

How the COVID-19 pandemic has affected the lives of homeless young people and welfare services in three European cities: A qualitative study



Alastair Roy
Kristian Fahnøe
Alan Farrier
Marco Heinrich
Mette Kronbæk
Frank Sowa

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Research Report

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Executive Summary

At the beginning of the year 2020, the pandemic caused by COVID-19 reached Europe. European countries implemented restrictions on movement and public life in order to contain its spread. The pandemic, as well as these policy responses, altered everyday lives for people all over Europe.

This research explores effects of the pandemic on the everyday lives and lived realities of homeless young people in three cities in different countries: Nuremberg (Germany), Copenhagen (Denmark) and Manchester (United Kingdom). We focus on young people between the ages of 18 and 29 who have experienced homelessness. In addition, we explore how three different social welfare organisations worked to provide practical and emotional support to homeless young people during the pandemic.

The project was guided by three interrelated research questions, each addressing a different level of social experience and action:

Macro level: How did *national governments* in Germany, Denmark and the UK, respond to the COVID-19 pandemic in general and were there specific examples of policy responses which sought to maintain and/or enhance support for homeless young people?

Meso level – How did *regional/city governmental organisations, welfare bureaucracies and welfare organisations* respond to the COVID-19 pandemic in order to maintain and/or enhance support for homeless young people?

Micro level – How did the pandemic alter the everyday lives and coping strategies of *homeless young people*, as well as their own sense of risks and needs?

Context

Although homeless people are a heterogeneous group, many already faced major difficulties before the onset of the COVID-19 pandemic (Levinson, 2004). Many networks and long-established routines and survival strategies were interrupted during the pandemic, due to the restrictions imposed by lockdowns¹.

Homeless people were “at heightened risk of infection, morbidity and mortality from COVID-19” (Corey, et al., 2022:1), and they faced special risks as a result of increased stigmatisation as potential carriers of the disease (Perri, et al., 2020), as well as due to the shut-down of welfare services (Thylstrup, et al. 2020; Owen and Matthiessen, 2021).

During the pandemic homelessness also received renewed public attention providing momentum for policy change that reduced levels of homelessness temporarily (Pleace, et al., 2021).

Research team

The research was conducted by an interdisciplinary team from the Nuremberg Institute of Technology Georg Simon Ohm, University College Copenhagen, and the University of Central

¹ By "lockdowns" we mean phases of pandemic-related state interventions encompassing curfews, stay-at-home instructions, quarantines and other restrictions on movement and social interaction.

Lancashire. The field research was undertaken with a single agency in three cities which have long-standing issues with homelessness.

Methods

The research is based on three organisational case studies which examined how three social welfare organisations, working with homeless young people in three different national welfare contexts, responded to the COVID-19 pandemic. The empirical study also included 18 individual case studies of young people with experience of homelessness during the pandemic. Our starting point is that each country has experienced the COVID-19 pandemic differently, making different political and welfare state decisions. The case study approach used offers the opportunity to explore practical and context-relevant knowledge, which emerges at the individual (micro), institutional (meso) and social and policy (macro) levels (Silverman, 2013). The organisations are as follows: *Don Bosco Jugendwerk* in Nuremberg; *Homeless Unit* in Copenhagen; and *The Men's Room* in Manchester.

To answer the research questions, a multi-method qualitative approach was adopted (Creswell, 2014). The methods included the following elements: Repeat semi-structured one-to-one interviews with young people with experience of homelessness; semi-structured one-to-one interviews with staff; and analysis of secondary data and documents regarding policy and practice responses to COVID-19. For each country we present a case study of each organisation based on interviews with staff and five to seven case studies of the young homeless people.

Findings and discussion

National responses to the pandemic

In all three countries, central government introduced certain restrictions and protections in 2020-2021 in response to the COVID-19 pandemic. Many of these were short-term but helped to limit new episodes of homelessness, reducing existing homelessness during the early phase of the pandemic, as well as framing aspects of the responses of welfare organisations.

We found that the national policy responses to the pandemic were less tied to the specific welfare regimes than we anticipated. A common thread of responses to the pandemic was that policies were shaped by an epidemiological focus on mortalities, numbers of infected and the pressure on health care services (Bækkeskov, 2022). Societal concerns, such as mental health, social support, cultural and social life were pushed to the background. Welfare organisations working with young homeless people quickly realised that a singular focus on epidemiological aspects had negative social consequences for those living on the margins of society.

Responses in welfare services and changing levels of need

For the three organisations, the main concern was how to maintain support for homeless young people through the pandemic. The experience of living and working through lockdowns reignited the commitment of social welfare staff to provide the best possible support for homeless young people. While in the Men's Room, UK, digitalised, online services played an

important role in a situation where face to face working was prohibited, the social workers at the Homeless Unit and Don Bosco prioritised face to face working.

From the staff's perspective, the requirements and regulations imposed by the national governments had important impacts on their interactions with the young people. Some staff reported a sense of emotional distance in their work with young people, for example because facial expressions could no longer be recognised and interpreted due to the mask wearing; and in some cases, staff ignored instructions to maintain physical distance because they felt the emotional needs of young people were too pressing to handle remotely.

Homeless young people's experience of the pandemic

The everyday lives of homeless young people were particularly affected by the pandemic and we document many experiences of social isolation, boredom and loneliness. What remained unchanged was homeless young people's overall sense of disconnection from society.

The young people's need for contact with the staff was central and the pandemic restrictions made for different opportunities to deliver face to face working in the three countries.

Staff experiences of delivering complex welfare work in a pandemic

From the perspective of the professionals, physical presence is essential to performing and showing closeness, empathy, and humanity; and it is seen as central to understanding and be understood by the young people.

Proximity with colleagues is also seen as an important aspect of doing the work well. Working through the pandemic affected the sense of cohesion in many teams, where formal and informal team-building measures were interrupted and distance had to be kept from colleagues. This example shows the enormous impact the pandemic also had on the everyday life of essential workers. What was clear across the cases was that there was value in understanding and learning from the experiences of front-line care staff and their changes to practice as a result of the pandemic (Rodriguez, et al., 2021).

Covid-related risk environment

We use the concept of risk environment to think about the social structures, situations, places and relationships through which risk and harm is produced and reduced in the lives of homeless young people (Rhodes, 2002; 2009). We identify six ways in which risks were altered by the pandemic and the societal responses to it. Each had specific effects on the everyday lives of young homeless people, however the specific effects were dependent on each person's specific living situation: 1. New forms of accommodation; 2. Increased isolation through loss of social ties; 3. Feeling ignored by public messaging; 4. Responses to the health risks of COVID-19; 5. Reduced opportunities to generate income; and 6. Changes in social and health services.

The strategies and approaches of the three case study organisations have addressed new risks produced in the pandemic, influencing young homeless people's living situations, social situations and coping strategies. Many of the homeless young people we interviewed for this study were not especially concerned with the health risks of COVID-19, tending to be more

concerned with the ways in which it disrupted their day to day life, causing loneliness, boredom and problems securing income.

Conclusions

When the pandemic struck Europe at the start of 2020, the national policy responses placed homes as an essential part of the efforts to contain the pandemic and keep citizens safe. The messaging from governments across different countries was broadly similar. Key messages were to “stay safe, stay at home”. These were ironic messages for homeless young people to hear, because they showed a lack of appreciation of their lives and situations.

New policy interventions introduced to prevent the spread of the COVID-19 did produce short-term positive effects for some young homeless people, for example, by getting them access to accommodation and linked forms of care. This revealed the potential of a new way of dealing with homelessness, namely the expansion in housing options and reductions in presenteeism. However, contact restrictions and closed communal activities led to the loss of friendships and other forms of social contacts, and to persistent and painful experiences of boredom and loneliness.

We identify a bifurcated experience of risk amongst young homeless people in the pandemic. Those whose lives were more stable and secure, experienced a reduction in risks. Others, whose lives were more complex and insecure, were exposed to more risks, which emerged from strategies to get by practically and emotionally.

Staff in all three organisations were fearful about how the pandemic might affect the young people they worked with. These fears and concerns reinvigorated the commitment of staff to provide support and care to homeless young people.

A number of social welfare workers told us that they did not always adhere to the restrictions because they prioritised the young people’s need for care in difficult situations.

Sammenfatning

I starten af 2020 nåede COVID-19 pandemien Europa. I de europæiske lande indførtes restriktioner af borgernes bevægefrihed og det offentlige liv, i forsøget på at begrænse spredningen af COVID-19. Pandemien såvel som de politiske indgreb ændrede menneskers dagligdag i hele Europa.

Denne rapport undersøger hvilke konsekvenser pandemien havde på unge hjemløses hverdagsliv og deres livsomstændigheder i tre europæiske byer: Nürnberg (Tyskland), København (Danmark), og Manchester (Storbritannien). Rapporten fokuserer på unge i alderen 19 til 29 som har erfaring med hjemløshed. Desuden undersøges tre sociale organisationers arbejde med at yde praktisk og social støtte til unge hjemløse under pandemien.

Forskningsprojektet er baseret på tre forbundne forskningsspørgsmål som adresserer forskellige niveauer af oplevelser og handlinger:

Makroniveau: Hvordan reagerede de nationale regeringer i Tyskland, Danmark og Storbritannien på COVID-19 pandemien generelt og hvilke specifikke tiltag blev iværksat for at opretholde eller udvide støtten til unge i hjemløshed?

Mesoniveau: Hvor reagerede regionale/ lokale myndigheder og sociale organisationer på COVID-19 pandemien i forsøg på at opretholde eller udvide støtten til unge i hjemløshed?

Mikroniveau: Hvordan ændrede pandemien unge i hjemløsheds hverdagsliv og overlevelsestrategier, samt deres oplevelser af risici og behov?

Konteksten

Selvom mennesker i hjemløshed er en heterogen gruppe, oplevede mange allerede store udfordringer inden pandemien (Levinson 2004). Mange af de unges sociale netværk, veletablerede rutiner og overlevelsestrategier blev forstyrret som følge af restriktioner i forbindelse med "nedlukningerne"².

Personer i hjemløshed var i særlig risiko for smitte og øget dødelighed som følge af COVID-19 (Corey et al., 2022) og de var i risiko for at opleve øget stigmatisering som potentielle smitekilder (Perri et al., 2020), ligesom de oplevede risici som følge nedlukning af sociale tilbud (Thylstrup, et al. 2020; Owen og Matthiessen, 2021).

Under pandemien fik hjemløshed også fornyet offentlig opmærksomhed som et samfundsproblem, hvilket gav momentum for politiske tiltag der kunne reducere hjemløshed midlertidigt (Pleace et al., 2021).

Forskerteamet

Undersøgelsen blev gennemført af et tværvideenskabeligt team fra Technische Hochschule Nürnberg Georg Simon Ohm, Københavns Professionshøjskole og University of Central

² Med nedlukning henviser vi til pandemi relaterede politiske indgreb såsom krav om selvisolation, hjemsendelse af medarbejdere i ikke-kritiske funktioner, forbud mod forsamlinger af en vis størrelse, afstandskrav og krav om coronapas.

Lancashire. Feltarbejdet blev gennemført i samarbejde med en organisation fra hver af de tre byer.

Metoder

Undersøgelsen er baseret på casestudier af hvordan tre sociale organisationer, der arbejder med hjemløse unge i tre forskellige lande, reagerede på COVID-19 pandemien. Den empiriske undersøgelse omfattede ligeledes casestudier af 18 unge, der oplevede hjemløshed under pandemien. Vores tese var, at hvert land blev berørt forskelligt af COVID-19 pandemien og at de agerede velfærdspolitisk forskelligt. Casestudietilgangen har givet mulighed for at belyse praktisk og kontekst relevant viden på individuelt (mikro), institutionelt (meso), samt socialt og politisk niveau (makro) (Silverman, 2013). De deltagende organisationer er: *Don Bosco Jugendwerk* i Nürnberg, *Hjemløseenheden* i København og *The Men's Room* i Manchester.

Undersøgelsen blev gennemført med en *multimetodisk kvalitativ tilgang* (Creswell, 2014). Metoder omfattede følgende elementer: Gentaget semistrukturerede individuelle interviews med unge i hjemløshed, semistrukturerede individuelle interviews med medarbejdere og analyse af sekundær empiri og dokumenter vedrørende policy og praksistiltag i relation til COVID-19. For hvert land præsenterer vi et casestudie af den pågældende organisation baseret på medarbejderinterviews og fem til syv cases om unge i hjemløshed.

Fund og diskussion

Nationale tiltag

Som reaktion på COVID-19 pandemien implementerede regeringerne i de tre lande i 2020-2021 restriktioner af det offentlige liv, samt særlige forebyggende foranstaltninger i forhold til udsatte borgere. Mange af foranstaltningerne var midlertidige, men var i pandemiens begyndelse med til at begrænse hjemløshed og konsekvenserne heraf. Restriktionerne og andre foranstaltninger var med til at sætte rammerne for de sociale tilbuds arbejde under pandemien.

Vi fandt, at de nationale tiltag i forhold til pandemien i mindre grad end forventet afhang af de specifikke velfærdsstatsregimer. Fælles for de nationale politikker i de tre lande var at de blev formet af et epidemiologisk fokus på dødelighed, smittetal og belastning af sundhedsvæsenet (Bækkeskov, 2022). Andre samfundsmæssige hensyn så som menneskers sociale liv, psykisk helbred og kulturelle liv blev skubbet i baggrunden. De sociale organisationer der arbejdede med unge i hjemløshed, blev hurtigt klar over at et ensidigt epidemiologisk fokus havde negative sociale konsekvenser for socialt marginaliserede unge.

De sociale tilbuds reaktioner og forandrede behov

De tre deltagende organisationers primære fokus under pandemien var at opretholde deres støtte til de unge i hjemløshed. Socialarbejdernes oplevelse af at leve og arbejde under nedlukningerne forstærkede deres bestræbelser på at yde en bedst mulige støtte til unge i hjemløshed. Mens online kontakt var vital for det sociale arbejde i Manchester, fordi ansigt-til-ansigt kontakt var forbudt, prioriterede socialarbejderne i København og Nürnberg at have ansigt-til-ansigt kontakt med de unge.

Medarbejderne oplevede, at de nationale regeringers regler og restriktioner havde en betydelig indflydelse på deres samarbejde med de unge. Nogle medarbejdere beskrev en oplevelse af følelsesmæssige distance i deres arbejde med de unge, f.eks. fordi ansigtsmasker betød at ansigtsudtryk var vanskelige at se og fortolke. I nogle tilfælde ignorerede medarbejdere reglerne om afstandskrav, fordi de vurderede at de unges følelsesmæssige behov var for stort til at det kunne dækkes uden fysisk kontakt.

Hjemløse unges oplevelser af pandemien

De unge i hjemløshed bibeholdte deres følelse af at stå udenfor samfundet under pandemien, samtidig med at deres hverdag blev påvirket af pandemien. Vores undersøgelse viste at de unge i særlig grad oplevede social isolation, kedsomhed og ensomhed.

De unges behov for kontakt til socialarbejdere var central for deres oplevelser af de indførte restriktioner. Restriktionerne i de tre lande var forskellige og gav derfor forskellige muligheder for socialarbejderne i relationen til de unge, hvor der i nogle lande var mulighed for at mødes ansigt-til-ansigt.

Socialarbejdernes oplevelse af yde komplekst socialt arbejde under en pandemi

Socialarbejderne opfatter fysisk tilstedeværelse som central for kontakten til de unge og for at vise empati og medmenneskelighed, som de ser som afgørende for den gode relation til de unge.

Socialarbejderne betragtede også fysisk tilstedeværelse sammen med kollegaer som en vigtig forudsætning for at udføre et godt arbejde. Arbejdet under pandemien påvirkede oplevelsen af sammenhæng negativt for mange teams, hvor formelt og uformelt samarbejde blev forstyrret, da kollegaer skulle samarbejde på afstand. Dette illustrerer den enorme påvirkning pandemien havde på hverdagen for socialarbejderne. De tre organisationscases viste at der kan udtrages vigtig indsigt og læring af frontlinjemedarbejderne i relation til hvordan de tilpassede deres praksis i forbindelse med pandemien (Rodriguez, et al., 2021).

COVID-19 relaterede risikomiljøer

Vi har benyttet begrebet risikomiljø til at indfange sociale strukturer, situationer, steder og relationer, hvorigennem risiko og belastninger produceres og reproduceres i de hjemløse unges liv (Rhodes, 2002; 2009). Vi har identificeret seks måder hvorpå pandemien og samfundsmæssige reaktioner forandrede risici for de unge. Hver af forandringer påvirkede de hjemløse unges hverdagsliv, men deres specifikke konsekvenser afhang af hver enkelt persons konkrete livssituation. Forandringerne var: 1. Nye overnatningsmuligheder og boligmuligheder 2. Øget isolation som følge af mistede sociale forbindelser 3. Følelse af at være overset i den officielle information 4. Tiltag for at reducere udsatte borgers sundhedsrisici i forbindelse COVID-19 5. Reducerede muligheder for at tjene penge og 6. Forandringer i social- og sundhedstilbud.

De tre deltagende organisationers strategier og tilgang har forsøgt at adressere de nye risici der opstod under pandemien og de har derved påvirket de hjemløse unges levevilkår, hverdagsliv og overlevelsesstrategier. Mange af de unge vi interviewede, var ikke synderlig

optaget af de helbredsmæssige risici i forbindelse med COVID-19. De var i stedet bekymret for måderne pandemien afbrød deres daglige tilværelse og skabte ensomhed, kedsomhed og økonomiske problemer.

Konklusion

Da pandemien ramte Europa i starten af 2020, blev hjemmet omdrejningspunkt for de nationale politiske tiltag for at begrænse pandemien og beskytte borgerne. Budskabet fra regering i de forskellige lande var stort set enslydende. Hovedbudskabet var "bliv hjemme og pas på jer selv og hinanden". Dette budskab var fremmedgørende for unge uden et hjem, da det viste en mangel på anerkendelse af dem og deres livssituation.

De nye politiske interventioner der skulle begrænse spredningen af COVID-19 havde midlertidige positive effekter for nogle unge i hjemløshed f.eks. ved at give adgang til en bolig eller et sted at overnatte eller ved at skabe kontakt til nye former for støtte. Disse interventioner viste potentialer ved de nye indsatser, f.eks. særlig hurtig adgang til bolig og reduktion af fremmedmødekrav hos offentlige instanser. Men afstandskrav og nedlukning af sociale tilbud og aktiviteter medførte tab af venskaber og andre former for social kontakt, samt vedvarende og smertelige oplevelser af kedsomhed og ensomhed.

Undersøgelsen viste også varierende oplevelser af risici blandt de hjemløse unge. De unge som var i en mere stabil og sikker situation, oplevede en reduktion af risici under pandemien. Andre hvis liv var mere ustabil og usikkert, oplevede at blive udsat for flere risici som opstod som følge af de overlevelsesstrategier, de måtte anlægge for at klare sig praktisk og følelsesmæssigt.

Medarbejderne i de tre organisationer var bekymret for hvordan pandemien ville påvirke de unge som de arbejdede med. Deres frygt og bekymringer forstærkede deres engagement i at yde støtte og omsorg til hjemløse unge. Eksempelvis fortalte nogle socialarbejderne, at de ikke altid fulgte afstandskrav og andre restriktioner, fordi de prioriterede de unges behov for om omsorg i vanskelige situationer.

Zusammenfassung

Zu Beginn des Jahres 2020 erreichte die durch das Coronavirus SARS-CoV-2 (COVID-19) ausgelöste Pandemie erstmals Europa. Um die Ausbreitung der Pandemie einzudämmen, implementierten die Regierungen der europäischen Länder Schutzmaßnahmen, die das öffentliche Leben durch Kontakt- und Ausgangsbeschränkungen einschränkten. Die Pandemie und diese politischen Maßnahmen veränderten den Alltag von Menschen in ganz Europa.

In der vorliegenden Studie wurden die Auswirkungen der Pandemie auf die Alltage und Lebenswelten junger wohnungsloser Menschen in drei Städten in drei verschiedenen Ländern untersucht: in Nürnberg (Deutschland), Kopenhagen (Dänemark) und Manchester (Vereinigtes Königreich). Dabei lag der Fokus auf jungen Menschen im Alter zwischen 18 und 29 Jahren, die von Wohnungslosigkeit betroffen sind. Darüber hinaus wurde untersucht, wie drei verschiedene Einrichtungen der Wohnungslosenhilfe während der Pandemie praktische und emotionale Unterstützung für junge wohnungslose Menschen leisteten.

Das Projekt wurde von drei aufeinander bezogene Forschungsfragen geleitet, die sich jeweils auf eine Ebene beziehen:

Makroebene: Wie reagierten die nationalen Regierungen in Deutschland, Dänemark und dem Vereinigten Königreich auf die COVID-19-Pandemie im Allgemeinen, und gab es spezifische Beispiele für politische Maßnahmen, die darauf abzielten, die Unterstützung für junge wohnungslose Menschen aufrechtzuerhalten und/oder zu verbessern?

Mesoebene: Wie haben regionale/städtische Regierungsorganisationen, Wohlfahrtsverbände und Einrichtungen der Wohnungslosenhilfe auf die COVID-19-Pandemie reagiert, um die Unterstützung für junge wohnungslose Menschen aufrechtzuerhalten und/oder zu verbessern?

Mikroebene: Wie hat die Pandemie den Alltag und die Bewältigungsstrategien junger wohnungsloser Menschen sowie ihr eigenes Empfinden für Risiken und Bedarfe verändert?

Forschungskontext

Obwohl wohnungslose Menschen eine heterogene Gruppe sind, waren viele von ihnen bereits vor dem Ausbruch der COVID-19-Pandemie mit großen Schwierigkeiten konfrontiert (Levinson, 2004). Viele Netzwerke, Überlebensstrategien und seit langem etablierte Routinen wurden während der Lockdown-Phasen³ der Pandemie aufgrund der Kontakt- und Ausgangsbeschränkungen unterbrochen.

Wohnungslose Menschen waren einem erhöhten Infektionsrisiko durch COVID-19 ausgesetzt, wiesen erhöhte Morbiditäts- und Mortalitätsraten auf (Corey, et al., 2022:1), sahen sich aufgrund der verstärkten Stigmatisierung als potenzielle Überträger der Krankheit konfrontiert (Perri, et al., 2020) und aufgrund der Schließung von wohlfahrtsstaatlichen

³ Unter „Lockdown“ verstehen wir Phasen pandemiebedingter staatlicher Interventionen, die Ausgangssperren, Kontaktbeschränkungen, Quarantäneverordnungen und andere Einschränkungen der Bewegungsfreiheit und der sozialen Interaktion umfassen.

Einrichtungen besonderen Risiken ausgesetzt (Thylstrup, et al. 2020; Owen und Matthiessen, 2021).

Während der Pandemie erlangte das Thema Wohnungslosigkeit mehr öffentliche Aufmerksamkeit, was zu politischen Veränderungen führte, die dessen Ausmaß vorübergehend reduzierten (Pleace, et al., 2021).

Forschungsteam

Die Studie führte ein interdisziplinäres Team der Technischen Hochschule Nürnberg Georg Simon Ohm, des University College Copenhagen und der University of Central Lancashire durch. Die Feldforschung wurde mit jeweils einer Einrichtung der drei Städten realisiert, die seit langem mit Wohnungslosigkeit zu kämpfen haben.

Methoden

Das Forschungsprojekt basiert auf drei organisatorischen Fallstudien, in denen untersucht wurde, wie drei wohlfahrtsstaatliche Einrichtungen, die mit wohnungslosen jungen Menschen in drei verschiedenen nationalen Wohlfahrtskontexten arbeiten, auf die COVID-19-Pandemie reagierten. Die empirische Studie umfasst 18 Einzelfallstudien von jungen Menschen, die während der Pandemie von Wohnungslosigkeit betroffen waren. Eine Vorannahme war, dass jedes Land die COVID-19-Pandemie anders erlebte und unterschiedliche politische und wohlfahrtsstaatliche Entscheidungen getroffen hat. Der verwendete Fallstudienansatz bietet die Möglichkeit, praktisches und kontextrelevantes Wissen zu erforschen, das auf der individuellen (Mikro-), institutionellen (Meso-) und sozialen und politischen (Makro-) Ebene angesiedelt ist (Silverman, 2013). Die untersuchten Einrichtungen sind die folgenden: Don Bosco Jugendwerk in Nürnberg; Homeless Unit in Kopenhagen; und The Men's Room in Manchester.

Zur Beantwortung der Forschungsfragen wurde ein qualitativer Multimethodenansatz gewählt (Creswell, 2014). Die Methoden umfassten die folgenden Elemente: leitfadengestützte Interviews mit jungen Menschen mit Wohnungs- und Obdachlosigkeitserfahrung; leitfadengestützte Interviews mit Sozialarbeitenden; und die Analyse von Sekundärdaten und Dokumenten zu politischen und praktischen Reaktionen auf die Pandemie. Für jedes Land wird eine Fallstudie über jede Organisation vorgelegt, die auf Interviews mit Mitarbeitenden und fünf bis sieben Fallstudien junger wohnungsloser Menschen basiert.

Ergebnisse und Diskussion

Nationale Reaktionen auf die Pandemie

In allen drei Ländern führten die nationalen Regierungen in den Jahren 2020 und 2021 als Reaktion auf die COVID-19-Pandemie bestimmte Schutzmaßnahmen und Einschränkungen ein. Viele dieser Maßnahmen waren kurzfristig, trugen aber dazu bei, neue Episoden von Wohnungslosigkeit zu begrenzen, bestehende Wohnungslosigkeit in der Anfangsphase der Pandemie zu reduzieren und die Reaktionen des Wohnungslosenhilfesystems zu rahmen.

