Evaluation of Focus Ireland Shielding Service

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Executive Summary

Background

Individuals with chronic or long-term homeless histories are particularly at risk of contracting respiratory diseases and so when the COVID-19 pandemic arrived in Europe, there were real fears that infection and mortality rates amongst people experiencing homelessness would be disproportionately high (Owens and Matthiessen, 2021). Further, individuals with long-term homeless histories are more likely to face barriers in accessing healthcare and less likely to have access to public health information, placing them at additional risk.

In Dublin, local authorities, public health response teams and homeless NGOs took swift, decisive and coordinated action to protect the lives of those in homeless services, with particular attention to those with active addictions and complex health problems who were at a heightened risk of severe symptoms and possibly death (O'Carroll *et al.*, 2021; Finnerty *et al.*, 2021; Pleace *et al.,* 2021). The agile, adaptive and collaborative response to the pandemic across the homeless sector in Dublin has emerged as a positive case study, and was seen to not only avoid widespread community transmission and save lives but also delivered supports to service users where they were living via inter-agency coordination (Owens and Matthiessen, 2021).

Now that the emergency period has receded, it is important to document and reflect on the key learnings from service innovations and collaborative practices that took place during this time. The following report documents the learnings from one particular service innovation – the **Focus Ireland Shielding Service** in Dublin city.

Focus Ireland Shielding Service

The Focus Ireland Shielding Service operated from two separate buildings in the south inner city providing a total of 15 self-contained units, catering to both singles and couples. Both facilities were sourced and rented by the Dublin Region Homeless Executive (DRHE), while Focus Ireland was contracted to run the service through a specific COVID-19 fund provided by the Health Service Executive (HSE). The service opened in April 2020 and was formally closed in May 2022, after which the landlord returned both buildings to Airbnb use (which the buildings were used for before the pandemic).

In total, there were 18 Focus Ireland staff allocated to the service – 9 in each facility – providing 24/7 on-site support (double cover). The service accommodated a total of 36 residents. Initially, Focus Ireland was not contracted to provide keyworking supports but after several weeks of the service being in operation, the service level agreement was updated to include keywork support. Each resident was allocated two keyworkers, with staff shifts scheduled to ensure that, at any one time, a resident had a keyworker available to them (including during the night).

All residents of the Shielding Service had serious or chronic health conditions which rendered them at high risk of serious symptoms if they contracted COVID-19, with a majority reporting lengthy homeless histories, including rough sleeping, and active addictions. Many also reported serious mental health difficulties or diagnoses while several residents also reported to have an intellectual disability or an acquired brain injury. Several had been barred or excluded from other services. Therefore, the Shielding Service was a low threshold service which sought to accommodate the most high-needs clients of an already high-needs and marginalised population. Referrals were primarily received via Dublin Central Placement Service and HSE.

Methodology

The primary objectives of the evaluation were:

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

Phase 1 of the evaluation consisted of six semi-structured interviews with staff and key stakeholders, including senior managers across Focus Ireland, HSE Social Inclusion, HSE COVID-19 response team, and a local drug service. These interviews were carried out via Zoom.

Phase 2 focused on the views and experiences of six former residents of the Shielding Service. These semi-structured interviews were all carried out in person.

Focus Ireland also provided service-level to data to describe the overall client group across the service, their service throughputs and housing outcomes.

Findings

1 Key components of a low-threshold service for high-needs residents

According to the evaluation findings, there were a number of fundamental aspects in the design and delivery of the Shielding Service which contributed to its perceived success. These learnings are related to the emergency context at that time where staff and service partners worked in an agile, flexible and collaborative way. These learnings included:

- **Evolving around the needs of residents**
  Due to the necessary urgency in establishing the Shielding Service, policies and procedures to govern the service were established swiftly and adapted and changed as necessary over time. There were perceived benefits to this iterative approach to developing service practice as it continuously prioritised the specific (and changing) needs of the residents themselves. Residents characterised the 'rules' of the service as consistent, transparent and 'no one got special treatment'. Yet leniency was also valued by residents, for example "warnings" for breaking rules could be expunged over time and this was seen – by both staff and residents – to ultimately prevent service exclusion. Notwithstanding the challenges of this emergency period, the opportunities to innovate and establish new and creative ways to work with high-needs residents appeared to have a positive impact on workplace culture and also contributed to an open and respectful atmosphere between staff and residents.
- **Inter-agency coordination and collaboration**
  During the pandemic, inter-agency cooperation across homeless, health and drug services was regarded as highly effective in Dublin (and elsewhere around Ireland) (O'Carroll *et al*., 2021; Finnerty *et al*., 2021). The sense of urgency to protect the lives of the residents allowed for particularly efficient and effective cross-agency work. In the case of Shielding Service, interviews with both staff and former residents highlighted that this inter-agency work contributed to an enhanced quality of service, for example, with most supports provided to residents on-site. Public health community teams also reported greater access to patients while they were living in Shielding Service, which contributed to more effective treatment leading to improved health outcomes. Coordination of support became particularly effective when Focus Ireland formally began providing keywork support to residents.
- **Targeting high-needs individuals**
  Given the service was set up to meet the needs of the most at-risk, high-needs persons at the 'chronic' end of the homelessness spectrum, the referral process appears to have been well-targeted. Most of the residents had been homeless for lengthy periods and had been "bouncing around from service to service" and therefore falling through the cracks of the existing service systems. The residents who were interviewed for this evaluation favourably compared their experience in Shielding Service to other accommodations in their homeless histories, with specific reference to the privacy and stability the service offered.

- **An intensive and flexible approach to keyworking**
  Two key workers were allocated to each resident, and staff rosters were scheduled to ensure that at any one time, each resident had one of their key workers on shift. This allowed for residents to engage in the middle of the night if that was their preference. All supports were tailored to the specific needs of the individuals which typically changed over time. Some residents required extensive advocacy on housing applications, for example, while others required more targeted support with their health, addiction or mental health. During the initial weeks of the service, staff engaged informally with residents as keyworking supports were not included in the service delivery remit initially. According to staff, this allowed trust and rapport to build prior to more formal engagement.

2 Impact of Service

The Focus Ireland Shielding Service achieved its original goal to keep residents safe from COVID-19 infection, including during the height of the pandemic when residents and staff were not yet vaccinated. However, there were other positive impacts of the service which – given the significant support needs and extensive homeless histories of the residents – exceeded expectations with respect to the original remit of the service.

- **Housing Outcomes**
  Of the 36 residents who had stayed in Shielding Service, one third (n=12) had since transitioned to long-term housing (including 8 who were living in local authority housing). This rate of positive housing outcomes among this cohort is positive given the fact all of these individuals had previously spent many years falling through the gaps of the service system and reported lengthy and previously unresolved homeless histories.

- **Substance Misuse**
  There was no pre/post measures of substance misuse across the residents of Shielding Service while self-reported changes in substance misuse among the six interviewed residents were mixed. Five of the six who were interviewed reported active addictions, and three of these reported an overall reduction during their time in Shielding Service. However, there were often periods of intensive use and other periods that were characterised as more stable. The flexible, harm-reduction approach of staff was valued by residents and some also described how they liked being able to go to "chat" or informally interact with staff during lonely or vulnerable moments (that are otherwise be a high-risk time to misuse drugs or alcohol). In this regard, on-site and 24/7 hour staff support was appreciated by those residents who benefit from supportive communication.

- **Health**
  The health conditions of the Shielding Service residents were serious or chronic and often complicated, and all required significant medical supervision and oversight. All six of the former residents who were interviewed reported serious underlying health conditions (hence their referral to the Shielding Service in the first place). All had spent time in acute hospital settings since the beginning of March 2020 due to their chronic and complex conditions. While residents lived in Shielding Service, primary health care teams were able to access

residents as necessary to administer treatment or monitor health needs, and there was evidence of some improvement in health conditions due to this enhanced medical attention. Taxis were covered by the service to facilitate all medical visits. Furthermore, dinners were provided on site to residents as was cereals and supplies for breakfasts and snacks. There were reports of residents gaining weight while living there due to this on-site food provision. All residents volunteered to receive the COVID-19 vaccine following staff providing public health information to all residents.

- **Mental Health and Wellbeing**
  Across the interview data, there was some evidence of improved mental health and well-being. Two of the former residents who were interviewed, for example, described how the privacy and security of their accommodation in the Shielding Service allowed them to process past traumas which they confirmed assisted in their overall recovery. Compassionate and trauma-informed interactions with staff members in the service team were described by former residents as particularly helpful. However, the lack of wider mental health services for those in active addiction was seen by staff and stakeholders as an ongoing gap in provision, with this high-needs cohort particularly disadvantaged when it comes to accessing appropriate supports and treatment.

- **Criminal Justice Contact**
  A large portion of the residents being accommodated in Shielding Service have had extensive histories of contact with the criminal justice system, including multiple charges and prison committals. Therefore given the profile of the residents, the extent to which An Garda Síochána was called upon was considered by staff and service partners as being notably low, as was the low number of arrests or charges while residents lived in the facility. Three of the six residents interviewed had been released from prison shortly before entering Shielding Service and all three reported no new criminal charges whilst living in Shielding Service. While this may have been related to the national lockdown, there was also some evidence that the stabilising effect of the service also contributed to this.

