for the majority of respondents**. For 18 (53%) respondents they were able to carry out home visits with all or most of their service users, with home visits decreasing for 7 (21%) respondents for all or most of their caseload. There were 0 number of respondents that stated that their home visits ceased entirely for 75-100% of their service users.

Q7. To what extent has Covid-19 impacted on the amount of time spent with service users during home visits?

For question 7, respondents were asked to what extent has Covid-19 impacted on the amount of time spent with service users during home visits – had time spent increased, remained the same or decreased. Respondents were instructed to answer in terms of the percentage of service users on their caseload, from 100% to 0%.

Percentage of Service Users	Increase in time spent (n respondents)	No change in time spent (n respondents)	Decrease in time spent (n respondents)
100% (All)	2	4	6
75% (Most)	0	7	7
50% (Half)	6	5	9
25% (Some)	5	9	2
0% (None)	11	5	4
NA	10	4	6
Total	34	34	34

Table 3: Impact on time spent during home visits with service users, by number of respondents

Responses to the question show that the impact of Covid-19 on **time spent with service users during home visits was experienced in terms of a general decrease**. Key data shows that 13 respondents (38%) reported a decrease in time spent during home visitation for either all or most service users on their caseload. While 9 respondents (26%) reported a decrease for half of services users. Only 2 (6%) respondents reported that time spent on home visits increased for all service users on their caseload, while 6 (17%) respondents reported an increase for half of the service users.

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Q8. Please indicate how changes to home visitation routines impacted on support plans and relationships with service users.

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In this part of the survey, HF staff were asked to what extent has Covid-19 impacted on the changes to home visit routines and the support plans and relationships with service users- was the impact negative, no change or positive. Respondents were instructed to answer in terms of the percentage of service users on their caseload, from 100% to 0%.

Percentage of Service Users	Very negative impact (n respondents)	Negative impact (n respondents)	No change (n respondents)	Positive impact (n respondents)	Very positive impact (n respondents)
100% (All)	3	1	6	0	0
75% (Most)	2	4	5	2	1
50% (Half)	4	9	9	3	3
25% (Some)	5	5	2	4	0
0% (None)	11	6	6	15	16
NA	10	9	6	10	14
Total	34*	34	34	34	34

Table 4: Impact on support plans and relationships with service users, by number of respondents

* Discrepancy from Survey Monkey data, adding up to 35, but only 34 participants took part

From the responses in Table 3, **the overall impact on support plans and relationships with service users seemed to vary** from no change**,** with 11 (32%) respondents stating no change with all or most of their caseload, to 5 (15%) respondents reporting a very negative impact, and 5 (15%) reporting a negative impact with 75-100% on their service users and their support plans.

There were very little positive impacts associated with the changes in home visitation routines and the relationships with service users. 15 (44%) respondents reported that none (0%) of their caseload had had a positive impact from these changes to home visitation routines, while 16 (47%) reported the same for their caseload for very positive impact.

Q9. Please indicate any different methods of communicating you took up with service users generally during this period.

Respondents were asked to indicate the different communication tools they used to stay in contact with service users during Covid-19.
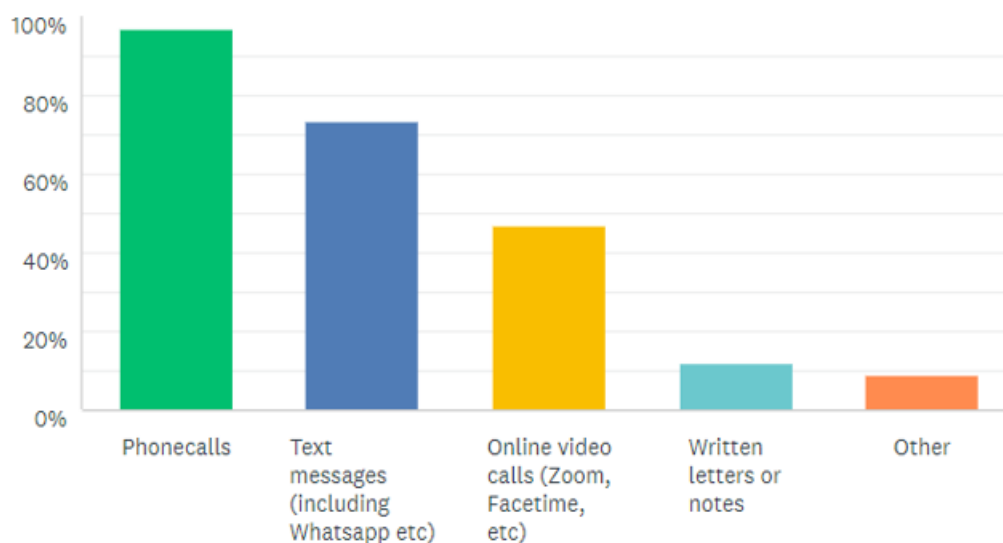
Graph 5: Communication tools used by HF staff to contact service users during this period