Es konnte festgestellt werden, dass die national-politischen Reaktionen auf die Pandemie weniger mit den spezifischen Wohlfahrtsstaatstypen verknüpft waren, als wir erwartet hatten. Ein gemeinsamer Nenner der Reaktionen auf die Pandemie war, dass sie von einem epidemiologischen Fokus auf die Sterblichkeitsraten, die Zahl der Infizierten und die Kapazitäten des Gesundheitssystems geprägt waren (Bækkeskov, 2022). Soziale Belange wie psychische Gesundheit, soziale Unterstützung oder kulturelles und soziales Leben gerieten in den Hintergrund. Wohlfahrtsstaatliche Einrichtungen, die mit jungen wohnungslosen Menschen arbeiten, erkannten schnell, dass eine einseitige Konzentration auf epidemiologische Aspekte negative soziale Folgen für diejenigen hatte, die am Rande der Gesellschaft leben.

Reaktionen der wohlfahrtsstaatlichen Einrichtungen und veränderte Bedarfslagen

Für die drei Einrichtungen der Wohnungslosenhilfe bestand die Hauptsorge darin, wie die Unterstützung für junge wohnungslose Menschen während der Pandemie aufrechterhalten werden konnte. Die Erfahrungen des Arbeitens während der Lockdowns haben das Engagement der Mitarbeitenden der Einrichtungen neu entfacht, für die Zielgruppe weiterhin bestmögliche Unterstützung zu bieten. Während im Men's Room (Vereinigtes Königreich) digitalisierte Online-Dienste eine wichtige Rolle in einer Situation spielten, in der Gespräche in körperlicher Ko-Präsenz nicht möglich waren, priorisierten die Sozialarbeitenden von der Homeless Unit und Don Bosco die Aufrechterhaltung des direkten, persönlichen Kontakts zu den jungen Menschen.

Aus Sicht der Sozialarbeitenden hatten die von den nationalen Regierungen auferlegten Anforderungen und Vorschriften erhebliche Auswirkungen auf ihre Interaktionen mit den jungen Menschen. Einige Mitarbeitende berichteten von Gefühlen emotionaler Distanz in ihrer Arbeit mit den jungen Menschen, zum Beispiel weil der Gesichtsausdruck aufgrund des Tragens von Masken nicht mehr erkannt und interpretiert werden konnten; und in einigen Fällen ignorierten Mitarbeitende die Abstandsregelungen, weil sie der Meinung waren, dass die emotionalen Bedarfe der jungen Menschen zu dringlich waren, um sie aus der Ferne zu betreuen.

Die Erfahrungen junger wohnungsloser Menschen mit der Pandemie

Der Alltag der jungen wohnungslosen Menschen war von der Pandemie besonders betroffen, viele machten Erfahrungen mit sozialer Isolation, Langeweile und Einsamkeit. Was unverändert blieb, war ein allgemeines Gefühl der jungen Menschen, von der Gesellschaft ausgeschlossen zu sein.

Der Bedarf der jungen Menschen nach Kontakten zu Mitarbeitenden der Einrichtungen war von zentraler Bedeutung und die Einschränkungen durch die Pandemie führten zu unterschiedlichen Möglichkeiten, in den drei Ländern persönliche Kontakte zu pflegen.

Erfahrungen der Fachkräfte bei der Durchführung komplexer Sozialer Arbeit in der Pandemie

Aus der Sicht der Fachkräfte der untersuchten Einrichtungen ist die körperliche Anwesenheit von wesentlicher Bedeutung, um Nähe, Einfühlungsvermögen und Menschlichkeit zu zeigen,

und sie wird als zentral angesehen, um die jungen Menschen zu verstehen und von ihnen verstanden zu werden.

Die Nähe zu den Kolleg*innen wird ebenfalls als wichtiger und geschätzter Aspekt angesehen, um gute Arbeit leisten zu können. Die Arbeit während der Pandemie beeinträchtigte das Gefühl des Zusammenhalts in vielen Teams, in denen formelle und informelle Teambuildingmaßnahmen unterbrochen wurden und Abstand zu den Kolleg*innen gehalten werden musste. Dieses Beispiel zeigt, welche enormen Auswirkungen die Pandemie auch auf den Alltag der Fachkräfte hatte. In allen Fällen wurde deutlich, dass es wertvoll ist, die Erfahrungen des Pflegepersonals an vorderster Front zu verstehen und aus ihnen sowie aus den Veränderungen in der Praxis infolge der Pandemie zu lernen (Rodriguez, et al., 2021).

COVID-bezogene Risikoumgebungen

Wir verwenden das Konzept der Risikoumgebungen (risk environments), um über die sozialen Strukturen, Situationen, Orte und Beziehungen nachzudenken, durch die Risiko und Schaden im Leben junger wohnungsloser Menschen erzeugt und reduziert wird (Rhodes, 2002; 2009). Wir konnten sechs Wege identifizieren, auf denen sich die Risiken durch die Pandemie und die gesellschaftlichen Reaktionen darauf verändert haben. Jede dieser Möglichkeiten hatte spezifische Auswirkungen auf das Alltagsleben junger wohnungsloser Menschen, die von der jeweiligen Lebenssituation der Betroffenen abhingen: 1. Neue Unterbringungsformen; 2. verstärkte Isolation durch den Verlust sozialer Kontakte; 3. das Gefühl, von der öffentlichen Kommunikation ignoriert zu werden; 4. Reaktionen auf die Gesundheitsrisiken von COVID-19; 5. geringere Möglichkeiten, Einkommen zu erzielen; und 6. Veränderungen bei den Sozial- und Gesundheitsdiensten.

Die Strategien und Ansätze der drei Fallstudienorganisationen haben sich mit den neuen Risiken befasst, die durch die Pandemie entstanden sind und die Lebenssituation, die soziale Lage und die Bewältigungsstrategien der jungen Menschen beeinflusst haben. Viele der jungen wohnungslosen Menschen, die wir für diese Studie befragt haben, waren nicht sonderlich besorgt über die gesundheitlichen Risiken von COVID-19, sondern eher über die Art und Weise, wie die Pandemie ihr tägliches Leben störte und zu Einsamkeit, Langeweile und Problemen bei der Einkommenssicherung führte.

Schlussfolgerungen

Als die Pandemie Anfang 2020 Europa erreichte, stellten die nationalen politischen Reaktionen das Zuhause in den Mittelpunkt der Bemühungen, die Pandemie einzudämmen und die Bürger*innen zu schützen. Die Botschaften der Regierungen in den verschiedenen Ländern waren im Großen und Ganzen ähnlich. Die wichtigste Botschaft lautete: "Bleiben Sie in Sicherheit, bleiben Sie zu Hause". Für wohnungslose junge Menschen waren dies ironische Botschaften, denn sie zeugten von mangelnder Wertschätzung für ihre Leben und ihre Situationen.

Neue politische Maßnahmen, die eingeführt wurden, um die Ausbreitung von COVID-19 zu verhindern, hatten kurzfristige positive Auswirkungen für einige junge wohnungslose Menschen, z.B. indem sie Zugang zu Unterkünften und damit verbundenen Betreuungsangeboten erhielten. Dies zeigte das Potenzial einer neuen Art des Umgangs mit

Wohnungslosigkeit auf, nämlich die Ausweitung der Wohnmöglichkeiten und die Verringerung der Anwesenheitspflicht (z.B. im JobCenter). Kontaktbeschränkungen und eingeschränkte Möglichkeiten der Freizeitbeschäftigung führten jedoch zum Verlust von Freundschaften und anderen Formen sozialer Kontakte sowie zu anhaltenden und schmerzhaften Erfahrungen der Langeweile und Einsamkeit.

Es konnten festgestellt werden, dass das Risikoverhalten junger wohnungsloser Menschen während der Pandemie von deren Lebensbedingungen vor der Pandemie abhing. Diejenigen, deren Leben stabiler und sicherer war, erlebten eine Verringerung von Risiken. Andere, deren Leben komplexer und unsicherer war, waren mehr Risiken ausgesetzt, die sich aus deren praktischen und emotionalen Überlebensstrategien ergaben.

Die Mitarbeitenden der drei Einrichtungen waren besorgt darüber, wie sich die Pandemie auf die jungen Menschen auswirken könnte, mit denen sie arbeiteten. Diese Ängste und Sorgen bestärkten sie in ihrem Engagement, wohnungslose junge Menschen Unterstützung und Betreuung zu bieten.

Viele Sozialarbeitenden erzählten uns, dass sie sich nicht immer an die Schutzmaßnahmen hielten, da sie dem Betreuungsbedarf der jungen Menschen in schwierigen Situationen priorisierten.

Introduction

At the beginning of 2020, the pandemic caused by the SARS-CoV-2 (COVID-19) coronavirus disease reached Europe. Despite great efforts to contain this highly contagious virus, its spread could not be prevented and restrictions on movement and public life were adopted in European countries. The adopted strategies revolved around physical-spatial ("social") distancing aimed to contain chains of infection and thus limiting levels of COVID-19 infection in populations to a level that could be managed by healthcare systems. It is beyond doubt that the pandemic as well as these policy responses altered everyday lives for people all over Europe (Lupton and Willis, 2021). Home was placed at centre of the policy responses aimed at containing the spread of COVID-19. As restrictions on public life came into force, people were only allowed to leave their own homes for specific purposes including shopping for food, exercise nearby the home, or to pursue employment. And thus, the people's homes vital to their life quality and experiences of the pandemic (Scambler, 2020).

The messaging from governments across different countries was broadly similar. Key messages were to "stay safe, stay at home and protect health services and key workers".



Fig. 1: Public Messaging concerning COVID-19 in Denmark⁴, the UK⁵ and Germany⁶

In our research⁷ we explore the ways in which the pandemic affected the day to day lives of homeless young people in Nuremberg - Germany, Copenhagen - Denmark and Manchester - UK. We also explore how three different social welfare organisations flexed existing models of support in order, developing new ways of working that allowed them to provide practical and emotional support to homeless young people during the pandemic. We found that the experience of living and working through lockdowns⁸ reignited the commitment and determination of social welfare staff to provide the best support possible for homeless young people.

The project was guided by three interrelated research questions, each addressing a different level of social experience and action:

⁴ Private photograph of public message board in Copenhagen.

⁵ <https://www.gov.uk/government/news/new-tv-advert-urges-public-to-stay-at-home-to-protect-the-nhs-and-save-lives>

⁶ <https://www.wuv.de/Archiv/Str%C3%B6er-und-BMG-informieren-Bev%C3%B6lkerung-%C3%BCber-Corona>

⁷ This research has been funded by a call from Volkswagen Foundation titled 'Corona Crisis and Beyond – Perspectives for Science, Scholarship and Society'. Sowa, Roy and Fahnøe submitted a proposal titled 'Vulnerable Youth in Changing Risk Environments: Figurations of Urban Youth Homelessness in Germany, Denmark and the UK' (see German version Sowa et al., 2021).

⁸ By "lockdowns" we mean phases of pandemic-related state interventions encompassing curfews, stay-at-home orders, quarantines and other societal restrictions.

Micro level – How did the pandemic alter the everyday lives and coping strategies of *homeless young people*, as well as their own sense of risks and needs?

Meso level – How did *regional/city governmental organisations, welfare bureaucracies* and *welfare organisations* respond to the COVID-19 pandemic in order to maintain and/or enhance support for homeless young people?

Macro level: How did *national governments* in Germany, Denmark and the UK, respond to the COVID-19 pandemic in general and were there specific examples of policy responses which sought to maintain and/or enhance support for homeless young people?

In the analysis we have sought to consider the changing relationships between young homeless people and the social and structural changes introduced in response to COVID-19. The concept of risk environment was first developed as a mean to explore and explain the contribution of different aspects of environments (physical, social, economic and political) to the harms experienced by drug users (Rhodes, 2002). We provide an analysis of how the COVID-19 pandemic altered the social, physical and economic circumstances of homeless young people (ibid.), as well as processes of social exclusion and inclusion. We explore the changing landscapes of risks experienced by homeless young people in the pandemic and the ways in which the actions of individuals, organisations and policies altered the risks at different moments during the pandemic.

The findings help to advance understanding of how pandemics shape the risks and accessible welfare resources for young people with experience of homelessness. We argue that a specific strength of our research is that we have undertaken detailed qualitative interviews with young people and welfare staff who are connected to the same organisations.

Although we had not planned to explore welfare staff's personal experience of living and working through the pandemic, this emerged in interviews and we found that it was related to a renewed commitment to do the work well in order to support young people, but also some of the practical and emotional difficulties imposed by working in lockdown, although these differed in the three countries.

Team and partnerships

The work was conducted by an interdisciplinary research team from the Nuremberg Institute of Technology, University College Copenhagen, and the University of Central Lancashire. The team has explicit subject specific expertise and connections in sociology, psychosocial studies, policy studies, social geography, applied social work and youth and community work. Each investigator has extensive experience with applied research and the team has conducted research using ethnographic, narrative, visual and mobile methods in relation to socially excluded young people and social work over many years.

The research was undertaken in three cities which have long-standing issues with homelessness. In each city we have chosen to work in detail with a single agency: Don Bosco, Nuremberg; Homeless Unit, Copenhagen; and The Men's Room, Manchester. These organisations have each provided services for homeless young people for more than eight years. While the three agencies represent different types of organisations (e.g. public services

or non-governmental organisations), we do not claim that they reflect or represent the broader field of work with homeless young people in each city. Nonetheless, the responses from staff and young people do provide insight into the ways in which welfare organisations in the three national contexts responded to the pandemic in making attempts to continue to support young homeless people.

We have also partnered with Jamie Munro, an animator, in the development of a hand drawn animation for the project. Jamie has extensive experience of contributing to research collaborations to support dissemination⁹.

Ethics

Ethical approval was gained from each partner institution's ethics committee prior to data collection commencing.

The research context

Homeless people are a heterogeneous group (Steckelberg, 2018). Despite the persistence of certain stereotypes and tropes around homelessness, the reality is that homeless people have a broad variety of living situations. These include people who are sofa surfing with friends, acquaintances or family members, people who are temporarily housed in homeless assistance facilities such as boarding houses, people who are sleeping on the streets or in emergency shelters, and people living in unsafe or insecure housing situations where loss of housing can occur at any time (FEANTSA, 2006). A distinctive feature of the lives of people in these particular circumstances is volatility, as housing situations can rapidly change. For example, roofless people may quickly become houseless when they move into longer-term shelters, and vice versa.

In this research we use the umbrella term 'homeless people' and we focus on the experience of young homeless people. We include people between the ages of 18 and 29 who have experienced involuntary homelessness. The decision to focus on this group was made because we believed that young homeless people may be particularly affected by the pandemic due to the vulnerability of their living situations; and since young people are in a life phase of transition which means that additional difficulties might further negatively affect the future opportunities of an already marginalised group of people.

Although homeless people are a heterogeneous group, it is well documented that many already faced major difficulties in their day to day lives before the onset of the COVID-19 pandemic (Levinson, 2004). These included living in poverty, relying on welfare and assistance services, higher levels and severity of mental and physical health problems when compared to general populations, and ongoing experiences of stigmatisation and socio-spatial exclusion (Fahnøe, 2018; Gerull, 2018; Hall, 2017; Sowa, 2022). Homeless young people are used to ensuring the means of their own survival and many have had to develop coping strategies which draw on expert street knowledge, and strategic alliances with licit and illicit networks, organisations, and institutions (Beierle and Hoch, 2017; Curry et al., 2017; Mùcher, 2010;

⁹ Examples of Jamie Munro's work can be seen on his website www.mistermunro.co.uk

Reißig and Hoch, 2018; Roy, 2016). Previous research has shown that homeless young people often survive by establishing complex networks of interdependent relationships (Roy, et al., 2015). However, many of these networks and long-established routines were interrupted during the pandemic, often due to the restrictions imposed by lockdowns. For example, coping strategies such as sofa surfing, rough sleeping, street sex work, begging, accessing food vans or day to day support services became difficult or in many cases impossible, many forms of education, employment, training and social support were stopped or reduced in the pandemic in order to reduce the risks of COVID transmission (Heinrich et al., 2022; Sowa et al., 2023).

In addition, a number of research studies have documented that under pandemic conditions, persons experiencing homelessness were “at heightened risk of infection, morbidity and mortality from COVID-19” (Corey, et al., 2022:1), and that homeless people in several countries faced special risks as a result of increased stigmatisation as potential carriers of the disease (Perri et al., 2020), as well as due to the shut-down of welfare services (Thylstrup, et al. 2020; Owen and Matthiessen, 2021). The generic response of governments to the pandemic in many countries, captured by the idea of “stay safe and stay at home”, had problematic effects on homeless people (Kirby, 2020; Price, 2020; Unterlerchner et al., 2020). For example, access to primary health care became more difficult (Howells et al., 2021) and many places used to maintain personal hygiene, such as public sanitary facilities in department stores or train stations were closed (Rollmann, 2020). Especially for young homeless people, lockdowns and other legislative measures led to a higher number of regulatory sanctions, which in turn caused economic problems, frustration and an increased sense of marginalisation and exclusion (Sartorius and Simon, 2021). The sense of exclusion and loss of access to communities also led to growing loneliness among homeless young people (Tuft and Larsen, 2021).

In March 2021 a report based on a rapid literature review was published by the European Observatory on Homelessness and explored European homelessness and the COVID-19 pandemic (Pleace et al., 2021). The report focusses on adult rather than youth homelessness but has several findings which are relevant to this research. The authors report

evidence of innovative, flexible, and imaginative thinking, alongside strong personal dedication from staff ... that kept these systems up and running ... in extremely challenging circumstances (Pleace et al., 2021: 7).

Homelessness was effectively reclassified as a “public health issue” (Kersale et al., 2021) during the pandemic, and this provided momentum for policy change that reduced levels of homelessness temporarily (Pleace et al., 2021). The report also recognises that many policy and practice interventions introduced in the early phases of the pandemic were short-term and that it was unclear whether these would lead to a more sustained rethink and reorientation of policy and practice. Smithson et al. (2021) report that many social welfare organisations had to modify the models and modes of provision in response to the pandemic, seeking to offer support at a time when both staff and service users were seeking to understand and manage new risks on the basis of limited understanding. Reports show that many welfare services experienced limitations imposed by the pandemic; some services were altered in size, scale or the mode of support they could provide, whilst others were able to maintain existing services. These differences depended on the specific characteristics of the

services and the national and policy context they were operating in (Rosenke and Lotties, 2021; Thylstrup et al., 2020).

Applying a risk environment framework

The concept of risk environment was developed in relation to drug use and drug harm (Rhodes, 2002; 2009). However, the concept has also been used more broadly to situate perceived risks and risk behaviours in relation to the social situations and social structures in which marginalized people find themselves (Bardwell, 2019). We argue that one way to understand the complex social situations faced by homeless young people during the pandemic is through a "risk environment" approach (Rhodes, 2002), in which risks and harms are seen as related to a series of interrelated factors (physical, social, economic and political) which either reinforce risks, or reduce them (Duff, 2010); and in this research, we use this concept to explore changes in risks experienced by homeless young people in everyday life and not only those related to drug use.

Rhodes (2002) conceptualizes risk environments as consisting of four intertwined dimensions: *physical*, *social*, *economic*, and *political*, in which the interplay between the four dimensions shapes the possible actions and behaviours of the people living and/or working in specific environments, thus shaping the risks and harms people are exposed to (Rhodes, 2002; 2009). Rhodes (ibid) argues that, while the dimensions that shape an environment are tied to social structures beyond the local setting, risk environments are experienced locally through the opportunities, impositions and other facets of everyday life. Furthermore, the actions of those participating in a risk environment also influence this environment, either extending or reducing risks. It has also been noted that a single risk environment can produce different risk effects to different persons depending on a range of factors which include gender, age, ethnicity, dis/ability and economy (Houborg et al., 2022; Collins et al., 2019).

We adapt Rhodes conception of risk and employ three categories as heuristic concepts: *Social risk*, *health risk*, and *economic risk*. Our analysis explores what kinds of actions and available *resources* increased and reduced the risks experienced by the young homeless people in the pandemic, including personal strategies, social connections, the actions and activities of welfare services and the relative availability of emergency shelters, food banks or social activities with peers. We argue that using the risk environment lens can help to examine societal responses to COVID-19 and their effects at macro, meso and micro levels in the three countries, as well as exploring the links between these levels.

Methodology and method

A case study approach

This research is based on detailed organisational case studies, which we use to examine how three social welfare organisations, working with homeless young people in three different national welfare contexts, responded to the COVID-19 pandemic. It is also based on 18 individual case studies of young people with experience of homelessness who lived through the pandemic. We argue that the case study approach used in this research offers the opportunity to explore practical and context-relevant knowledge, which emerges at the level of social systems, organisations and individuals; and that understanding a complex issue such as how the COVID-19 pandemic affected the lives and available welfare resources of homeless young people benefits from a detailed exploration of individual (micro), institutional (meso) and social and policy (macro) aspects and experiences (Flyvberg, 2004). The development of organisational case studies alongside each other allows us to explore the ways individual (micro), institutional (meso) and social and policy (macro) factors combined in the three cities. The development of individual case studies allows us to explore the self-reflection, decision making and actions of young homeless people living through the pandemic, the ontological assumption being that individual biographies have partially made-up the response of societies to the pandemic and have not merely been made by it (Rustin, 1991). Hence the study's approach focusses on lived experience implies a bottom-up analysis of the policy context where policies are understood through the ways they affect everyday life. Our approach also helps us to tease out the motivations and justifications of individuals (homeless young people and welfare staff) and services and hence to explore the relationship between policy, practice and lived experience.

The three case studies are developed in the three different national welfare and policy contexts: First, Germany, which usually is considered to be a *conservative welfare state regime* characterised by civil society as a pivotal actor in provision of welfare services and of which benefits are founded upon principles of insurance contributions based on labour market participation. Second, Denmark, which usually is understood as a *social democratic welfare state regime* that represents the most interventionist type of welfare state where universal benefits and services are guaranteed by the state (and in which welfare services and benefits are provided at more generous levels.) Third, the United Kingdom, which is typically viewed as a *liberal welfare state regime*, which implies lower levels of state intervention and state made reallocations and thus relies on market-forces to establish a level of social security (Esping-Andersen 1998).

The starting point for the study is a single social work organisation in each country, which provides services for young people who are homeless or at risk of homelessness. We do not seek to generalise from these cases and rather focus on capturing the rich and textured experiences and responses of individuals and organisations and to connect these to the national contexts.

Our starting point is that each country has experienced the COVID-19 pandemic differently, making different political and welfare state decisions. This transnational and regional approach will identify differences and similarities between specific national and regional

policy responses to COVID-19 in different welfare regimes and the impact at the level of practice and lived experience to gain a broader, international understanding of the responses of young homeless people and charities to the COVID-19 pandemic.

The organisations are as follows:

- *Don Bosco Jugendwerk* in Nuremberg is a non-profit organisation that provides housing and assistance with everyday needs and contact with welfare authorities to young 'disconnected' ("*entkoppelt*" (Mögling et al., 2015)) people with difficult family backgrounds and experiences of homelessness.
- *Homeless Unit* in Copenhagen is a public welfare organisation under the municipality of Copenhagen. Its target group are citizens of Copenhagen living in homelessness. The organisation's support includes outreach work, housing support, statutory social work, coordination of partnering service and advocacy. The Homeless unit has a team dedicated to working with vulnerable young people.
- *The Men's Room* in Manchester is an arts and health charity which works with vulnerable young people, including homeless young men, male and trans sex workers and young men with experience of sexual exploitation, offering practical support, advice, guidance, access to arts workshops and links to housing support.

For each country we present a case study of each organisation based on the interviews with the staff there. It is structured as follows:

- Overview of the organisation
- The work undertaken by staff
- Approach to youth homelessness
- How staff perceive COVID-19 has affected young people's lives
- Social services and policy responses to COVID-19
- Staff experience of working during the pandemic
- Summary

We also present five to seven case studies of the young homeless people we interviewed in each country. These cases are written around the themes:

- Demographics and characteristics of the young person
- Everyday life in the pandemic; and
- Essence of the young person's narrative

Methods

To answer the research questions, the research project adopted a multi-method qualitative approach (Creswell, 2014). The methods included the following elements:

- Repeat semi-structured one-to-one interviews (about one week apart) with young people with experience of homelessness;
- Semi-structured one-to-one interviews with staff; and
- Analysis of secondary data and documents regarding policy and practice responses to COVID-19.

Semi-structured one-to-one interviews young people with experience of homelessness

In order to explore lived experiences, perceptions and coping strategies of young people with experience of homelessness, we conducted repeat semi-structured one-to-one interviews about a week apart. We recruited a purposive sample (Patton, 2002) of five to seven young people who used the services of the three participating organisations (n = 18). The sample is composed of: n = 6 young people in Manchester, n = 7 young people in Nuremberg (2 of whom completed only one interview), and n = 5 young people in Copenhagen (also 1 of whom completed only one interview). Where possible, interviews were undertaken face-to-face, although some young people preferred to complete one or both interviews by phone. We accommodated requests to complete interviews by phone because these requests reflected young people's preferences, in some cases concerns about COVID-19 transmission, as well as the normal working practices of some welfare practitioners in the pandemic. The first qualitative interview focused on the biography and life situation of young people. We used open-ended questions which sought to explore each young person's life story, their experience of homelessness or insecure housing, as well as their recollections of the pandemic.

After the first interview, the young people were encouraged to note aspects of their daily lives for the following seven days. Young people were encouraged to note whatever was important to them personally, and these included the places they went on a day to day basis, who they saw, where they spent the night, where and what they ate, where and how they received support from friends, family and/or services. The objective was to offer young people the opportunity to be observers of their own lives (Sinha and Back, 2014). We provided them with notepads and pens in order that these could be recorded in writing, or visually, in a diary form, but many chose to do this from memory. Young people's recollections formed the starting point for explorations of their day to day lives and personal concerns during the pandemic. Many also chose to discuss aspects of their lives during earlier phases of the pandemic, as well as their overall life situation. The overarching goal was to open spaces for discussion with young people which allowed them to focus on their own experiences and concerns.

The process was subject to delays as restrictions imposed by the pandemic made the first set of interviews a challenge to set up. This reflected the many competing demands that the three partner organisations were facing, as well as complexities in the lives of young people. Eventually all interviews in the three countries were conducted in the latter half of 2021. At the time of the interviews, social restrictions were still in force in the three countries.

