



THE UNIVERSITY of EDINBURGH  
School of Health in  
Social Science

Cyrenians



# The City Turned Upside Down:

Relationships, regulations and the inversion of social 'norms'  
in the homelessness sector during the Covid-19 pandemic

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**[Explore the Living Through Covid digital exhibition here](#)**

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## KEY FINDINGS

The most striking result of the study was that during the initial phase of the Covid19 pandemic, people experiencing homelessness and those working in the homelessness sector experienced the city turned ‘upside down’. Two key overall themes emerged following the radical and swift action of getting everyone off the streets and into emergency accommodation: 1) social norms were inverted; and, 2) relationships were identified as central to the success of ending rooflessness in the city.

While managers acknowledged the initial sense of urgency and crisis in the NHS and the media ‘frenzy’ around getting everyone off the streets, managers and frontline workers said that they felt a huge sense of achievement and pride at having been part of such an exciting and unexpected initiative to see rooflessness almost completely eradicated in the city for the first time. Street begging also disappeared as the tourists left the city and the streets became silent.

### a) Inversion of social and organisational norms

Social and organisational norms were inverted as people who normally slept on the streets or in open spaces were housed in luxury city centre hotels and other forms of temporary accommodation. Frontline workers and managers also experienced a rapid change and perceived relaxation in the usual rules and regulations governing their day-to-day work. Participants experienced an interesting paradox of both containment and freedom: as the general population was ‘locked-down’ and people were removed from the streets into temporary accommodation, managers, frontline workers and people with lived experience of homelessness developed new-found freedoms. Managers talked of gaining access to new political spaces that were not usually available to them, for example on newly formed Scottish Government strategy committees. Frontline workers- who previously navigated the jostling city streets of this busy tourist city – talked about the strange experience of having the freedom of the empty streets and the loosening of ‘red tape’, where normal complex bureaucratic processes dissolved and actions were taken quickly in response to immediate need. Some people with lived experience of homelessness also found freedom from anxieties related to constantly having to find somewhere to sleep each night, and this afforded them the opportunity to access treatment for mental and physical ill-health, which had often gone untreated for years.

### b) Relationships identified as central to success

Relationships were identified as central to the success of ending rooflessness and getting ‘Everyone Home’. The managers and frontline workers were all keen to point out how important existing relationships were to the rapid implementation of new ways of working and the communication between different agencies and organisations during the uncertainty of these days. The importance of these existing strong relationships with colleagues in other organisations was highlighted, as well as the importance of existing strong relationships with clients. Participants were keen to point out that it was the result of years of working with other organisations and colleagues that enabled rapid action and coordination during the crisis.

This Tweet by one of the frontline outreach workers captures both the inversion of social norms and importance of inter-agency working during these early days of the pandemic:



[Tweet from frontline outreach worker]

## 1. Introduction

### Background and context

In the early months of 2020, a novel coronavirus, SARS-CoV-2, was spreading across many countries in the world, causing acute respiratory illness (Covid19) and death. On March 11 2020, the World Health Organisation pronounced that there was a global SARS-CoV-2 pandemic (WHO 2020a). The novel coronavirus is highly infectious and transmitted via droplet infection (WHO 2020b). Public health measures were implemented, including increased handwashing and use of antibacterial gel, social distancing, and self-isolation if infected. Whilst everyone was at risk, those belonging to marginalised groups, including those who experience homelessness and who experienced existing health inequalities, were understood to be at increased risk (Bambra et al 2020; Bibby et al 2020). On 23 March 2020, the rising number of cases of Covid19 with increasing levels of hospitalisation and fatalities led the UK Government to place the UK under 'lockdown' measures (Johnson 2020). The lockdown measures included a requirement for people to stay in their homes, and only those who were 'key workers', mostly health and social care staff and those providing essential infrastructure services, were required to go to their place of work; everyone else was to work from home (Johnson 2020). In response to the 'lockdown' measures, services supporting people in the homeless sector were required to amend ways of working to minimise interpersonal contact and the risk of catching the virus.

Covid19 exacerbates existing health inequalities and exclusions from care (Kirby 2020). It was also thought that people experiencing homelessness were increasingly vulnerable to Covid19

due to the lack of ability to follow recommended public health measures of hand hygiene and social distancing, coupled with high rates of existing health problems (Lewer et al 2020). It was widely expected that the Covid19 outbreak in the UK in March 2020 would have serious consequences for people who experience homelessness and would lead to high levels of infection and deaths due to overcrowding, inability to social isolate and the disruption of health and social care services (Abrams and Szeffler 2020; Housing, Communities and Local Government Committee 2020). Commonly, the model for provision of shelter to those who are sleeping on the streets is through hostels or other places where communal living is the norm. In the context of the pandemic, where close contact with others increased the risk of virus transmission and serious illness, such models of provision posed a risk to those they served.

Across the UK, schemes rapidly emerged to house those who were rough sleeping emerged. The Scottish government built on existing work with the Homeless and Rough Sleeping Action Group (HARSAG)(Scottish Government, 2020) requiring local authorities to rapidly house those who were rough sleeping, accommodating them in city centre hotels. In Edinburgh, work led by Edinburgh City Council and NHS Lothian led to the creation of a Covid19 hostel hub and new prescribing practices (Francis 2020). Workers in the homelessness sector were challenged with the huge task of getting ‘everyone in’ and providing support to vulnerable people who were likely to struggle with social distancing (Henderson 2020). This was an unprecedented move, ending rough sleeping almost overnight (BBC 27 March 2020), placing homeless people in spaces where they would not normally be welcomed (for example, luxury hotels) and changing the relationship’ between government and the homeless sector, as this often-marginalised sector became the focus of a huge community effort and a Public Health priority.

It is perhaps due to the success of these rapid rehousing schemes for rough sleepers that the number of cases of Covid19 in the homeless population has remained very low. Only 16 deaths due to Covid19 were reported in England and Wales by end of June 2020 (Office for National Statistics 2020), and less than 3% of registered deaths in the UK homeless population during 2020 identified Covid19 as a cause of death (Heath 2021).

Health system action during the early days of the Covid19 pandemic in Edinburgh was rapid and radical (hotel use, new prescribing practices) and yet the novelty of these interventions also generated uncertainty in the longer-term for housing and health outcomes. Evidence from previous pandemics (Lau et al 2003) has highlighted the importance of engaging with street-level experiences and responses to health, housing and social care interventions. It is at this street-level where risk is experienced and managed, and where prevention and support happen. It is important to understand more fully how new communities form, and are disrupted, during major health incidents in order to be able to manage interventions more effectively.

## 2. Aims, research questions and methodology

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This project explored the street-level experiences of, and responses to, the initial Covid19 response and ongoing intervention strategies during March- June 2020.

**Project Aim:** An exploration of how people in the homelessness sector, including those with lived experience of homelessness, experienced the initial phase of the Covid19 crisis, and how street-level action and understanding affected ongoing intervention and support.

The aim was underpinned by the following specific research questions:

## Research questions:

1. What does the experience of living through the initial Covid19 crisis mean for people working in the third sector frontline, for people with experience of homelessness and for managers?
2. How have new ways of working within the homelessness services during Covid19 impacted on front-line workers, people experiencing homelessness and managers?

## Methodology

This study used a qualitative method underpinned by an interpretivist approach. Consistent with interpretivism, this study sought to recognise meaning from narratives told by participants from their point of view. Themes and ideas are derived from the analysis of the data and hence the interpretation is grounded in, and supported by, the data.