Phone calls (97%) and Text messages (74%) were the most popular forms of communication with service users during this time. Online video calls (47%) were also used as a way of maintaining contact and checking in from staff.

These communication tools were viewed as a vital way of checking in with service users and alleviating some of the isolation as a result of the restrictions and lock-down.

"We have increased number of phone contacts especially during the initial period but once resumed normal home visits (after a few weeks), it has been business as usual just with more PPE."

"While we would always do phone calls, this did increase to ensure our clients felt supported and not isolated during this period."

Staff also stated that once restrictions allowed they also carried out socially distanced appointments with service users.

"Would visit weekly at a distance for under 15 minutes. Used this time for something positive, tea and a biscuit, jigsaw, crosswords etc. Checked in with everyone daily via phone to ensure they felt supported."

"Arranged socially distanced appointments in local day center."

Q10. **Please indicate how these different methods of communication worked for you generally.**

This question in the survey supplemented Q9, and asked respondents to indicate the communication tool that worked best for them when trying to maintain contact with service users.
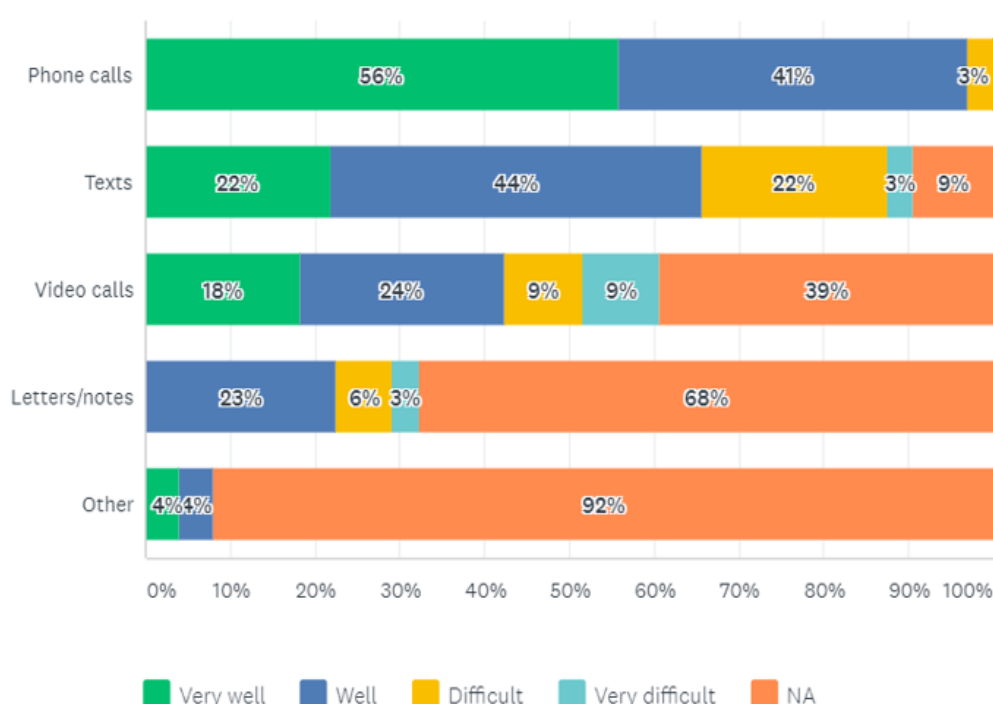
Graph 6: Rating by HF staff on how effective these communication tools were with service users

Question 10 provided a follow up in determining how these communication methods worked for staff in maintaining quality contact with their service users.