All interviews were audio recorded and initially, detailed case studies of each participant were written up by the researcher who conducted the interview. The process of analysis is described below.

Semi-structured one-to-one interviews with staff

Individual semi-structured interviews were completed with (n = 16) staff members across the three countries. In Manchester (n = 4): Six semi-structured interviews were completed with four staff members; in Nuremberg (n = 5): Five semi-structured interviews were completed with four staff members from Don Bosco and one interview was completed with an expert

working for the city of Nuremberg; in Copenhagen (n = 4): Seven semi-structured interviews were completed with four staff members. Additionally, one group interview was completed with three members of staff. All interviews were conducted during the spring and summer 2021.

Interviews were designed to explore the impact of the COVID-19 pandemic on (social work) practices. The interviews specifically addressed the challenges and responses of the social sector locally, regionally and nationally, particularly in the form of new practices, the identification of new risks, as well as new forms of support. We also sought to understand which other organisations were part of local professional networks and whether the pandemic had altered the extent and nature of partnership working (physical, by telephone and in online spaces).

Although it was not our original intention, many staff also talked about their own experience of living and working through the pandemic and this proved to be an unexpected and interesting facet of the research findings.

Secondary data and documents - of welfare regimes and responses to Covid-19

We undertook an analysis of the framework set by different welfare regimes in order to understand how the welfare states of Germany, Denmark and the UK responded to the COVID-19 pandemic.

It became clear that the coping strategies of homeless individuals and local responses of welfare organisations were related to national, regional and local contextual conditions, official policy directives, as well as decisions taken in local strategy meetings. Therefore, each research team examined relevant documentation from their own country, alongside – verbal and written - guidance and directives given by the partner organisations. We looked at local policy documents, impact assessments, action plans, protocols and procedures drawn up in response to the pandemic and sought to link these to responses in interviews with staff. This was useful because many of the policy, practice and procedural initiatives implemented during the pandemic were developed in response to a quickly developing situation and were not written down.

Hence, although when we originally designed the study, policy was conceived at the macro level, it is easy to see that it also includes important links and overlaps with the micro and meso levels identified above. We adopted a street-level bureaucracy approach (Lipsky, 1980) that acknowledge that policies also are shaped by the actions of social workers and the people they work with.

Data analysis

We developed an approach to analysis which reflected the international make-up of the team, as well as the need to work intensively on data together to develop inter-case and cross-case comparisons.

Analysis of young person interviews

In the first phase of the research, we worked in country teams. We listened several times to the interviews and then wrote up full case studies and shorter more synthesised summaries which could be used in the report. These were shared in a secure online space with the full team. All researchers read and commented on each of the case summaries.

In the second phase, we met online as panels of 4-6 people to work on two cases per country team. This approach to analysis draws on elements of the narrative interpretive method in psychosocial research in which diverse panels are used in order to bring a wider – cross-country – set of life experience and viewpoints to bear on both the data and the research relationship (Wengraf, 2001).

After the panels, the country teams continued the analysis independently, often using country panels of a similar form. These were all revisited at a two-day in person team meeting where all data was presented for discussion and cross-case comparison.

We used excerpts from the original transcript to support shared analysis and understanding. We used this iterative process until a shared understanding of the key meanings of the COVID-19 pandemic to the young people across the cases was developed (see Discussion – Constructions of COVID-19).

Analysis of staff interviews to develop organisational case studies

In the first phase we worked in country teams. We listened several times to the interviews and then wrote up a full case study and shorter summaries for each of the three organisations. This work was shared with the full team. All researchers read and commented on these case studies.

In the second phase, we met online as panels of 4-6 people to work on the organisational case studies. Again, the approach to analysis draws on elements of the narrative interpretive method in psychosocial research (ibid.). We chose to work in a way that allowed us to attend first to the overall story staff told about the organisational response to COVID-19 as well as their own experience of delivering complex welfare work in the pandemic.

After the panel, the country teams continued the analysis independently, to refine elements of the case. These were all revisited at a two-day in person team meeting where all data was presented for discussion and cross-case comparison.

COVID-19 timelines

In this chapter, we present the progression of the COVID-19 pandemic and the governmental countermeasures in the three countries studied: the United Kingdom, Denmark, and Germany. This timeline intends to frame our project by situating our research findings in the temporal course of the COVID-19 pandemic. This timeline shows the policy contexts and social reality in which the project took place and allows for comparison between the countries studied. It reveals both overlaps and differences in the country-specific courses of the pandemic as well as in governmental policy interventions. The timeline is not exhaustive, but rather based on identified significant events and political decisions regarding the containment of the pandemic. It is presented in the form of a chart which provides an overview of how lockdowns in connection with the COVID-19 pandemic progressed in Denmark, Germany, and the UK.

	DENMARK	GERMANY	UK
MARCH	<p>Lockdown in March 2020</p> <p>The infrastructure in all three countries was shut down in March 2020. Travel warnings were issued, country borders were closed. All three country governments introduced “stay at home strategies”. There were strict limits on how many people could gather. People were only supposed to leave their own homes for essential activities as to go grocery shopping or to work. Workers, except those who worked in “critical functions”, were sent home. Schools were closed.</p>		
APRIL	<p>Society is opening a bit. After being closed for a while, social outreach workers are back in full operation, drug treatment centers start up again.</p>	<p>In Germany, there were severe restrictions on private and public life. Citizens were required to avoid contact with other people, to keep their distance from others, and not to hold parties or celebrations in groups. In addition, restaurants and service establishments were closed. Special regulations of contact and distance restrictions applied to establishments classified as systemically important. A general face covering strategy is introduced in public transport and supermarkets.</p>	<p>The Lockdown is extended for “at least” three more weeks</p>

	DENMARK		GERMANY		UK	
M A Y			Society is opening a bit as restrictions are slowly eased. Stores up to a size of 800 sq. meters were allowed to open again. Contact restrictions were kept intact and public events remained restricted.			
J U N E	Low incidence of corona, and few restrictions.				Society opens bit by bit. The prohibitions on leaving home are replaced by a prohibition on staying overnight away from home, with certain specific exceptions.	
J U L Y					Mandatory face covering rules (with some medical exceptions) are introduced on public transport and in shops and supermarkets.	
A U G U S T	Rules about face covering is introduced on public transport. Free face covers are offered for vulnerable citizens.				The government extends the range of indoor locations where a face covering must be worn (e.g, premises including personal services, places of worship, community centres and public libraries).	
S E P T E M B E R					High incidence of COVID-19 makes new and more restrictions. (e.g. table service only in bars and restaurants, 10pm closing curfew for eating and drinking establishments). Reintroduction of working from home.	

	DENMARK		GERMANY		UK	
<p>O C T O B E R</p>	<p>Renewed increase in COVID infections and thus start of the second wave.</p> <p>New focus on a national testing strategy. Testing is free. "Corona passport" is introduced. People without Corona passport can't get in most public places.</p>		<p>Renewed increase in COVID infections and thus start of the second wave.</p>		<p>Renewed increase in COVID infections and thus start of the second wave.</p> <p>There were local lockdown regulations, with local areas that were placed on 'high' alert due to high incidence of COVID-19 cases placed on increased restrictions (e.g. no meeting with anyone outside an individuals home or 'bubble') which were reviewed every 14 days.</p>	
<p>N O V E M B E R</p>			<p>Start of the so called "lockdown light", the reintroduction of weaker ("lighter") restrictions. Many stores had to close again, and contact restrictions were tightened. Allowed were meetings with up to 10 people from a maximum of two households.</p>		<p>Start of the second lockdown, renewed nationwide restrictions on public life and social contacts (closing of 'non-essential' shops, leisure and entertainment, pubs, bars and restaurants offering take away or delivery services only).</p>	
<p>D E C E M B E R</p>	<p>Start of nationwide vaccination campaign.</p> <p>Second complete lockdown. Everybody is sent home.</p>		<p>Start of nationwide vaccination campaign.</p> <p>Start of second "hard lockdown" with tighter restrictions. Allowed were meetings with up to five people from a maximum of two households.</p>		<p>Start of nationwide vaccination campaign.</p> <p>England's second lockdown ends step-by- step over the course of the month.</p>	

2021					
	DENMARK		GERMANY		UK
J A N U A R Y					UK enters third national lockdown.
M A R C H	Denmark starts reopening, using a COVID test strategy. People must present a valid 'Corona passport' to enter most places.				Sport facilities start reopening, communal sporting and recreation activities resume. 'Stay at home' order ends.
A P R I L	Further opening of society but face mask or visor are still required in public transport		Introduction of the "federal emergency brake": Lockdowns were no longer imposed nationwide, but regionally at a seven-day incidence of 100.		Most legal limits on social contact removed, final closed sectors of the economy are reopened (non-essential retail; outdoor, outdoor attractions and settings and self-contained accommodation).
M A Y					
J U N E					
J U L Y					
A U G U S T			Nationwide introduction of the "3G rule", similar to the Danish "Corona Passport." Only verifiably vaccinated, tested or recovered (3G) people were allowed to enter places of public life. Temporary stop of free of charge COVID test for citizens.		

	DENMARK		GERMANY		UK	
S E P T E M B E R	COVID is no longer defined as a "socially critical disease" in Denmark. All restrictions are removed					
N O V E M B E R	COVID is recategorized as a "socially critical disease". Many places close again. You cannot go to restaurants, schools, cultural institutions among others without a valid "corona passport" ¹⁰ .		The COVID passport is also introduced in the restaurants and food businesses. Re-introduction of free of charge COVID testing for citizens.		All domestic legal COVID restrictions are officially lifted in England.	
D E C E M B E R						
2022						
	From the 1st of February COVID-19 is no longer categorized as a "socially critical disease"; all restrictions are removed. Mask wearing requirements are maintained on public transport nationwide.		From the 3rd of April most of the nationwide restrictions are removed. Mask wearing requirements are maintained on public transport nationwide.		From the 24th of February all domestic legal COVID restrictions are officially lifted in England.	
THE END OF LOCKDOWNS?						

Red means the country is closed down

Yellow means that the country is limited open

Green means the country is open.

¹⁰ "Corona passport" is an initiative used in Denmark and Germany. In Denmark, to have a Corona passport it requires you either must be vaccinated, or tested antigen test, or PCR test. In Germany they had 2G-plus rule (vaccinated or recovered + tested). UK has not used Corona passport in their restrictions in connection with Corona.

Findings

Organisational case studies and young people case studies

In this section we present three country-based case studies. Each case study is presented under common headings as follows:

- Overview of the organisation
- Homelessness context
- The focus of the work of the organisations
- Approach to youth homelessness
- How staff perceive COVID-19 has affected the lives of young homeless people
- Social services and policy responses to COVID-19
- Staff experience of working during the pandemic

Through these we seek to introduce the organisation, set its work within a broader context and explore different aspects of the response to COVID-19 through the experience of staff members. The organisational case studies are followed by the young people's case studies. These present the everyday lives and lived experience of COVID-19, from the perspective of 5-7 young people from each city who use the services of the case study organisation.

Danish case study: The homeless unit

Overview of the organisation

The Homeless Unit (HU) is a municipal organisation delivering social services to homeless people in Copenhagen city. One of the teams at HU is working exclusively with young people. It is this teams work that is the focus of this study.

As a public organisation HU is responsible for delivering statutory service working to people living in homelessness. HU's work is further governed by the municipality's "Social strategy". The strategy states that having a home is vital to most people and that a stable living situation is a prerequisite for people's well-being and ability to live independently (Københavns Kommune, 2018). HU's primary task is to assist homeless people to get permanent housing and retain their new home.

The services HU provides are tax-funded and a part of the overall public welfare services. The Danish welfare state can be categorized as a social-democratic welfare regime (Esping-Andersen, 1998) with a relatively high level of income redistribution and welfare provision and low levels of poverty and unemployment (Benjaminsen, 2016; Fahnøe 2018).

HU is part of a larger system of various organisations that provides the welfare services to homeless people living in Copenhagen. The organisations include both public agencies and NGOs. The Homeless Unit's collaboration with NGOs across Copenhagen city is well-developed and organised cooperate. The cooperation entails that the social workers from HU regularly visits the homeless hostels, shelters and daycentres run by the NGOs in order to meet and assist the young people who uses the services. Further the social workers from HU refer young people to the NGOs' services and vice versa.



Fig. 2: Sundholm where The homeless unit is located

HU also assists the young people to navigate in the mainstream welfare services and institutions. This for example includes help to apply for cash benefits at the Jobcentre, apply for social housing, accompanying to health care services, or apply for bank accounts.

Housing First is the guiding principle in HU's delivery of social services and all its services are voluntary. The social work at street-level is grounded in relationship-based social work and positive relationship between the social worker and the homeless person. This is viewed as the foundation of assisting the homeless person.

Based on the Social service act, the work HU does comprise of various types of social work, and its members of staff include:

- Case managers
- Outreach workers
- Housing support workers
- Assessment officers

The staff all hold professional qualifications, and their educational background are primarily as social pedagogues and social workers, but some have other academic degrees instead.

The social services HU provides consists of:

- Outreach work
- Housing support

- Support for applying for social housing and do assessments of needs for special residential facilities
- Case management, including street-based case management
- Advocacy in relation to other welfare service
- Open counselling service
- Coordination of various partners' services

Copenhagen homelessness context

From 2009 to 2019 Denmark saw a rise in the number of people living in homelessness by 29% to a total of 6,431 (Benjaminsen, 2019). In the same period, the number of young people between 18 and 29 years living in homelessness rose by 72% to 1,442. However, the number of people living in homelessness at national level has dropped significantly from 2019 to 2022 to 5,789 persons or approximate 1.1 people in every 1,000. And the number of people sleeping rough is 535. The decrease in homelessness has been highest among young people and the number dropped to 744. The decrease is most likely a result of many new initiatives focusing on making housing available and providing housing support (Benjaminsen, 2022). In Copenhagen city the number of homeless people has also seen a decline in recent years and the total number was 1,370 as of 2022 (*ibid.*). This means that approximate 2.3 in every 1,000 people are living in homelessness. Around half of those are staying at homeless hostels or shelters, 155 are sleeping rough. The number of rough sleeping in Copenhagen has dropped during the period of the pandemic which possibly is due to the efforts to get people housed during this period.

At both national level and local level, Housing First is presented as the principal approach. However, there are significant obstacles to the implementation of Housing First in Copenhagen. First of all, there is a shortage of affordable and adequate housing (Rigsrevisionen, 2014; Benjaminsen and Lauritzen, 2015) and the number of cheap rental apartments in Copenhagen is decreasing while the population is growing (Rigsrevisionen, 2014). This is a consequence of a trend towards more market-oriented solutions to housing provision and less state intervention (Pettersson, 2017).

These obstacles mean that young people living in homelessness often face a long waiting time to move into permanent housing even after they have successfully applied for social housing. In that period of waiting, the young people may move into one of four homeless hostels for young people, or hostels for homeless in general. The temporary accommodation facilities provided both by the municipality and NGOs who are subsidised by the service user's home municipalities.

The focus of the work of the homeless unit

The main task of team working with young people is to help the young people get "a roof over their head and then help them from there" (Outreach worker A). Getting a roof over their head may be in the shape of temporary accommodation while looking for more permanent housing solutions such as social housing. The assistance provided ends when the young person moves into permanent housing as HU also provides housing support. Housing support is delivered according to the evidence-based method of Critical Time Intervention (CTI) (Herman

2014) and Intensive Case Management (ICM) with the aim of assisting young people in keeping their home.

Much of the work done by the social worker in the team revolves around assisting the young people getting in touch with other services and social support organisations and helping them maintain these contacts. Among these services are substance use treatment, mental health care services, social housing agencies. To the social workers at HU, the contact with job centres is critical as this service administrates cash benefits and that is the main way of securing an income for the young people.

Through the work undertaken to establish and maintain these contacts, the HU serves as an access point to different public and civil society welfare services. It does so with the objective of helping young people get reintegrated into mainstream society. As one outreach worker puts it “We help them onward”.

The approach to youth homelessness

The understanding among the social workers at HU is that youth homelessness is closely connected to other social problems such as substance use, criminal activities, mental health issues, experience of abuse and lack of positive family relations. Many of the young people living in homelessness have a history of being placed in residential child protection facilities and in contact with the social authorities. Furthermore, the young people that HU work with are highly marginalised and often they only have weak ties to mainstream society and non-marginalised young people.

Many young people have difficulties navigating the welfare system as a social worker explains:

A characteristic for the young people is there are many professionals involved [in their lives]. And the young people have a hard time to discern all the professionals and ‘the system’ in general (Social worker 1:2.10).

According to the staff, these problems of navigating the welfare system with its many different actors are due to the system being rather complex, the young people’s stressful living situations, and their lack of knowledge about the services. As a result, many young people have a hard time both getting in contact with the relevant services and maintaining contact. Consequently, many young people do not get the support they need and are entitled to. One significant problem in the relation to this is that young people often have trouble meeting the conditions for claiming social benefits for example participating in meetings at a jobcentre. Furthermore, some of the young people also lack the ability or the resources to maintain a household on their own and are therefore in need of support by professionals if they get housed.

How staff perceive COVID-19 has affected the lives of young homeless people

Staff reported that the way the pandemic has affect young homeless people is ambiguous. On one hand the effects of the pandemic in themselves do not seem to have preoccupied many homeless young people as they have had other problems that were more crucial to them. One social worker said that:

To many [of the young people] COVID-19 is a very small thing compared to what they have been through or been exposed to ... (Outreach worker V).

The experience of the pandemic seemed to be overshadowed both by the hardship that many of the young people have gone through and the more immediate problems such as getting money and a roof over the head, or mental health issues. In addition, the young homeless people have been used to surviving on the street under very difficult conditions and thus many of them are conditioned to find solutions to the challenges on their own instead of relying on the social workers assistance. However, many of them rely on the social workers to get their need for social contact covered.

On the other hand, the pandemic did affect young homeless people in rather particular ways which were often dependent on specific circumstances in their life.

To those claiming social benefits - which is the vast majority of the young homeless people in Copenhagen - the effects of the pandemic were inextricably linked to changes in the conditions for claiming social benefits. These conditions are a part of the active labor market policies employed by the Danish welfare state (Torfing, 1999), which were suspended as part of the strategies to contain the spread of COVID during the pandemic. The conditions which were suspended included regular meetings at job centres and participation in mandatory activation programs (e.g. job training programs or internships). The suspension of conditions was seen to have positive effects for the young people.

In relation to my collaboration with the young people, I experienced that it was an extreme tranquility for them because they were not required to attend meetings at the job centres or an activation program. To most, it [the pandemic] was a gift (Social worker I: 3:30).

The young people experienced a period of calmness because of the suspension of these conditions. Some meetings were done online and those meetings felt less stressful to many. Staff noticed an increase in young people's well-being as a consequence of the changed conditions and practices. Further, for some, the period of calmness gave them time for contemplation and this meant that some of them were inspired to make changes in their life situation based on their own wishes.

Conversely, the pandemic caused new problems for those young people who were actively engaged in efforts to change their life situation before the lockdowns.

To those who were involved in something [treatment or practical trainee work] and on their way towards what we would call 'the right direction' it [the pandemic] could be unfortunate" (Social worker I: 3.50).

Those who were actively trying to stop using drugs were some of those who suffered the most. This was due to treatment sessions being rescheduled from face to face to online sessions which many found less useful. Also, many found it more difficult to keep a stable daily routine and structure during lockdowns, which made it more difficult to abstain from using drugs. Additionally, young people's attempts to move on from homelessness were hampered because activities supporting this change (e.g., practical trainee work programs) were put on hold.

The housing situation of the young people also shaped the ways they were affected by the pandemic. The ones 'couch surfing' were generally able to stay with friends or families. And some of them, especially the young men engaged in more long-term intimate relationships, were able to stay in the same place longer. One social worker suggested that this was due to life slowing down because there was not much going on. Overall, young people were able to avoid sleeping rough.

The pandemic affected those who stayed at homeless hostels and shelters to a greater extent because the institutions were obliged by national and regional policy to implement restrictions such as keeping distance and forbidding visitors. These restrictions significantly disrupted the social life at the institution. Over the course of the pandemic, the different institutions interpreted the restrictions differently, but there was a sense that most young people felt lonelier and that the social dynamics in institutions became more edgy, despite the fact that young people overall accepted the need for the restrictions and generally cooperated with them. At several of the homeless hostels for young people, the staff worked from an understanding that the hostel was the young people's homes and therefore their interpretations of the restrictions were lenient.

The staff members' views on the economic situation of the young people are mixed. Some of the staff report that they did not observe that the young people struggled more financially while other accounted that more of the young people needed help to get food. However, the economic situation did change in the sense that possibilities of earning money in the informal ways were significantly reduced. Earning money through *street work* such as begging, selling homeless papers, pickpocketing, collecting cans and bottles, or prostitution became more challenging which led some to engage in selling-drugs as this market was still operating and provided one of the few ways of ensuring an income in lockdown. Though this engagement was not new to all it seemed to attract more of the young people and according to some of the social workers the involvement with gangs who run drug business has increased among young homeless people.

Finally, it is worth noting that there was a general sense among the staff that the first phase of the pandemic including the first lockdown was easier for the young people. During the later phases, anxiety and depression rose among the young people and more of them seemed to be affected by loneliness.

Social services and policy responses to COVID-19

The HU was instructed by the municipality to maintain the same level of services during the pandemic. This meant that the outreach workers were back on the streets within days after the first lockdown was introduced in March 2020. However, because HU's and other social service offices were closed to both social workers and service users, the social workers had to do their office work from home.

The HU did not introduce new services. It rather offered new ways of delivering existing services. And the efforts to maintain the same level of services were not straightforward because of the policy responses directed at containing the spread of COVID-19. The social workers struggled to deliver the services and much of their work was either through online or phone meetings, or by face-to-face meeting outdoors.

The two ways to maintain the contact and relationship with the young people involved different difficulties. While the use of phone and online calls for the most part made it possible to keep in touch with young people, it was unreliable in certain situations, for example, when a young person was imprisoned or in a mental hospital without access to phone or computer and where visits were prohibited.

Using phones or online communication was also challenging because social workers found it difficult to get a reliable sense of the young person's well-being and it was difficult to establish a space where sensitive topics could be brought up in a suitable way.

Maintaining face-to-face contact was a priority to the social workers as they view it as an essential part of relationship-based social work and to establish a positive relationship with the young people. However, face-to-face contact involved dilemmas between managing health risks - by following instructions of keeping distance, using face mask - and sustaining positive relationships with the young people. This presented difficult questions for staff and several of the professionals did not comply strictly to the instructions that was issued by health care authorities. As one social worker explained:

If I was to choose between wearing a face mask or having a [positive] relationship with a young person I would choose the latter, right. (Outreach worker A: 21:20).

The social workers non-compliance to the instructions were based on a professional understanding of their role as delivering relationship-based social work, in which maintaining positive relationships is seen as the primary way to support the young people in their efforts to overcome their problems. The noncompliance also derived from an awareness of young people's heightened need for emotional support during lockdowns.

I have kept distance. But what the hell when there has been one [young person] standing there being upset you haven't been standing 2 meters away. You just cannot do that. [...] They don't have a mom or a dad that hugs them when they need it. They need hugs and to be held. A hug means something for their well-being (Outreach worker V).

Social workers identified with young people's isolation and need for care, seeing it as their professional obligation to provide this kind of support.

Even though the services did not change *per se*, some of the social workers had a sense that during the pandemic their work with the young people became even more about emergencies or "extinguishing fires" than usually and therefore it was less about assisting the young people in their efforts to change their living situation and coordinating with the relevant services.

Staff experience of working during the pandemic

The pandemic and the societal responses forced the professionals to conduct their social work in alternative ways.

Home as a workplace

During the periods of lockdown, when their offices were closed, the professionals had to work from home. This was challenging in different ways and not just the practical issues in relation to working while perhaps sharing the space with a partner and children doing home schooling. One issue was the discomfort that arose from a feeling of “*letting the young people into your living room*” that some social workers experienced when they held online or phone meetings from home. One social worker tried to deal with this uneasiness by going for walks outside while being in meetings with the young people.

Another issue with having your home turned into your workplace was that it became even more difficult for the social workers to get a sense of balance between home life and work life. This sense was enhanced by an increased worry for the young people when the social workers were unable to contact them.

Using phones and computers

As mentioned above, the dependence on phones and computers to keep in touch with the young people did affect relationships negatively, although contact was maintained for the most part.

The reliance on phones and computers also affected the collegial support. Social workers found it difficult to support each other when only meeting online. It was more difficult to engage in discussions about the work or specific cases. One social worker pointed to the fact that it was difficult because one could not sense each other's presences in offices.

These difficulties were also present when the social workers were collaborating with professionals outside their own organisation. It was pointed out that the new conditions were a gift regarding the social workers' awareness of the ways they communicated with each other, because they were forced to be more meticulous when they passed on information.

Young People's cases

Danish Case #1: Jane

For me, unlike everyone else, COVID was awesome. Because I didn't have a lot of energy and a lot of strength, so when it went all over the internet, there was a chance I could join in.

Jane is a 29 year old ethnic Dane. She grew up in a small town outside Copenhagen. She does not use drugs or drink alcohol. Jane receives unemployment benefits. She said that she had a normal childhood, and her problems first began when she was in her late teens. However, she had already moved around a lot. Jane said that over the past seven years she had lived at more than 50 different places. She has been homeless on and off ever since, stayed at various hostels for vulnerable young people, lived on the street, been couch surfing, and lived in temporarily rented rooms. She only had the clothes she wore. She wore many layers of clothing to keep warm.

When the lockdown started, she had just moved into student accommodation. She stopped studying and lost her income from student grants. This meant she had to move out because she could not afford to live in the apartment anymore. During the following period, she was

very poor and could not afford to live anywhere because she received insufficient unemployment benefits.

In summer 2021, the municipality's social center reopened, they realised that she had received the wrong amount during the lockdown, so her social benefits got regulated. This meant that she was able to pay for a room. She then rented a room in an apartment with a stranger. Although she eventually got a place to live, she says she still "feels homeless", as she does not feel at home where she lives. Jane said that her room was unfurnished except for a sleeping mat and all her belongings were wrapped in plastic bags. Other than that, she had two fleece blankets and a dishwashing tub, which she used as a table. She felt very isolated as she did not see anybody. She sat in her room, played games on her telephone, googling, and watching TV.