- **Family Contact**
  Family relationships were typically described by the research participants as both strained and challenging and there was limited insight into whether the service had an impact on family relationships. Some residents lost family members or elderly parents during this period which often yielded an often complicated grieving period during which they felt quite isolated. Others had sporadic contact with siblings or children. In the case of one participant interviewed, he had reconnected with his teenage child after many years of estrangement whilst living in Shielding Service and he directly attributed the stability that the service provided which led to this reconnection. Importantly, there was feedback among four participants that they would have liked visitors to have been allowed in their accommodation, particularly after the height of the lockdown had passed. They believed that this would have alleviated feelings of isolation.

- **Impact of Closure of Service**
  The closure of the service caused a great deal of anxiety, worry, and fear for the future for those who were still residing there at that time. This rupture to their service coincided with the resumption of post-pandemic life and the removal of tailored emergency measures aimed to protect the lives and health of this high-needs cohort. Therefore, the residents affected were particularly disappointed that there was no equivalent service, signalling an unmet service need that goes beyond the pandemic. This unmet service need was also echoed in the staff and stakeholder data.

Conclusion

While the COVID-19 pandemic underscored the already well-documented limitations of dormitory-style congregate settings (Sahlin, 2005; Tsemberis, 2010), the crisis response and inter-agency cooperation brought about new models of service innovation, which appeared to have catered well to the needs of those who have been, for many years, 'falling through the cracks' of existing service systems. International research has shown that Housing First can fail for a small cohort, and while further research is required particularly in an Irish context, it is plausible – based on the evidence demonstrated in this evaluation – that a low-threshold facility providing quality self-contained units, combined with intensive and flexible keyworking supports, yields positive outcomes across a range of domains. For some individuals, it can lead to a period of stabilisation and ultimately, in their own time, a successful transition to long-term housing.

There were many specific factors which were regarded by staff, stakeholders and residents as having contributed to the positive service experience of the Shielding Service. These include:

- low-case load of staff;
- small facility;
- self-contained own door units of high quality;
- establishing trusting, respectful and compassionate relationships between staff and residents;
- effective service coordination (specifically health care and drug services);
- intensive yet flexible approach to keyworking and advocacy to facilitate access to supports, services and long-term housing;
- transparent policies and procedures to service, which include leniency;
- no time limit to service.

Recommendations

This evaluation revealed substantial insights and learnings on the perceived success of the Focus Ireland Shielding Service which can inform future iterations of similar low-threshold services for high-needs clients.

1. **Own-door units** staffed by **a multi-disciplinary team** of skilled keyworkers can provide stability, safety, and positive and productive service engagement for entrenched long-term homeless people. Specifically, it can offer **a period of stabilisation**, where healthcare needs and substance use issues are supported, before residents' transition to long-term accommodation, at a time determined by residents themselves.
2. By designing **policies and procedures around the needs of the residents**, staff were able to garner trust and rapport. Transparency and clear rationale around policies and procedures, and leniency where required, is also vital to maintain trust between staff and residents.
3. A **flexible, respectful, and trauma-informed approach** to keyworking was seen to be effective in working with high-needs clients with challenging behaviours and can lead to positive outcomes. It also helps to keep tensions low and prevent placement breakdown. It assists in meeting the needs of the residents in terms of 'where they are at', including providing key working support during the night if needed. To achieve this, there needs to be sufficient staff resources and training to manage the particular characteristics of a low-threshold service.
4. **Coordination and collaboration** between Focus Ireland and health and drug services are seen as particularly impactful for this medically-vulnerable and high-risk population. It allows for the health and drug services to be tailored and provided directly to the individual, to achieve better outcomes for all services involved.
5. This service model has the potential to achieve **successful move-ons** to long-term housing from this service; this typically requires intensive advocacy and key working support over many months.
6. Low threshold and high support services such as this required **substantial staff resources and funding**. The small case load and 24/7 staff support was seen as crucial in delivering a quality and holistic service. This cost can be seen to be offset by reducing encounters with emergency services, hospitalisation, and contact with the criminal justice system. According to staff, 10 units would be ideal for a future facility like this to achieve **quality of service** and **return of investment**.
7. Greater attention to **robust service-level data** at multiple junctures and across a range of domains including health, well-being and substance misuse would help to capture the effectiveness and impact of similar services in the future.