Phone calls appeared to be the most effective in maintaining contact between project workers and service users, with 97% of respondents stating that they worked 'very well' (56%), or 'well' (41%). Text messages were also a popular method of communication, and 66% of project workers felt that they worked 'very well', or 'well'.

While Video calls were also viewed as a positive way of communicating with service users, 18% of respondents felt they worked 'very well', and 24% said 'well', there were some concerns as not all service users had access to a Smart phone for video calls.

"Some people did not have smart phones so video calls were not possible."

"Majority of contact was via phone call. Vast majority of SU's did not have access to video calls."

Again, this question is related to Q9 and Q10, and asks respondents to indicate any additional resources that would enable them to engage more with service users and help support their work.
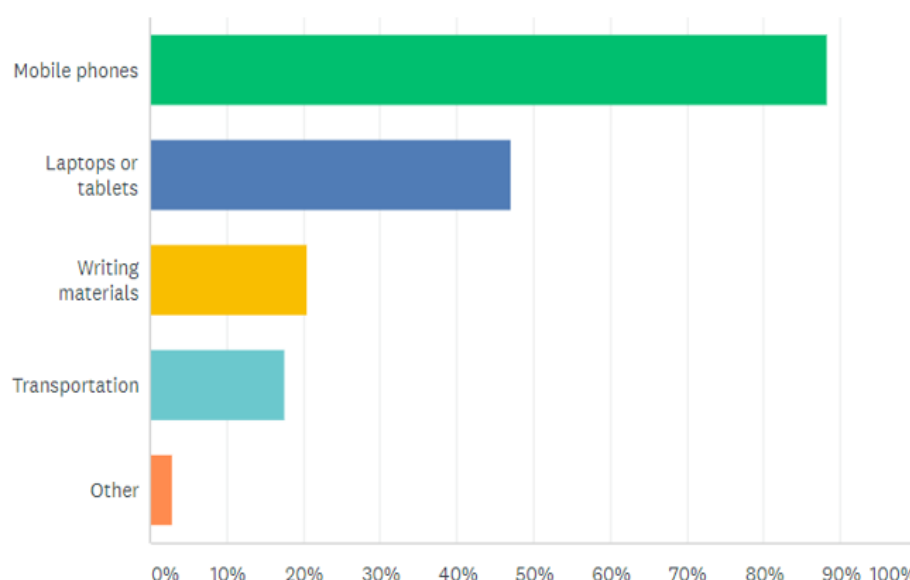
Graph 7: Types of communication tools used by HF staff

Not surprisingly, mobile phones were flagged by 30 respondents (88%), as a resource needed in order to adapt to this new way of working, whilst still providing support to service users. Laptops or tablets (47%) were another piece of technology that was mentioned as being an important resource to continue with support plans and working more generally.

"As a team we have begun using zoom etc... for team meetings and mobile phones for morning handover."

"If all participants had smartphones it would help with video calls."

"We used different online forums such as conference calls for clients and also themes for video calls with professionals too."

In this question, HF staff were asked to what extent their service users have been complying with public health guidelines- was there high, medium or low levels of compliance with their

caseload. Respondents were instructed to answer in terms of the percentage of service users on their caseload, from 100% to 0%.

Percentage of Service Users	High Compliance (n respondents)	Medium Compliance (n respondents)	Low Compliance (n respondents)	Zero Compliance (n respondents)
100% (All)	4	1	1	1
75% (Most)	6	5	4	1
50% (Half)	9	13	4	1
25% (Some)	8	10	13	6
0% (None)	3	1	4	9
NA	5	5	8	16
Total	34*	34*	34	34

Table 5: level of service user compliance with public health guidelines during Covid-19 by number of respondents

* Discrepancy from Survey Monkey data, adding up to 35, but only 34 participants took part

Responses to the question show that the level of **service user compliance with public health guidelines during Covid-19 was generally medium to high**.