## Design

A narrative methodology (Lieblich et al 1998) was used to analyse the 'Living through Covid' project run by the Cyrenians between March and June 2020. The project gathered personal stories and experiences of 20 people with experience of homelessness, those working on the 'frontline' and managers in the homelessness sector over this 4 month period. Three of these participants identified as either feeling socially isolated and/or having a history of harmful substance use but did not identify themselves as having had experience of homelessness. The sample included: a) people across Scotland with lived experience of homelessness, social isolation and/or addictions; b) people who work for or volunteer with Cyrenians; and, c) people who work for or volunteer with other organisations supporting people who are at risk from experiencing homelessness (see Table 1). Data was collected through reflective journals, video interviews, stories, poems, songs and photographs.

## Ethics

Ethical approval was granted by the University of Edinburgh School of Health in Social Science Ethics Committee.

## Sampling

The Cyrenians' 'Living through Covid' project used convenience sampling to invite people with experience of homelessness, and those working in the sector, to share their experiences of the first phase of the Covid19 pandemic in Scotland. Prior to data collection, written consent was obtained from all participants and, where written consent was not possible, oral consent was obtained and recorded digitally. In addition, further consent was obtained from all participants for their data from the 'Living through Covid' study to be included in the data analysis undertaken by researchers at the University of Edinburgh. Only the data from the 'Living through Covid' project with this additional consent has been included in this report. All participants in the 'Living through Covid' project were assured of anonymity and confidentiality, and pseudonyms used throughout. It should be noted that some of the participants asked for their names and identities to be attached to their poems, songs and visual outputs for the exhibition and this was granted in compliance with ethical guidelines.

**Table 1: Participant characteristics**

<b>Total participants (n=20) gender not included to maintain anonymity</b>
Known experience of homelessness = 2
Experience of social isolation = 1
Experience of recovery from harmful substance use = 2
Manager = 8
Frontline worker = 6
Volunteer homeless charity = 1

The frontline workers included people who worked as street outreach workers and support workers within Cyrenians and other third sector organisations across Scotland. The managers were from third sector and other health and social care organisations in Scotland working with people experiencing homelessness. The two people who disclosed they had lived experience of homelessness were currently living in their own tenancies.

It is important to note the complexity of roles for people living and working in the homelessness sector: several of the participants who now hold management roles have also had lived experience of homelessness in the past. In addition, some of the frontline workers also have lived experience of homelessness. For others, they did not describe themselves as homeless, as they have not had lived experience of rooflessness but have experienced fragile housing situations and addictions in their past. The participant characteristics in Table 1 reflect the ways that the participants identified themselves at the point in time they contributed data to the study.

**Data collection**

The data comprised a range of creative outputs such as photographs, poems and songs alongside a number of lightly structured interviews with participants. During the conception of the ‘Living through Covid’ project, the desire was to encourage participants to represent their experiences using arts-based methods and submit these as data. The opportunity to be interviewed was also offered. The project gathered a number of photographic, poetic and tweet-based data. However, it transpired that the majority of participants were happier being interviewed or wanted to be interviewed as well as provide arts-based data. In accordance with the public health regulations at the time, interviews were undertaken over Zoom or Microsoft Teams by Shelly Coyne, Policy and Participation Manager, Cyrenians, Edinburgh. The two interviews with people with experience of homelessness were undertaken by their support workers. Some participants engaged in multiple interviews, providing their views over time. All interviews were audio recorded and transcribed verbatim.

**Table 2: Types of data source**

Type of data source	Number of data items	Participants
Video interviews	12	Frontline workers
	8	Managers
	2	People with lived experience of homelessness, social isolation and/or harmful substance use
Written reflections	9	Frontline workers
	1	Manager
	1	Volunteer: homeless charity
Poems	3	People with lived experience of homelessness, social isolation and/or harmful substance use
Song lyrics	1	Frontline worker
Photographs	27	Managers
	6	Frontline workers
	8	Other third sector worker
Tweets/Whatsapp	55	Frontline workers
Total	133	

### Data analysis

Oral data was transcribed in full. The variety of data sources made the use of a framework approach that enables the interpretation of each form of data to be included in the development of codes and themes (Gale et al 2013). The framework itself is atheoretical and was able to accommodate the discourse analytic approach to interpretation of interview and textual materials, and photograph analysis techniques (Chapman, Wu and Zhu 2017).

The transcripts were split into data sets according to participant group and read in full, then coded line by line by one researcher. Data analysis was undertaken within each participant group, to enable cross-group comparison and identification of group-specific experiences. These codes were then reviewed by the second researcher and analysed by both researchers using an iterative approach. This ensured the framework was agreed and consistent across the whole data set. It also allowed for further opportunities for discussion on any anomalies in the data sets and clarification, and agreement on different interpretations. Other linguistic data in the form of tweets, participant poems and songs were coded in line with the framework developed from the interview transcripts. Interpretation of the photographic data was additionally guided by the framework. An inductive approach was taken whereby codes and themes were grounded in the authors' interpretations of the data. Data was further analysed within a group of the participants.

### Poetic re/presentation of the data

A key aim of this project was to engage wider audiences with the experiences of those working in the sector, and those experiencing homelessness, during the early months of the

Covid19 pandemic in Edinburgh. Arts-based methods provide a means of drawing an audience in to the experience of participants through the need for interpretive engagement (Barone and Eisner 2012; Stenhouse 2013, 2014). Poems were developed to re/represent the key themes developed from the analysis. The poems are artistic and interpretive re/presentations of the data which draw on key phrases and language used in participant interviews and the images in the photographic data. These poems will be exhibited alongside the arts-based materials contributed by participants in a public exhibition.

### **Workshop and exhibition**

The preliminary study findings were shared with the Participant Advisory Group (PAG), which included people working in the homelessness sector, those with lived experience of homelessness and participants in the study. A workshop enabled the PAG to engage with the findings and actively sought responses to the researcher-led analysis to strengthen the 'voice' of lived experience. Responses were documented and identified as such, rather than incorporated into the researcher-authored findings, in this way providing space for different voices and making visible the dissonance and tensions of different perspectives. An exhibition was co-designed with the PAG to display the creative outputs and research findings. This will be hosted at a venue decided by the PAG in collaboration with researchers and Cyrenians, and dependent on existing Covid19 restrictions in place by the Scottish Government at the time. This will be an opportunity to invite participants, the public, politicians and local communities to see the 'Living through Covid' creative outputs and the research findings.

## **3. Core findings and themes**

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While the data from the different groups of participants was analysed separately and then together, the overall findings are presented with all groups together as common themes were identified across all participant groups. Where experiences differed between participant groups, the commonalities and differences are explained under the relevant thematic section.

The most striking result of the study was that all participant groups described the initial phase of the Covid19 pandemic as being in a city turned 'upside down'. The usual bustling streets and city centre hotels were devoid of tourists; people who normally slept on the streets were accommodated in city centre hotels and other individual accommodation; people who would normally be found running community services for people experiencing homelessness were working from home; and outreach workers had the 'run' of the empty streets. It was clear that this city turned 'upside down' happened through the radical and swift action of getting those who were homeless off the streets and into emergency accommodation and helped in preventing the anticipated high rates of infections and deaths in the homeless population. While managers acknowledged the initial sense of urgency and crisis in the NHS and the media 'frenzy' around getting everyone off the streets, managers and frontline workers said that they felt a huge sense of achievement and a sense of pride at having been part of such an exciting and unexpected initiative. Street begging disappeared as the tourists left the city and the frontline workers said that the crisis had brought some people off the streets permanently. Nonetheless, as time moved on, there were underlying concerns that this effort to house everyone would be short-lived and there was anxiety about what would happen when the pandemic was over.