Full Report

1 Introduction

Housing is one of the most important social determinants of health and those who are experiencing long periods of unresolved homelessness may be particularly vulnerable to weakened immune systems and corresponding health issues. Therefore when the COVID-19 pandemic arrived in Europe, there were real fears that infection and mortality rates amongst people experiencing homelessness would be disproportionately high (Owens and Matthiessen, 2021). This long-term homeless cohort are also more likely to face barriers in accessing healthcare and less likely to have access to public health information.

Across Europe, many emergency shelter services were closed, expanded or modified to implement social distancing and to enable rough sleepers to move off the street (Pleace *et al*., 2021). In Ireland, swift, decisive and coordinated action was taken to protect the lives of those in emergency accommodation, with particular attention to those with active addictions and complex health problems. Standard congregate or dormitory-style emergency shelters were not considered appropriate settings for this at-risk population during a pandemic given the 'shared air' spaces (though the suitability of dormitory style shelters in 'normal' times can also be questioned), therefore to ensure adequate social distancing, buildings and private facilities were sourced by local authorities to provide alternative accommodation – or 'shielding units'.

In Dublin, local authorities sourced hotels and Airbnb accommodations – which was made possible by the temporary collapse of the tourist industry across 2020 and 2021. Many of these former-Airbnb units were own-door, self-contained (containing kitchenette, own bathroom, etc) and of good quality and provided many homeless people with safety and stability during the 'stay at home' orders. For those with chaotic or highly unstable homeless and housing trajectories, it provided a period of residential stability, sometimes for the first time in years. There was also productive inter-agency cooperation and collaboration between local authorities, local health services, and NGOs during this period. This was to deliver tailored services and supports directly to residents on-site, so as to reduce the necessity for residents to leave the building.

The low infection and mortality rates among the homeless population during the COVID-19 pandemic in Ireland is attributed to this dynamic expansion and acceleration of services swiftly executed across the homeless and health sector (O'Carroll *et al*., 2020; O'Carroll *et al*., 2021; O'Carroll, 2021; Finnerty *et al*., 2021). Indeed, the productive

cooperation during the emergency period seen in Dublin has emerged as a positive case study at a European level in terms of saving lives, reducing community transmission and effectively supporting those experiencing homelessness through service adaptations (Owen and Matthiessen, 2021).

Now that the emergency period has receded, it is important to document and reflect on the key learnings from the service innovations and collaborative practices that took place during this time. The following report documents the learnings from one particular service innovation – the **Focus Ireland Shielding Service** in Dublin city – which provided low-threshold accommodation service and support to a high-needs cohort of single people experiencing long-term homelessness in Dublin city.

2 Overview of Focus Ireland Shielding Service

The Focus Ireland Shielding Service was immediately established in March 2020, when two separate buildings on South Circular Road in Dublin 8 were sourced and rented by the Dublin Region Homeless Executive (DRHE)[1]. Focus Ireland was contracted to run the service, while staffing costs were funded by the Health Service Executive (HSE) through a specific COVID-19 funding stream. Both of these buildings comprised of self-contained units and were previously used as Airbnb accommodation for tourists. In total, there were 18 staff allocated – 9 in each building – providing 24/7 on-site support (double cover). There was a total of 15 self-contained units across the two houses, catering for singles and couples.

All of the residents accommodated in the Shielding Service had particularly complex support needs (see Table 1) and almost all were long-term homeless while most had experienced periods of rough sleeping. According to service-level data, several had reported numerous placements or housing breakdowns in the past, including Housing First. All had serious or chronic physical health conditions (including cancer, epilepsy, abscesses, emphysema, diabetes and liver cirrhosis) and all typically reported substance misuse issues (including daily alcohol and cannabis use, psycho-pharmacological substances, heroin and crack cocaine, while a majority were on methadone programmes). These factors rendered them particularly exposed to COVID-19 virus and vulnerable to experiencing severe symptoms and possibly death. Many also reported serious mental health difficulties or diagnoses, including schizophrenia, depression, anxiety, paranoia, and suicidal ideation. Further, several residents were reported to have an intellectual disability or an acquired brain injury.

1 Please note that throughout this report, the service is referred to both as ‘Shielding service’ and ‘South Circular Road’. The service itself was officially called Shielding Service but the staff and residents were more likely to refer to it as ‘South Circular Road’. Therefore the latter term appears frequently across the research data.