19 (56%) respondents reported that there was high compliance amongst 50-100% of their caseload during this time. 19 respondents also stated that there was medium compliance amongst 50-100% of their service users. 10(29%) respondents stated that there were medium compliance rates for a quarter of their caseload, while 13 (38%) reported low compliance for a quarter of their service users. 5 (15%) respondents stated that there was low compliance for most of their caseload, while only 2 (6%) reported zero compliance for 75-100% of their service users.

Q13. Please indicate your experience of the level of change during Covid-19 (the last 7-8 months) in regard to the incidents listed below.

In the table below, respondents were asked to indicate the changes in incidents and behaviour with their caseloads during the period of the pandemic.

Incidents	Significant increase (n respondents)	Marginal increase (n respondents)	No change (n respondents)	Marginal decrease (n respondents)	Significant decrease (n respondents)
ASB/estate management concerns	8	12	11	1	1
Substance misuse	8	16	8	1	0
Relapse	6	15	12	0	0
Overdose intentional	2	8	22	1	0
Overdose accidental	2	9	22	0	0
Domestic violence	4	11	18	0	0
Self- harm	3	13	17	0	0
Suicidal ideation	4	15	14	0	0
Suicide attempt	1	9	23	0	0
Presentation to A&E	2	14	15	1	1
Total	33	33	33	33	33

Table 6: Change in levels of incidents during Covid-19

The highest increases in incidents related to:

- **_Substance misuse_**, with 24 (73%) respondents reporting some kind of increase in these issues (24% significant increase, 48% marginal increase).
- **_Relapse_**, with 21 (63%) respondents reporting some kind of increase in these issues (18% significant increase, 45% marginal increase).
- **_ASB/ estate management_,** with 20 (60%) respondents reporting some kind of increase in these issues (24% significant increase, 36% marginal increase).
- **_Suicidal ideation_**, with 19 (57%) respondents reporting some kind of increase in these issues (12% significant increase, 45% marginal increase).

There were no reported changes for 'Suicide attempt' (70%), 'Overdose intentional' (67%), and 'Overdose accidental' (67%).

> **Q14. Please indicate the level of change in regard to levels of contact service users had with family members throughout the period.**

For this question, respondents were asked to what extent the level of contact between service users and their family members had changed during Covid-19 - was there an increase, decrease, or did the levels stay the same. Respondents were instructed to answer in terms of the percentage of service users on their caseload, from 100% to 0%.

% of Service Users	Contact increased signif. (n resp.)	Contact increased margin. (n resp.)	No change (n resp.)	Contact decreased margin. (n resp.)	Contact decreased signif. (n resp.)	Not applicable (n resp.)
100% (All)	1	0	10	0	2	3
75% (Most)	0	1	9	2	0	0
50% (Half)	1	1	6	1	1	0
25% (Some)	8	10	4	7	3	1
0% (None)	14	12	0	12	14	9
NA	10	10	5	12	15	22
Total	34	34	34	34	34*	34*

Table 7: level of change in contact servicer users had with family members, by number of respondents

* Discrepancy from Survey Monkey data, adding up to 35, but only 34 participants took part

Responses to the question show that the impact of Covid-19 on **contact between service users and their family members generally stayed the same**, with 25 (74%) respondents stating that there was no change with the majority (50-100%) of their caseload. Key data shows that **contact increased significantly for the minority (0-25%) of a project worker's service users**, with 22 (65%) respondents reporting this. According to 19 (56%) respondents, contact decreased marginally for only 0-25% of their caseload.

> **Q15. Please indicate the impact this period had on community relations/integration of service users. Round up to the nearest %.**

In this question, HF staff were asked to what extent has Covid-19 impacted on the community relations/ integration of service users - had relations improved, stayed the same or suffered. Respondents were instructed to answer in terms of the percentage of service users on their caseload, from 100% to 0%.