Two key overall themes emerged following the radical and swift action of getting everyone off the streets and into emergency accommodation: 1) social norms were inverted; and 2) relationships were identified as central to the success of ending rooflessness in the city.

## 1) Inversion of social and organisational norms

Social and organisations norms were inverted as people who normally slept on the streets or in open spaces were housed in luxury city centre hotels and other forms of temporary accommodation. Frontline workers and managers also experienced a rapid change and perceived relaxation in the usual rules and regulations governing their day-to-day work. Participants experienced an interesting paradox of both containment and freedom: as the general population was 'locked-down' and people were removed from the streets into temporary accommodation, managers, frontline workers and people with lived experience of homelessness developed new-found freedoms. Managers talked of gaining access to new political spaces that were not usually available to them, for example on newly formed Scottish Government strategy committees. Frontline workers, who normally navigate the jostling city streets of this busy tourist city, talked about the strange experience of having the freedom of the empty streets and the loosening of 'red tape', where normal complex bureaucratic processes dissolved and actions were taken quickly in response to immediate need. Some people with lived experience of homelessness also found freedom from anxieties related to constantly having to find somewhere to sleep each night, and this afforded them the opportunity to access treatment for mental and physical ill-health, which had often gone untreated for years.

## 2) Relationships identified as central to success

Relationships were identified as central to the success of ending rooflessness and getting 'Everyone Home'. The managers and frontline workers were all keen to point out how important existing relationships were to the rapid implementation of new ways of working and the communication between different agencies and organisations during the uncertainty of these days. The importance of these existing strong relationships with colleagues in other organisations was highlighted, as well as the importance of existing strong relationships with clients. Participants were keen to point out that it was the result of years of working with other organisations and colleagues that enabled rapid action and coordination during the crisis.

### 3.1 The city turned upside down: Inversion of social and organisational 'norms'

#### An emerging crisis

Several of the manager participants identified the sense of urgency and crisis emerging in the NHS in the early months of the pandemic, before the public were properly aware of it in the UK.

*'I remember visiting [infectious disease unit] for a meeting right at the very end of January..... And at that point this Wuhan thing, was just, you know, another one of these hyped up things across the other side of the world... and they already had a couple of rooms partitioned off, and that brought it home to me... [I] started to comprehend that something might be happening.'* [F1 manager]

The lack of understanding of the Covid19 disease, and the sudden media 'frenzy' emerging in February and March, created a context of fear about the impact of this new disease on the homeless community.

*'I think people were a bit overwhelmed because we didn't really know what was going on and you've got that news frenzy that we had all through March and April... and we didn't know much about Covid as a disease then. So we didn't know how that would impact, not only ourselves but the people that we're working with. So you could see people changing.'*

[11 manager]

This Tweet from one of the frontline outreach workers captures the messages emerging from public health leaders and government in March 2020 about 'keeping safe':



[Tweet by one of the frontline outreach workers on 22 March 2020, just as the government announced a national lock-down]

The limited information available bolstered fears for high levels of Covid19 mortality in the homeless sector.

*'With all the talk about the pre-existing health conditions and the kind of client group that we work with, something like 60 to 70 per cent of our client group have got respiratory conditions.... I was terrified at that point in time because I thought it was going to decimate the homeless population.'* [F1 Manager]

These initial experiences and fears appear to have framed the actions of all stakeholders engaged with the homeless sector from Scottish Government to frontline workers as evidenced through the data presented in these findings.

### **Proud of success**

The majority of manager and frontline participants spoke of the feelings of success they had felt at working in a sector where rooflessness had been eradicated and people were housed in hotels and no longer on the streets. There was huge optimism expressed for the hotel initiative in early days.

*‘Edinburgh’s amazing response to the pandemic, getting everyone off the streets, has been great so far.’ [Frontline worker C9]*

C10a frontline worker expressed the optimism of the early days of hotel accommodation during lock-down:

*‘Yes. I mean, I think, I honestly think that whereas I think when folk first went into the hotel, they would have felt great, I’ve got somewhere to stay tonight. I think it was as simple as that, you know. And I think that the next few weeks were when they started doing the working with the staff in the hotels and figuring out what it was that they wanted, you know. And I think because...I think I was the same at the time, everyone was full of optimism, there were all these new things that were being lifted and stuff.’*

[Frontline Worker C10a]

The accounts of frontline workers and staff during that time were laced with pride at the huge success they had achieved in eradicating rough sleeping and being part of the effort to ensure that there were very few incidences of Covid19 infection recorded in the homeless population.

*‘Because the city has opened up these hotels and other residential properties to those who experience homelessness, we have, as a city, almost completely solved rough sleeping for the time being. There are now around 5-10 people sleeping rough in Edinburgh each night with very few sleeping out for two nights in a row.’ [Frontline Worker C4].*

Participants understood that this was possibly a temporary position and acknowledged that there was great uncertainty about what might happen post-Covid19, but they felt very proud of their achievements in managing to get everyone off the streets and into Covid19 safe accommodation. What was particularly noticeable is that several participants said that they appreciated all ‘playing for the same team’, rather than competing within the third sector for contracts and tenders. This is described by the three frontline workers below:

*‘And again, I mean every time I say this I worry I’ll jinx it, but the fact that the homeless community in Edinburgh hasn’t had an outbreak in any of these big hotels is amazing, and that’s, I mean we can’t take sole credit for that, but we equally shouldn’t be left out of the credit because the best thing about this as I said earlier was, has been the fact that all the different agencies have come together and have worked together. And if we can keep that going, that’s the one thing I would want to keep is realising that we are all playing for the same team and that, you know, we don’t all have to be in competition with each other.’ [Frontline Worker L2].*

*‘On the whole though I would say that I am positive about Edinburgh’s homelessness professionals’ responses to Covid19: we have accommodated everybody who wants to be accommodated and we have, so far, managed to avoid any Covid19 outbreaks among the homeless population. In fact, I am unaware of a single case which I think speaks volumes for the work done by those who have been organising and coordinating the response – workers on the ground can only direct people to existing services, we have*

*very little influence over what services are offered or what shape they will take. Hopefully that can change with the new reality.’ [Frontline Worker C4]*

The pandemic restrictions also appeared to enable frontline workers to engage with people with whom they had not had contact before and to shape services being offered in a much more flexible way:

*‘The current situation is...creating opportunities by...reengaging with people who had been actively avoiding contact; engaged for the first time with people who were previously slipping under the radar.’*

[Frontline Worker C6]

*‘There is one example, where [support worker] was able to leverage trust to gain more as a result of Covid and has, as a result, helped his client to access accommodation and benefits which had been previously resisted by somebody who was an entrenched rough sleeper.’ [Frontline Worker C7]*

A thread running through the narratives of these frontline workers was one of increased control to make things happen, with an accompanying sense of success for client outcomes. The Covid19 pandemic restrictions forced many people who had been living on the streets or other outdoor accommodation into hotels and allocated individual rooms. This meant that they were visible to services and in one place. Consequently, they were much more easily accessed for health care interventions, such as medication, treatment and a range of mental health interventions. When asked what had been the most positive experience of the pandemic for people they support, the frontline worker below echoed the words of many of the participants:

*‘Being fed, accommodated and given access to medical treatments in a truly person-centred way.’ [C9 ‘Frontline’ worker]*

The availability of more accommodation – particularly hotel spaces – meant that housing solutions could be found that had previously not existed. This was especially felt for people who under normal circumstances have No Recourse To Public Funds (NRPF), which the frontline workers said they found particularly frustrating and difficult to deal with::

*‘The fact that there is more accommodation available for people on the streets, including those with No Recourse To Public Funds, has made it easier to find accommodation for people who we meet on our outreach shifts.’ [Frontline Worker C7]*

There were positive accounts from the frontline workers of clients who had been able to leverage the Covid19 crisis for their own advantage and they felt sure would lead to them being able to stay off the streets permanently. L3 recounted the experience of one client who had been forced to apply for benefit payments because begging had dried up during Covid19 and he felt sure that this would be a permanent change for his life:

*‘He’s not got actually any disposable income because he doesn’t...he doesn’t get any money from the passers-by because he isn’t outside, but I wa just finding out from is social worker the noo, just before I came home, he’s... he’ll get his first benefits payment next week, so that’s good.’*

[Frontline Worker L3]

Nonetheless, the participants also spoke about how unusual the situation was in that social spaces not usually available for people experiencing homelessness were now being used:

*'Someone passing by might have no awareness that above the shop fronts, this prestigious hotel was housing some of Edinburgh's most vulnerable residents and was the last safety net for those without accommodation to be supported and off the streets... I wondered what other [local] residents felt about this move from the Cairns [hotel] being a middle of the range decent city hotel, to sharing their environment with more vulnerable people.'* [Manager G1]

There was a notable difference in how manager participants talked about the 'success' of the move to accommodate everyone. Whilst many pointed to the fact that there had been no, or very few (there seemed to be some discrepancy in accounts) Covid19 cases amongst the homeless population in the city, their comments indicated an awareness that the experience of eliminating rough sleeping would be short-lived

*'I think they [people who are homeless] very quickly got used to having access to the hotels, to the different services and, you know, they are going to start winding down, people are going to be moved on and already we're noticing there are less accommodation options for people.'* [Manager F1]

*'There was a lot of early celebration, if you like, of the fact that we'd housed so many people generally in the hotels, and that this would symboli-...you know, that there would be nobody on the streets now. I think that people who work within the sector knew that that would not be the case, because all the factors that drag people into homelessness haven't really changed, and if anything, they've increased.'* [Manager E1]

In particular, there was concern expressed amongst this group of participants about the fate of those homeless people who have No Recourse to Public Funds (NRPF); mainly European migrants who are ineligible for support from the public purse.

*'People with no access to benefits I think are the biggest concern 'cause when the hotels close there's going to be nowhere for them to go.'*  
[Manager B2]

*'I guess the worry that we've been discussing internally with the team is people who have no recourse to public funds, talking about European nationals but we're also talking about people who are seeking asylum.'*  
[Manager M1]

This issue was identified as *'the elephant in the room'* by participant E1 who went on to identify a lack of attention to the needs of this group of homeless with failure of public health policy:

*'The whole idea of public health is that you treat the whole population so that you protect them. And we, by operating in any other way, you undermine that approach. So when you have homelessness services that are only accessible to certain people, rather than the people on your streets, you undermine everything.'* [Manager E1]

Whilst there was significant positivity about having housed homeless people in hotels, such a broad-brush policy move that did not consider individual need was also understood as problematic by one participant:

*‘The attitude is much more get a roof over their head regardless of what kind of roof it is and what your particular needs might be. So that’s admirable to some level, but I don’t think that kind of warehousing-type approach fits very well with my idea of supporting people away from homelessness....’* [Manager E1]

The underlying knowledge that this effort to house everyone would be short-lived led to a further concern: that it would emphasise the homeless person’s place in society. This understanding that the shift in policy was only temporary seems an acknowledgement that the policy agenda for housing the homeless was not only driven by benevolence toward that population but a desire to protect the public from further infection through homeless populations acting as a reservoir for infection.

*‘When you work with people who have distrust ... where they’ve experienced services that sometimes care for them and sometimes don’t, it can be a sort of re-traumatisation...’* [Manager E1]

It was noticeable how narratives of success expressed by the participants about the early days of the pandemic soon turned to much more complex accounts of both containment and freedom.

### **Containment and freedom: the paradox of Covid19**

Participants’ observations, interviews, poems, photos and songs during the early days of the Covid19 pandemic were filled with depictions of a paradox of both containment and freedom across a range of different organisational, social and relational boundaries. As the freedom to sleep on the streets that is usually given to people experiencing homelessness was restricted, containment in hotels also meant that medication could then be delivered, and health and social support interventions implemented in ways not possible before. Containment enabled treatment for both mental and physical health needs, including for addictions. Several of the frontline workers spoke of the ways that many of their clients had enjoyed living in the hotels and how they felt that the lack of anxiety in having to find accommodation each night had reduced their stress levels and they felt that this had enabled them to focus on their health care needs.

Another frontline worker told of a client he had been working with for months, who had previously had serious health issues and described the way that being accommodated in a hotel had enabled health care services to administer medical treatment and improve his quality of life. This exemplified many of the stories the frontline workers told of the benefits of enforced accommodation:

*‘He had trench foot because he was sleeping with wet feet, wet shoes, wet everything. You know, being indoors for these three months has cleared up his trench foot, which has been good, but things like that, also getting him access to the dentist. Getting him back to the GP and just in general, getting him access to that side of things, and he took to that one alright, because it was a case of explaining to him, look, you’re not being a pest here. You’re a British citizen. You are entitled to help from the NHS.’* [Frontline Worker L3].

Managers also described ‘positives’ [B2] of having people in accommodation as the ability to provide support for issues such as addiction, physical or mental health. In particular, the food that was delivered to people over the first 12 weeks was understood to improve their health and was seen as providing the additional benefit of reducing hospital admissions [F1]. However, one of the participants with experience of homelessness [A1] complained that he had gained weight *‘I’ve put on about one and a half stone’* and the closure of the gyms was making it difficult to regain a normal weight.

Nonetheless, there was also a discomfort expressed by the frontline workers in having to enforce this containment. They spoke about the ways that their new role in enforcement – or persuading people who were rough sleeping to go into hotels – was difficult to reconcile with their usual philosophy of ‘walking alongside’ clients.

Several of the frontline workers talked about their values and philosophy as ‘walking alongside’ clients:

*‘That’s what we can do with Cyrenian workers, is just walk alongside them until they’re ready to make changes their selves isn’t it, really isn’t it.’*  
[Frontline Worker K4]

They seemed to find it very difficult to reconcile this ‘walking alongside’ clients approach with the sudden move to enforcement. C10a, one of the frontline workers, described how uncomfortable they felt having to make ‘threats’ to their clients:

*‘I had to make false threats to them [homeless clients]...well, you’ll get arrested if you stay on the streets, you’d better not leave your B+B now, because the police will arrest you and put you in jail.’* [Frontline Worker C10a]

The accounts of the frontline workers also indicated that they found it difficult to know the boundaries between enforcement and control. Participants felt uncomfortable at times that their clients who had previously refused to be accommodated were now being forced inside. L3 spoke of a client who had previously refused accommodation but said, *‘when he went in [supported accommodation], it was...he was very clear that it was only because of quarantine and lockdown and stuff’* [Frontline Worker L3].