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

Table 1: Typical support needs of Shielding Service Residents

The Shielding Service also accommodated those with particular behaviours of concern, such as aggression, interpersonal difficulties with other residents, and several had been excluded or barred from other services. A number had been excluded already from other COVID-19 shielding units (which had already been set up in the North Inner City) to protect the health and safety of other residents. Therefore, the Shielding Service sought to accommodate the most high-needs clients of an already high-needs population. Referrals to this (very) low threshold service were primarily received via the Dublin Central Placement Service, the Health Service Executive Multi-Disciplinary Health Link for the Homeless and a local drug service.

The main aim of the Shielding Service was initially to keep these medically vulnerable and marginalised homeless persons safe from contracting COVID-19, whilst also providing health and drug services directly to residents, through interagency coordination. Focus Ireland actively liaised with primary healthcare staff, addiction services and mental health services to coordinate this service support for residents. Over time, Focus Ireland staff began to formally provide keyworking and case management support and worked with residents on their physical health and medical issues, mental health needs, drug and alcohol use, and housing needs. This was seen to result in enhanced stability, and for some, successful long-term housing placements.

In a review of the Shielding Service written by Dr Austin O'Carroll and submitted to the HSE National Social Inclusion Office in 2021[2], Dr O'Carroll drew a specific parallel between the Focus Ireland Shielding Service and a service in Manchester called Brydon Court[3]. The main aim of Brydon Court is to save lives by preventing rough sleepers with complex needs from dying on the streets and offers a low-threshold and harm-reduction accommodation service, shaping minimal rules and procedures specifically around clients' needs, with a degree of flexibility and adaptability to foster trust and engagement (Homeless Link, 2018). Even though Brydon Court is not a Housing First project, it aims to

2 O'Carroll, A. (2021) Report to HSE National Social Inclusion Office on South Circular Road Shielding Units.

3 Brydon Court provides 13 rooms and 10 flats; the residents move from rooms to flats as they gain confidence and prepare to move on from the hostel (although there is no time limit of how long people can stay). The service also has three emergency beds, allowing rough sleepers to 'try out' out the hostel and gain an understanding of its structure and how it might work for them. (see Homeless Link, 2018: 53).

"adopt the principles of Housing First" by removing barriers to accessing and engagement with services (*Ibid*., 2018: 53). Once people are off the streets, staff address critical health needs and living skills through a patient, flexible and understanding approach (*Ibid*., 2018).

> **"[Brydon Court] is a service that is highly responsive to the needs, circumstances, and preferences of entrenched rough sleepers, with particularly good outcomes in relation to primary care uptake" [...] "By focusing on people's successes and instilling a sense of routine and security, the hostel aims to stop the 'revolving door' of services" (Homeless Link, 2018: 22, 51).**

Aim of Report

In April 2022, Focus Ireland commissioned independent researcher Dr Sarah Sheridan to carry out an evaluation of the South Circular Road Shielding Service. Phase 1 of the project, which was initially submitted to Focus Ireland in May 2022, involved a targeted consultation with Focus Ireland management staff and service partners who were involved in the project, with a view to capturing the inter-agency cooperation and supports provided to residents.

During Summer 2022, a series of one-to-one semi-structured were carried out with former residents of Shielding Service. Interviews were carried out in person. The data was transcribed, analysed and combined with the interim report findings before the final report was then submitted to Focus Ireland.

3 Methodology

The primary objectives of the evaluation included:

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 of the evaluation consisted of <u>**six semi-structured interviews**</u> with staff and key stakeholders, including:

- Senior Manager, City Centre Drug Project
- Senior Manager, Health Service Executive Social Inclusion
- Clinical Lead, Public Health Homeless Response Team
- Service Manager, Oversaw Shielding Service, Focus Ireland
- Project Leader, Formerly Shielding Service, Focus Ireland
- Team Leader, Formerly Shielding Service, Focus Ireland

Interviews with staff and stakeholders were carried out via Zoom and took approximately 30 mins. The interviews were recorded, transcribed and thematic analysis carried out.

Other key sources of information included:

- Focus Ireland 2021 Service Review Report to HSE CH07 (2021)
- Update report on Focus Ireland Shielding Project to DRHE (December 2020)
- Report on South Circular Shielding Units, by A. O'Carroll to HSE Social Inclusion (2021).

In parallel to Phase 1 fieldwork, Focus Ireland staff collated service-level data which are presented in Section 5 of this report.

[Note: in the presentation of the key stakeholder data, quotations are not directly attributed to individuals but rather to the organisation or agency so as to infer the context of the quote, as opposed to the individual (i.e., Focus Ireland, HSE, or Drug Service).]

