

Focus Ireland Shielding Service Evaluation

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Presentation

1. Introduction
2. Context – pandemic, long-term / chronic homelessness in Ireland, Housing First policy context
3. Evaluation findings:
 - Objectives, throughput
 - Methodology
 - Impact of service
 - Key features of the service
4. Conclusion and service implications

Context of COVID-19 Pandemic: Dublin

- **Enhanced risk** for serious symptoms of COVID-19 among long-term homeless w/underlying health conditions
- Confined conditions / shared air space in emergency shelters
- Dublin was regarded as a positive case study for effective and collaborative crisis response across homeless services during the COVID-10 pandemic (Owens and Matthieson, 2021; Pleace *et al.*, 2021; Finnerty *et al.*, 2021; O'Carroll *et al.*, 2021)
 - Swift, decisive action
 - Inter-agency collaboration
 - Expansion of accommodation provision
 - Agile, adaptive response.
 - Reduced transmission of disease and saved lives
 - Service innovations → e.g. Focus Ireland Shielding Service

Policy context – long-term homelessness

- Ireland's homelessness response can be broadly characterised by shelter-led service delivery in a housing-led policy paradigm.
- 12,847 men, women and children in homeless emergency services (July 2023)
- Single homeless people in Ireland: 5,993 single adults (July 2023)
- Long-term/ chronic' homeless cohort:
 - Almost 9 per cent of homeless population in Ireland who account for around 47 per cent of emergency accommodation stays (O'Donoghue-Hynes and Waldron, 2015)
- Scaling up of Housing First in Ireland (Housing First National Implementation Plan 2022-2026)
 - Target: 1,319 tenancies 2022-2026
 - 865 tenancies (April 2023)
 - 923 individuals in tenancies (July 2023)
 - 86 per cent tenancy sustainment rate (2023)

Housing First and Target to End Long-Term Homeless in Ireland

→ Housing First in Ireland has shown promising results: exceeding regional targets and high tenancy retention rates (86%).

→ Greenwood et al. (2022) evaluation also shows successful interagency coordination and high satisfaction rates among tenants.

→ But Housing First as a system-led approach to end long-term homelessness in Ireland is limited and its capacity to end long-term homelessness by 2030 in Ireland (as per the Lisbon declaration) is unlikely in the context of a housing crisis.

→ Further, what about the 14% for whom Housing First breaks down? Is there another service offering that might be more effective for this cohort?

Focus Ireland Shielding Service

Aim: To protect homeless individuals with underlying health conditions from severe symptoms and preventing death from COVID-19.

Aim then shifted to include formal case management support.

Funded:

- HSE COVID-19 fund
- DRHE (buildings)

- Two buildings in South Inner City (former Airbnb accommodation)
- 15 self-contained units
- 18 staff (double cover, 24/7)
- Operational from April 2020 – May 2022.
- Total number of residents: 36
- Targeted those with serious/chronic underlying health conditions.
 - Mental health difficulties
 - Histories of rough sleeping and service exclusion
 - Active addictions

Shielding Service Level Data: Profile of Residents

Residents (n=36)

- 21 male; 15 female
- Majority (75%) aged 35-54 years old
- 20 (56%) were single
- 33 (92%) born in Ireland

Time in service:

Average length of stay in Focus Ireland Shielding Service: 206 days

Physical Health Needs	Mental Health Needs	Substance Misuse Needs
<p>Cancer, epilepsy, abscesses, emphysema, diabetes, cirrhosis of the liver, intellectual disability, acquired brain injury.</p>	<p>Schizophrenia, depression, anxiety, paranoia, suicidal ideation.</p>	<p>Alcohol, cannabis, tablets, heroin, crack cocaine, methadone.</p>
<p>+ additional behaviours requiring support</p>		

Homeless Histories

Homeless histories:

- Average 9.3 years
- 29 (81%) homeless 6 years or more
- 23 (64%) had histories of rough sleeping