The same frontline worker also spoke of another client who had lived outdoors on a park-bench for years, refusing accommodation:

*‘I think he would have eventually gone indoors under Covid19, but my concern would have been that it would have been under duress and it would have been enforced on him, and he wouldn’t have necessarily wanted to stay wherever he got put.’* [Frontline Worker L3]

There was an uncomfortable feeling in these accounts in their role as government enforcement, as well as concern re the future when people do not comply with accommodation:

*‘There was a time there at the beginning of this where we didn’t have any, there was nobody sleeping rough in Edinburgh because we accommodated them all. As time has gone on, folk have fallen foul of the rules and it was*

*a question I had right at the beginning of this is where do we draw the line with people? Because we've had folk getting, you know, doing things that would ordinarily get you chucked out of places and get you banned from places and really impact on your ability to use services but they've just been getting reaccommodated elsewhere.' [Frontline Worker L2]*

### **Freedom: the relaxation of normal rules and regulations**

As the Scottish Government imposed restrictions on freedom of movement for most of the population, there was also a paradoxical 'easing off' of the rules and regulations for those working in management and in street outreach. Managers and frontline workers expressed their delight that much of the bureaucratic 'red tape' had been cut and frontline workers were given much freedom to 'write the rule book' on new ways of working. This gave the frontline workers more freedom in their working practices. They felt that new ways of working across organisations could be developed and that managers were now invited into new political decision making spaces, previously barred to them.

One frontline worker described it as being able to work in a more 'unquestioning' way, without management scrutiny [D1]. They described how they felt that normally they were restricted by management in what they were able to do, and the lack of this scrutiny during Covid19 had given them a sense of freedom:

*'[Normally] it's the ones [management] above the local offices that are saying, well you are not allowed to do this and that...and so, while I think the more sort of unquestioning way we have dealt with people has been brilliant, we will have to have a level of realism and pragmatism about it when we come back to being more like normal.'* [Frontline Worker D1]

Many manager participants talked about reduced bureaucracy enabling rapid 'repurposing' or development of services in response to the anticipated threat of Covid19 to the health of the homeless population:

*'We repurposed [inpatient unit] ... for patients who have been in hospital and need a bit of support ....on discharge... Within 48 hours of having the idea, the service was up and running. I mean, that's really novel and unheard of, that something happens that quickly and was really successful.'* [Manager J1]

*'So when covid started we had to very quickly repurpose'* [Manager M1]

Additionally, novel ways of delivering services were developed to enable people to remain in their accommodation and reduce the risk of them contracting the virus:

*'Trainee doctors delivering scripts and medication directly to people in the hotels... people experiencing addictions not having to keep a 'stupid drug diary', people being able to meet a pharmacist on the street and get their medication within 5 minutes.'* [Manager G1]

There was a sense of being able to take charge, as a sector, of service design decisions in an atmosphere of trust as managers talked about being provided with funding without the usual bureaucratic requirements. As one participant put it, 'Covid showed in general across the sector that things can just be done' [Manager M1]

*‘They [Scottish Government] were happy to fund that with relatively few requirements of us as providers to provide a lot of information up front. It was really a budget and a little bit of description on a service model.’* [Manager E1]

*‘Normally funders would want very strict reporting and they would be looking for really specific criteria of what was being done. During the pandemic it was more a case of “here’s some money, we’ll trust that you’ll do good work with it, so go and do something good with it.’* [Manager B2]

Frontline worker participants experienced increased freedom in how they worked within their organisational constraints, with increased freedom to work in the way they perceived best to achieve their goals. Many commented on how their jobs had suddenly changed and they had become a ‘jack-of-all-trades’ [Frontline Worker K2]. The loosening of organisational constraints led to some stretching of social distancing rules at times as frontline workers experienced pressure to support their clients in a face to face manner.

### **Freedom: having a voice in new political spaces**

Covid19 focused politicians’ and policy makers’ attention on issues of homelessness on issues of homelessness. Additionally, the implementation of technology to enable discussions, when Covid19 restrictions prevented in-person meetings, opened up spaces for the voices of those with experience of homelessness, or working in the homeless sector, to be heard. Whilst this was discussed more prevalently in the manager data, it was evident in the data from some of the frontline worker and one of the people with experience of homelessness.

One manager identified that the pandemic had increased political engagement within the sector, attributing this to the sense that they now had ‘evidence’ of potential successful solutions to homelessness and this knowledge was experienced as providing a sense of empowerment in these contexts.

*‘It’s almost like that crisis brings us to become a wee bit more political ... involved, like pushing a wee bit more because we’ve got now evidence it [bringing people off the streets] works, we can do stuff, we don’t have to go through the hoops of processes and stuff.’* [Manager M1]

Others felt that the main reason that the door to participation had opened was the fact that the Covid19 pandemic had placed homelessness higher up the political agenda.

*‘I think it’s [the pandemic] helped to boost All in For Change’s profile and make our voice more heard in different kind of arenas. So I think in some ways it [the pandemic] has done us a favour, but yeah, and obviously with homelessness high on the political agenda’* [Manager B2]

*‘But actually, it’s that ways that the people with lived experience, I think the frontline workers are really... feeding into policy just now; that way is pretty remarkable.’* [Homeless charity worker H1]

One of the people experiencing homelessness found the opportunity to engage in policy spaces inspirational and something that would not have been possible previously. As with participant B2, they felt that the use of Zoom facilitated engagement.

*'Five years ago this was never on the horizon. So actually being invited and accepted to be one of the Change Leads has given me a lot of inspiration.... I got myself a laptop [to be able to participate] ... for making zoom calls more professional.'* [person with experience of homelessness A1]

Within these spaces, the use of technology for these meetings had altered the power dynamics between those who are traditionally listened to and those whose voices are generally marginalised.

*'I thought it was great to see CEOs of big charities sitting alongside people who had current lived experience of homelessness, people who were currently homeless with people who are responsible for large charities, sitting together, both with an equal voice, both being asked to speak on the same subject. So their knowledge is being respected from both parties ... There's a power dynamic and when you're just seeing people from the neck up, you don't know who's sitting in their pyjama bottoms and who isn't.'* [Manager B2]

### **Freedom: having the 'run of the city'**

As the first Covid19 lockdown occurred, the streets became empty of people, including people who were rough sleepers. Frontline homelessness workers found that they were almost the only people on the streets in the city:

*'I mean, I'm going to miss it when it gets busy again but just because I've really enjoyed it walking about when it's been quiet, but, I think, it's definitely pertinent to the service-user group because they have definitely had more of a run of the city than normally.'* [Frontline Worker L3]

## A city turned upside down

*Lockdown*

*City streets lie empty*

*No longer bustling with tourists and office workers*

*Buildings, like sentries, line the streets*

*keeping watch over this new order of things*

*The ever-present hum of traffic replaced by birdsong*

*broken only by the passing of a bus carrying key workers*

*Familiar, weathered faces, sitting at the top of the steps into Waverley Station Or  
outside the stores on Princes Street*

*Hoping for the few coins that passers-by might give*

*Now gone*

*No furlough to support them*

*as the pandemic removes their income*

*a tree stands forlorn, its narrow trunk and sparse branches*

*No longer needed for protection*

*A rectangular patch of bare earth, grass long dead*

*The only clue to the previous occupier of this spot*

*Persuaded to take shelter in a city hotel*

*Hotels whose foyers and bars would*

*Echo with the voices of those from far off places*

*Whose rooms are a luxury that comes at a price*

*Find themselves occupied by a population*

*Unwelcome in such spaces in normal times*

*Bureaucracy and competition removed*

*Facilitates partnership working and a sense of purpose*

*Repurposing services to keep people safe*

*Rapidly*

*Within 48 hours*

*Unheard of*

*Policy makers and CEOs sit alongside those with experience of homelessness*

*Occupying equal size squares on the screen*

*Zoom the leveller, enabling access*

*For new voices to be heard*

*In the spaces where decisions are made*

*Norms and rules disrupted*

*This city is upside down*



[G2 Manager taken during time with frontline worker]

## **Dangers of containment for people used to the freedom of the streets: increasing loneliness and social isolation**

Despite the success in largely ending rooflessness in the city through the availability of hotel and other temporary accommodation, frontline workers also expressed concerns that their clients experienced social isolation as the usual social opportunities were not available for them. The frontline workers spoke of their concern that people who normally accessed support services, or found their social support among the community on the streets, became increasingly isolated without these support mechanisms.