Phase 2 of the evaluation comprised of **six semi-structured interviews with former residents** of each of the facilities on South Circular Road. Interviews were carried out in person and took between 20 and 45 minutes (the average duration was 30 mins). Five interviews took place in Focus Ireland coffee shop while one interview took place in their own home (as they had transitioned out of homeless services and into local authority housing).

At each stage of the process, due regard was given to high research ethical standards, as outlined in the Focus Ireland Research Ethics Guidelines[4]. Services staff firstly engaged with the former residents to explain the purpose of the study and ascertain whether they were interested in taking part (many of the former residents regularly engage with the Focus Ireland staff in a case management basis). Two participants had initially agreed to participate, but then declined to respond to follow up communication (after three attempts, they were not asked again in line with best practice). Among those who did participate, it was emphasised by both staff and the researcher that participation was fully voluntary and they did not have to participate if they did not want to. All participants received a €20 Dunnes Voucher as a token of appreciation for their time.

All participants signed an information and consent form and all six participants agreed for their interviews to be audio-recorded (see Appendix 2). All recordings were immediately deleted after anonymised transcripts were drawn up. Each interview was transcribed before a thematic analysis was carried out to identify themes and sub-themes.

Due to limitations of the time and scope of this evaluation, it was not possible to interview more than 6 residents and 6 staff. The evaluation aimed to consult with 8 former residents but recruitment was challenging (despite best efforts of former Shielding Service staff). It also would have been preferable to include the views and experiences of front-line workers (as opposed to exclusively management level). Notwithstanding these limitations, the researcher was satisfied that the interviews encapsulated the views of a diverse sample of former residents (including those housed and still homeless) and that the stakeholder views captured the cross-agency perspective which was integral to this service innovation.

4 See https://www.focusireland.ie/wp-content/uploads/2021/09/Ethical-Guidelines-for-Conducting-Research.pdf

3.1 Research Participants (Former Residents): The Sample

As outlined in Table 2 (below), five of the six former residents who engaged were male while one was female. Five of the six of the participants reported lengthy homeless histories and complex support needs. All former residents had underlying health conditions and all five reported current substance misuse issues.

Gender	› **5** male; › **1** female.
Age	› **4** participants were 40–49 years old (at time of interview) › **1** was 35-39 years old; › **1** was 20-35 years old.
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.

Table 2: Sample profile of evaluation participants (N=6)

Former residents from **both of the** Shielding Service facilities were recruited in this evaluation; one of the six former residents had lived in both facilities.

Table 3 below outlines their previous living situation, the referral channel, length of time in Shielding Service and current accommodation (at time of interview during July – September 2022). In terms of their pathways into and out of the Shielding Service, three individuals had been in prison shortly before moving into Focus Ireland Shielding Service while three had been living in emergency accommodation. Referral channels included Central Placement Service, drug service homeless health teams, and in one case, a local methadone clinic.

	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

The duration of time spent in Shielding Service varied between two months and 27 months, equating to an average of 13.8 months across the sample. In two cases, residents spent a brief period in a COVID-19 isolation unit run by another organisation if there was a confirmed or suspected case identified by staff. Their unit in Shielding Service remained booked under their name so that they were able to return to the accommodation after their isolation period ended. This was also the policy if a resident was hospitalised.

At the time of interview, two of the interviewed residents had exited homelessness and were living in either local authority housing (with support of Housing First) while another was living in supported housing. However, four remained homeless. Of these, two participants were in private emergency accommodation, one of whom was also rough sleeping regularly. A further two were in short-term accommodation (STA) for a number of months (one of whom has since ended up in emergency accommodation). The topic of housing outcomes of former residents will be returned to in Section 6.1.

4 Shielding Service Outputs: Service Level Data

The following data was drawn from service-level data and reporting systems provided by staff in Focus Ireland.

Demographic profile

Since its inception in March 2020 to its closure in May 2022, the Focus Ireland Shielding Service supported a total of **36 residents** across the two buildings.

Of these 36 residents, 21 (58%) were men while 15 (42%) were women. Three quarters of the residents were aged between 35 and 54 years. In terms of relationship status, 20 (56%) residents identified as single, 12 (33%) were in a relationship, while 4 (11) did not state their relationship status. Almost all were from Ireland or Northern Ireland (n=33, 92%), while 2 were from the UK, and 1 from Poland.

Homeless History

The 36 residents reported significant homeless histories, apart from one individual who had recently entered homelessness for the first time.

For the other 35 residents, they were homeless for the following duration:

- 6 (19%) residents had spent 1-5 years homeless;
- 15 (42%) had spent 6-10 years homeless;
- 14 (39%) residents had spent over 11 years homeless.