Homeless history type	Homeless history	No of Residents	Percentage
Long-term/chaotic	<ul style="list-style-type: none"> > Long-term homeless histories lasting many years. > Chaotic transitions between emergency accommodation, night café, rough sleeping, etc. 	22	61%
Episodic/unstable	<ul style="list-style-type: none"> > Histories of episodic homelessness > Frequent moves between homelessness and other service systems. > Precarious housing histories. 	11	31%
'New' to homeless services	<ul style="list-style-type: none"> > Recently entered homeless services. 	3	8%
Total		36	100%

Table 4: Homeless History Type among Shielding Service Residents

Primary Data Collection

Objectives

1. To explore the views and experiences of **staff and key stakeholders** with regards to the design and delivery of the Focus Ireland Shielding Service, with particular attention to the mechanisms and effectiveness of service coordination.
2. To explore the personal views and experiences of **former residents** of the Shielding Service.
3. To reflect on **key learnings and recommendations** which might be applied to similar services or partnership initiatives in the future.

Phase 1

Semi-structured interviews with staff and stakeholders (n=6)

Zoom

Capture inter-agency views

Phase 2

Semi-structured interviews with former residents (n=6)

In- person

Robust research ethical protocol

Data Sample

Phase 1 – Staff and Stakeholders (n=6):

Senior Manager, City Centre Drug Project

Senior Manager, Health Service Executive Social Inclusion

Clinical Lead, Public Health Homeless Response Team

3 X Focus Ireland staff (team lead, project lead, service manager)

Phase 2: Former residents (n=6)

Gender	5 male; 1 female
Age	40-49 years old (n=4) 35-39 years old (n=1); 20-35 years old (n=1);
Ethnic background	All of white ethnic background
Health	All had underlying health conditions; Including, but not limited to: Diabetes (Type 1), HIV, Hepatitis C, cirrhosis of the liver.
Substance misuse	5 reported drug misuse (including heroin, psycho-pharmacological medication, etc.); 1 reported alcohol misuse as well as drugs.
Homeless Histories	4 residents 20+ years (n=4) 1 resident 12 years (n=1) 1 resident 3-5 years (n=1)
Prior to entering SS	Prison (n=3) Emergency accommodation (n=3)
Average time in service	13.8 months

	Living situation immediately before Shielding Service	Homeless history	Referral channel	Length of time in Shielding Service	Accommodation at time of interview
1	Prison release 2020; sofa-surfing; emergency accommodation	20+ years	Drug Service	27 months	Short-term accommodation (STA)
2	Prison release 2020; hospital	20+ years	Health services	22 months	Short-term accommodation (STA)
3	Emergency accommodation	20+ years	Health services	15 months	Long-term supported housing
4	Emergency accommodation	3-5 years	Health services	3 months	Private emergency accommodation (PEA)
5	Short-term accommodation (STA)	20+ years	DRHE	14 months	Local Authority Housing (Housing First)
6	Prison release 2020; Emergency Accommodation & rough sleeping.	12 years	Methadone clinic	2 months	Private emergency accommodation (PEA) & rough sleeping

Table 3: Homeless history and homeless/housing pathways of six evaluation participants

Key Findings: Impact of Service

Housing

Substance
Misuse

Health

Mental
Health and
Well-Being

Criminal
Justice
Contact

Family
Contact

1. Housing

Service-level data (N=36 residents):

- 12 had transitioned to long-term housing:
 - 8 → local authority housing
 - 3 → long-term supported housing
 - 1 → long—term assisted living facility
 - 19 still homeless:
 - 9 in Private Emergency Accommodation (PEA)
 - 6 in Short-Term Accommodation (STA)
 - 3 rough sleeping
 - 1 prison
- [5 missing data]

[Of evaluation sample:

- 4 were still homeless
- 2 were housed]

“We have had really positive move-ons, that even surprised ourselves. The [Drug Service] and [HSE Managers] would have known these residents for years because they are in and out of services and they were surprised they were able to maintain their place on South Circular Road.” – Focus Ireland Staff Member

“I suppose without the help of them [Focus Ireland], I wouldn't be here [in housing] today. Do you know what I mean? I knew I had to go [leave Shielding Service], and I miss them [staff] but I suppose they did help me on the road and to moving in and being more independent.”
– Former Shielding Service resident