*‘Social networks have been completely thrown up in the air.’*  
[Frontline Worker C3]

*‘A lot of them are just basically confined to, you know, their house or the chemist, so yes, there is no, and there is nowhere open for them to go really, there is no services for them to go to.’* [Frontline Worker K4].

*‘A lot of them, yes, yes, they’re very lonely, yes, and there’s a few like just haven’t got any connection with other people, or either an addiction or whatever, you know what I mean.’* [Frontline Worker K1].

*‘Others are struggling, they really are, definitely they have just had enough. Bored as well, bored, lonely, probably a bit angry as well, do you know what I mean?’* [Frontline Worker K1].

*‘A lot of my clients are at their wits end as well, because they’re stuck in the house as well....they’re very lonely, yes, and there’s a few like just haven’t got any connection with other people.’* [Frontline Worker K4].

*‘People need contact with other people and if they’re not getting that then they’re feeling alone.’* [Frontline Worker K1]

*‘Some people are finding the lockdown tough in the hotels, especially when there is ongoing mental distress or social conflict, both of which can make it difficult for people to live communally.’* [Frontline Worker C4]

*‘Some are a bit scared and a bit...like I think they are scared, they’re on their won, because a lot of them don’t have good health.’* [Frontline Worker K4]

*‘A lot of my clients are at their wits end as well, because they’re stuck in their house as well.’* [Frontline Worker K4]

This sense of loneliness and social isolation was also expressed by people experiencing homelessness. People who experience homelessness have social networks and are often part of a community. Homelessness services often provide communal meals where people share the very human activity of eating together. The housing of people, and restrictions on social contact, led to people with experience of homelessness expressing feelings of social isolation. The following excerpt from P1’s poem identifies their experience of isolation, contrasting this with their usual experience of sharing meals.

*'I stare out the window in a box like state  
I'm no longer sharing my dinner table  
enjoying my dinner because  
it's just me and the tv.'* [Person with experience of homelessness P1]

Another participant indicates that they manage the experience of isolation by exerting some control over what they look at out of their window.

*'I can choose my route, so turn my face away  
From the concrete jungle glowering menacingly near,  
To my left, where tiny birds sing out confidently all day  
And trees grow strong while the river rushes to the weir.'*  
[Person with experience of homelessness O1]

This same participant goes on to reflect on this impact of being in lockdown on their mental health describing themselves *'some days, I'm the fragile bird, others, the unbending tree.'*

Other people took pictures illustrating experiences of isolation. Additionally, the images accompanying other people with experience of homelessness' poems depict barriers to social contact.

THROUGH MY WINDOW

## MORNING VIEW

Why does morning steal between my blinds  
And stretch her finger shadows on the papered walls  
Pushing in without a social grace in mind  
Whether harbouring sun or gale or squall

Okay morning I say, I'll raise you a blind  
Am I bluffing or do I hold all the aces  
Will it be the concrete that smothers and binds  
Or the rush of lush and dear green places

I can choose my route, so turn my face away  
From the concrete jungle glowering menacingly near,  
To my left, where tiny birds sing out confidently all day  
And trees grow strong while the river rushes to the weir

Somedays, I'm the fragile bird, others, the unbending tree  
Sometimes I'm a rushing torrent out of control  
Being carried too far out to sea  
Feeling less than the sum of the parts **that** make the whole of me

But I've learned to take a deep breath and really trust in me  
Like the tiny green shoot, I too was always strong  
No longer will I let fear or hurt or pain design who I'll be  
I can stand tall and compose my own life's song

[Participant O]

### **Frustration of containment over time**

Concerns expressed by frontline workers as people experiencing homelessness were unable to maintain their hotel room and were felt to be *'leaking back out onto the streets'* [Frontline Worker C10a].

*'Yes, there's clumps of it [rough sleeping] yes. There's clumps of it. But again, it tends to be, what we have seen in rough sleeping is either folk who've been kicked out of B+B's for some reason, or have left because people are getting fed up with being stuck in the house. Not just eople with salaries and 2.4 children and cares, you know, it's people who are trapped in B+B's who want to get out and they want to get their lives back and get back to normality. And getting frustrated being stuck in there with everyone else as well, you know, they're getting on each other's nerves.'*  
[Frontline Worker C10a]

Several photos taken by frontline worker participants identified that there were again people sleeping rough on the streets. This frustration was summed up by one participant [Q2] as *'at the outset homelessness was all but eradicated and now that support is waning, I believe we are seeing rough sleeping again.'* [C Frontline worker]



### **Impact of closure of services**

All of the participants acknowledged the negative impact of support services which were forced to close during Covid19, particularly social support services and drug/alcohol support services.

*'Yes, yes, it's like, do you know a lot of them are just basically confined to, you know, their house or the chemist, so yes, there is no, and there is nowhere open for them to go really, there is no services for them to go to.'*  
[Frontline Worker K1]

*'It can be very frustrating because it's like everybody's just in their house and people's freedom's basically been taken away, do you know what I mean? And sometimes like I feel it's for likes of with my clients, you know, because a lot of them like started new, sort of, like...we've been doing stuff with the Cyrenians or they've been going like to Bridgend Farm. You know what I mean? So, it's obviously affected some of their mental health, do you know what I mean?'* [Frontline Worker K2]

*'I've got one client as well has was like, he was, getting involved with the cooking project with the Cyrenians, and worked on the computers and stuff like that, and I've been trying to get in contact with him...I'm a bit concerned, because he always answers his phone, he always wants to meet for a coffee, even if it's in the park and tell me what he has been up to and stuff. It's a bit concerning that I can't get hold of him.'* [Frontline Worker K1]

*'Offers for tenancies have all completely dried up. And you know, she would have, I'm pretty confident, would have either had a tenancy by now or be having an entry date for one. Because she was so close to the top of the list. And there's another extra two or three months in hotels and temporary accommodation and stuff that, you know, probably wouldn't have happened.'* [Frontline Worker K2]

*'They [homeless people with drug use and mental health problems] didn't have access to their normal statutory support because the council offices are shut.'* [Manager I1]

Whilst some services closed, others shifted to using zoom or phones. However this was patently problematic for people who were homeless and without access to the required technology.

*'A lot of the benefit tribunals were being held on zoom but these guys maybe never had access to the tools or the knowledge to be able to do that. The same with recovery services, they all shut down also and recovery meetings would be held on zoom.'* [Manager I1]

*'my story is, being in recovery myself, all of a sudden everything stopped. So I couldn't access the support worker. I couldn't get the gym. I couldn't go to the football. Couldn't go to church. So within one day everything went upside down.'* [Person with experience of homelessness A1]

Whilst participant A1 above identifies that everything that they used for support normally, including social activities, had stopped due to Covid19, they go on to identify later that the homelessness network remained available to provide support. Thus, there is a sense that specific homeless support services continued to function in some manner whilst other more general support services ceased.