Percentage of Service Users	Community relations/ integration suffered a lot (n resp.)	Community relations/ integration suffered a little (n resp.)	Community relations/ integration improved a little (n resp.)	Community relations/ integration improved a lot (n resp.)
100% (All)	14	4	0	0
75% (Most)	7	2	0	0
50% (Half)	6	9	2	1
25% (Some)	3	6	7	3
0% (None)	2	5	11	14
NA	3	8	14	16
Total	34*	34	34	34

Table 8: Impact on community relations/ integration on service users during Covid-19, by number of respondents

*Discrepancy from Survey Monkey data, adding up to 35, but only 34 participants took part

Responses to this question show that the impact of Covid-19 on **community relations/ integration was experienced in terms of a general decrease**, with 21 (62%) respondents

reporting that community relations suffered a lot for the majority (75-100%) of their caseload.

Other key data shows that 15 (44%) respondents stated that community integration had suffered a little for 50-100% of their service user caseload. **There was very little in the way of positive impact from Covid-19 on community relations**, with no respondents reporting a positive impact on the majority (75-100%) of their caseload. 14 (41%) respondents reported that community relations had improved a lot for 0% of their service users.

Q16. Please indicate the impact this period had on service users in relation to engagement with other services (GP, Mental health, substance misuse supports, etc.) being disrupted or unavailable.

Respondents were asked to what extent has Covid-19 impacted on service users' engagement levels with other relevant services – had there been a negative impact, no change, or a positive impact. Respondents were instructed to answer in terms of the percentage of service users on their caseload, from 100% to 0%.

| Percentage of Service Users	Significant neg impact (n resp.)	Marginal neg impact (n resp.)	No neg impact (n resp.)	Marginal pos impact (n resp.)	Significant pos impact (n resp.)
100% (All)	7	3	2	0	0
75% (Most)	6	2	2	1	0
50% (Half)	5	8	4	0	0
25% (Some)	7	7	4	3	2
0% (None)	3	3	9	11	12
NA	6	11	13	19	20
Total	34	34	34	34	34

Table 9: Impact on service users' engagement levels with other relevant services, by number of respondents

Answers to this question would suggest that the impact of Covid-19 on **service users' engagement levels with other services has had a negative impact overall**. 18 (53%) respondents stated that this was a significant negative impact for most (50-100%) of their caseload, while 13 (38%) answered that there was a marginal negative impact for 50-100% of their service users. If we take these two figures together, then there were 31 (91%) respondents who answered in the negative for the impact on engagement levels for their service users (50-100% caseload) with other services such as GP mental health, substance misuse supports.

For 50-100% of their caseload, only 8 (24%) respondents answered that there was no negative impact on their service users' engagement levels with other services, while only 1 (3%) stated that there was marginal positive impact for their caseload. 11 (32%) responded that 0% of their caseload experienced a marginal positive impact, while 12 (35%) answered that 0% of their service users experienced a significant positive impact for engagement levels with other services.

Q17. Which statement best describes your experience of the impact of Covid-19 on the availability of appropriate accommodation for service users

Respondents were asked their experiences of the availability of appropriate accommodation for their caseloads during Covid-19. They were asked about the impact that Covid-19 had on housing stock during this time.
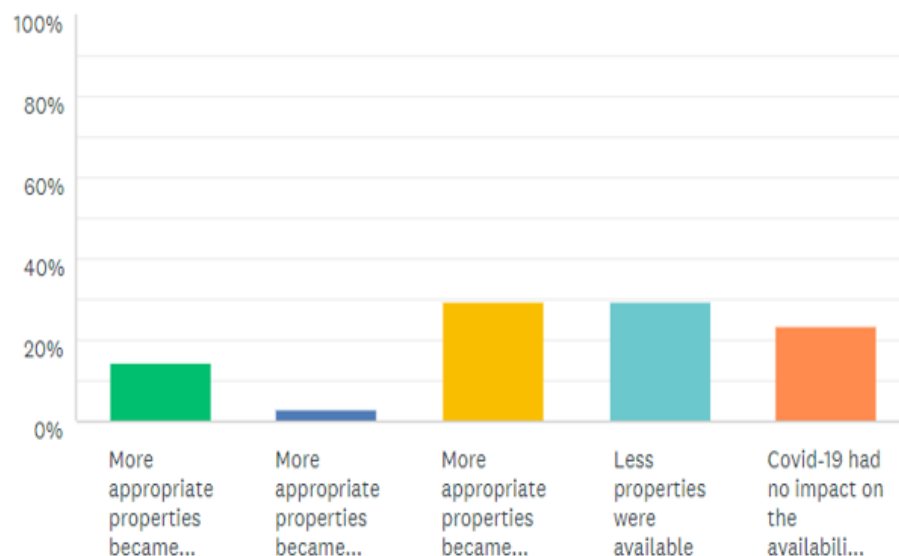
Graph 8: HF staff's experiences of property availability during this period