The average number of years spent homeless across this cohort was **9.3 years.**

23 residents (64%) of the Shielding Services residents had been recorded as having slept rough at least one night, with a majority shown to have **extensive rough sleeping histories**. 13 (35%) had no recorded rough sleeping (though some of these may have not come into contact with services when sleeping rough).

The Focus Ireland Shielding Service residents could be grouped into three categories based on their history of using homeless accommodation services. The three groups include chaotic and long-term homelessness, unstable or precarious, or 'new' to homeless services (however it is not known whether they experienced periods of 'hidden' homelessness).

As Table 4 below outlines, 61% of the Shielding Service residents had long-term and chronic homeless histories, with an additional 31% reporting episodic homelessness characterised by frequent movement between homelessness and other service systems. Only 3 residents were relatively 'new' to homeless services.

Homeless history type	Homeless history	No of Residents	Percentage
Long-term/ chaotic	› Long-term homeless histories lasting many years. › Chaotic transitions between emergency accommodation, night café, rough sleeping, etc.	22	61%
Episodic/ unstable	› Histories of episodic homelessness › Frequent moves between homelessness and other service systems. › Precarious housing histories.	11	31%
'New' to homeless services	› Recently entered homeless services.	3	8%
Total		**36**	**100%**

Table 4: Homeless History Type among Shielding Service Residents

Length of Stay

The average number of days living in the Shielding Service was **206 days** (data collated on 25 October 2022[5]). This is a significant length of time when considering the highly unstable and long-term homeless histories reported in Table 4.

Move-ons

Of the 36 residents who used the Shielding Service, 12 (33%) had transitioned into long-term housing.

- 8 residents transitioned to long-term supported housing;
- 3 residents transitioned to local authority housing;
- 1 resident transitioned to a long-term assisted living facility.

For the remaining cases who were not housed (as of May 2022), 9 were in private emergency accommodation (PEA), 6 were in short-term accommodation (STA), 3 were rough sleeping, and 1 had entered prison.

In terms of missing data, there were gaps of 'move-on data' for 5 cases. Further, there was no data on pre/post data on health outcomes and perceived data gaps with respect to substance misuse considerations.

5 Length of Stay data was unavailable for two residents

Unplanned Exits from the Service

There were 10 unplanned exits reported from the Shielding Service. According to Focus Ireland management, service exclusion occurred only at last resort and related to particularly serious incidents including persistent anti-social behaviour and assaults on residents and staff (and in all cases move-ons were planned).

> **"These clients had histories of discharge, prison, eviction, they're not easy people to work with but if you look at that and compare it to the number of incidents that we have, I don't think we have as many incidents as you would expect…Most incidents were managed so we didn't have to discharge." – Focus Ireland**

Dr. O'Carroll's 2021 appraisal of the Shielding Service submitted to the HSE found that the eviction and abandonment rates were "higher than would be desirable", and recommended introduction of strategies to reduce this over time. He recommended this be introduced through staff training around 'challenging behaviours' and mental health issues. The numbers of those discharged were, according to staff who participated in this evaluation, reduced over time.

> **"They had reduced the number of people being barred which is a problem we have in all services so there was an element that the clients got a bit of stability, they were there for the long haul so that was a big relief and we were able to manage that." – Focus Ireland**

5 Key Components of a Low-Threshold Service for High-Needs Residents

Sections 5 and 6 will present the themes emerging from the interviews with both staff/ stakeholders and former residents. Interviews with Focus Ireland management and partner organisation helps to shed light on how the service evolved around the complex and changing context and needs of the residents, during what was a very fluid and challenging time for both staff and residents alike, while interviews with former residents offers particular insight into whether the service was effective and appropriate to their needs.

5.1 Evolving the Service around the Needs of Residents

As already stated, the original objective of the service was to prevent infection and death from COVID-19 amongst a high-risk homeless population. In March 2020, the two buildings and requisite funding were rapidly provided by Dublin Region Homeless Executive and Health Services Executive in the context of an emergency situation. Focus Ireland staffed the two buildings through a mix of redeployment opportunities and transfers from other services (that were temporarily closed due to the lockdown). When the buildings were sourced, Focus Ireland managers prepared the units, and awaited their first referrals – which came through DRHE Central Placement Service and HSE primarily. Staff described the overall uncertainty of those initial days of the opening of the service.

> **"At the time it didn't feel crazy, but when I look back on it now, it was crazy! Everybody was freaking out. Staff were freaking out in our own lives as the whole world was freaking out. And I just went to work in this service that I knew nothing about. We didn't have policies, procedures, rules, we are scrambling to get it together day by day as and when they arise." – Focus Ireland**

Residents too described their apprehension during these early months and, given their medical vulnerability, they described their fear of this unknown virus.