In addition, two of the frontline workers specifically mentioned the impact of the closure of prevention services

*'There are either new people in the city, or people who are becoming homeless for the first time, who are becoming homeless for the first time, don't really have the same level of support available for people. So they're not...you're less likely to sort of just randomly stumble across them, I guess, before they end up on the streets. You know what I mean? So all the, you know, all the non-crisis voices aren't really operating at the minute.'* [Frontline Worker C3]

*‘Preventative work that can be done is not going to be done. So we’re not catching people early and preventing them from going off.’*  
[Frontline Worker C10]

### 3.2 Relationships identified as central to success

For the frontline staff, the Covid19 crisis highlighted the importance of relationships. The participants were all keen to point out how important existing relationships were for the rapid implementation of new ways of working and the communication between different agencies and organisations. These relationships were with colleagues in other homelessness organisations and also with individual clients. Participants emphasised that it was years of working with other organisations and colleagues that enabled rapid action and coordination during the crisis.

The accounts of the frontline workers demonstrated both the importance that they placed on meeting clients face-to-face and maintaining their relationships with them during Covid19, and also the courage they showed through the early stages of the Covid19 pandemic. For the outreach-workers, they clearly tried to continue their work on the streets as normal – looking for people sleeping rough – while also trying to minimise their exposure to Covid19 risks. They gave accounts of meeting in parks and outside spaces and the Tweet below demonstrates this well:



[Tweet by one of the frontline outreach workers]

In the accounts of the frontline workers, they appeared to have made huge efforts to meet their clients outside as they emphasised the importance of human social contact:

*‘I’ve just been getting on with it and just making sure, putting the clients first, their needs, and what they want to be doing. Some are up for meeting, do you know what I mean, some are like, they’re just like glad to get out the house even if it’s just for a walk. But some are a bit scared and a bit...like I think they are scared, they’re on their own, because a lot of them have got health issues as , do you know what I mean?’* [Frontline Worker K1]

The account of one of the frontline workers below shows the persistence they showed to keep trying to engage with clients through the pandemic:

*'He was very reluctant and reticent to engage with us, which is not unusual, and it was just a case of being persistent and going back and going back and going back and going back and sometimes we would only spend thirty seconds or a minute with him, but it was that thing about being constant and reliable and following through on promises we made to him.'* [Frontline Worker L3]



As time passed and perhaps people became more used to working in the context of Covid19 they started meeting people they support more and more outdoors in a Socially distant way; going for walks. This was understood as particularly necessary as the lockdown began to impact people's mental health.

### **Keeping going: courage, faith and hope**

It was clear from the accounts of the frontline workers that they were themselves anxious and were balancing their own anxieties around Covid19 with the need they felt to meet up with their clients in safe outdoor spaces:

*'Because, you know, we are trying not to be out all day walking about and going into different places, we are trying not to catch it ourselves as well, so we are trying to minimise our exposure or potential exposure to it. But again, that doesn't even sit well with me and feel like I'm not like working properly.'* [Frontline Worker L2]

Many of the outreach-workers denied their own needs to prioritise those of their clients.

*'When one witnesses adversity carried with great dignity as regularly as I do, self-care can feel like self-indulgence.'* [Frontline Worker C4]

Nonetheless, it was clear that there was an underlying anxiety felt by the 'frontline' workers from catching Covid19 themselves or passing it on to clients and they acknowledged these risks:

*'You've really got to be careful, it's like that you don't contract it or you don't fall ill. 'Cause out of all of this, one of the things that I don't want, take it in there [homeless accommodation facility] and I certainly don't want to get it either...You travel on public transport as well, so, that's quite scary actually.'* [Frontline Worker K1]

*'It's been brilliant but it's been also scary as well, because it's like there's no social distancing with a couple of them, and I'm like cool, it's like, it's scary.'* [Frontline Worker K4]

They also recognised the anxiety that their clients felt:

*'I think at the start of it, what I get from most of them is like...most of them are in like shock, do you know what I mean, but a lot of the m are worried that they could contract it, because a lot of them still had to go, each day, travel each day, to pick up their prescriptions...'* [Frontline Worker K1]

When asked what has kept them going over the last few months, both 'faith' and 'hope' were identified by the frontline workers below:

*'Just my faith. Just faith that...a bit of courage, do you know what I mean, really that everything will be ok.'* [Frontline Worker K1]

*'It's hard to say. I don't know. Hope? I don't know, I just put one foot in front of the other...'* [Frontline Worker C10a]

### **Importance of trust already established**

One of the recurring themes in the staff interviews was the importance of trust, often built up over many years:

*'Often the best source of this info is other clients – word of mouth is the most effective communication tool within the homeless community so the existing relationships staff had with folk on the street were invaluable in the early stages for at least two practical reasons: we were trusted so we were (mostly!) listened to when we were firm about taking the situation seriously; and we were included in the street grapevine conversation about changes to services when clients had news to share.'* [Frontline Worker C7].

*Covid has brought increased partnership working; increasing levels of trust between HNP workers and clients* [Frontline Worker L7].

*So then it's been easier when we've had to go in [to the hotels] and do affordability checks and full assessments that they've [the person who is homeless] already got a trusted figure who's involved with it. It's a bit more difficult when you haven't got that relationship* [Manager B2]

Whilst frontline workers talked about the importance of relationships to achieving their goals with clients, managers expressed concern about maintaining contact with clients and the difficulties of losing face to face contact with people as Covid19 restrictions forced working practices to change:

*‘That was very difficult for staff running the service because part of the approach is building that relationship through face to face ...and that was harder over the phone.’ [Manager I1]*

### **Negative impacts of containment on relational work**

As already noted above, while some of the accounts of the frontline workers contained experiences of having the freedom of the streets, the majority of frontline workers were contained with the rest of the population at home as services closed. In contrast to the experiences of the outreach workers, their accounts were replete with expressions of frustration that they were not able to support their clients adequately during Covid19 lock-down. L2 frontline worker focused on the lack of quality time with clients, where other frontline workers focused on the difficulties in not being able to interact with clients in real life and problems with Zoom, Teams or via telephone:

*‘Oh, I think the biggest difference has been that not spending the amount of quality time with people.’ [Frontline Worker L2].*

*‘The housing support officer can do phone support, but he struggles with his phone, and he can barely use it...I think, what he has missed during Covid19 is the good bit of good quality housing support.’*

[Frontline Worker L3]

There was a strong consensus amongst frontline workers that they highly valued face-to-face working and the majority said that they found remote working very frustrating feeling unable to adequately support their clients.

*‘Yes, it’s like this, it’s almost like the keystone cop’s version of support work because we are having to do it all over the phone, but it wouldn’t have panned out like that, you know, if we had been able to do proper [face-to-face] support sessions.’ [Frontline Worker L2]*

In a similar vein, manager participants also identified the challenges of supporting staff remotely, using Zoom as the main means of communication.

*‘It has been hard at times as a manager not being round as much and getting that delicate balance right of checking in on the staff that are at the frontline and making sure they feel supported without hassling them... these chats that were easy in the office are harder now when they are not face to face’ [Manager F1]*

*‘I’m very much a people person, I like to be around them, read their expressions and responses and you don’t necessarily get that online because you can’t feel how people are feeling over the screen but you can hear it.’ [Manger I1]*

However, for one participant remote working meant that they connected with people they had not normally spent time with because of their relative geographical locations within the office.