Jane thought that her life was almost unaffected during the pandemic because she already has disabling illnesses. These illnesses meant that she did not go out much nor have much contact with people, so she was mostly at home before the pandemic anyway. She felt that the lockdown gave everyone else an experience of how her life was. She could not afford to go anywhere, so to her, it did not matter that everything was shut down. So, the lockdown did not affect her life a great deal, but rather meant that she felt a bit more "normal".

Jane's story was a story of illness. She said that she is ill, and no one believes her. She said that she had allergies to mold and various chemicals and hence she had trouble being indoors. Jane said that a lot of people did not understand her situation. She said her condition was worsening and that people thought she was not mentally well, which was the reason she did not get any help. However, she struggles to convince others that she is ill rather than phobic ("crazy"). She experiences a lack of recognition and acceptance as a person who suffers from multiple and crippling diseases. Hence, she did not have a sense of belonging to the wider society either before, during, or after the lockdown and the pandemic. She expressed this contempt:

Denmark is a fucking shitty country. You think you are getting help, but you don't. On the other hand, there are a lot of things you have to do all the time, and you are suffocated by control and power. So that's why you run away at the end, because then you can be left alone".

Danish Case #2: Oliver

I am a drug abuser myself. In the drug world [misbrugsverdenen] people do not care. They just have to get what they need. 'Fuck Corona, now I got what [drugs] I need'. Then home again."

Oliver is a 30-year old ethnic Dane. He grew up in a suburb outside Copenhagen. For the last three years he had been living with his girlfriend at a hostel for marginalized adults. He used cocaine and smoked marijuana daily. He used to take heroin as well, but at the time of the interview he followed methadone treatment. Oliver was welcoming and well-spoken but restless. He looked thin and had worn clothes and decaying teeth.

As a child, Oliver had been living at an institution for 12 years. When he was 18 years old, he got his own apartment, but lost it soon after and moved back home to live with his dad. Later,

his dad threw him out because of his drug use. Subsequently, he was couch surfing and lived in various hostels for vulnerable young people. He had been homeless on and off for the past 10 to 12 years.

The first thing Oliver remembers from the COVID-19 lockdown was that he saw the news about “all these deaths”. He was not really scared as he thought it had nothing to do with him. At the time, Oliver was living in a hostel for vulnerable adults. The hostel where he lived supported them with accessing the vaccine, sanitary masks and COVID-19 tests. The staff were very busy trying to avoid any residents becoming infected. Oliver described how at the shelter: “They [staff] wore face masks all over the place, they asked if we wanted some masks and there was a big box [with free face mask] down by the reception”. The residents were also offered vaccinations at the hostel. Oliver felt that he did not have a choice whether or not to get vaccinated. The staff just picked him up in his room for the vaccination. By the third vaccination, he had had enough and refused it.

Oliver had two things he did every day; he made money to buy drugs and used drugs together with his girlfriend in their room at the hostel. Him raising money for their drug use was a full-time job. He described his life as busy because he had to go to different shops many times every day and do shoplifting to generate enough income. Because all his waking hours were focused on raising money for drugs, his life did not change much during the pandemic. As he explained: “When I am out of bed and have smokes, a morning joint, then I [go] to a store and made [stole] 400-770 kroners. Then I come home. Then we [he and his girlfriend] have sat and smoked [cocaine] and relaxed half an hour and then I have to go out again and this probably happens four times a day.”

Oliver was already living such a highly marginalised life before the pandemic that the lockdown did not make any real difference to him. He said that when you are on drugs, you are only concerned with obtaining drugs and everything else does not matter. The lack of disruption of his life was also due to the fact that he did not really have any contact with people other than his girlfriend and that he generated his income from shoplifting at supermarkets which stayed open during the whole pandemic.

Danish case #3: Melanie

I got [the hostel for vulnerable youth] where I have lived from the age of 18. And I have some really close relationships with some of the people who work there. I have used them a lot...It's really nice that there are some adults to catch me if I have bad day. So they're the ones I go to.

Melanie is a 23-year old ethnic Dane. She looked fit and healthy and was dressed in expensive streetwear brands. She was well-spoken. She studied to become a social worker, and her income was a student allowance, which allowed her to lead a regular life in terms of her economic situation. She grew up in a family with massive social problems and she had been in contact with the social authorities since childhood. She had been homeless on and off since she was 18 years old. During that period, she was sofa surfing and stayed at hostels for vulnerable young people. At the time of the interview, she was using drugs during weekends and mainly party drugs.

Melanie said that she became homeless during the first lockdown (in March 2020), because she split up with her then girlfriend. For the next two to three months, she first stayed at her brother's apartment and then at different friends' places. Finally, she got a room at a hostel for vulnerable youth, but soon after she moved to another hostel for vulnerable youth where she had lived before. At this hostel, she thought there was a lot of strict rules. For instance, the residents had to eat alone even on Christmas Eve, and on New Year's Eve they were not allowed to go out.

Melanie tried to live a 'normal life' even though she was without a home and despite the lockdowns. In 2020, she studied for her A-levels while waiting for a room at the hostel for vulnerable youth. At times she had to attend classes and other times the classes were held online. She managed to follow the classes, but she did not get anything else done.

During the first couple of months of the pandemic, she conformed to the restrictions on social movement and interaction, so she kept to herself and was very cautious not to get infected. But later, she was partying a lot in a subculture that disregarded the pandemic. Melanie got involved in "the anti-vaxxer movement" and described how she became engaged with people distancing themselves from the norms of society. She started to go out to "pirate parties".

I have been one of those people who did not comply with Corona rules. I still partied every weekend together with more than 100 people. I didn't really take it seriously. It was a party period to me.

Melanie had a close relationship to one particular social worker at a hostel she lived at from the age 18 to 21. After Melanie moved out of the hostel, she had agreed to show up at the hostel on a regular basis and talked to the social worker. Moreover, she had agreed to call the staff if she needed assistance. In some ways, she thought that it was too much but in other ways she thought it was good to know that there were some "adults" who would support her if she needed it. The social workers acted as someone to confer with, and they supported her and helped with her with her schoolwork. She described how she received a lot of support from the social workers.

Danish case #4: Amanda

I thought it was just great, that everything came to a standstill ... so I got a breather.

Amanda is a 28-year old ethnic Dane. She grew up in a suburb outside Copenhagen. The last three years, she has lived with her boyfriend Oliver at a homeless hostel. She smokes cocaine and marijuana daily and uses heroin sometimes. She is in methadone treatment.

Amanda has been homeless since she was 16 years old. She was couch surfing and lived in various shelters for young people. She has been homeless on and off for the past 10 to 12 years. She looks pale and her clothes are worn. She has a tooth abscess and a lot of black teeth. She is smallish and thin and seems much younger than she is. She uses a limited language.

When Denmark was in lockdown in March 2020, Amanda lived at a hostel for marginalised adults with drug problems. She is younger than most of the residents. At the beginning of the lockdown, Amanda was taken to hospital twice because the staff at the hostel thought she

had COVID-19. She was hospitalised by staff members who wore white safety suits and she felt isolated and cut off from the rest of the world.

She recalls that residents at the hostel were not allowed to use the common rooms and had to stay in their own room. Amanda cannot quite remember whether the use of the toilets and movement in the hallways were restricted, because she mostly went to the toilet when the others slept. She remembers that only one resident was allowed to be in the kitchen at a time. Furthermore, she was not allowed to have guests and when she was allowed, her mother did not dare to see her because she lived at a hostel and she saw her as infectious, which made her sad. On top of this, social events were put on hold and Amanda didn't initiate any activities herself. So, she spent her time relaxing in her room taking drugs, eating sweets, playing games on her telephone, and watching TV. However, occasionally she had to buy groceries, although she hated wearing facemasks.

Amanda received unemployment benefits, and she was pleased that she did not have to show up at the job centre during the lockdowns. She only had to talk to them on the phone, so she could relax more. However, she still had to show up at the drug treatment centre to get her methadone treatment. She was one of the few in methadone treatment who had to attend. Amanda said that it suited her that she only needed to pick up her methadone and not attend counseling at the drug treatment center. As she put it:

We could only be two to four people at a time [at the drug treatment center]. I had to come every day to pick up medicine, but I did not speak with anyone. It was just dispensing of medicine. That was alright for me.

There was no social life at the treatment center, but she had a few conversations with her drug counselor during the pandemic. Besides that, she only talked with one social worker at the hostel and his boyfriend.

Amanda lives an extremely marginalised life, and she was very isolated during the pandemic. However, she does not reflect on it. She was sad to be unable to see the others at the hostel and that her mum did not want to see her because of risk of being infected by COVID-19.

Danish case #5: Bassil

When you're on drugs, you just must have your drugs, no matter what. The COVID lockdown...just required you to do a little more for it.

Bassil is a 24-year old whose family migrated to Denmark. He grew up with his parents and five siblings in an apartment in the centre of Copenhagen city. Throughout his upbringing, he had ongoing contact with the social authorities, due to concerns about his social wellbeing. He spent most of his youth in a group with other at-risk youth with whom he drank alcohol and used a lot of drugs.

He was an active drug user and lived his everyday life at Copenhagen's open drug scene, where he was selling drugs to support his own drug use. Despite being an active participant in the hectic and tough drug scene for the past four to five years, Bassil looked neat, clean and in good shape.

Bassil did not view himself as homeless when the lockdown hit. At that time, he slept on and off at his parents although he spent most of his time on the streets in the area around Copenhagen's open drug scene. At his parents' apartment he lived together with them and his five siblings, but he felt "increasingly alienated" from the rest of the family. Subsequently, he moved out during the second lockdown in December 2020. After a period of rough sleeping and sofa surfing, he came into contact with an outreach worker who assisted him in getting a room at a nearby homeless hostel. The hostel primarily housed marginalised citizens with serious drug use issues, and Bassil was the youngest resident there.

During the lockdown, it became more difficult to make ends meet due to the increased price of cocaine. Bassil described big changes in the open drug scene caused by the lockdown. While he still managed to earn enough money to support his drug use, his modes of generating income became even more risky and difficult. For the most part, he funded his drug use through the sale of drugs although he said that he knew many ways to generate money. Bassil found that the drug scene became more dangerous during the lockdowns. There were more frustrations among drug users and the everyday became more of a grind due to the increase pressure to generate money for drugs, the lack of time away from the street and increased intensity due to the rise in the number of people who hung out in the streets. As Bassil explained "if the framework gets much tighter and tighter, so you end up unable to stretch your arms then get a bit 'grumpy'".

His riskier behaviour in relation to generating money led to him getting arrested, convicted and sentenced to four months' imprisonment. He said he felt far more isolated in prison during the lockdown than he had felt in the course of his prior periods of imprisonment. He ascribed this to the strict restrictions of social contact both in relation to visitors and fellow inmates. He spent most of the time alone, and was not allowed to socialise with other prisoners:

There wasn't that much freedom, there wasn't any community, there wasn't any walks [in the yard] in prison. Just sat by myself, isolated, and thought a lot more. It was tough.

Bassil lived a rather hectic life where he was involved in the open drug scene. This meant that he lived from minute-to-minute without much consideration for the future, even before the pandemic. Despite that, living day to day in the open drug scene became more difficult as a drug user, what mattered most to him was still how to get his "next dose of drugs".

German Case Study: Don Bosco



Fig. 3: Don Bosco Jugendwerk, Nuremberg (© Marco Heinrich)

Overview of the organisation

Don Bosco Jugendwerk Nürnberg is a non-profit organisation which was established in 2016 with the aim of accompanying and supporting “disconnected” young people in their everyday lives and during difficult phases of their lives. They provide accommodation and daily essentials including food. The facility is part of the religious Christian sponsoring organisation of the *Salesians of Don Bosco (SDB)*, who operate aid facilities for vulnerable young people worldwide. The organisation operates to the values of charity, tolerance, solidarity, peace and shared responsibility. Don Bosco’s target group is described as young, disconnected people "who have no one else". For the most part, the facility's users are homeless and have difficult family backgrounds. Some have experience with substance misuse. To achieve the facility's goal, it offers services designed to help young people achieve "activation, participation and inclusion". The staff team includes:

- Facility Manager (interviewed for this research)
- Deputy facility manager/social worker (interviewed for this research)
- Three social workers (two interviewed for this research); and
- One Street worker.

The facility offers the following services:

- Boarding rooms
- Residential group rooms

- Open meeting point
- Mobile youth social work; and
- Day care centre for children.

In the boarding rooms and residential group rooms young people can find temporary accommodation. Depending on their age, they are assigned to one of the two areas. The open meeting point is a place where young people can find a safe space, some rest, or hot meals free of charge. They also can contact social workers who provide care and advice. For activities, the facility offers a series of workshops, including a bicycle workshop (closed due to COVID lockdowns), a sewing workshop and a woodworking and creative workshop where young people can improve their manual skills. In a boxing club (closed due to COVID) and other sports activities (e.g. table tennis), the young people can engage in sports. These workshops also serve to keep young people occupied and can provide safe spaces where young people feel they belong. Furthermore, the facility operates a van that is used for outreach work. Lastly, the facility offers a day care centre for children.

Although it is a Christian facility, the organisation is largely funded by the state. Some individual services receive supplementary private funding. In 2016, the Director of the facility, along with others, applied for the funding pot of the federal program "Respect". Together with projects in other major German cities, the application was accepted, and the facility was able to open. The funding initially ran until the end of 2018 and was then transferred to "a measure", which means that it is funded by the state and can thus be considered part of the conservative welfare state in Germany. The new funding as a "measure" is significantly lower than before, which is why the facilities can hire fewer social workers than before. In addition, the opening hours of the open meeting point have been shortened. The future of the facility's funding remains uncertain. The Director hopes "that the city will still have enough money next year, then, that they can continue to pay us."

Nuremberg homelessness context:

According to the Housing Report (Stadt Nürnberg, 2021) of the Nuremberg Department of Economics and Science, Housing Staff, a total of 2353 people were homeless in Nuremberg on December 31, 2020. According to this survey, 1603 people were housed in homeless apartments and boarding houses, 565 people were living in homelessness facilities, and 185 people were rough sleeping on the streets. The report also points to a steady increase in the number of homeless people in Nuremberg since 2012, citing this as a result of the shortage of supply in the housing market (Stadt Nürnberg 2021: 40).

In the state of Bavaria, where Nuremberg is located, a total of 15,517 people were homeless as of the reporting date of June 30, 2017, according to the most recent survey on homelessness conducted by the Bavarian State Ministry of Family, Labour and Social Affairs (Bayerisches Staatsministerium für Familie, Arbeit und Soziales 2019). This means that 1.2 in every 1.000 persons of the Bavarian population were living in homelessness. The low percentage can be explained by the inclusion of rural municipalities, three-quarters of which record no homeless people at all.

No precise figures are known about the number of homeless people in Germany as a whole, as no censuses have been conducted to date. As a result, the Bundesarbeitsgemeinschaft

Wohnungslosenhilfe e.V. (BAG W) regularly publishes estimates on the development of homelessness in Germany. According to its most recent estimate, a total of 256,000 people were homeless in Germany in 2020. This represents an increase of 8 percentage points compared to 2018 (BAG W, 2021).

The focus of the work of Don Bosco

The organisation is portrayed as the last port of call for “outcasts” and “decoupled young people who do not fit society's expectations of normality” (e.g., in work, training or school; housed; with intact family relationships). The head of the facility describes the facility as follows:

We are the biggest optimists. [...] So we don't give up so quickly and we don't give up on the young people so quickly either. So one, uh, guideline is from Don Bosco, is the belief in the good core in every young person or [...] in the belief that [...] that every life can succeed.

He further states that the facility has centred its mission on treating its target group with "respect" and meeting them at "eye level". The facility always wants to be available as a point of contact according to the “open-door concept”.

The organisation is presented as a "new player" in the network of homeless assistance in Nuremberg. At the beginning, this was associated with a problem of acceptance by the established institutions (referred to as "top dogs"). The organisation was perceived as a competitor in the allocation of government funding pots. Later, the organisation was accepted, and the Director describes a fruitful cooperation with other institutions for the homeless.

Approach to youth homelessness

The perception of youth homelessness varies depending on who is asked and from which perspective the answer is given. According to the philosophy of the facility, young homeless people are "disconnected" people in need, who require help so that "their lives can succeed". For the Director of the facility, his clientele consists of young people "who have no one else", i.e. who come from difficult family backgrounds and have disturbed or no contact with their parents or other guardians.

So, the target group, um, the young people who have no one else, so no/ no family background, unemployed, rough sleeping, homeless, addicted, delinquent, that is, um/ has always been the target group also of Don Bosco.

One of the social workers confirmed the perspective of the facility, but supplemented it with his personal opinion and describes young homeless people as "system breakers”:

As system breakers I see [...] adolescents and young adults who fall through every grid and [...] can't be caught by any setting [...]. Um, and thus have extreme difficulties in life and find no support. That is, they [...] change schools several times, they [...] fall out of the parental home, [...] they can't stay in any institution for a longer period of time, and [...] they are ultimately resistant to counselling in all areas. [...]. And thus isolate themselves extremely in the end.

He thus adds the dimension of personal responsibility and focuses on their social problems.

In contrast, a different social worker described his clientele in a different light:

It's also, when you get to know these people, they're perfectly normal young people. They are just normal young adults. They are often struggling with the same problems, often more extreme than others perhaps. And they have often experienced more. But they have the same worries, the same interests, like, uh, like any other young person running around.

He remembers his youth and affirms that if he had not had family support at a young age, he might also have had to seek help at a facility such as Don Bosco.

How staff perceive COVID-19 has affected the lives of young homeless people

The period at the beginning of the pandemic was characterised by uncertainty for the young people at the facility, as it was for most of the population. The situation brought new rules of conduct, which were perceived and accepted differently by the young people. The introduction of mandatory masks was difficult to comply with at first, as there was not yet enough protective equipment available. Various authorities (e.g. job centres, social or youth welfare offices) restricted accessibility to their locations because of the pandemic containment regulations in place. Entry to these organisations was made impossible; appointments could only be made by telephone. As a result, bureaucratic processes were sometimes delayed. The deputy head of the facility describes this as follows:

Authorities, for example, whether it was the youth welfare office or job centres, they were all totally shut down, in home office in part [...] [Then] [...] our young people (...) suddenly didn't reach their youth welfare office staff at all, or even we, as/ as/ as a help institution had the feeling in part that the youth welfare office was simply gone.

In addition, some income opportunities, such as begging in pedestrian zones or collecting deposit bottles, fell away for the young people, more incidents with the police were reported ("the police was bored"), and contact between staff and young people was limited.

As the pandemic progressed, a kind of habit slowly set in amongst the young people. The summer, characterized by low COVID incidence numbers, felt almost like they did before the pandemic, so that by the summer of 2021, some young people already assumed that the pandemic was over. Winter was marked by severe restrictions which caused many adolescents to retreat to their rooms. Many reported long periods of boredom and isolation in their rooms, during which, for example, the use of cannabis and various (online) media shaped everyday life. According to the observations of one social worker, the pandemic therefore meant "stagnation" for the young people.

So [the lives of the young people] then, actually got into a certain stagnation. And the people themselves have also become quite inert. Of course, they got used to it over time, you can't do anything. You can't go out. You can't have visitors. Somehow, uh, everything that might have been planned or thought of with activation or, um, integration into some other measures, that was not possible. That's why an everyday life of inertia has actually developed.

The long period of isolation and boredom caused a kind of inertia in the young people from which it is difficult for them to break out. As a result, since spring 2022, the facility has been offering special sports activities to reactivate the young people.

Social services and policy responses to COVID-19

Policy: Introduction of the AHA+A+L regulation.

As in all indoor public spaces in Germany, the AHA+L+A regulation was introduced to protect against the COVID-19 virus in the facility under research. The AHA+A+L regulation includes keeping a distance of 1.50m, observing hygiene requirements, wearing a mask in everyday life, ventilating regularly, and using the corona warning app:

So of course, there were [regulations] from the very top, right? The AHA rules et cetera pp., hygiene concept.

However, the AHA+A+L regulation is presented as the only regulation that was imposed by government on the facility by national policy. The remaining policies were adopted by the facility in collaboration with other homeless service agencies, as the deputy manager describes:

At the beginning [...] everyone had their own rules, one limited to five people, the other reduced to emergency sleeping places. [...] How much I talked on the phone with the street workers or with other housing groups [...] I think we were able to come up with ideas together about what we could do. So a collection of ideas emerged there.

Reduction of offers

The main services offered by the facility, which are aimed at housing and feeding the target group and thus ensuring their survival, remained largely unaffected by the pandemic. Other services, especially group activities, had to be temporarily closed due to the need to protect against infection during periods of high infection rates. For example, the counselling bus, which is used for outreach work on the streets, was inactive for a long time.

The boxing club and bicycle workshop remained closed even after relaxations during periods of low incidence because the private sponsor was no longer able to maintain funding due to financial problems caused by the pandemic. The boxing club is unlikely to be able to reopen.

Reduction of allowed visitors in open meeting point.

To reduce the risk of infection, the facility reduced the visitors allowed in the open meeting point during periods of high infection rates. As part of this, free meals that could be taken there were prepared as packed lunches so visitors could eat them outside the facility:

So we, um, then reduced [the open day meeting], so we left it open, but we limited the number of people who were [there] at the same time, right?

Maintaining existing services

The facility's staff unanimously reported that there had been no (further) major changes in the functionality of the organisation. Rather, the focus had been on maintaining the facility's existing services and offerings as best as possible:

Basically, we have continued to offer these services, but in a different form or adapted form. So [...] these survival aids with showers and um, food and meals, we [...] basically kept that, but in a different form, we just adapted that.

Opening of a new boarding house for the homeless

During the course of the pandemic, the city of Nuremberg responded by temporarily opening a new facility to house homeless people in a former refugee shelter. The new facility allowed homeless people to stay in single rooms, which allowed for self-isolation in case of COVID infections. In addition, the housed people were provided with three meals a day, and even groceries were bought for them. The deputy manager of Don Bosco reported:

The city opened a huge boarding house with 24-7 care [...] where many migrated to with all-inclusive, so with (laughs) laundry and um, breakfast, lunch, dinner, [...] they could stay there all day with leisure, TV options and all kinds of things, internet access.

Staff experience of working during the pandemic

Ambiguity, uncertainty and overwhelm

The first phase of the pandemic was characterised by "uncertainty" and feeling "overwhelmed" for employees at the facility under research. The Director describes how "many conversations were needed" to ease employees' anxiety about the impact of the pandemic. He recounts how he was "bombarded with email" but lacked a clear directive. As the pandemic progressed, however, he says a kind of "habit" was established, and ambiguity and uncertainty were overcome more and more.

Negotiating measures with other institutions

Particularly at the beginning of the pandemic, the question arose as to how the facility should react to the new situation, which services and offerings had to be changed (and in what way) in order to ensure the protection of clients and staff. The work of the facility's leaders changed during the initial phase of the pandemic in that they sought a great deal of (online and telephone) contact with other homeless service agencies to negotiate their responsibilities due to the pandemic. Consequently, the facility Director describes collaboration and cohesion with other homeless service agencies improved significantly during the pandemic.

Digitisation and telephony

Due to distance regulations, contact with the team and authorities was increasingly switched to telephone and video conferencing. This change was initially presented as unfamiliar and distant but was more and more accepted over time and its advantages ("efficient") were perceived. Due to the concept of the facility, the contact with the clientele remained to a large extent in presence.

Work-related quarantine

In the winter of 2020/2021, the coronavirus broke out in the facility under research and the residents had to be quarantined. One social worker was placed under "work-related quarantine". This meant that he was only allowed to be at home or at the facility:

Oh, and I had things like roadside quarantine. So, we had positive cases again and again, and I was practically only allowed to go to work and be at home for a longer period of time. And, uh, I was no longer allowed to move around outside in my free time. I wasn't allowed to take the public transport to work or anything like that. So, there was actually a quarantine where you were only allowed to go to work and be at home. [...] And every time a new Corona case came up, the whole drama started all over again, right?

Eventually, he became infected with the virus himself. The pandemic thus had an enormous impact on his everyday working and private life.

Young people's cases

German Case #1: Patrick

The only thing that was [sad] about Corona was that you didn't experience anything anymore. You only ever saw the same four walls. And... then the frustration is simply great when you see, on YouTube, abroad, what beautiful places there are. And then you want to go there yourself, but you know your hands are tied because of Corona. Now Corona is over, now my hands are tied because of money.

Patrick is a male in his mid-20s. He was kicked out of the family apartment by a family member in his late teenage years. After this, he was rough sleeping for six months in 2018. During this phase, he excessively consumed the drug 'Spice'¹¹. He experienced severe dependence, threw up regularly during withdrawal and broke off his vocational training during this time. After six months, he found a room in a boarding house for the homeless and began therapy, which included drug withdrawal. After relapsing, being kicked out, and spending more months rough sleeping, he got a room at the Don Bosco facility just before the first pandemic-related lockdown in March 2020. There, he went through drug withdrawal again. He moved into a rental apartment in the summer of 2021. From the onset of the COVID-19 pandemic, Patrick spent most of his time in his room, playing video games and using cannabis. For him, this time was primarily characterised by "boredom."

One reason for Patrick's seclusion, boredom and social isolation during the pandemic was because his friends and acquaintances no longer planned any joint activities. Many places (e.g. "sauna") were closed during this time, and welfare state offers for leisure activities at Don Bosco were discontinued due to the pandemic (e.g. boxing club, bicycle workshop). These recreational offerings played an important role in Patrick's life, because they were places that gave Patrick a sense of belonging. There, he found a safe place where he always felt welcome when he "felt like shit", needed "someone to talk to" or help to "stay off drugs". However, another reason for Patrick's reclusiveness is his situation in homelessness. Patrick emphasises that his life would be similarly uneventful even without the pandemic, as he simply does not have the financial means to fill his life with fun activities. Therefore, things he would like to do aren't accessible anyway. In this sense, the COVID-19 pandemic impacted Patrick's life similarly to his situation in homelessness.