Interestingly, responses related to the availability or lack of availability of appropriate accommodation as a result of Covid-19, were split almost straight down the middle. 16 respondents answered that more suitable properties had become available, while 18 responded that less properties had become available or stayed at the same level pre Covid-19.

For the question, 'More properties became available and we were able to transfer existing service users and accommodate new service users' and 'Less properties were available' there were the same amount of respondents, 10 for each (29%).

Some of the comments from this survey, might help to provide more context on these numbers:

"For our Housing First clients (not the whole homeless population) I felt it did not affect the number of properties that were available."

"A lot construction or signing off was delayed or disrupted."

"SU's were being placed in temporary accommodation but access to permanent accommodation options were unavailable for a large period of time."

"NIHE stopped all allocations at the beginning of Covid19 lockdown which meant more service users staying in short term accommodation, standard and non-standard. Things improved a little during the summer months."

3.3 Recommendations from staff

In this section the recommendations and new ways of working developed by HF front line staff is discussed and analysed. This section covers questions 18-20.

Q18. How confident are you in your organisation's capacity to prepare and respond to a second wave of Covid-19?

This was the first question in this survey looking at the recommendations from staff in relation to responding to Covid-19. This particular question asked respondents to indicate their level of confidence in their organisation's ability to deal with a second wave of Covid-19.
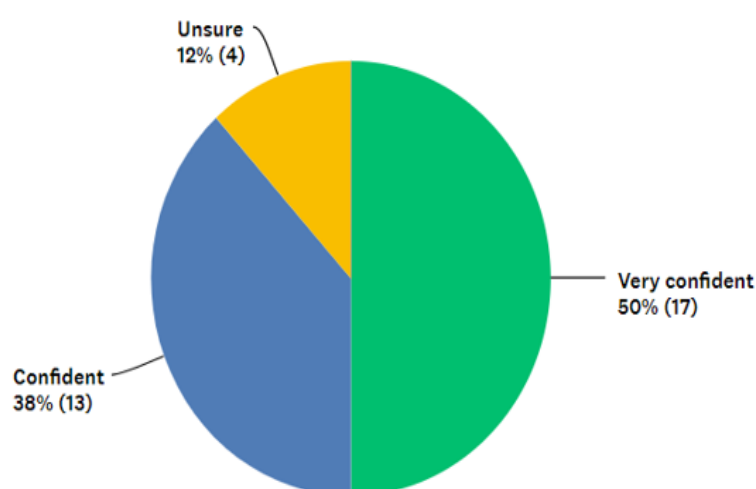
Graph 9: HF staff's levels of confidence in their organisation's ability to respond against a second wave of Covid-19

The vast majority of survey respondents (88%), were positive in their responses to their organisation's ability to prepare and respond to a second wave of Covid-19. 50% stated that they were 'Very confident', and 38% were 'Confident'.

This is important in terms of continuing service delivery to customers, particularly as the nature of Covid-19 is unpredictable and is still affecting Irish society nearly one year into the initial crisis.

As one respondent said, *"The safety practices put in place for staff and service users were excellent and I would be very confident of the services response to a second wave of Covid 19."*

Q19. Please list and describe particular methods of working that were developed and introduced during this period that you feel should be retained into the future.

This question was open-ended and provided HF staff with the opportunity to put forward suggestions and ideas for new ways of working and measures they would like to see brought forward as a result of Covid-19 adaptations.

Out of the 34 responses:

- *Zoom/ online video meetings* were mentioned by 15 (44%)
- *Working from home/ remote working* mentioned by 7 (21%)
- *Increased cleaning, use of PPE & social distancing* mentioned by 7 (21%)
- *Virtual/ online supports* mentioned by 5 (15%)
- *More collaboration and communication with other services and agencies* mentioned by 4 (12%)

Other initiatives that were mentioned in this survey included increased telephone communication, new harm reduction techniques developed during Covid-19, more frequent supervisions, and trying to retain face-to-face contact and supports.