2. Substance Misuse

- Of those interviewed, 3/5 who reported drug/alcohol misuse issues had reduced their overall intake during their time in Shielding Service.
 - However, periods of heavier misuse were commonplace.
- Support of on-site staff engagement in addiction.
- Harm reduction approach
- Residents appreciated leniency vis-à-vis substance misuse
- Specialist training and support provided to service through drug service

“When I moved in to South Circular Road, I was strung out, I was bad. When I left, I was clean. But like, when I moved in, it gave me time, I did use when I was there at the beginning but I didn’t go back really heavy – it was just the odd day.” – Former Shielding Service Resident

“We brought over Naloxone. I mean Focus staff know how to manage an overdose but we worked really closely with those teams as they were working with such high-risk populations, so we were running that training with them” – Drug Service

3. Health

“At the start, there was a nurse coming to bring me injections but then that stopped as I could give the injections myself. And when I was getting sick with my chest, they would tell me to come off certain medication like my injections and certain stuff.” – Former resident (Interview. No.5)

- Evidence of improved health conditions.
- Primary healthcare teams were able to access residents to administer regular treatment or monitor health issues.
- Staff facilitated regular hospital and GP appointments.
- Drug services delivering prescription medication to door.
- Meals provided.
- All 6 had spent time in acute hospitals since March 2020.
- Emotional support from staff during periods of illness.
- Staff info provided on COVID-19 vaccine.

“They were picked up off the street and that enabled us to begin looking at the complex medical care needs – if they have mental health issues, diabetes, cancer – we were able to put a proper medical plan in place, but Focus Ireland would have focused on accommodation and we would focus on health care needs ... [if they were not in Shielding Service], it would have been hit and miss and we would have been reliant on the Focus Ireland coffee shop but they might be there one day and gone the next but having them there constantly meant we could address medical and psychosocial needs.” – HSE

4. Mental Health and Well-Being

- Some residents with severe mental health needs.
- Unmet service need: Lack of intensive mental health supports for those in active addiction.
- Depression, anxiety,...
- Trauma-informed supports
- Service offered stability and time

“There was a new incident where I was speaking to one of the staff and you know, because with the depression, it went and then it came back and I felt like with the COVID and all, I had been trapped in a room [...]. I felt like [the childhood trauma] was coming back to me and because I told her that, she helped me to make a report of that, and she was so nice about it” Former resident (Interview No. 5)

5. Criminal Justice Contact

- 3 research participants released from prison in preceding months
 - All reported declined contact with CJ system
 - No new charges during their time in Shielding Service
 - Reports of stabilisation
- Low call out rates with An Garda Síochána (police).

“There was one gentleman who comes to mind and he was in prison for a long time and very chaotic, never held on to a bed anywhere. He had just been discharged prematurely from prison to make space [during pandemic], he hadn’t a clue what was going on, he was a huge overdose risk, criminal activities, and we managed to work to get him into Shielding Service. He stabilised on his medication, he made friends for the first time in his life, he cut down on his drinking, he wanted to participate in a day programme but due to COVID he couldn’t, but he wanted one and he never wanted one before – he was healthier.” – Drug Service Manager

6. Family Contact

- Family relationships characterised as strained and complicated.
- Some sporadic contact
- One research participant reconnected with teenager for first time in years.
- Visitors not allowed (COVID-19) but four participants said they would have liked to have been allowed visitors.

“When I first got out of jail, I was living in the hostels, you don’t have time to be thinking of family. It’s only when you’re in somewhere, and you’re actually able to chill out and relax and understand – like, this is family lie. I got back in touch with my child. I had no relationship with my child for nearly 15 years because I was being thrown from pillar to post like. And I thought about it, and this ability, and I would love to find another place like South Circular Road.” – Former resident (Interview No.1)

Key Findings: Success Factors for Low-Threshold Service (1)

1. Evolving the service around the needs of the customers

“Being thrown new projects and sets of keys by the funders and being told to figure out the best and safest way to do it – it freed us up a lot to be innovative. We all carry health and safety around in our mind anyway, so we could make good assessments rapidly.” – Drug Service

2. Agile management approach

“At every staff handover, there was another decision to be made” – Focus Ireland

“We adopted an agile management approach – if it didn’t work, we fixed it. If it worked – we kept it going. We always looked at our practice and worked out – where is the customer in all of this?” – Focus Ireland