¹¹ 'Spice' is a name for a designer drug that contains synthetic cannabinoids.

The experiences of being kicked out of his family apartment, the long period of homelessness with periods of rough sleeping, and his failure in the job market inscribed themselves in Patrick's self-perception, as well as his overall view of society. He sees himself and other homeless people as outsiders and opposites of the "normal". On the one hand, Patrick would also like to lead a "normal" life, but on the other hand, he condemns the "egoism" that this lifestyle entails.

Patrick also describes the ways in which he negotiated his situation during COVID. On the one hand, when COVID began, he wanted to get his life together by getting an apartment, a job and staying clean. COVID made this more difficult because fewer jobs were available and services that kept him from using drugs were closed. In this respect, COVID affected his life and made it more difficult. On the other hand, it is not at all clear from Patrick's narrative whether he was actually trying to find a job. He often describes his "lack of motivation", so it is possible that he was just in his room, playing video games and consuming cannabis - which represents his "abnormal" way of living. In this regard, it's possible COVID only had a minimal effect on his day to day life.

German Case #2: Nathalie

So, before Corona, it wasn't much different than after Corona, because I didn't give a shit whether there were any rules because of Corona. And then, I just did what I did before anyway."

Nathalie is a 19-year-old woman. At the age of 11 she developed mental health problems (including depression, social phobia, anorexia). At the age of 14, she involuntarily left her parental home because she was admitted to an inpatient psychiatric ward. For this reason, she also dropped out of school. She spent two years of her life in the psychiatric ward, which she perceives as having "pretty much broken her". She was released from the psychiatric ward several times but was readmitted after a short time because she had "not behaved properly". When she was released in 2019, she initially lived with her father which she describes as "quite critical", that eventually she "didn't go out at all anymore and almost didn't eat anything". At the end of 2019, she came to a youth protection facility. She liked that there were "very few rules". There, she started to consume "cigarettes...alcohol...weed and stuff". At the beginning of 2020, she moved into a boarding house room at Don Bosco. There, she was required to go through withdrawal. She agreed and did two-week detoxification in a psychiatric facility. At the time of the interview, she was undergoing outpatient therapeutic treatment with a psychologist.

Nathalie's life was in a period of upheaval at the beginning of the pandemic. Her pre-pandemic residency in the psychiatric ward, but also in her father's place, was associated with severe restrictions. It was only after she left her father's flat at the end of 2019 that she experienced some kind of freedom. Nathalie interprets this as making up for her youth, which she says she had missed. In keeping with the concept of youth, she had "exaggerated a little". Thus, Nathalie's everyday life was shaped by the use of the drugs cannabis ("smoking pot") and alcohol ("boozing"), together with friends in parks and other public places. Nathalie likes her new-found freedom and sticks to it, even if social, state or social work rules forbid her to do so. So, Nathalie behaved to the restrictions, rules and prohibitions introduced to contain the

COVID-19 pandemic as she did to all other rules she found pointless – and disregarded them. For her, it didn't matter much "if there were any rules because of Corona", she "didn't give a shit" either way. Thus, although Nathalie took note of the pandemic-related, everyday restrictions, she hardly complied with them. She "still did what [she] did before". Therefore, for her, "before Corona...was not much different than after Corona".

Since the beginning of the COVID-19 pandemic, Nathalie has been in a phase of her life that is characterised by the desire for autonomy and the fear of heteronomy. Her life before the pandemic was very heteronomous, as she lived in a closed psychiatric institution. The system of homeless assistance presents itself to her as a threatening scenario that sanctions her if she breaks the rules. Social norms and laws such as the prohibition of cannabis or the outlawing of public consumption of alcohol also represent attempts of foreign determination for Nathalie. Since she left the psychiatric ward, however, Nathalie strives for autonomy. She wants to catch up on her youth, which she associates with qualities such as rebellion, striving for freedom and separation from authority. She finds her freedom in the community of her circle of friends and the use of drugs. Influences of external determination are blocked out. Thus, the measures to combat the pandemic, such as distance regulations and curfews, appear to Nathalie only as further rules imposed on her by others and Nathalie ignores them.

German Case #3: Adam

Because of Corona, I couldn't pay my bills, then I couldn't pay my apartment...I've been homeless ever since.

Adam's story begins in his childhood in an Arabic state. He lived there with his parents until the age of 14. Because he had problems with his family, he decided to flee to Europe. After a long and demanding journey, he arrived in Germany. Until he reached the age of 18, he lived with foster parents. During this time, he began training as a social care worker, which he dropped out of after a year and a half because he "couldn't take it anymore." At 18, he had to leave his foster family and found an apartment in Nuremberg. He lived there for two years - until the COVID-19 pandemic started. The beginning of the pandemic represents a big shock in his life: "Yes, this moment...Corona came, actually my dreams [were] all fucked at once". His dream was to become a DJ, and in order to get there, he broke off his education and took a full-time job at a large fast-food chain. However, two weeks later the pandemic started. One of the political countermeasures to the pandemic was to close the restaurant where Adam started to work, so Adam lost his job. Subsequently, Adam applied "a thousand times" for a new job, but without success. Applying for social benefits also presented him with problems; he applied but received "no answers" by the competent authorities. Since he could not draw income, his debts kept piling up, and he could not pay rent or other bills. As a result, he had to move out of his apartment eventually. This is when Adam became homeless.

For the first few months without an apartment, Adam lived with his girlfriend at the time. He continued to try to find work but continued to be rejected. To finance himself, he borrowed money from his circle of friends, "and...I didn't give any back". Adam registered as homeless at the social welfare office where he was referred to Don Bosco. After he stayed there for "four or five days", he sought shelter with various friends. Since most of his friends were still living with their parents, he could not stay there for long before the parents wanted to get rid

of him again. Adam describes that despite being homeless, he had never slept on the street, he would rather walk around "all night". Although he knows about the possibility of finding shelter in emergency sleeping facilities, he deliberately does not use them. He does not feel comfortable with "three or four people in a room" and "prefers to...walk the streets". In addition, he had some girlfriends with whom he occasionally spent the night. Adam was also given a room in a hotel that had been converted for homeless people due to the pandemic. He lived there for two weeks and had a single room. He emphasises that the only reason he stayed in the room was that he "couldn't live in a room with another person".

To receive an income, Adam began to sell drugs. He describes doing this without actually wanting to. "I can do it, but I don't want to do it". He also reports that he scams people to get money. For example, he says that he got drugs "on combo" but did not pay the money back to the dealer after a successful sale. He uses cannabis, and he also takes other drugs like cocaine from time to time. However, he does not perceive himself as addicted "like others" around him. Rather, he uses them for "fun". Adam reports that he has found a job in a bar, where he plans to start working a week after the time of the interview. In addition, he would like to find his own apartment. However, he estimates this to be very difficult, as he is highly indebted.

His decision to leave training and become a DJ was interrupted by the pandemic in two ways: First, he lost his job at the fast-food restaurant due to the closure of the industry in the first lockdown; second, DJing became almost impossible to practice due to closures of clubs and bars. He lost his regular income, and subsequently his apartment. He thus became homeless due to the pandemic.

German Case #4: Sam

Although it hurt my grandmother and she would have liked to have me back, I decided on my own that I had to grow up and simply get through life myself. That's why I decided to stay homeless until I have a place to stay, until I have a job again, until I get my life under control.

Sam's story begins in his family's flat when the pandemic had already started. He was living with his grandmother, uncle, and cousin and describes the relationship with them as a good, and as a "normal family relationship". The dismissal from his apprenticeship as a mechanical engineer put a great strain on the family relationship. The fact that he "couldn't pay anything" at home led to arguments ("you don't do anything, you don't make any effort") and ultimately to him being kicked out of the flat by his grandmother. After a short while, his grandmother invited him to move back in, but Sam, responding to his grandmother's criticisms, decided he needed to be independent, to "grow up". Therefore, he decided "to stay homeless" until he found a job and got his "life under control". The beginning of homelessness was very stressful for Sam. After living in a caravan which he "found" and several stays at friends' places, he eventually found shelter at an emergency facility for the homeless. Because Sam "only smokes and drinks alcohol occasionally", he had problems with other people staying in the shelter because of their "drug problems". So, he continued his search for shelter and eventually moved into Don Bosco.

When asked how the COVID-19 pandemic changed his everyday life, Sam describes the increased inconvenience of his daily routine and refers to general countermeasures such as the obligation to wear a mask, constant disinfection, and distance regulations. "In the beginning it was a matter of getting used to things, but now it's quite a normal thing". He also refers to things that are no longer possible under pandemic conditions - large gatherings, house parties, events, visits to swimming pools, and an ice arena ("That has also changed our free time a bit"). So instead, he and his friends "met in twos or threes and just hung out outside, talked, did something, played football or something like that". In this sense, the pandemic does not seem to have a big impact on his life: "I just did exactly what I would have done without Corona. Just going out with friends and passing the time".

Sam's story of the pandemic is a story of coming of age. He mainly perceives the pandemic as the passing of time ("Now definitely, everyone is older"). The pandemic itself plays a subordinated role, because his primary issues are those of ending his homelessness, becoming independent and growing up. For Sam, being a grown-up means

That you simply, I don't know, become independent, think more about your life, really have goals in mind and want to realise them. And yes, just becoming more mature in your head, too. Just think about what could happen if you do this or that. What the consequences could be afterwards and things like that. If you think like that, then you are also an adult, you also grow up.

The time before the pandemic means living with his grandmother, which he interprets as "strict" and associates with many "rules". Since Corona, "a lot has changed, since I also became homeless, I have my own freedom. But of course, I also have my own responsibility. I have to watch myself what I do or where I hang out". Before the pandemic, his life was consequently restricted; he had to abide by strict rules on the part of his grandmother (e.g. being home at 8 p.m. despite being of legal age). He evaluates this as follows: "On the one hand, it is...liberating to be independent and to really slowly grow up and stuff like that. But on the other hand, you miss the rules and the consequences a bit". Sam's goals are clearly defined: "For now...pursue my goals, flat, job, happy life, simple, and become independent".

German Case #5: Leonie

Oh, yes, you didn't really do anything anymore... So you sat at home, often on your cell phone, just gambling, in front of the TV, in front of the screen, the main thing is to be busy somehow...I would say, again, much occupied with yourself, with your thoughts, but...you did nothing, did nothing active."

Leonie's story begins in December 2019, when she was living in a large apartment with her "stepfather, little brother, mother and uncle". Living there was characterised by "conflict[s]" and "quarrels", her stepfather eventually expressed the wish that Leonie should leave the shared apartment. When her mother didn't "say anything against it", Leonie left and became homeless. From this point forward, Leonie's housing situation was very ambivalent, she felt "like a ping-pong ball", lived "sometimes there, sometimes there" and "never had a permanent residence". She mostly lived at friends' places and tried to avoid being recognised as homeless. In October 2020, after a friend kicked her out of her flat, Leonie started to "really look for help", "brought a therapist on board" because of unspecified mental health problems

and sought contact to homelessness assistance facilities. With the help of a social worker, she made "all the applications to the [job centre]" and was eventually able to move into a "cute two-room apartment" in August 2021, thus ending her homelessness.

Leonie associates the beginning of the pandemic with loneliness and boredom. She "didn't really do anything anymore" because the initial walks in the forest and nature quickly became "stupid", and at her ex-boyfriends' apartment, where she lived at the time, they didn't know "what to do". She spent her time "playing videogames, in front of the TV, in front of the screen, the main thing is to be busy somehow". She "didn't see the point" of other activities - "I'm going cycling now, I'll do that again for a week and then it's boring again". Leonie talks about problems with her mental health. "Especially during Corona", it had "pretty much gone downhill", because, during this time, "you just [sat] at home" and didn't "have so many opportunities to do things and then you are very busy with your thoughts". Leonie had already "struggled with it a bit", and when COVID made it worse, she "sought help because at some point [she] couldn't go on and didn't know what [she] should do". As a result, she started "therapy", which, in her perception, helped her to recognise her "potential" and that she could do "so much more". In addition, when the pandemic started, Leonie was in 12th grade in high school. After a two-week school closure, classes resumed partly in attendance and partly switched to online classes. Leonie describes this situation as "super stressful", as both teachers and students had to "cope with all the technology at home at once". As a result, Leonie "let school slide a bit", but still managed to successfully graduate.

Leonie's tells the story of a young student who became homeless shortly before the pandemic started due to difficult family circumstances. The intersection of lack of family support, constant search for shelter, boredom of pandemic isolation, and pandemic-related rigors of school placed a strain on her mental health. When her last social resources were depleted and she could no longer stay with friends, she sought help at various drop-in centres. In this way, she was able to maintain her agency and was ultimately able to end her situation of homelessness. In her perception, the pandemic-related restrictions hit her like it did to all students her age. She says that young people had their "youth...taken away a bit by it" and that the period "eighteen to twenty" should actually be "the time of our lives," but it was "not at all, not at all".

German Case #6: Kim

So...when you're on the street, you couldn't care less about Corona...So that is then, I think, the smallest problem.

Kim is a young man in his early 20s who grew up in poor circumstances. As a small child, Kim lived with his mother and sister in a flat that he calls "barracks". There was only "one mattress," which Kim shared with his sister and mother. His mother was mentally ill ("borderline"), often "impossible to find", took "a lot of drugs" and also "sold drugs". In addition, she had often "beaten" her children. By court order, Kim moved in with his father at the age of six. His father was a self-employed entrepreneur and mostly busy with his work and consequently "not often [...] there", which is why Kim was often alone. He was subsequently diagnosed with "Attention Deficit Disorder". Since Kim was 16 years old, he has had regular experiences of homelessness, regularly commits petty to moderate theft, uses cannabis, and

has had several stays in prison. At the onset of the COVID-19 pandemic, Kim was living in a shared apartment with his then-girlfriend and child. His girlfriend at the time suffered from "borderline" personality disorder and the small family had fights which escalated regularly. During this time, Kim was often "kicked out, brought back again, kicked out, brought back again" by his girlfriend. During an escalating argument, Kim finally called the police for help. As a result, she expelled him from the apartment and they ended the relationship. Kim then lived on the streets for a while, sleeping "in basements," "in attics," or "at friends", and describes himself as a physical "wreck." Eventually, he sought help in the homeless services system and, with the help of a social worker, was able to move into Don Bosco.

Kim hardly notices the impact of the COVID-19 pandemic on his everyday life. From his perspective, "everything went on as usual." He does go "less into town" and "less into bars", but perceives this as "not even that bad". He only feels the effects of the pandemic-related restrictions, such as the mask requirement, because at the beginning of the pandemic he "didn't even have two euros fifty for a mask". When the masks became generally available, he sees them as unproblematic: "What do I care about a mask, let's be honest now...Dude, it's just a mask, right? What can you do?" The fact that he was not supposed to leave his room at Don Bosco during lockdown phases did not prevent him from doing so. He had to "go out sometime" and wouldn't let anyone "take that away from him". When he subsequently encountered the police, who pointed out the curfew and threatened sanctions, Kim referred to his situation in homelessness. This generated an understanding of his situation by the police, and he was never sanctioned.

Kim's story is that of a boy raised in poverty who became homeless in his youth due to difficult family circumstances and criminal activity. During prolonged periods when he felt a lack of motivation, he sank into "self-pity" and "depression" and rejected help. He described his experience on the streets as "difficult," putting a lot of "pressure" on himself and wondering why he was "not getting his life [together]." Eventually, he did seek help in the social work system and was able to find housing in a shelter. Both on the street and later in his room, the pandemic had little effect on him. The problems of homelessness, unemployment, crime, and family relationships outweighed the effects of the pandemic, so the mask requirement is perceived as the most significant change - which doesn't bother him.

German Case #7: Hannah

A home is supposed to be a place of refuge. But (...)

Hannah moved out of her family apartment at the age of 18 after successfully completing secondary school and training as an insurance broker. She spent the following three years traveling through different countries in Europe ("Greece, Spain, Malta, Italy") where she worked at different casinos and betting companies. She then came back to Germany to resume her work as an insurance broker. She eventually moved back to her parents in their family apartment in the summer of 2019. At the beginning of the pandemic, she lost her job at a large insurance company. Hannah attributes this to pandemic-related employee layoffs ("they just minimized employees"). Due to pandemic-related restrictions and unemployment, she spent a lot of time in the family apartment. The relationship with her family seems strained, among other things because her two sisters are drug users and her parents often

fight. Hannah increasingly "couldn't stand it at home anymore. Day after day it became harder, day after day it became more exhausting and worse". In the summer of 2020, she therefore decided to leave the family apartment and thus became homeless.

At first, she moved into the crisis room of Don Bosco for a week, from where she was referred to another boarding house in Nuremberg. In this boarding house, she had lived in intolerable conditions ("hell, hell"). For example, there was "black mold" on the walls, the caregiver had cheated her out of money and used the room for her own purposes. The stay ended in a legal dispute (still ongoing at the time of the interview) between Hannah and the caregiver. After Hannah moved out, she was placed in a boarding house in Don Bosco, with better living conditions.

At the beginning of the pandemic, Hannah did not initially believe in SARS-CoV-2. She says, an infection of her father with the virus changed that. The pandemic turned her "life upside down." The loss of her job is described as the most serious event in her life related to the pandemic. Before the pandemic, her daily life was characterized by "a lot of work," and with the pandemic by "a lot of sleep". A typical day during the pandemic was "a boring day, a very, very boring day," she said. She also dropped out of her driver's license training during the pandemic because "with Corona, the interest dropped more and more". Closed grocery stores and curfew restrictions further burdened her.

Hannah's story in the pandemic is that of a young woman who lost her job and isolated herself at home. Due to the amount of time she spent in close quarters with family members, her situation became increasingly unbearable until she eventually chose homelessness over staying there. Her search for housing shows that shelters exist for homeless people whose condition is further below human dignity. Even after successfully finding reasonable housing, her life remained dull and uneventful due to pandemic-related restrictions.

UK Case Study: Men's Room

Overview of the organisation

The Men's Room is an independent (third sector) arts and social care agency in Manchester, UK, that works with young men who are homeless, or at risk of homelessness, offering them practical and emotional support with challenges they face in their day to day lives, as well as opportunities to be involved in artistic projects. The project engages different constituencies of young men, including those involved with sex work or with experience of sexual exploitation, and those with experience of the criminal justice system.

From its inception in 2004, the Men's Room has aimed to engage young men who were not accessing other support services in the city and were unlikely to do so. Young men attending the Men's Room commonly share experiences of being looked after by the state, alcohol and drug use, mental health problems, issues with education and involvement in crime. Generally speaking, the men live outside of normative social and familial frameworks, often not in secure accommodation.



Fig. 4: The Men's Room, Manchester

The Men's Room is run by a staff team of eight, four of whom were interviewed for this project. The staff and volunteers are drawn from a number of professional groups including social work, community work, the arts, and youth work.

- Project Director (interviewed twice for this study) – has worked at the Men's Room since 2014; prior to this worked with asylum seekers and refugees, managing a refugee resettlement programme.
- Head of Advocacy and Engagement (interviewed twice for this study) – has worked at the Men's Room 2019-2021 and has a background in professional social work.
- Head of Creative job share - (interviewed once for this study) – has worked at the Men's Room since 2018 and has previously worked as a creative practitioner in prisons and in community settings.

- Project Administrator (interviewed once for this study) – has worked at the Men’s Room since 2014 and has a background as an arts teacher.

Other roles within the organisation, not interviewed for this project, include:

- Creative Case Worker 2 posts
- Specialist LGBTQ+ ABEN (A Bed Every Night) Case Worker¹²
- Second Head of Creative job share
- Student Social Workers – Number on placement at time of study 3

The services the Men’s Room provides include:

- One-to-one support
- Advocacy and housing support
- Outreach work (which was stopped for several months in the pandemic due to restrictions)
- Creative activities - 1 session per week (these were moved online during lock down restrictions)
- Multi-Agency Risk Assessment Conferences (MARAC)

Before the pandemic the Men’s Room always sought to provide a safe physical space to come along to and meet with other young men with similar experiences and the organisation had always operated to a drop-in model in which people could turn up at any time during opening hours (Tuesday – Friday 10am to 5 pm with evening creative sessions on a Wednesday between 6pm and 8pm). It has always offered support to young people in several other ways, for example through a weekly drop in and outreach services and the provision of one-to-one case work style support.

Before the pandemic the Men’s Room staff reported that it was typically working with 20-30 cases per quarter year, but this rose significantly to approximately 50 cases per quarter during the pandemic. In 2022, this “settled back slightly” to 39 in the last quarter April – June 2022.

The Men’s Room is part of the Manchester Homeless Partnership (MHP) which is a network of organisations providing different forms of support and staff described to us how senior people in key agencies work in collaboration and how the shared commitment to support young people was extended in response to the pandemic.

Manchester homelessness context

It is estimated that in the UK 1.3 million children have been forced to “sleep rough” or in an “unsafe place” in any one night (Clarke, 2016). Ellis and Laughlin (2021) argue that the growth in homelessness in the UK is directly related to economic reforms to welfare initiated by the coalition government in 2010. Also, the figures for young people sleeping rough exclude those

¹² A Bed Every Night is a commitment to provide a bed, welcome, hot meal and support for anyone sleeping rough in Greater Manchester. The programme attempts to address the needs of those rough sleeping, offering additional temporary accommodation with lower criteria than statutory provision; removing them from the risk of extreme weather, improving health and wellbeing. <https://streetsupport.net/greater-manchester/information/>

experiencing “hidden homelessness”, including those staying informally with friends or relatives, instead of accessing homeless provision or receiving state support. McCoy (2018) has demonstrated that the majority of young people who access homelessness services have already experienced periods of hidden homelessness, 60% had been living with close friends, 23% had stayed with acquaintances and 11% had stayed with strangers.

According to homeless charity Shelter, a total of 6,848 people living in Manchester are currently without a home. Shelter says its analysis of official rough-sleeping and temporary accommodation figures found that one in every 81 people in Manchester is homeless - the highest rate outside the South East of England. Of the city's 6,848 homeless, 6,780 were living in temporary accommodation arranged by the council, as of June 30th 2022. Meanwhile, 68 people were sleeping on Manchester's streets on any given night.

In the broader North West region of England, a total of 12,500 people - one in every 587 people - are currently homeless, including more than 5,500 children, the report claims. Of these, more than 220 people are sleeping rough while 12,200 people - many of whom are families - are living in temporary accommodation. Across England, more than 274,000 people are homeless.

Of relevance to the Men's Room, one in four people who are homeless are LGBTQ+ and this evidences the need for the specialist support it provides, as well as specialist forms of housing provision provided by Manchester City Council, such as A Bed Every Night (ABEN). Three of the young people recruited to this study were accommodated by ABEN.

Although housing development is booming in Manchester, this is focused in the Central Business District and fashionable areas of the city such as Castlefield. Of 25,000 homes approved for construction between 2012 and 2020, only 151 were designated 'affordable' (Jessel, 2022), with the argument given by housing developers being that to provide such houses would affect profit margins to such a degree that building such properties would be unviable (Griffiths, 2021). 13,000 people are currently on Manchester city's housing waiting list (ibid.) and waiting times in some areas of Greater Manchester can be in excess of a decade (Fifield, 2021).

The focus of the work of The Men's Room

The Men's Room works with homeless young men, male and trans sex workers, and men with experience of sexual exploitation, offering practical support, advice and guidance on issues such as substance misuse, housing support, sexual health, mental health and emotional wellbeing. The Men's Room's philosophy and approach has always been person centred and has focused on giving vulnerable young men access to normal experiences (e.g. having a meal with other people and taking part in creative activities) which is seen as providing a vital sense of connection and attachment to the world, even if just for a few short hours a week (Batsleer, 2011). Throughout its history it has sought to provide a consistent offer of a protective, compassionate, non-interventionist style of contact. Its mission is to...

Provide a friendly, non-judgemental space where people can get advice, support and signposting, and where they can also get involved in our weekly creative sessions and longer term high quality participatory arts projects.

It also defines itself in terms of regional and national activism, speaking out on issues which are important to the men it works with and which it argues “often don’t get heard”. The Men’s Room’s describes its vision as to...

Empower our service users through arts engagement to take control of their own lives, and to feel happier, healthier and more creative.

Approach to youth homelessness

The attitude of staff and their view of the problem of youth homelessness has always been to focus on providing long term support and care to vulnerable young people. The Men’s Room is a small independent organisation and hence links to other services are important. This approach seeks to balance the need for immediate action (e.g. providing practical care and support on a day to day basis, making links with other support services and helping to find short and longer term housing options), with long term care and support to help resolve complex issues (e.g. attending to people’s housing situations, supporting their emotional lives and helping them to develop their own strategies for dealing with their situations).

How has COVID-19 affected the young people’s lives?

The Men’s Room noticed a decline in the procurement of sex from male sex workers on the street in the early phases of the pandemic. Post-pandemic they have discovered a wider range of sex workers now engaging, people who are on the face of it less chaotic than their historical client group. The pandemic also contributed to a longer-term pattern in which the selling and procurement of sex has moved online. The Men’s Room staff also suggested that the pandemic altered the views of some of the people it works with about health risks, with many becoming more anxious and concerned about meeting up with unknown individuals for sex. However, it was also suggested that a small number of young men had put themselves at higher risk as a result of the pandemic purely because they started allowing people into their homes in order that their sex working would not be visible on the street and they would avoid prosecution. This had led to a number of reports of sex workers being assaulted in their own homes.

The Men’s Room understands the links between poverty, housing and the sex work industry. The Head of Support and Advocacy mentioned the need for close working with specialist sex work charities *National Ugly Mugs*¹³ and *Swarm*¹⁴ and the Council, which offered grants to sex workers during the pandemic in recognition of the fact that they were unable to make a living from sex work if they previously had done (from June 2020-present). In the initial stages of the pandemic, these were provided in the form of £100 hardship grants and people were allowed to make two applications per year. These subsequently increased to £200 but clients were no longer able to make their own applications, with services are having to apply for them. Men’s Room made 19 such applications and there is a maximum of 1 grant per individual every 6 months.