"More remote working - zoom meetings etc."

"Social distance, cleanliness, increased phone call."

"Increased use off PPE. Having a thermometer on hand and social distancing."

"As in line with government guidelines asking those who could work from home to do so, we worked from home for two days a week in order to minimise our interactions with one another and reduce traffic in the building. As this was doable and given the request from the government I do think that if we can at all work from home even for a day or two and just do calls and admin, then potentially we should be doing so. Either way it doesn't bother me though I'm also quite happy to continue being in the office."

"Virtual support for clients via FaceTime."

"virtual supports service - online nursing, addiction and mental health supports."

"Better communication between services. More of a push to move people from emergency accommodation or accommodation unsuitable to their needs."

"More frequent supervisions. Use of zoom, hangouts for meetings - these actually proved to be more efficient. Still can't beat face to face though. Closer communication with partner agencies. The Housing Executive used emergency private rented accommodation to get people off the street - needs to continue."

"Meetings with external agencies via Zoom. Closer links with GP surgeries with an advocacy role for HF Staff."

The final question asked how prepared respondents felt in light of a second lock-down after having experienced the first one.
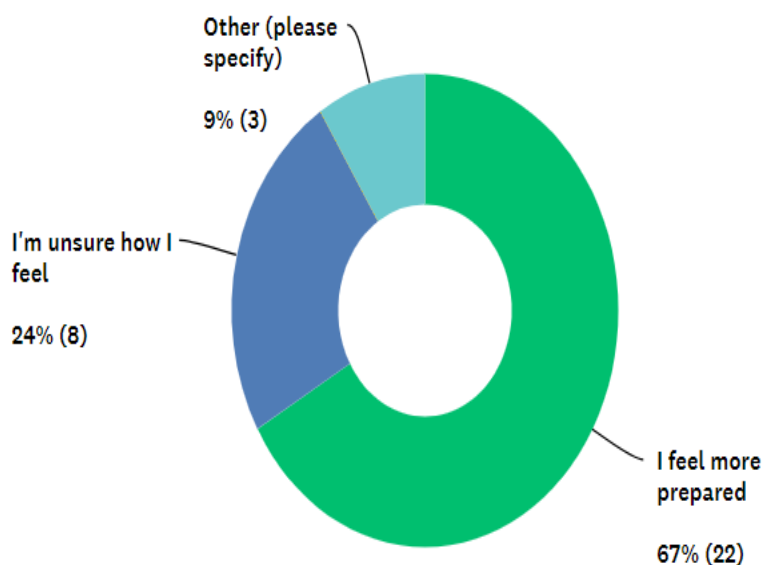
Graph 10: HF staff's level of preparedness for a second wave of Covid-19

In line with other similar questions in this survey, respondents scored highly (67%) on their level of preparedness for a second lock-down. However, nearly a quarter of respondents were unsure about how they felt, and this may require more investigation as to what this means and what supports might be needed.

On this question, respondents again mentioned the risk to staff, and the difficulties in maintaining social distancing, whilst still providing quality one-to-one support:

"I feel I am used to working in this covid environment now. The risks are still the same and we are exposed to them more than the general population. We do have all the PPE we need but our ability to not do home visits or when we do them of them being less than 15mins in duration is 75% of the time not possible unless they are only brief interventions/ drop offs of food and meds. Many of our high support tenants do not have phones. When we reduced visits their tenancies almost broke down. Therefore, the success of the team and the tenants requires regular human face to face contact. I feel we have been supported in reducing the risks of covid with PPE but that the Housing First approach is mutually exclusive to a social distancing approach for high support tenants (of which vast majority are). How do we square this circle? I don't know."