Key Findings:

Success Factors for Low-Threshold Service (2)

3. Enhanced inter-agency coordination and collaboration:

- Longstanding partnerships already in place, but emergency period enhanced flexibility and willingness for cooperation and collaboration

“The clients we had were going to get very ill or die if they contracted COVID. There was very little of ‘Oh that’s not within our remit’, ‘That’s not our role’, it was more like – ‘What can we do for you? Here you go!’” – Focus Ireland

- **Specialist advice and support**

“None of the Focus Ireland staff were healthcare workers: we needed the HSE expertise to come into the service and do it, and I think that’s worked really well.” – Focus Ireland

- **Services brought to the door**

“The nurse dropped off insulin to me and if I run out, I call the Health Link Nurse. She would bring more to service then.” – Former resident (Interview No. 4)

Key Findings: Success Factors for Low-Threshold Service (3)

4. Targeting of high-needs individuals:

“What we found was that these people were bouncing around from service to service. And some of the feedback was that we did well to hold those customers in the project for as long as we did.” – Focus Ireland

“Like, I’ve been homeless 20 years and this is the first time that I have ever really had the chance to just focus like. Focus on yourself. Get yourself together. Do you know what I mean? So that’s what I did....it is probably THE best thing that’s happened since I was homeless, just to have space to yourself like.” – Former resident (Interview No. 1)

“When I came to the service, I thought I had struck gold. The staff were so nice!” – Former resident (Interview No. 5)

Key Findings:

Success Factors for Low-Threshold Service (4)

4. Intensive and flexible approach to key working – particularly 24/7 staff support

“I could be on night shift, and I can engage with a resident and follow up in the middle of the night. ... you can catch them when they are most ready to have that conversation to do that work.” – Focus Ireland Staff

“So if one [keyworker] wasn't on, the other one was. I felt that just say there was a day which there wasn't one of them on, which was seldom, I felt like I could go talk to any of them girls.” – Former resident (Interview No.5)

“[Interviewer: What comes to mind when you think back to the Shielding Service?] What comes to mind is the staff. They supported me with my payment, housing, if you have a place with supportive staff to help you and what you want to achieve, that's what I like.” – Former resident (Interview No. 4)

Key Findings: Success Factors for Low-Threshold Service (5)

5. Lenient and flexible approach of staff led to greater rapport and mutual respect:

- Nobody got 'special treatment'
- Ability to get a 'clean slate' over time (to reduce service exclusion)
- Created positive workplace culture and enhanced staff morale.

Comfort, entertainment e.g. SMART television:

"I can't deal with life without telly. If you're sitting there, and not doing anything at least you can sit down and watch the match then... it's the small details that make a big difference." – Former resident (Interview No.1)

"I am on my final warning already [in current housing] and I am only a year there. But there [Shielding Service] you could like get warnings but they only lasted six weeks and then you got a clean slate...you got some flexibility." – Former resident (Interview No. 3)

Conclusion

The service protected the lives and health of high-risk individuals. But it also provided:

- Quality, self-contained accommodation → safety, security, autonomy,
- Intensive and tailored 24/7 staff support
 - agile service delivery, transparency, equal treatment, leniency, informal interactions based on respect, kindness.
- No time limitation (apart from service closure!)
- Highly effective inter-agency collaboration which delivered high quality service directly to residents.

- This service model appeared to achieve successful outcomes and for this complex needs cohort - including successful move-ons to long-term housing, which typically required intensive advocacy and keyworking support over many months.

→ Period of stabilisation in a supportive, flexible and high quality service environment.

Learnings for post-pandemic context?

- Service innovations like Shielding Service are relevant to the post-pandemic context. Particularly with regards to:
 - Provides an opportunity for stabilisation and intensive support, tailored to the preferences and pace of the clients themselves, which can support transitions to housing.
 - Prioritising clients' own needs when designing and developing service policies.
 - Can facilitate easy coordination of intensive support services

*"If it wasn't for the Shielding Service, he'd [example of a certain male resident] be languishing in hostels right now, no doubt about it – it was a lot of work, it took months of intense work, it wasn't something that could be done with a couple of meetings."
– Focus Ireland*

Thank you!

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