¹³ Ugly Mugs is an organisation that provides greater access to justice and protection for sex workers with the aim of ending all forms of violence against them.

¹⁴ The Sex Worker Advocacy and Resistance Movement provides skill-shares and support meet-ups just for sex workers, by sex workers.

Social services and policy responses to COVID-19

National and regional responses

In England, central government introduced certain protections in 2020-2021 in response to the COVID-19 pandemic. Examples include the *Everyone In* scheme, the eviction ban, and the boost to Universal Credit¹⁵. These were all short-term, but all played a vital role in limiting new episodes of homelessness and reducing existing homelessness during the early phase of the pandemic. However, in the intervening period some of these protections have been removed, living costs have risen and there are real concerns that homelessness may rise again.

Staff described that the pandemic had brought about a recognition that people in hostels and short-term accommodation need to live in single occupancy rooms, which wasn't always recognised before. The Director suggested that 550 people were accommodated in Manchester through the *Everyone In* scheme. The pandemic had also led to greater partnership working between the Council and the voluntary sector, although there was a suggestion later in the pandemic that patterns were returning to normal.

Pandemic programmes such as Everyone In have had a really positive effect for chaotic young people. Hotels were requisitioned and a lot of people were able to access accommodation and wrap around services. However, the side effect was that for anyone new to homelessness nothing was available because every space was quickly filled.

Staff also described that the mode of delivery of Local Authority services has changed from face-to-face to telephone and there was a belief that Manchester City Council is unlikely to go back to face-to-face service delivery in the future.

So much of the stuff with the Council was good, [there was a sense of] goodwill, doing it together. But some of this is [disappearing] now and organisations are reverting to type...They don't need us now. [The] relationship is becoming more distant. Daily contact is going down to monthly contact. Things are getting more formalised again. ... We are now being told what they are doing rather than being asked.

Practical organisational responses

Staff pointed out that, although the Men's Room had made some independent decisions about the structure and focus of its work in the pandemic, working practices has been influenced by the directives from central government, especially those around lockdown. Nonetheless, staff described their approach to dealing with the pandemic as "nimble", pointing out how they had been able to make quick decisions based on local knowledge and their experience of working with vulnerable young people over many years, rather than waiting for specific policy or decisions from the government or local authority around homelessness.

¹⁵ Universal Credit is a Government payment to help with your living costs for people on low income, out of work or who cannot work. In England it is paid monthly.

Staff reported that early in the pandemic they were buying and delivering 10-15 food parcels per week. The staff also invested a lot of time in the early phases of lockdown to ensure that clients had access to their services through telephone and technology. The Director had spent considerable time finding ways to bulk buy mobile phone data for the service users, without long term contract commitments.

The lockdowns were really isolating (for service users). We worked one to one over the phone. For so many service users, they either didn't have smartphones or didn't have data. As a service we spent a lot of time buying handsets and bulk buying data. We were giving some service users 3 x £20 phone credits per week.

Using technology to maintain contact with service users during the pandemic has worked for some clients but excluded others. A lot of the client group have chaotic lives and there are significant levels of poverty. Some have smartphones and tablets, but many don't, or many have them for a period then lose, break or sell them.

Increased demand and changing needs of young men

Staff reported that the number of young people it is working with has risen since the start of the pandemic.

The mainstay of our work with men is around anxiety, insecurity and poor mental health. However, since the pandemic we have realised just how battered the other services they rely on are.

They said that many of the types of issues and concerns of young people using the service didn't change in the pandemic. However, during the pandemic young people presented with many more complex and multiple needs, more severe mental health concerns, increased issues around isolation and loneliness, many more presentations around domestic abuse and people fleeing these situations.

We had a new presentation ... with high level of needs and high levels of alcohol use, historical sexual abuse, and recent partner abuse, untreated mental health concerns. It was a very complex case to unpick. There was also police involvement. A lot of the issues this person was experiencing had worsened over lockdown and it was hard to know which of these were individual and which were caused by lockdown.

This was presented as an example of the significant complex needs young people began presenting with during the pandemic, many of which the Men's Room is unable to meet, hence the need for good partnership working and looking towards statutory services to fill gaps in service provision Men's Room cannot meet.

Changes in working practices

In the mid pandemic when staff were allowed to return to the office (July 2020), only two members of staff were supposed to be in the office at any one time. The Director noted that staff didn't always rigidly stick to this rule and gradually realised that more people were coming back into the office in order to be with colleagues. Over time the lockdown restrictions were relaxed and a lot of staff began doing forms of blended working.

So, I do, do some home working. I mix and match, mix it up, which actually the home working has been really, really useful. And when we come back out of lockdown, we will still use home working at certain times because it's useful to get quite a lot of things done. Post July 19th 2021 the service plans to open up fully, all staff back in the office with mask-wearing as optional. Clients and virtually all staff are double vaccinated.

Changing from drop-in to appointment only service model

Prior to the pandemic, the service had always operated an open drop-in approach in an attempt to best meet the “chaotic nature of our service users”, many of whom find it hard to remember and stick to appointments. In response to concerns about COVID transmission the Men’s Room moved to an appointment only service for the first time in its history. When they were able to start seeing people in person again (July 2020) they could only have one client in the office at a time. They found they regularly had to turn people away when they presented at different times and some didn’t return, even if they were given an alternative appointment. In this respect, the lockdown requirements of working in the pandemic and the need to reduce the risks of COVID transmission have made it harder to meet the needs of some service users, particularly those whose lives are more chaotic.

Before COVID, men would just knock on the door and come in and just turn up whenever. Now people do have to have an appointment. I would say it’s a better thing and [most] service users seem to be OK with it.

Delivering creative sessions

Delivering creative sessions has always been a core component of the working model. Early in the pandemic these were delivered online which meant that ensuring young men had access to digital devices and data was essential to taking part. When lockdown restrictions were partially relaxed the creative sessions started back up in-person in early June 2021 in a space provided by another independent organisation in Manchester, *Mustard Tree*. This was a large well-ventilated indoor space and staff described how it was felt to provide a “good way to reengage with clients”.

Outreach services

For many years the Men’s Room has provided outreach support as a vital means of making and maintaining contact with young men in need of support. All outreach support ceased at the beginning of the pandemic due to restrictions imposed by central government through lockdown, but the Project Manager also wanted to protect staff from going out. The experience of working in the pandemic prompted a rethink of why they were doing outreach.

The picture on the street is very different pre-pandemic and post-pandemic. Prior to lockdown there were a large number of street homeless people, but lots of clients moved into cold weather provision, there is less begging now and less footfall in town, many people have moved from the city centre to suburbs – and there are many more people begging on roads and at traffic lights... People who are sex working may have a roof over their head, but they are often vulnerable and insecurely housed.

Staff experience of working during the pandemic

Working at home

At the beginning of the pandemic, the Director recognised the duty of care he had to the staff to protect them at work (by social distancing etc.). One of the first things many staff remembered was the moment of being sent home.

I remember hearing the news from China and then Italy. It sort of gradually crept into my awareness. We were all still working in the office and then one day were told that everyone should work from home. Everyone should take your laptops home and stay there, sort of 'see you on the other side' so to speak.

Working at home had challenges for many. This was partly due to the number of staff who had children under five years of age at home which made maintaining boundaries between work and home life very difficult. Some staff had poor internet connectivity at home which led them to feel more isolated. The evening online creative session became something of a blessing for staff as they were space to meet up after children were in bed, but they wouldn't finish until 10.30 at night. This also contributed to difficulties in maintaining boundaries between home and work.

When you are forced to work at home it is harder to have a separation between home and work and due to the nature of the job, you're kind of opening up your sanctuary of your home to these people and families that all of a sudden come into your home. You're bringing these people's lives into your home. You're opening up something of your home. Working from home there's no commute and hence no opportunity to process what's happened through the day and it's harder to leave your work at the doorstep.

One staff member explained how working remotely and not having colleagues around the office did affect her.

Last week when I was home working we had a client with serious safeguarding concerns, levels of worry and concern, life at risk, I felt responsible, but you don't have your colleagues with you to bounce off, when before we would work as a team and you'd feel supported. When you are working at home, without that dynamic, it feels a little uncomfortable, it's a big responsibility, you feel a bit more exposed, especially if you feel you may have missed something, you're a bit more on your own with it, you sort of aren't, but [it feels like] you sort of are. ... When you're home working, you're kind of trying to achieve that same kind of dynamic over the phone or online...you feel a little unsupported, a little more on your own with it. As the support is there but not physically it can feel a little scary and a big responsibility.

The overriding sense was that people felt more isolated and felt like they needed to make decisions with large implications for people's lives by themselves.

Using technology

Technology has played a big part since the pandemic began. Staff reported that the number of people working online made it a lot easier to work collaboratively with other agencies (e.g.

multidisciplinary team meetings around clients). However, most staff felt that working face to face with young people was vital to doing the work well:

I don't think I would want to continue engaging with clients using technology. I don't think you can ever really replace that face to face.

Young People Case Studies

UK Case #1 - Lindsey

It is a lot better than being at home. At the same time, it's...a huge change to being on my own. I have no...contact [with] my family anymore, completely independent.

Lindsey identified as a young gay South Asian (approximately 20 years old) who grew up in a town less than ten miles away from Manchester. They prefer neutral pronouns. Their parents were intolerant of their sexuality, and they experienced homophobic bullying on the street in their hometown. Two years prior to the pandemic they ran away from home with an older man, but they experienced abuse in this relationship, and eventually returned home. However, the home environment became increasingly “toxic”. In the interviews, Lindsey explained that they had to “hide their true identity” and this led to them having suicidal thoughts (“It just got so bad to the point where I just felt like ending my life because I really can't change to be the way they want me to be”). They were isolated until they sought help: “I just randomly found...this LGBT trust thing online. And then from there, I went to...this person that was able to call like social services”. A care worker from the organisation, managed to get Lindsey A Bed Every Night [ABEN] accommodation in Manchester where Lindsey was residing at the time of the interviews.

This second move happened during the COVID-19 pandemic. Lindsey said they were first aware of COVID-19 from seeing videos online and seemed to position it as something quite distant. Their initial experience of life in Manchester was one of social isolation. Staying in their room, not meeting anyone and having no friends in Manchester. The accommodation they lived in had six residents, all seemingly at risk of homelessness. Demand for accommodation there was high (“as soon as one leaves most likely the same day [they are replaced by] another one”). It compared favourably with their previous life at home, although the change seemed to be something Lindsey was still grappling with.

Lindsey found out about Men’s Room due to outreach workers, approximately four months ago: “one of the staff here Joe...visits [the accommodation and] tries to I guess make us sign up for like the creative sessions”. This appealed to Lindsey: “[it’s a] nice environment, everybody is friendly...a safe space...no bullshit. It...does have me obviously being more confident...because I'm lonely like, quiet, shy person”. They appeared to struggle to make friends and a lot of this seemed to be about their difficulty in trusting others having been in at least one abusive relationship previously. They did say once that they were “working” during the pandemic (suggesting sex work, but not elaborating on this).

The pandemic was a period where they have lost contact with family, friends and original support worker, but Lindsey pointed out that this was not a result of the pandemic itself, but rather what was going on in their life at that time. Lindsey did not have a very clear idea about what the future might hold: “My future, I don't know. I feel like leaving home changed my life

dramatically...I don't know where am I gonna end up". At present, they seemed okay to continue to live where they were living and to carry on doing the creative activities at Men's Room and the connected organisations. As the restrictions had been removed, they have had the opportunity to be more engaged in social activities but often seemed to want to avoid other people in contexts outside of Men's Room and Calm, as if organisations were trustworthy in a way that individual people were not. Lindsey pointed out, with some degree of pride, that they were highest attender of the arts activities. They exuded a sense of being alone and reflects that this was partly down to trust issues based on past experiences of exploitation.

I don't know anyone here, like feel isolated...it's hard to make friends [but I] like just being on my own like I'm so used to it I don't really let anyone in [due to bad experiences like] sexual abuse it's hard to trust anyone."

Lindsey mentioned always having their "guard up" against friends. Specifically, they were concerned that:

They would be my friend to gain something they would they always have like another agenda... that affects me even being friends with other LGBT... trust is an issue because it kind of is hard to not think that perhaps someone's got another agenda."

They appeared to be a loner who found connection through the relative safety of organisations rather than individual relationships.

UK Case #2: Ben

[Overdosing] was a wake up call...I wasn't trying to kill myself and I didn't want to die...[Living in ABEN housing is] a chance to get my life back together.

Ben was a young white British in their late teens. They grew up in a town less than 20 miles from Manchester. They had been living in insecure housing for a few years and had a "history of drugs". In 2019, their girlfriend cheated on them, which "broke" them and their drug use soon began to spiral out of control. During the pandemic they struggled with online college as "the attention is on the speaker over the class". This resulted in their relationship with their mother breaking down (they still do not speak to her) and they subsequently moved into their stepfather's house, who swapped with them and moved in with their mother. The housing was low-quality and, for a period of time, without a front door that locked. It was infested with vermin. They started "sleeping around" and were exposed to "the dark side of the LGBT community". Ben began frequenting chemsex parties with increasing regularity and staying at them for days at a time, to avoid returning home. They were having sex in return for drugs and started using crystal meth and GHB at the parties, consuming drugs until they passed out, then continuing to do so as soon as they were conscious again. This culminated in Ben overdosing on GHB after admitting themselves to Accident & Emergency in early 2021.

The early stages of the COVID-19 pandemic coincided with Ben engaging in extremely risky behaviour – this is when they were frequenting chemsex parties, at a time when there was no vaccine and the country was in lockdown. Although they were aware of the pandemic, there isn't any evidence that it affected their life a great deal at the time. During the pandemic, they got into debt with drug dealers, who would come around to their stepfather's house in the

early hours of the morning to intimidate them. They began to realise they needed help. They tried to get in touch with various drug and accommodation services in Bolton, but due to the pandemic many services were shut down. Eventually they found a mental health charity in their hometown, which eventually also got closed down due to the pandemic. They then found a drug service in which one caseworker said he'd need to "get sober for two weeks" before they would help them, which Ben did and found incredibly difficult.

They were able to get in touch with Pathfinder (housing service) to help with housing repair issues. The organisation ultimately helped them find secure accommodation at the ABEN facility (for young people in the LGBT community) in Manchester. They discovered the Men's Room through outreach work done at their accommodation. Ben partook in the creative sessions and, although rewarding, sometimes they came with their own set of challenges. They have social anxiety (to the extent that they liked wearing masks in public), so it took effort to attend the groups. They were better connected with the services they need in Manchester than they were in their smaller, more provincial hometown: of a recent visit to a sexual health clinic, they said "[I] wasn't judged...I felt like I was heard".

Ben planned to gain some qualifications to enable them to feel equal to their peers, to gain employment and essentially move on with their life. Their story is one of triumph over adversity: the 'crisis' point of their drug overdose; the 'escape' from the danger of drug dealers in their hometown to the comparative safety of Manchester; the overcoming (or at least managing) addiction. They have shifted from Chemsex parties to social creative activities through Men's Room. Accessing services during the pandemic at the height of their drug problems was a major issue for Ben with nearly fatal consequences. They were now in a better situation than before the pandemic, but this was mainly due to personal issues with drugs that they are attempting to overcome. They lived in much better accommodation than they did at the start of the pandemic, albeit in a temporary arrangement. Ultimately for Ben, COVID-19 shutting down services was viewed as more threatening to their wellbeing than becoming ill from the virus.

UK Case Study #3: Charlie

I think [life] compares quite favourably now...I've gone from being a tiny room to actually being stretched out of it.

Charlie was a young person who defined themselves as "trans" and "autistic". They described living with their parents as not "very ideal". Previously they had left home in 2018 after "having a big fallout with [their] stepfather". They lived with their grandmother for a while until moving into supporting housing. The situation was difficult, Charlie felt pressured into taking the housing or risk being taken off the housing list. Charlie was verbally abused whilst living there and endured antisocial behaviour from other residents, fearing assault. They stayed there for six months.

Being trans and autistic, I ended up having problems with the neighbours and having to get police out. And eventually it just wasn't safe for me to remain there. So I kind of had no choice but to either go back to my parents. Or...be truly homeless.

They moved back with their parents in approximately April 2019. Charlie described living at home as follows: "It was incredibly unpleasant...about 2½ metres square...with black mould

on the walls.” Their computer was important, as this was how Charlie kept in contact with friends (“[I spend] most of my time, like online anyway, even before the pandemic”). They were also able to stay in touch with their counsellor from Indigo Gender Service¹⁶. When the pandemic hit it was difficult for Charlie to access other services that they needed, but they argued that “support has been very difficult in general...I have...autistic spectrum disorder. I've never had any support regarding that”. Charlie described being diagnosed with autism, and then “we were left to fend for ourselves”. The issues regarding their autism were ongoing.

I tried to seek help a couple times, but...trying to get help is like pulling teeth. That lack of support... it's led me to my current life situation of not being able to...get qualifications, which means I have not been able to get a job”.

Through the Indigo organisation, they found out about Men’s Room through their counsellor, who made a referral on her behalf and Men’s Room got in contact with them soon after. They assisted Charlie in their housing issues and were able to get them a place in the ABEN housing located in a suburb of Manchester in approximately March 2021, described by Charlie as an “absolute godsend”. Charlie had also taken part in creative sessions set up by Men’s Room, though they were not a regular attendee.

I’m kind of dipping in and out a lot of the time, I don't have the...energy to kind of deal with...mental health issues...trying to force myself to shower and stuff like that.

Charlie was still in online contact with their counsellor from Indigo and had resumed meeting up in person with friends once a week at a friend’s house, to play Dungeons and Dragons.

Before the pandemic, that was basically the only time in the week I left the house to meet people.

Charlie was not sure how long they would be living at the ABEN property.

They don't kick people out if there's no deadline right there is basically until they find the place and they support you.

When thinking about the future, Charlie appeared optimistic, and with a sense of purpose. Their counsellor appeared to have been a big inspiration to them:

I'm hoping to be ... in my own permanent place. And eventually I want to start doing training to become a counsellor myself...[my counsellor] was an absolutely brilliant person. And ... basically ... one of my only few talents is ... observation of people, figuring out ... their emotional state ... body language and stuff ... there's not really enough like trauma counsellors out there. And like, other trans people they relate to, yeah, so I figured, why not? I've got a bit of a talent.

They thought that “Mostly...I can get back to a lot of the things I used to do before the lockdown”. They were not particularly affected by the pandemic because they were already struggling to access the services they needed before it hit the UK.

¹⁶ An NHS gender service pilot in Greater Manchester offering an innovative model of trans healthcare, which is based in primary care).

UK Case Study #4: Marcus

[I've] got no routine. So...you can't expect your body to do anything...it affects your sleep and stuff as well.

Marcus was a Black British young man from inner-city Manchester. He had a youth spent revolving around football and cannabis: “[I did] trials...but I ended up messing up because obviously I chose...smoking weed and mingling with the wrong crowd.” He had been living “in and out of hostels” for several years and had recently moved from a short stint of a year in private rented accommodation to live with his girlfriend, some distance away from Manchester in a neighbouring county. He mentioned the challenges for their relationship during the pandemic: “It was quite difficult at the start...it was all over FaceTime and...messages, but we always [stayed in] contact”. He contracted COVID-19 about three months prior to the interview (summer 2021). He was visiting his mother and 7-year-old son. He was concerned for his mum’s health as she has various conditions, so he isolated at home. His symptoms were mild and he has now recovered.

Marcus came into contact with the Men’s Room through someone he lived in the same hostel as:

I told the staff a few problems what's been going on in my life in a sense of like going through like the hostel procedures and stuff and...not still having my own housing tenancy which by now I should have that because you know I've been in and out of hostels”.

Marcus quite proudly stated that he’s “never been in rent arrears”, but had found it hard to progress on the housing ladder. He described the main aspects of Men’s Room as helping with the “housing and stuff and doing the creative stuff”. He described them as social (“I made friends with all of them”) and also referred to individual staff by name.

He was now spending the “majority” of his time in his girlfriend’s flat. He went for walks, sometimes alone, sometimes with his girlfriend:

It's nice just to have that quiet time...[I sometimes] walk just to sort of try and solve you know the issue and try and clear some headspace...There's quite a few people I've lost in the past couple of years...and a lot of the family members that I have lost have been my either through cancer or through gang affiliation.”

Although Marcus was interested in the area of construction (he had NVQ qualifications in this), he was after “something a bit more laid back...I think I'd rather work more of in an office now”. Marcus was looking to stay in his new home as “it looks like there's more job opportunities over here...a lot more than what I can see over in Manchester.” When asked if moving such a distance had meant Marcus had lost touch with friends, he replied:

I wouldn't say [I've had] a hard life, but I've always...stood on me on two feet...I only have that little bubble. But I only have like three - four people...but other than that, I don't really associate with that many people.”

With regards to COVID, Marcus was still somewhat apprehensive:

I'm still in that mind frame...COVID is still...here, so I'm still going off the rules when COVID first come around...so I'm still trying to get my head around everything...personally I wear my masks when I go out, [I] sometimes look at it and think what is the point but... in a sense of I'm keeping myself risk free and I'm also not passing it [on]...I could still have it in a sense of like not showing all symptoms" [and he said he'd noticed] "the numbers are definitely creeping up again".

Marcus was frustrated with his current situation: "[I've] not being able to do anything...you can't like go and see GP or anything like that". He was in a state of transition not only in terms of location, but also living arrangements and even occupation. He was trying to connect with services which are under strain due to dealing with the pandemic. His "little bubble" meant that, apart from not being able to see his mum and son when he had COVID, it didn't appear to have affected his social connections much. He appeared to have a sensible and precautionary approach to COVID, but also described accepting it as "part of life". Despite his frustrations, there was a sense of optimism in his story as if the move out of Manchester was a new start for him. He mentioned his ("soft") drug use as a problem but one that was historic and he did not mention using cannabis at all currently.

UK Case Study #5: Brandon

Middle class...the rich people [were most affected]. Poor people were alright during COVID. All the shit was doctors, nurses, dentists, dropping dead. That's my opinion on COVID, seriously.

Brandon spent his youth in and out of hostels. He said he has been a sex worker "on the street" since he was a teenager ("Basically been doing sex work since...high school"), and he was now approaching 30. He was homeless and sofa-surfing at his friend's when the first lockdown was introduced. He was only staying there temporarily and ended up rough sleeping again and described how homeless people were got "off the street real quick" when the pandemic hit the UK. He moved from rough sleeping into an emergency shelter in a facility in Manchester. He described this experience as "actually really, really good, it was like a break as I come fresh off the street" but he "had to move on from there eventually".

In the summertime of 2020 he was again rough sleeping "under the balconies of the new apartments" in the city centre, all he had was a sleeping bag. It was in the summer and he did this for about a week. He didn't really consider the future, describing himself as "just one of them living in the moment type of guys", as if this arrangement was just part of his easy-going lifestyle. Manchester City Council approached him and were able to find a flat for him to the south of the city centre, which he had recently moved into within the last month and showed gratitude for: "I'm not homeless no more...it was worth the wait for the house, I appreciate it and count my blessings".

He said he's known Men's Room since when they were "old school" and based in Swan Street: "I've known them since then a long time ago. Men's Room are good at what they do. [They] go to the street walkers and offer them support and that's what they did to me". He had done some creative work via Men's Room at Mustard Tree: "We used to do creative packs, I used to do me own craft, wherever I was". He was complementary about Men's Rooms' Head of Advocacy and Support, saying she was helpful with an issue he was having with his

accommodation and the electricity company: “she’s cool, she handled the electric people and the Mustard Tree referral. She got to work straight away”.

Brandon described his multiple mental health issues “anxiety, depression, the lot...I’m in contact with a [doctor] I’ve got a prescription for anxiety and depression”. He said his medication was effective after they “upped the dose”. Brandon said he tried to keep himself healthy, he knew “young people who’ve been diagnosed with this shit” and been really ill with it. Brandon believed that the government “handled the COVID situation really well” and was fully vaccinated. He also thought that children should have been vaccinated first to protect them, rather than older people.

The past week had been quiet: “I’ve just not really done much...so I’ve been mostly inside in home...Just been chilling, everyday shit really”, When asked if there was anything he did regularly, he said “smoke weed” and listen to music. He had regular check-ups at a sexual health clinic every three months and had been going to these “for ages...since I’ve been sexually active”. He knew the consultant well. He said “If I want to go for any reason in between I’ll just go. If I have any symptoms I’ll just go.” Brandon said this didn’t change during the pandemic.

Brandon said he was “getting used to being constantly alone...I like me own company really”. This suggested that he was more familiar with spending time with other people, including when rough sleeping and that isolation was a new experience for him. He said he spent most of his time on his own and hinted that perhaps others struggle to get on with him socially “I’m not everyone’s cup of tea...I’ve got really strong opinions, but that’s just me”. Brandon portrayed himself as someone who lived for the moment and seemed determined to not be portrayed as a victim. Although he didn’t portray rough sleeping in a particularly negative way, he did consider having a flat as a factor in his life improving since the pandemic began.

UK Case #6: Alison

Although [lockdown] it has affected me mentally and generally quite comfortable in my own company [but] a lot of people might not like what you see on the inside.

Alison identified themselves as “non-gender specific” trans. They had never been rough sleeping, but had lived in insecure accommodation in Manchester. After moving out of their family home, about a decade ago, they lived with three people they “just clicked with” and were “close to”, who were all transitioning. Alison said that over the years they grew “apart a bit” on what she described as their separate “journeys”. Alison had a four year wait for medical assistance in their transitioning. They say they were “self- medicating with female hormones for a while which I wouldn’t recommend for anyone. Just mess[es] up your oestrogen levels”. After living with her friends, Alison had moved several times but is now in private rental housing in South Manchester, since before the pandemic. They describe the lack of specific support for trans people in this area locally: “there's only one doctor at my surgery trained in the field of transgender training and I think there's only four doctors in the country that can actually diagnose dysphoria right”. They were on the waiting list for gender reassignment for four years. Prior to this they lived in a different flat on their own, but they had a falling out with their previous landlord. They described themselves as having long-time mental health

problems stemming from a head injury they received at work which required them to be hospitalized for weeks and moved to a specialist unit.