*‘Sometimes you wouldn’t speak to other people in the organisation, just because of where they were physically located ... I think it has weirdly done a good job of breaking down the silos that we fell into.’ [Manager H1]*

### **Importance of relationships with colleagues in other organisations**

There was a strong consensus amongst managers and frontline workers as to the importance of existing relationships in the city and the ease at which this meant that change could happen effectively during the Covid19 crisis:

*‘However, all is not as it seems because this work wasn’t actually done overnight but rather years of patiently building trusting relationships has meant that we were in a position to make use of those relationships in order to keep people safe.’ [Frontline Worker C6].*

*‘I think, if we hadn’t been used to working in that fashion, I think, we maybe would have found this thing more difficult to get up and running, but, I think, Edinburgh seems to have already acknowledged the value of working well across the agencies, which you think that would be a no-brainer, but it’s not. It’s really not.’ [Frontline Worker L3].*

*‘In Edinburgh, it’s been a good precursor to the, sort of, Covid thing in the sense of we were already used to working well as a team and playing well with others in Edinburgh.’ [Frontline Worker L3].*

*‘The street teams were more connected and work more closely these days since lockdown and that sharing stories and information would not have happened before.’ [Manager G1]*

*‘Being part of that multi-agency group setting up [inpatient unit] was really interesting in terms of the different perspectives coming to the table.’ [Manager F1]*

In particular, several staff mentioned that competitive tendering breeds competition, rather than collaboration, between third sector organisations and that they really enjoyed working together during the Covid19 crisis to achieve common aims, without the pressure of the competitive process:

*‘We’ve always put a big emphasis on partnership working, but what’s been nice [during Covid] and, to finally get around to answering your question, what’s been nice has been the increased collaboration across agencies and for the common good, no because, you know, it’s something that’s, you know, we might get an extra grant if we do this or whatever. Because the voluntary sector and some aspects of it is, certainly some of the homelessness stuff is done by competitive tender now and competitive tendering is not conducive to partnership working because, you know, because two different organisations are trying to outbid each other for the same piece of work.’ [Frontline Worker L2].*

*'Most of what we do has been different to some extent or another, however I have been very heartened by the increased amount of collaborative working that's been done. The current funding models can lead to a sense of rivalry between different organisations who are seeking to "compete" to provide services – this is clearly not the best way in which we can provide essential lifesaving services to people and Covid19 has, with the near removal of the competitive funding model, shown that much more can be achieved for and with the people with whom we work if organisations are encouraged to collaborate rather than compete.'* [Frontline Worker C9].

*'You're starting to see the seeds of collective responses and organisations who are perhaps a bit more bold realising that actually we have a much greater impact as a collective.'* [Manager E1]

Importantly, many of the participants hoped that these new ways of working and strengthening of relationships would continue in the future, post-Covid19:

*'I am already a fundamentally different person to the one who got out of bed on February 29th. I have seen the very best and the very worst of my fellow humans over the last three months or so but building new, more understanding relationships with staff at other services has been incredible and I would hope that this trend continues.'* [Frontline Worker C9].

*'Just coming together and helping each other. Most definitely. You could say, the whole world changed, now they talk to each other.'* [Frontline Worker K1]

*'I think, going forward for there to be more collaboration between communications functions at various homelessness and poverty organisations to make sure that there is a more of a united front and voice so that their expertise is shared and that there's stronger recognisable shared narratives that can be disseminated across a whole network rather than just from individual organisations.'* [Manager H1]

On a related point, the Tweets below from one of the outreach workers emphasises the importance of relationships across many different organisational and personal boundaries:





**Mark Diver** @MarkDiver · May 20

Interagency meeting between @Cyrenians1968 and @street\_work featuring the lovely @nickh73 and the also lovely @finitribe



1



17



## Relationships

*We are relational*

*Talking  
Face to face  
Building trust  
Listening  
Hearing  
Feeling*

*Taking time  
Walking alongside  
Supporting  
Persuading  
Informing  
Helping  
Advocating*

*Zooming  
Phoning  
Tech  
Access  
Screens  
Barriers*

*Missing people  
Missing colleagues  
Missing contact*

*Walking  
Meeting outside  
Socially distanced  
Overcoming fear*

*Determined to maintain relationships*

## 4. Study Limitations

It should be acknowledged that there are limitations to this study: 1) the participants who took part were those known to third sector and statutory organisations and so people experiencing homelessness who were not engaged with these organisations did not have the opportunity to be included in this study; and, 2) these qualitative findings provide a snapshot of the experience of a small number of people working in the homelessness sector and people with experience of homelessness during the first few months of the Covid19 pandemic. The findings are intended to provide a deep insight into their experience and are not intended to be generalisable or representative of the views of all people working in the homelessness sector during this time.

## 5. Recommendations from Participatory Advisory Group

The research team met with the Participant Advisory Group to discuss the preliminary findings from the study and to shape the recommendations going forward. The following 6 recommendations were set:

1. Government should continue to work towards increasing appropriate accommodation availability to ensure an end to rough sleeping;
2. Effective decision making should be devolved as much as possible to local level;
3. Planning for a crisis response should be as holistic as possible, as gaps appear if a sector-by-sector approach is adopted;
4. Volunteering and community hosting of placements should be further developed to help to build or reinvigorate a sense of community and to help foster a place that is equipped to respond to the needs of citizens;
5. A model of community resilience should be developed, rather than individual approaches, to ensure opportunities are available to come together as a sector;
6. Funding for homelessness services should be long-term and competitive tendering avoided as it creates a culture of competition, rather than collaboration.

## 6. Conclusion

The experience of living through the initial Covid19 crisis was a unique experience of the city being turned upside down. Positive experiences included witnessing the eradication of rough sleeping in the cities as people were housed in city centre hotels. This enabled some people to access health interventions that had not been possible before, to improve both mental and physical health. While there was some discomfort amongst the frontline workers at this level of coercion, in general the majority viewed it as a positive step forward. The immediacy of the response was also seen as positive by the managers, but they also had reservations about what would follow the lock-down and the potential difficulty of having to return people to the streets when things returned to normal again.

The most striking aspect of the study was that new ways of working had emerged during the Covid19 crisis that impacted on frontline workers, managers and people experiencing homelessness in different – and unexpected – ways. While some frontline workers were frustrated at being confined to their homes, others were able to have the freedom of the empty streets to meet with clients. People experiencing homelessness appreciated having the safety and security of a hotel room, freeing them from the anxieties of having to find a place to sleep every night, but they also found the containment in hotels and other individual accommodation units socially isolating over time. Managers reported that they had been given the opportunity to enter new political and decision making spaces that they had previously been excluded from.

The importance of relationships echoed throughout all of qualitative and creative data in this study. Previous strong relationships across the homelessness sector, and with individuals between and within services, were seen as crucial in being able to provide a rapid and effective response to homelessness in the cities during the Covid19 crisis. Recommendations include building community resilience and strategies that further strengthen these relationships, rather than competitive approaches that erode relational working.

While the Covid19 pandemic has brought many challenges, it has also shown that with coordinated and concerted action, street sleeping can be eliminated and new ways of working are possible. The hope of the homelessness sector is that the important lessons learned during the initial months of the pandemic can be taken forward as life moves to a new 'normal'.

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