"In a sense I do think that working from home a couple of days a week protected staff a bit more and was appropriate in terms of the welfare and safety of staff as well as being in

*line with government guidelines. I think we could be doing this now reducing physical
interactions with each other, with other people in the office and with clients to an extent."*

4. Conclusion

From the results of this survey, there appear to be a lot of positives with regards to the supports and adaptations that have been made by organisations in relation to the Covid-19 crisis. Staff adapted quickly to an ever-changing and complex environment. They used the tools that were available to them, whilst also trying to deliver home visits, albeit within public health guidelines.

The insight of frontline workers has been invaluable and has provided information on the experiences of some of their service users during this time and the affects that lock-down restrictions had on their relationships with family, community and other relevant services.

HF Staff

Staff were provided with the necessary PPE equipment and training, and this is reflected in the scores for the questions related to service's actions and the feelings of preparedness from staff in the face of another lock-down. Staff were also satisfied with the measures put in place to support them and their colleagues during Covid-19, with a score of 67% from respondents.

However, it did appear that staff workloads increased, particularly at the beginning of the crisis, as other services disengaged and were unable to provide the same level of support pre Covid-19. While this may have improved since then as new ways of working have been developed, perhaps staff in the Housing First services may benefit from some kind of recognition of their support provided, despite a lot of uncertainty and risk to their own health working on the front-line.

HF Staff reported that there had been a level of moderate and major impact (84%) on service provision during Covid-19 and may account for some of the increases in ASB/ estate management issues, substance misuse and relapse. However, despite these difficult circumstances project workers adapted and still provided support through increased use of telephone calls, text messages and video calls. This continuity of care may have helped to contribute to the stable levels of 'Overdose intentional', 'Overdose accidental' and 'Suicide attempt'.

Another area that may warrant more investigation is the differing experiences of respondents in how they viewed the availability or lack of suitable accommodation for service users. This split was nearly fifty-fifty either way, and merits further research on these experiences and why some felt that there was more, or the same available, and the other half felt that there were less suitable properties.

Survey respondents adapted to the Covid-19 crisis and still provided services to their customers through using tech applications, such as Zoom FaceTime and other online

supports. Flexible working also seemed to be helpful in dealing with this crisis, and was suggested as a new way of working where appropriate.

However, there was also recognition that due to the nature of the work of Housing Fist services, one-to-one support is still vital and did suffer as a result of social distancing guidelines. This more flexible/ remote working may be an area that is looked into in the future, as we all learn to live and work within a new Covid-19 context.

Housing First staff should be commended for their dedication, innovation and creativity in dealing with this crisis and providing support to their service users. The appropriate mental health and wellbeing supports should be looked at, for the future of staff and service users alike and their ability to deliver to Housing First customers.

Service provision

Another area that warrants further investigation is the impact Covid-19 and subsequent public health measures has on service provision and service users. With Housing First's participant-centred approach and the project worker service user relationship a major crux of this model, the social distancing guidelines would have had an impact on HF service users.

The questions related to service users and service provision in this survey provided some insight into the effects of Covid-19 on the ability of HF staff to carry out support work with service users. While home visits remained more or less at the same level during this time, the actual amount of time spent with service users appeared to decrease overall. This would make sense as public health guidelines stated that social distancing measures were strict during the first lock-down. HF staff were trying to maintain contact with customers, albeit in difficult and constraining circumstances.

This decrease in time spent between HF staff and their caseload may have had a somewhat negative impact on the support plans and quality of relationship as reported in Q8. In fact, nearly 50% of respondents stated that there was no positive impact for most or all of their caseload (75-100%).

During this first lock-down period, it was reported by respondents that levels of contact between service users and their family members generally stayed the same. However, community relations/ integration levels decreased with 21 (62%) respondents reporting that community relations suffered a lot for the majority (75-100%) of their caseload.

Another worrying trend for HF service users was the negative impact Covid-19 had on service users' engagement levels with other relevant services (GP, mental health, substance misuse supports). 18 (53%) respondents stated that there was a significant negative impact for most (50-100%) of their caseload, while 13 (38%) answered that there was a marginal negative impact for 50-100% of their service users. As more research and anecdotal evidence emerges of the detrimental effect that Covid-19 lock-downs and isolation has on individuals, these mental and physical health services are essential to the wellbeing of a lot of people. It is important to be cognisant of this risk area, especially as Ireland enters its third strict lock-down.