They first became aware of the pandemic through media footage of hospitals in China. They described themselves as feeling “paranoid” when the first lockdown happened. Alison had spent most of the last 18 months in self-imposed isolation, due to concerns about other health issues “I’m asthmatic and having that fear that I can’t go out the house because I’ll end up with COVID” and how seriously ill they may become as a result. They described agoraphobic behaviour, but instead define themselves as “institutionalized”.

Being indoors is my comfort zone. Need to go to the launderette today but can’t face going out...I’ll end up a crazy cat lady!

Alison discussed reconnecting with friends to the pandemic: “I was talking to everyone [online] during [it]”, but realized this also hindered them from going outdoors: “I don’t think social media’s been helpful, it was useful during lockdown but it’s not helpful now”. Prior to the pandemic, Alison did go out within their social circle, and it was selected members within their “bubble” that picked up food and medical supplies for them and left them “at the door”. They “very rarely” ventured outside to go to the supermarket, for medical appointments or to do exercise. Alison had a pessimistic view of the imminent future¹⁷: “I can predict another lockdown so I think you should look out”, however they were trying to change their behaviour. They had made the decision to visit a friend in Ireland later on in the week, which was a big decision for someone who had spent the majority of the past few years in the same flat (they described it as “going to the deep end”). Alison said they were “just trying to turn negative [thinking] into positive thinking...I’ve been trying to see things in a positive light...light at the end of the tunnel”.

The pandemic had fed their anxieties and they were struggling to overcome this as the world resumed. They reflected on this as a bigger issue in their life than their gender identity: “I identify as trans [and I have] no regrets except for not stepping through the front door”.

¹⁷ The interview took place in October 2021

Discussion

National and organisational responses to the pandemic

Macro-political responses

In all three countries, central government introduced certain restrictions and protections in 2020-2021 in response to the COVID-19 pandemic. Many of these were short-term but played a vital role in limiting new episodes of homelessness, reducing existing homelessness during the early phase of the pandemic, as well as framing aspects of the responses of welfare organisations. It is worth noting that the temporary services often addressed pre-existing challenges such as lack of affordable housing or shelter. And some of the introduced services have been maintained beyond the lockdowns and social restriction, as they have proven to be of value to vulnerable groups. An example from Copenhagen is the establishment of an outreach drug treatment program which has continued and even expanded since the lockdowns.

While there was a difference in how quickly different governments reacted to the pandemic, a common thread of responses to the pandemic was that policies were shaped by an epidemiological focus on mortalities, numbers of infected and the pressure on health care services (Bækkeskov, 2022). This meant that other societal concerns, such as mental health, social support, cultural and social life were pushed to the background. However, our research found that welfare organisations working with young homeless people and other marginalised groups were quick to realise that a sole focus on the pandemic's epidemiological aspects had negative social consequences for those living on the margins of society. This awareness did become part of policy responses later on and resulted in local and national initiatives that for example provided accommodation and combatted loneliness.

While the three countries are usually understood as different welfare state regimes and that this understanding was a departing point for our analysis, our findings suggest that the national policy responses were less tied to the specific welfare regimes than we anticipated. Despite differences in the response time of the government and the concrete design of the implemented social restrictions, all three national policy responses were primarily founded in epidemiological orientated knowledge. Béland et al. (2021) have pointed to that national decision-making in Canada and USA (both considered as liberal welfare regimes) during the pandemic were best explained by differences in the existing ways political institutions and support programs organized (e.g. centralised or decentralised programs), pre-existing conditions in the of support system (e.g. a well-functioning or strained health care system) and the party political climate (e.g. collaborative or polarized). Although we have not analysed our data using such variables, it seems likely that the differences in policy responses we have registered are tied to similar conditions in the three countries.

Responses in the three case study organisations and changing levels of need

The responses of the three organisations in this study reflect a shared commitment and concern amongst staff to maintain support for young homeless people, which was reinvigorated by the pandemic. In the early phase of lockdown, Don Bosco, Nuremberg changed modes of practice, moving towards reduced opening hours of their open meeting

point. Don Bosco also altered access to the facility by outsiders, meaning it was only possible by appointment. At the Men's Room, Manchester, all staff worked from home in the early phase of lockdown and when they returned to the office – on a phased basis – they moved from a 'drop in' to an 'appointment only' service due to the restrictions on working practices. At Don Bosco, important aspects of its day to day working practices could not be sustained in the usual manner (e.g. food supply issues meant that breakfast was only available to take away, and lunch could no longer be provided). In Denmark, the national government decided that so-called 'vital functions' in the welfare system should be maintained, and The Homeless Unit whose work already was not tied to one specific locality or facility continued its outreach work, although it altered the ways of contact with the young people. In order for the employees to maintain physical contact with the young people, they chose to meet them outdoors rather than indoors at housing facilities or public buildings. Instead, they went for a walk in the empty streets. This way they were able to continue their efforts to provide emotional and practical support.

In Copenhagen and Manchester, staff described how they needed to develop some new models and modes of provision in order to maintain support for homeless young people in the pandemic, whereas, in Nuremberg, Don Bosco staff reported that the organisation chose to focus on maintaining existing services. In Copenhagen and Manchester, social work and support staff had developed two main ways of maintaining contact with homeless young people within the period of lockdown restrictions: First, by regular telephone check ins and online working. For a whole variety of reasons this proved to be complex, and it worked better for some clients than others. Differences tended to reflect the levels of complexity of young people's lives and the issues they faced, like where young people were in prison or in mental health facilities. In Manchester, the young people's finance situation meant they had limited access to phones, phone credit and phone data. Staff at the Men's Room, Manchester spent a considerable amount of time early in the pandemic trying to procure mobile phones, as well as bulk buying phone credit and data packages without purchasing a long-term contract. This proved to be a large logistical challenge, as well as incredibly time consuming, but it is an example of the efforts staff went to in maintaining contact with and supporting young homeless people it was caring for. Second, the staff in Manchester also delivered up to 20 food parcels every week, as well as sending out art packs in an effort to provide different forms of support.

In Copenhagen, the level of need for homeless services remained fairly constant through the pandemic, whereas in Manchester, the Men's Room experienced an increase in the number of young people in need of support (from 20-30 cases per quarter year to more than 50 cases) and an increase in the proportion of young people presenting with severe and complex needs, especially around mental health and domestic violence.

In Nuremberg, however, staff reported that at the beginning of the pandemic, they lost contact with some of their clients. Staff suspected that this had to do with a new COVID-related temporary shelter opening in Nuremberg. In addition, they suspect that some young people found temporary shelter with acquaintances. Staff reported that as the pandemic progressed, the level of demand returned to normal.

Linking organisational responses to welfare bureaucracies

The differences between organisational responses also reflect differences in history, approach, as well as the role of organisations in the wider welfare system. They also reflect significant differences in the broader welfare contexts of Denmark, Germany, and the UK. Hence, in all three countries some welfare staff were instructed to leave the office and to go to work from home in the early phase of the pandemic, but in Germany and Denmark this differed significantly by occupational group. In Copenhagen, where the Homeless Unit is a public provision and part of a clearly structured municipal provision, the organisation was instructed to uphold their services which meant that some groups of workers (for example, outreach workers working with homeless people) were able to resume “close to normal” practices to work within days of the first lockdown, whereas in Manchester all outreach work stopped for about nine months at the point of the first lockdown and the Men’s Room had no possibility to change this due to restrictions imposed by the national government. In Nuremberg, the main services of Don Bosco – namely, housing young homeless people – were largely unaffected by the pandemic restriction (except the introduction of limited visitors and masks mandatory in shared premises), whereas wrap around services such as outreach work, a boxing club and a bicycle workshop were closed for several months. The social worker who was in charge of the boxing club and the bicycle workshop left the facility permanently because of the pandemic-related restrictions. No successor could be found by the time this report was written, so the services remained permanently closed.

The Men’s Room in UK reported a significant increase in partnership working between the local authority and the voluntary sector within in the pandemic. Also, the Men’s Room did prove to be very adaptable in its efforts to maintain support for young people and their relative independence had allowed them the autonomy to make speedy decisions based on local knowledge and past experience rather than waiting for formal policy decisions from government or local authorities. This reflects the absence of a clearly top-down structured welfare bureaucracy in the UK which has many costs, but which also provided some autonomy. In comparison, it may well be that being a part of a single welfare bureaucracy made some decisions simpler to implement in Copenhagen (e.g. sustaining normal face-to-face practice for outreach workers). The smoothness of implementation of decisions in Copenhagen most likely also reflected that there was a widespread agreement among the welfare organisations that the special needs for vulnerable people should be a priority.

Summary

For the three organisations, the main concern was how to maintain support for homeless young people through the pandemic. While in the Men’s Room, digitalised, online services played an important role in a situation where face-to-face working was prohibited, the social workers at the Homeless Unit and Don Bosco prioritised face-to-face working.

From the staff’s perspective, the requirements and regulations imposed by the national governments had important impacts on their interactions with the young people. Some tensions arose between staff and young people when some young people did not accept to wear masks, but overall, these were minor. Some staff also reported a sense of distance in their work with young people, for example because facial expressions could no longer be

recognised and interpreted due to the mask wearing; and in some cases, staff ignored instructions to maintain physical distance because they felt the emotional needs of young people were too pressing to ignore.

Homeless young people experience of the pandemic

Afterthoughts, interrupted routines and altered income sources

One of the most important findings in this study is that the majority of the young homeless people interviewed felt as if their overall relationship to society had been unchanged by the pandemic as they continued to consider themselves as excluded. Some expressed this by suggesting that the pandemic had not affected their overall life a great deal and many suggested that the lockdown restrictions had a much greater impact on the mainstream population (e.g., Brandon in the UK who said that doctors and professional people were the most affected by COVID-19 (see p. 59)), whose normal patterns of life were affected more directly. Another reason for this perception was that many young people in this research were preoccupied with more pressing issues, resulting from day to day struggles such as finding places to sleep, finding something to eat and finding new ways to secure an income during lockdowns. Further, many of them explained that dealing with “emergencies” was a commonplace situation for homeless people. And the causes of such emergencies seemed less important.

Many also told us they had more pressing concerns:

So, (...) when you're on the street, you couldn't care less about Corona. [...] So that is then, I think, the smallest problem (Kim, Germany; see p. 49).

We feel that the comment from Kim reflects the fact that some homeless young people were more preoccupied with the ways in which the COVID-19 pandemic, and the lockdowns in particular, had disrupted their day to day lives (what might be termed the practical effects), then with any health risks related to COVID-19, such as fears about contracting COVID-19 and any related health effects.

However, we also argue that this finding needs interpreting with some care, because the young people and staff interviewed in this research documented the many real and tangible ways in which the pandemic did affect the lives of homeless young people. For example, some young people lost forms of employment and some also became homeless due to the pandemic. This was the case for Adam in Nuremberg who lost his job at a restaurant that had to close due to implemented restrictions of social contract. Despite the measures against losing housing implemented by the German government, Adam could not find a new job and lost his apartment because he could no longer pay rent (see p. 46). Some others could not bear to stay in hostile or unsafe family homes. For example, Bassil in Copenhagen lived with his parents and three siblings in a small apartment at the start of the lockdown. As they all had to stay at home 24-7, Bassil left his childhood home because his family felt that his behaviour, related to his drug use, could not be tolerated. Thus, he spent the rest of the first lockdown on the streets (see p. 36-37).

Most young people told us that they were not able to access education and social activities due to closed education settings and/or online only lessons, closed stores, or clubs. Others

turned to more risky ways of generating income, including drug supply, and different modes of sex work. In our research, homeless young people explained that, although for a brief moment, there was a sense that many people were having a shared experience of isolation. Their own experiences of living through the pandemic were framed by a different historical relationship to society (and its institutions) and different expectations of life after the pandemic. Hence, when interviewed in the midst of the pandemic, many homeless young people believed that programmes of support developed for homeless people, and the wider narrative of bringing people into care expressed in society at that time, would prove to be temporary and that for both included and excluded populations, things would return to “normal” in the medium term. In many ways, this seems to have proved to be true as we go onto report in the next section.

New forms of accommodation and new instabilities

The pre-pandemic situation of many of the young people interviewed was very dynamic, with many described a series of instabilities including constant changes of overnight accommodation as well as relationship breakdowns. Young homeless people are quite used to ensuring the means of their own survival and prior to the pandemic, many had well established survival strategies which drew on personal networks, organisations, and institutions able to help with money, income, food, and accommodation. Young homeless people in the UK and Germany (more so than Denmark) are used to moving regularly between a variety of temporary places to stay, including accommodation provided by public authorities or charities (e.g. hostels or shelters), sofa surfing, attics, basements, or places on the street. Roy (2016) documents how young homeless people in the UK are generally forced to rely on informal places to stay, regularly overstaying their welcome, falling out with friends, acquaintances, and family. Despite well documented differences in models of welfare provision across the three countries, in our research, most young people relied on formal help from the state. Young people reported a range of instabilities in all three cities and many also reported using a wide variety of informal support networks. In this respect, our findings fit with previous research which has documented how the pre-pandemic lives of young homeless people were characterised by uncertainty (FEANTSA, 2006).

In our research, many young people describe how they had used forms of institutional support – some specifically provided for the pandemic - as well, staying in emergency shelters, boarding houses or with housing groups. For example, Adam moved into a single room in a hotel that had been converted for homeless people due to the pandemic in Germany. He emphasises the importance of the single-room shelter because it is very important for him to have a personal space where only he has access to. He describes that it makes him mad to share a room with strangers (see p. 46-47). Many of these housing options were short-term, although a small number of young people had accessed medium-term housing options during the pandemic. Accommodation provided by the state and charities was described as of variable quality and is assessed by some interviewees as “inhumane”. Most regard these forms of accommodation as an option of last resort. In the UK and Germany, some highlighted that some accommodations were inadequate because of “multi-bedrooms” and “black mould on the walls”. And in all three cities, young people also made reference to “excessive alcohol

and drug consumption" of other residents, and the "stigma" of living in such accommodation as well as lack of privacy and autonomy.

Our findings suggest that in all three countries, certain measures of protections introduced in response to the COVID-19 pandemic in 2020-2021 played an important role in limiting new episodes of homelessness and reducing existing homelessness, at least in the short-term. Staff from the Men's Room, Manchester argued that the pandemic had brought about a recognition that people in hostels and short-term accommodation need to live in single occupancy rooms, which had not always been recognised before. This was seen as a form of progress. The new forms of accommodation allowed some young people a break from day to day struggles to survive and for some, single occupancy rooms provided a basic sense of having a place of their own which highlights the significance of housing for the group under research. However, the COVID-19 regulations in group residences often meant young people ended up isolated and lonely, being forced to spend almost all their time in their own room, whilst also experiencing a loss of self-determination and personal agency. For some, this situation led to more drug use and/or breaking social contact rules to participate in illegal parties. For example, Melanie in Copenhagen, who for the first few months of the pandemic complied with isolation rules imposed by authorities in the youth hostel, decided in the summer of 2020 that she had had enough of being alone and she therefore started attending "pirate parties" on the weekends and thus breaking the existing restrictions (see p. 34-35).

We argue that there are two important facets of the forms of accommodation provision which affect how they were experienced and understood by young people. The first is that the majority of young people assumed that these new forms of housing provision would be short term and that they have been designed to serve governmental needs around reducing the transmission of COVID-19, more than the needs of homeless young people. We argue that these new forms of service provision did point to existing unattended needs, but the way they were implemented was more about the responsabilisation of homeless people, serving agendas of social control (Roy and Buchanan, 2016). Second, it has been observed in all three countries that since the lockdown measures were relaxed, many of these temporary forms of social provision and protection have been removed and living costs have risen. And in UK and Germany, homelessness is rising again while in Denmark the numbers of young homeless people and homeless people in general have dropped according to the latest national survey (Benjaminsen 2022). The drop in the number of young homeless people in Denmark is a result of public interest and increased efforts by the municipalities and NGOs to reduce homelessness among young people. This included making more housing options and housing support programs for newly housed available (Benjaminsen 2022).

Social restrictions, isolation and income sources

Young people in all three countries reported that social restrictions imposed by central governments had reduced the availability of some forms of social support and social activity, such as boxing clubs, social clubs, education courses, day-centres, drop in centres and meeting up with friends. Furthermore, lockdown restrictions altered the ways in which some support was delivered. In all three countries, phone and online calls became essential to the provision of support. In the UK, virtually all welfare support available to homeless young people had to be provided remotely in the lockdown phase of the pandemic (excepting the delivery of food

parcels), whereas in Germany and Denmark, this differed by occupational group; for example, the work patterns of outreach workers in Copenhagen were largely unaffected by lockdown restrictions.

In Denmark, meetings with some departments at the municipality had to be done by phone or video call, which had consequences for the process to find solutions for the young people's problems. For example, Jane from Denmark who had to meet with the municipality over the phone, after she gave up her studies, ended up receiving a smaller amount of social assistance than she was entitled to and as a consequence she had to give up her room and became homeless. Only after the social centre reopened and she was able to show up and complain over the error which allowed the mistake to be corrected.

Many young people in this study reported that they were less able to socialise with friends and acquaintances and less able to take part in social and educational activities which had provided valued opportunities to do “normal” things. In this way, COVID-related restrictions led to increased isolation, boredom, as well as poverty. Some of those staying in temporary forms of accommodation reported that boredom and frustrations led to more conflicts at the facilities. For a small number of young people, who were able to find new forms of accommodation and/or were no longer required to attend job centres in order to secure benefits, the pandemic was experienced as a break from pressures of day to day demands, which meant that they were less stressed and anxious and had more opportunities to alter their living situations. In Copenhagen, the reduced obligations to participate in meetings at the job centre was emphasised as a positive outcome of the pandemic and the lockdowns. We note that this second group of young people in our sample was smaller and tended to be made up of those whose overall lives and living situations had been more stable before the pandemic.

Young people and welfare staff reported that the lockdown restrictions had clear negative effects on young people's existing ways of generating income (e.g., employment, begging, shop lifting, street theft, or sex work). Bassil in Copenhagen, for example, described how it became much harder to generate income through illegal activities to support his drug use (see p. 36-37). Overall, we identify a bifurcated experience of the pandemic for homeless young people in our sample. Some accepted the lockdown restrictions and took an opportunity for some form of time out from the previous experience of ensuring the means of their own survival. These tended to be those who were relatively comfortable in the accommodation provided for them (or available to them) and those who had less perceived needs to replace their previous sources and levels of income. Others felt they had to find new ways to secure income, sometimes to fund increased levels of drug use to cope with isolation, boredom and loneliness. Some of these young people took up roles in drug supply for the first time, and some in the UK reported engaging in riskier sex-selling practices in the absence of the usual punters. This bifurcated experience points to the heterogeneity of young homeless people. It suggests that one person's experience of homelessness (and the pandemic) is altered by a number of factors which include the overall complexity and relative stability of their lives, the specific social situations they are immersed in, as well as the positive and negative effects of social support structures available to them.

Summary

The public messaging from governments across different countries, developed in response to COVID-19, placed the notions of public health and home front and centre. This disregarded the lives and situations of young homeless people. Overall, the pandemic had many negative impacts on the everyday lives of homeless young people, and the social and policy measures designed to contain the spread of the COVID-19 virus and to support marginalised people had both positive and negative effects. What remained unchanged was homeless young people's sense of their overall sense of disconnection from society. Being quarantined in housing situations, not being allowed to use public spaces during lockdowns and being sanctioned by the police, or, for some, being required to be vaccinated, were interpreted by many as examples of the ways in which homeless young people were subject to risk management and social control rather than new forms of care and concern. Hence, although many of the social restrictions experienced by homeless young people also affected mainstream populations, restrictions had specific effects on young homeless people (e.g., in reducing access to vital spaces of socialisation and income generation) and were interpreted on the basis of a long-established experience of marginalisation.

Staff experiences of delivering complex welfare work in a pandemic

Handling and responding to uncertainty

Our findings suggest that the pandemic had two contradictory effects on staff; first, it secured people's commitment to their roles as they doubled down on efforts to provide for young homeless people and second, it made many aspects of delivering some forms of welfare work more complex, both practically and emotionally, especially for those forced to work remotely.

The first lockdown in early 2020 was perceived by welfare workers as a clear and distinct break and many reported that enormous uncertainty spread among the staff. In Nuremberg, Don Bosco staff reported that it was unclear which regulations now applied to which forms of service (e.g. open meeting, housing group), because services were not explicitly mentioned in the new regulations, unlike care homes for elderly people or kindergartens, for example. An additional complicating factor during the pandemic was that regulations were constantly changing, and this led to further anxiety and in some cases a sense of anomie. A lack of clarity on working practices and policies led to feelings of confusion and powerlessness for some workers. Many sought to cope with this situation by trying to act according to common sense in order to reduce COVID-19 transmission. A heavy burden was placed on management, who tried to establish clarity by clearly communicating the current health and hygiene requirements at any given time. In Copenhagen, the municipality established a specific task force to interpret and communicate how new regulations applied to which form of service. Despite this, some workers in all three cities experienced the situation as a permanent state of emergency and thus as very stressful and exhausting. Due to the pandemic, they had to do more work than before. In Manchester and Nuremberg, they also often had less staff available. In Don Bosco this was especially severe due to the constant staff turnover (independent of the COVID-19 pandemic) as well as the temporary loss of staff due to positive tests or COVID-19 illnesses.

Working remotely, feeling isolated and communicating differently

In all three countries, some groups of workers were required to work from home for several months before a limited return to the office became possible. As restrictions were eased, sometimes for certain forms of work and sometimes more generally, various models of practice were developed including hybrid working, in which people worked part time in the office and part time remotely, and appointment only services replacing drop in, designed to limit the number of people in offices at any one time.

In all three organisations, staff reported that they didn't always stick rigidly to the rules on numbers of staff in the office, or rules about maintaining physical distance from clients and avoiding physical contact. This reflected the value workers placed on being in the same place as colleagues and the sense that young homeless people in highly isolated situations had a very high level of emotional needs and needed acts of care and compassion, including a hug. These needs were sometimes felt to outweigh the perceived health risks around COVID-19 transmission. This showed the emphasis workers placed on care as a core priority in supporting homeless young people and that their work is not merely providing practical assistance. This prioritisation also reflects shifting concerns that took place during the pandemic where the main concerns in the early phase were centred around reducing the risk of COVID transmission, which were superseded later on by concerns for the young people's mental health, isolation and social well-being.

The use of digital technology in the pandemic was reported by staff to have contradictory effects. It made some forms of meetings, in particular multi-agency case meetings, easier to set up than in the past and some young people preferred online meetings over physical meetings, especially if they were not acquainted with some of the participants. However, one commonly reported facet of working in the pandemic was that, although colleagues were practically available to each other, people had to reach out digitally in order to schedule times to talk and meet. This replaced the more subtle and informal ways of reaching out when in the office, such as a look, a gesture or call across the office which they had relied on in the past. Being forced to communicate via email, text and phone call in this way meant that some workers were concerned about interrupting others through digital notifications and it made them feel more isolated. Some staff were also really clear that they missed the feeling of having their colleagues around them and felt more on their own with big decisions. What we see here is that the sense of having your colleagues around you physically and emotionally is a valued aspect of the welfare work and one's enjoyment of it. In the Danish setting, a manager at a homeless hostel pointed out that the need to communicate in writing as a way to pass information on to colleagues also required the members to be more careful in the way they presented information. Therefore, staff spent a great deal of time developing new ways of writing in order to communicate clearly and ethically about complex issues.

We saw in our research that staff experiences were affected both by the different ways in which the pandemic effected working practices of each organisation and often to a greater extent, by the specific life situation of individual staff. Working remotely meant bringing complex welfare work into their homes, which was complicated for both practical and emotional reasons. Some staff who were working remotely had good digital connectivity and a dedicated and separate office space in their home; others had neither which often meant

that they had to find ways to hold work related meetings in kitchens, living rooms and/or other shared spaces in their homes. Also, these were spaces where they spent their leisure time. Home was a place some felt the need to protect and keep emotionally safe, both for themselves and for children and partners. Hence, it felt emotionally challenging for some when they had digital meetings with the young people while being at home, often with their own children or partners nearby. Finally, working remotely meant that some staff struggled with their own sense of loneliness and isolation.

Summary

The relationship between staff and clients can be interpreted as its own order of interaction (Goffman, 1961), which is primarily characterised by a preference for meeting in physical co-presence. Interactions are not only structured by words, but also by gestures, facial expressions and proximity. The meaning attributed to the relationships between social workers and young people must be mutually negotiated so that they are understood from both sides if the support is to be meaningful and valuable to the young person. From the perspective of the professionals, physical presence is essential to perform and show closeness, empathy, and humanity; and it seen as central to understanding and be understood by the young people. It is for this reason that some chose to hug young people they were working with whilst working under conditions which prohibited such behaviour.

Proximity with colleagues is also seen as important and a highly valued aspect of doing the work well. Working through the pandemic affected the sense of cohesion in many teams, where formal and informal team-building measures were interrupted and distance had to be kept from colleagues. One social worker reported that he was placed in a “work-related quarantine” and only allowed to stay at home, be on the way to work, or in Don Bosco. Using public transport or direct contact with friends and family were prohibited. This example shows the enormous impact the pandemic had on the everyday life of social workers. What was clear across the cases was that there was value in understanding and learning from the experiences of front-line care staff and their changes to practice as a result of the pandemic (Rodriguez, et al., 2021).

Covid-related risk environment

The idea of risk environment draws our attention to a range of factors in the lives of homeless young people which interacted to increase or reduce risks and harms during the pandemic. We identify six ways in which risks were altered by the pandemic and the societal responses to it. Each had specific effects on the everyday lives of young homeless people, however the specific effects were dependent on each person’s specific living situation:

1. New forms of accommodation

Many people in this research (both young people and welfare staff) were aware of the new forms of accommodation made available to homeless people due to central or local government initiatives (in which hotels or other temporarily unused buildings were requisitioned in order to provide accommodation to homeless people). One way of viewing the broadening of the welfare net undertaken by governments in many countries during the pandemic is that it reflected a new ethic of care that helped to reduce the well-documented

risks related to homelessness and in particular rough sleeping (Hail-Jares et al. 2021). However, another view is that governmental responses were motivated by a view of homeless people as potential spreaders of the virus and the new shelters served as containment measures rather than care facilities. Homeless young people who stayed at temporary accommodation facilities described how life was controlled by the authority of professionals', which was experienced as an unwelcome form of risk management. The strict rules in residences, designed to reduce COVID-19 transmission, also increased stresses and levels of conflict between roommates.

2. Increased isolation through loss of social ties

The majority of homeless young people in this study experienced higher levels of isolation and the loss of highly valued social ties (both thick and thin) during lockdowns. This was due to serious restrictions on mobility and lack of access to places to meet (e.g. day centres, libraries, cultural facilities etc), which disrupted day to day routines. Although this was true for the majority of people, many homeless young people were already quite isolated before the pandemic and had less capacity to cope with these new conditions. Some coped with this either by choosing to follow or ignore the rules and some used more drugs to cope with boredom and loneliness. Social welfare workers in the three organisations recognised how isolated young people were sought to provide practical and emotional support, sometimes ignoring social distancing rules in order to provide acts of care. In this way the social workers tried to mitigate the increased risks of loneliness and other negative effects of social isolation.

3. Feeling ignored by public messaging

Many homeless young people felt their lives and situations were ignored in the development of public messaging around COVID-19 that centred around homes as being the primary place for keeping safe. This spurred feelings that, once again, they were invisible and seen as unimportant. Many felt that they were seen by governments as COVID-risks in need of risk management, more than vulnerable people in need of care. This also led to negative experiences among young homeless people, increasing an already existing sense of alienation and not belonging to society.

4. Responses to the health risks of COVID-19

Health risks related to COVID-19 were ignored by some of the young homeless people while others actively managed the risks of infections (e.g. by wearing masks). In all three countries, central and local government policies made it possible for young homeless people to minimise the risk of contracting COVID-19 because they could access free protective equipment, support with hygiene, easy access to both testing and vaccine. Locally, the three case study organisations also sought to provide many of the essentials of daily life, including food and in some cases mobile phones and data packages. These forms of support were highly valued by young people in the study because they conveyed care and a concern with their situations.

5. Reduced opportunities to generate income

Central government rules around lockdowns and isolation led to a reduced ability amongst homeless young people to generate funds and support their livelihood materially (e.g. due to loss of income and reduced access to essential goods and practical support services). Those

who used drugs still needed to fund this use in a context in which their normal modes of generating income were not available. This led some to pursue more risky ways of generating funds, such as drug supply or new forms of sex work. Those who participated in the drug market and the drug environment experienced it as more aggressive and taxing. This was due to the increased stress of many people operating in this market, related to the difficulties of generating income and getting access to drugs.

6. Changes in social and health services

Many homeless young people experienced changes in social and health services. Some of these were positive, such as a reduction in demands related to presenteeism as part of active labour market programs, but more were experienced as negative as they led to a reduced availability of services. This lack of services meant that some people were unable to apply for cash benefits and others could not access day centres which usually provided a much-needed break from life on the streets, as well as opportunities to socialise (e.g., the boxing club at Don Bosco, Germany). Consequently, the pandemic restrictions meant young homeless people were denied opportunities to use services that could strengthen their sense of belonging and divert them from risky behaviours.

Summary

Our case study approach is well suited to understanding the complex changes brought about by the pandemic and we document how governments, social services and young homeless people have had to adapt in response to a quickly developing situation. In this research, the risk environment for homeless young people was altered by a range of factors which include: welfare models, social structures, physical settings, modes of practice, the altered availability of friendship networks, opportunities to socialise, young people's financial situations (including opportunities for formal and informal employment and income), the characteristics of drug markets, as well as emotional lives. In our study we also see how the specific character of risks is affected by the ways people related to the actions of governments, the characteristics of the places where they reside and spend their daily life, the actions of others, as well as the relationship of young homeless people to society more broadly. The strategies and approaches of the three case study organisations have influenced young homeless people's living situations, social situations and coping strategies. Many of the homeless young people we interviewed for this study were not especially concerned with the health risks of COVID-19, tending to be more concerned with the ways in which it disrupted their day to day life, causing loneliness, boredom and problems securing income.

Conclusions

When the pandemic struck Europe at the start of 2020, national policy responses placed homes as an essential part of efforts to contain the pandemic and keep citizens safe. The messaging from governments across different countries was broadly similar. Key messages were to “stay safe, stay at home”. These were ironic messages for homeless young people to hear, because they showed a lack of appreciation of their lives and situations.

In this research we document the many ways in which the COVID-19 pandemic affected the everyday lives and lived realities of homeless young people. However, we also report, somewhat ironically, that many homeless young people held the opposite view, suggesting there had been little change in their relationship with mainstream society. Some even suggested that the pandemic had affected the majority population much more than them.

The new interventions introduced to prevent the spread of the COVID-19 pandemic did produce short-term positive effects for some young homeless people, for example, by getting them access to accommodation and linked forms of care. This revealed the potential of a new way of dealing with homelessness, namely the expansion in housing options and reductions in presenteeism. However, many of key interventions developed in response to COVID (e.g. the expansion of housing options) were short-term and led to limited and unsustainable positive effects.

At the beginning of the pandemic, some young people reported a feeling of connection to society, related to a shared social experience. However, later in the pandemic, contact restrictions and the closure of communal activities led to the loss of friendships and other essential forms of social contact, and to persistent and painful experiences of boredom and loneliness.

Young people also felt more controlled than cared for in some places providing accommodation. These experiences led to a renewed sense of social isolation and disconnectedness from society.

Key public messaging around the pandemic extended the sense that they were invisible and insignificant to decision makers, with the message of “stay safe, go home” being insensitive at best.

We identify a bifurcated experience of risk amongst young homeless people in the pandemic. Some, often those whose lives were to some extent more stable and secure before the pandemic, experienced a reduction in risks and a reduction in the demands of welfare services. Others, usually those whose lives were more complex and insecure, were exposed to more risks, which emerged from strategies they developed to get by practically and emotionally during lockdown, especially in terms of funding drug use through drug supply, other criminal behaviour, or riskier sex work practices. This calls for an attention to the diverse situations and experiences of those living in homelessness.

Implications for policy

New interventions introduced in response to COVID-19, especially the expansion in housing options, resulted in some benefits on the lives of homeless young people. The availability of

housing for homeless young people is a vital condition for securing people's sense of well-being and inclusion.

Temporary and institutional forms of housing come with certain back draws, including a lack of privacy, low levels of self-determination and an insecure housing situation. This all points to the need for more permanent housing solutions.

In the UK and Germany, the ability to be nimble and responsive were important facets of delivering good care in the pandemic, whereas in Denmark, a cohesive welfare system allowed many aspects of practice to continue more or less uninterrupted. This contrast reflects the differences in the organisations of welfare provision across the three countries and the response of the organisations needs to be seen in this context.

Many homeless young people found it difficult to comply with the restrictions on movement implemented in the pandemic, because they made life even more difficult. Although isolation and loneliness were common experiences during the pandemic, the lives and living situations of homeless young people were more precarious before the pandemic and have deteriorated due to it.

Organisations such as job centres and benefits agencies removed the need for presenteeism. This was highly valued by homeless young people, because presenteeism is experienced as a mechanism of state control and can be perceived as stressful. This raises a question about whether presenteeism and active labour market programs might be counter-productive for some people's inclusion in society.

Implications for practice

At the start of the pandemic, staff in all three case study organisations were fearful about how the lockdowns might affect the young people they worked with. These fears and concerns reinvigorated the commitment of staff to provide support and care to homeless young people. Staff in all three organisations went above and beyond in efforts to support homeless young people through the lockdowns. These efforts were also noticed and appreciated by most homeless young people, as evidenced by many appreciative statements from interviewees.

For some groups of workers, the requirement for digital and remote working became the norm for many months. This was difficult because it removed the immediate availability of the informal and formal human support of colleagues. Some also found that bringing complex welfare work into their homes, often in close proximity with other family members, was complex for a range of reasons, including perceived effects on family members and the possibility to separate work life from home life.

Staff found that the requirement to maintain physical distance and wear masks in working with young people made it difficult and, in some cases, impossible to provide adequate care to young people who were experiencing complex and challenging situations. A number of social welfare workers told us that they did not always adhere to the restrictions because they prioritised the young people's need for care in difficult situations.

Outreach based social welfare practices were vital in providing practical and emotional support during the pandemic. The positive experience of outreach-based welfare services

would also be relevant as a departing point for rethinking welfare services in a way where they are less tied to specific locations/facilities and rather meet people where they live their life. Such an approach could alter the nature of the ways vulnerable people and social workers relate to each towards a more equal relationship where the vulnerable people are positioned less as "clients" who visit an authority's place.

Staff also had to deal with their own experience of working through the pandemic. Their personal lives were affected by infection control, and therefore, their work-life balance was compromised. Those who had to work remotely from home experienced a range of difficulties from doing this work in the absence of colleagues. The need to provide emotional support to staff doing complex welfare work remotely need consideration in future pandemics.

References

- BAG W (2021) *Pressemitteilung: Steigende Zahl Wohnungsloser im Wohnungslosensektor, Wohnungslosigkeit anerkannter Geflüchteter sinkt*. Aktuelle Schätzungen der BAG Wohnungslosenhilfe. Berlin.
- Bardwell, G. (2019) The impact of risk environments on LGBTQ2S adults experiencing homelessness in a midsized Canadian city. *Journal of Gay & Lesbian Social Services*, 31:1, 53-64.
- Batsleer, J. (2011) Voices from an edge. Unsettling the practices of youth voice and participation: arts-based practice in The Blue Room, Manchester. *Pedagogy, Culture & Society*, 19(3), 419-434
- Bayerisches Staatsministerium für Familie, Arbeit und Soziales (2019): *Ergebnisse der zweiten Erhebung zur Wohnungslosigkeit in Bayern zum Stichtag 30.06.2017*. München.
- Beierle, S. and Hoch, C. (2017) *Straßenjugendliche in Deutschland. Forschungsergebnisse und Empfehlungen*. München: Deutsches Jugendinstitut.
- Béland, D., Dinan, S., Rocco, P., and Waddan, A. (2021) Social policy responses to COVID-19 in Canada and the United States: Explaining policy variations between two liberal welfare state regimes. *Social Policy & Administration* 2021: 55:280– 294.
- Benjaminsen, L. (2016) Homelessness in a Scandinavian Welfare State: The Risk of Shelter Use in the Danish Adult Population. *Urban Studies* 53(10) 2041–2063.
- Benjaminsen, L. and Lauritzen, H.H. (2015) *Hjemløshed i Danmark 2015. National kortlægning*. [Homelessness in Denmark 2015. National Survey]. Copenhagen: SFI –The Danish National Centre for Social Research, report 15: 35.
- Benjaminsen, L. (2019) *Hjemløshed i Danmark 2019. National kortlægning*. [Homelessness in Denmark 2019. National Survey] Copenhagen: VIVE - Det Nationale Forsknings- og Analysecenter for Velfærd.
- Benjaminsen, L. (2022) *Hjemløshed i Danmark 2022. National kortlægning*. [Homelessness in Denmark 2022. National Survey] Copenhagen: VIVE – Det Nationale Forsknings- og Analysecenter for Velfærd
- Clarke, A., Burgess, G., Morris, S., and Udagawa, C. (2015) Estimating the scale of youth homelessness in the UK. Cambridge Centre for Housing and Planning Research: Cambridge.
- Collins, A.B., Boyd, J., Cooper, H.L.F., and McNeil, R. (2019) The intersectional risk environment of people who use drugs. *Social Science & Medicine* 234 (2019), Article 112384.
- Corey, J., Lyons, J., O’Carroll, A., Stafford, R. and Ivers, J.-H. (2022) A scoping review of the health impact of the COVID-19 pandemic on persons experiencing homelessness in North America and Europe. *International Journal of Environmental and Public Health*, 19:3219.
- Creswell, J.W. (2014) *Research design: Qualitative, quantitative and mixed method approaches (4th ed.)*. London: Sage Publications
- Curry, S.R., Morton, M., Matjasko, J.L., Dworsky, A., Samuels, G.M. and Schlueter, D. (2017) Youth homelessness and vulnerability: How does couch surfing fit? *American Journal of Community Psychology*, 60 (1-2):17-24. doi: <https://doi.org/10.1002/ajcp.12156>.

Duff, C. (2010) Enabling places and enabling resources: New directions for harm reduction research and practice. *Drug and Alcohol Review* 29(3), 337-344.

Ellis, K. and Laughlin, D.L. (2021): Youth homelessness in austerity Britain: “We can’t help you, you need to go back home” *Child & Youth Services*, 42(3): 302-317.

Esping-Andersen, G. (1998) Die drei Welten des Wohlfahrtskapitalismus. Zur politischen Ökonomie des Wohlfahrtsstaates. In S. Lessenich & I. Ostner (Hrsg.), *Welten des Wohlfahrtskapitalismus. Der Sozialstaat in vergleichender Perspektive* (pp. 19-56). Frankfurt am Main: Campus.

Fahnøe, K.R. (2018) Emotional Geographies of Urban Homeless People’s avoidance of Places Providing Social Services. *European Journal of Homelessness* 12(2), 15-34.

FEANTSA (2006): ETHOS – European Typology of Homeless and Housing Exclusion.

Fifield, J. (2021) Some Oldham families waiting over a decade for social housing, figures reveal. *The Oldham Times*, 14th March 2021.

Flyvbjerg, B. (2004) Five misunderstandings about case-study research, in C. Seale., G. Gobo., J.F. Gubrium and D. Silverman, *Qualitative research practice*. London: Sage. Pp. 390-404.

Gerull, S. (2018): 1. systematische Lebenslagenuntersuchung wohnungsloser Menschen. ASH Berlin/EBET e.V.

Goffman, E. (1961). *Asylums: Essays on the social situation of mental patient and other inmates*. New York: Anchor Books.

Griffiths, N. (2021) Inside Manchester council’s plan to tackle the city’s social housing crisis. *Manchester Evening News*, 17th October 2021. <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/inside-manchester-councils-plan-tackle-21849613>

Hail-Jares, K., Vichta-Ohlsen, R. and Nash, C. (2021) Safer inside? Comparing the experiences and risks faced by young people who couch-surf and sleep rough, *Journal of Youth Studies*, 24(3), 305-322, DOI: 10.1080/13676261.2020.1727425

Hall, T. (2017) *Footwork. Urban outreach and Hidden Lives*. London: Pluto Books.

Heinrich, M., Heinzemann, F. and Sowa, F. (2022) Zuhause bleiben? Über Auswirkungen der COVID-19-Pandemie auf Alltags- und Bewältigungsstrategien wohnungsloser Menschen, in: Aghamiri, K., Streck, R., van Rießen, A. (ed) *Alltag und Soziale Arbeit in der Corona-Pandemie: Einblicke in Perspektiven der Adressat*innen*, Opladen, Berlin, Toronto: Budrich, 246-256.

Herman, D. B. (2014) Transitional Support for Adults With Severe Mental Illness - Critical time intervention and its roots in assertive community treatment. *Research on Social Work Practice* 24(5) 556–563.

Houborg, E., Kronbæk, M., Kappel, N., Fahnøe, K.R., Pedersen, S.M. and Johansen, K.S. (2022) *Marginaliserede stofbrugeres hverdagsliv i København – stofmiljøer og velfærdstilbud*. Aarhus: Fællestrykkeriet, AU Tryk.

Howells, K., Burrows, M., Amp, M. et al. (2021) Exploring the experiences of changes to support access to primary health care services and the impact on the quality and safety of care for homeless people during the COVID-19 pandemic: a study protocol for a qualitative mixed methods approach. *Int J Equity Health* 20, 29. <https://doi.org/10.1186/s12939-020-01364-4>

- Jessel, E. (2022) Why can't Manchester do affordable housing? *Architects' Journal*. <https://www.architectsjournal.co.uk/news/manchesters-housing-crisis-its-hard-to-take-the-foot-off-the-gas>
- Kersale, et al. (2021) *The Kersdale Commission on homelessness and rough sleeping – A new way of working: Ending rough sleeping together. Final Report* (September 2021).
- Kirby, T. (2020) Efforts escalate to protect homeless people from Covid-19 in UK. *The Lancet Respiratory Medicine*, 8(5):447-49. doi: 10.1016/S2213-2600(20)30160-0.
- Københavns Kommune (2018) *En by med plads til alle. Socialstrategi 2018-2022*. Københavns kommune.
- Levinson, D. (2004) *Encyclopedia of Homelessness*, Thousand Oaks/London: Sage.
- Lipsky, M. (1980) *Street-level bureaucracy. Dilemmas of the individual in Public Services*. New York: Russell Sage Foundation.
- Lupton, D. and Willis, K. (Eds.) (2021) *The COVID-19 crisis. Social perspectives*. Routledge; London.
- McCoy, S. (2018) Danger zones and stepping stones: Phase 2. DePaul UK.
- Mögling, T., Tillmann, F. and Reißig, B. (2015). *Entkoppelt vom System. Jugendliche am Übergang ins junge Erwachsenenalter und Herausforderungen für Jugendhilfestrukturen*. Düsseldorf: Vodafone Stiftung Deutschland.
- Mohsenpour, A.; Bozorgmehr, K.; Rohleder, S.; Stratil, J. and Costa, D. (2021): SARS-Cov-2 prevalence, transmission, health-related outcomes and control strategies in homeless shelters: Systematic review and meta-analysis. In: *EclinicalMedicin* 38, S. 1-20. DOI:.
- Mücher, F. (2010) *Prekäre Hilfen? Soziale Arbeit aus der Sicht wohnungsloser Jugendlicher*. Wiesbaden: VS Verlag für Sozialwissenschaften.
- Owen, R and Matthiessen, M (2021) COVID-19 response and homelessness in the EU. *European Journal of Homelessness* 15(1):155-178
- Patton, M.Q. (2002) *Qualitative research and evaluation methods*. 3rd Sage Publications; Thousand Oaks, CA.
- Perri, M., Dosani, N. and Hwang, S.W. (2020) COVID-19 and people experiencing homelessness: challenges and mitigation strategies. *Canadian Medical Association Journal*, Jun 29, 2020:192(26): E716–E719. doi: 10.1503/cmaj.200834
- Petersson, F. (2017) Local Representations of Homelessness in Copenhagen, Glasgow and Gothenburg: A Cross-City Policy Analysis. *European Journal of Homelessness* 11(1) pp.153–182. Pleace, N., Baptista, I., Benjaminsen, L., Busch-Geertsema, V., O'Sullivan, E. and Teller, N. (2021): *European homelessness and COVID 19*. Research Report. FEANTSA.
- Price, H. (2020) *Coronavirus: Youth homelessness on the rise*. (<https://www.bbc.co.uk/bbcthree/article/2ff6ca11-e20d-482f-a69b-1f766c5595bb>).
- Reißig, B. and Hoch, C. (2018) Jugendliche auf der Straße. Leben zwischen Autonomie und institutioneller Einbindung. *Sozialmagazin. Zeitschrift für Soziale Arbeit* 43(1-2):60-67. doi: -10.3262/sm1802060.

Rhodes, T. (2002) The 'risk environment': A framework for understanding and reducing drug-related harm. *International Journal of Drug Policy*, 13(2):85-94. doi: [https://doi.org/10.1016/S0955-3959\(02\)00007-5](https://doi.org/10.1016/S0955-3959(02)00007-5).

Rhodes, T. (2009) Risk environments and drug harms: A social science for harm reduction approach. *International Journal of Drug Policy*, 20: 193–201. <https://doi.org/10.1016/j.drugpo.2008.10.003>

Rigsrevisionen (2014) *Beretning til Statsrevisorerne om indsatsen over for hjemløse* [Report to The Public Accounts Committee on the Provision of Service for Homeless]. (København: Rigsrevisionen).

Rodriguez, N.M., Lahey, A.M., MacNeill, J.J. et al. (2021) Homelessness during COVID-19: challenges, responses, and lessons learned from homeless service providers in Tippecanoe County, Indiana. *BMC Public Health* 21, 1657. <https://doi.org/10.1186/s12889-021-11687-8>

Rollmann, N. (2020) *Corona schlug ein wie eine Bombe. Die Situation Berliner Obdachloser während der Pandemie*. Berlin: Robert-Tillmanns-Haus e.V.

Rosenke, W. and Lotties, S. (2021): *Corona und die Auswirkungen auf Menschen in Wohnungsnot und Wohnungslosigkeit und auf das Hilfesystem*. Eine Online-Erhebung der BAG Wohnungslosenhilfe. In *wohnungslos* (1), 20–24.

Roy, A.N. (2016) Learning on the move: exploring work with vulnerable young men through the lens of movement. *Applied Mobilities*, 1 (2). pp. 207-218. ISSN 2380-012

Roy, A. and Buchanan, J. (2016) 'The paradoxes of recovery policy: Exploring the impact of austerity and responsabilisation for the citizenship claims of people with drug problems', *Social Policy and Administration*, 50: 398–413.

Roy, A., Hughes, J., Froggett, L. and Christensen, J. (2015) Using mobile methods to explore the lives of marginalised men in Manchester, in Louise Hardwick, Roger Smith and Aidan Worsley (Eds) *Innovations in social work research*. (pp.155-173) London: Jessica Kingsley Publishers.

Rustin, M. (1991) *The Good Society and the Inner World: Psychoanalysis, Politics and Culture*, London: Verso.

Sartorius, W. and Simon, T. (2021): Wohnungslosigkeit und Wohnungsnotfallhilfe in pandemischen Zeiten. In Kniffki, J.; Lutz, R. and Steinhaußen, J. (Hrsg.): *Covid-19 - Zumutungen an die soziale Arbeit. Praxisfelder Herausforderungen und Perspektiven*. Weinheim: Beltz Juventa. 249–261.

Scambler, G. (2020) Covid-19 as a 'breaching experiment': exposing the fractured society. *Health Sociology Review* 29(2): 140-148.

Silverman, D. (2013) *Doing qualitative research – 4th Edition*. London:Sage.

Sinha, S. and Back L. (2013) Making methods sociable: dialogue, ethics and authorship in qualitative research, *Qualitative Research* 14(4): 473-487.

Smithson, H., et al. (2021) *The youth justice system's response to the Covid-19 Pandemic: Research Paper*, June 2021. MMU, Manchester Centre for Youth Studies, Alliance for Youth Justice, UKRI.

Sowa, F. (ed.) (2022) *Figurationen der Wohnungsnot. Kontinuität und Wandel sozialer Praktiken, Sinnzusammenhänge und Strukturen*. Weinheim/Basel: Beltz Juventa.

Sowa, F., Fahnøe, K., Roy, A., Farrier, A., Heinrich, M. and Kronbæk, M. (2021) Vulnerable Jugendliche in sich verändernden Risikoumgebungen. Figurationen von urbaner Jugendwohnungslosigkeit in Deutschland, Dänemark und Großbritannien, in: Soziale Passagen. Journal für Empirie und Theorie Sozialer Arbeit 13 (2): 453-458.

Sowa, F., Heinrich, M. and Heinzemann, F. (eds.)(2023) *Obdach- und Wohnungslosigkeit in pandemischen Zeiten*, Bielefeld: transcript (forthcoming).

Stadt Nürnberg (2021): Wohnungsbericht 2020. Gutenberg Druck & Medien GmbH. Nürnberg.

Thylstrup, B; Palacio, A and Houborg, E (2020) *COVID-19 og rusmiddelområdet Udfordringer og løsninger inden for behandlings-og lavtærskeltilbud. Faglig rapport fra Center for Rusmiddelforskning*. Aarhus: Aarhus Universitet.

Torfig, J. 1999. Workfare With Welfare: Recent Reforms of the Danish Welfare State. Journal of European Social Policy 9 (1): 5–28. Tuft, A. and Larsen, L. (2021) *Herbergsliv under covid-12*. København: WeShelter.

Unterlerchner, B., Moussa-Lipp, S., Christanell, A. and Hammer, E. (2020) *Wohnungslos während Corona. Auswirkungen der Grundrechtseinschränkungen auf das Leben von Obdach - und wohnungslosen Menschen während der Covid-19-Pandemie in Wien. Juridikum. Zeitschrift für Kritik | Recht | Gesellschaft*, 31(3): 395-406.

Wengraf, T. (2001) *Qualitative research interviewing: Biographic narrative and semi-structured methods*. Thousand Oaks, CA: Sage.

Appendix 1.

Table 1. Anonymised participants in the three countries

No	Cohort	Name (anonymized)	Age	Gender	Interview#1	Interview#2
1	Denmark	Jane	29	Female	Face to face	Face to Face
2	Denmark	Oliver	30	Male	Face to Face	Face to Face
3	Denmark	Amanda	28	Female	Face to face	Face to Face
4	Denmark	Melanie	23	Female	Face to Face	Face to Face
5	Denmark	Bassil	24	Male	Face to face	Not possible
6	Germany	Patrick	20-odd	Male	Face to face	Face to face
7	Germany	Nathalie		Female	Face to face	Face to face
8	Germany	Adam	20	Male	Face to face	Face to face
9	Germany	Sam	20-odd	Male	Face to face	Face to face
10	Germany	Leonie	20-odd	Female	Face to face	None
11	Germany	Kim	20-odd	Male	Face to face	Face to face
12	Germany	Hannah	20-odd	Female	Face to face	None
13	UK	Lindsey	Appro x 20	-	Face to face	Telephone
14	UK	Ben	Nearl y 20	Male	Face to face	Telephone
15	UK	Charlie	-	Trans	Telephone	Telephone
16	UK	Marcus	-	Male	Telephone	Telephone
17	UK	Brandon	Nearl y 30	Male	Telephone	Telephone
18	UK	Alison	-	Female (trans)	Telephone	Telephone