“Because, this COVID, I was terrified of it, do you know what I mean? And then being told, I as high risk? I was like ‘Oh my God’” – Former resident (Interview No. 5)

“I was looking at the news one day and your man said there was 100,000 dead in New York?! So I was thinking, I’m fking dead.” – Former resident (Interview No. 3)**

“I literally thought the world was going to end and [a fellow resident in Shielding Service] said to me, the world isn’t going to end, listen chill – but I’m a mad anxiety head you know?” – Former resident (Interview No.6)

The Shielding Service was set to run for an initial 9-week period only. Initially, there were no established policies, procedures, ‘rules’ to govern the service given the necessary haste in which the service was set up.

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

“Policies and procedures are guidelines; if changes are needed then changes are needed” – Focus Ireland

This iterative development of the service is relevant as it impacted on how the service was designed and delivered over time, and was developed around the specific needs of the residents.

“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

“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

Overall, former residents characterised the policies and procedures in the services as being both consistent, clear and that “no one got special treatment” but at the same time there was perceived leniency. For example, the fact that residents could get a ‘clean slate’ following a specific period of time was welcomed by residents which likely prevented service exclusion. One participant positively compared the rules of the Shielding Service to the long-term supported housing in which he now resides.

“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)

Former residents also valued the privacy that the self-contained unit offered, with particular emphasis of having one’s own SMART television. This provided entertainment, distraction, and a much valued secure space for the individuals.

“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)

“Just looked at YouTube all day. What else are you going to do?” – Former resident (Interview. No.6)

After a number of months, it was agreed with service partners that Focus Ireland would begin providing keyworking support and case management (to be discussed in greater detail in Section 5.4.). This was welcomed by the staff, who were already skilled and experienced in this area, and were therefore eager to begin formal engagement with residents.

“The staff recognised that we have an amazing opportunity here. So driven by the staff, there was a push to become more involved, not just in the ‘cocooning’ element, but also the social care – the bit we like to do, the moving people on, the referrals, the upskilling.” – Focus Ireland

Notwithstanding the challenges in delivering a low threshold service during the pandemic, the crisis period also provided opportunities to innovate and to find new and creative ways to work with a high-needs cohort. Several of the staff and stakeholder interviews depicted an overall working culture which nurtured positive interactions between staff and stakeholders.

“They [the Focus Ireland staff] took an attitude that they wanted it to work – and they made it work. There was a passion and attitude coming from them … it wasn’t just that there were health services going in, it wasn’t just that we were going in to help with key working the odd time, it was the attitude and the vision of the people running it to really create something homely and low-threshold… You could have put six agency staff in there and it wouldn’t have worked.” – Drug Service

5.2 Inter-Agency Coordination and Collaboration

Inter-agency coordination and collaboration are not new features of service delivery and practice across the homeless sector. There are long-standing examples where Focus Ireland has been funded by, or partnered with, the health service, for example – Stanhope Green step-down accommodation for prisoners, the Focus Ireland coffee shop and formerly the Focus Ireland / Peter McVerry Trust Housing First partnership. During the pandemic, the inter-agency cooperation across homeless, health and drug services was regarded as particularly effective in Dublin (Owens and Matthiesson, 2021). The staff and stakeholders interviewed described how the wider national emergency led to an enhanced sense of urgency facilitating effective cross-agency work, even if that meant going beyond own service remits.

> **"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**
>
> **"It has been a very easy partnership. There hasn't been any tension, any drama, any stepping on people's toes….it just worked very smoothly." – Focus Ireland**

The HSE primary care service Healthlink and Ana Liffey drug projects were the core partners with the Shielding Service and staff regularly delivered services and supports to residents on-site. There were also ongoing interactions with Dublin City Council's Central Placement Service around referrals. Focus Ireland staff in particular described how they valued the available expertise of health services for the medically-compromised clients, most of whom had chronic health conditions and needed ongoing medical attention. Likewise, drug services assisted Focus Ireland with specialist advice relating to chronic substance misuse, administrating Naloxone and overdose training, provided advice on behavioural plans to prevent escalation of behaviours of concern with a view to ultimately avoiding service exclusion (see Pleace et al., 2021 for more information on these harm-reduction efforts during this period). Ana Liffey drug service collected methadone and prescription medication and brought this directly to the service on a daily basis during lockdown.

The partnership and coordination of services in meeting the needs of the residents was described by all partners in notably positive terms.

> **"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**

"The Homeless Southside Healthlink team provided additional supports to the staff in Shielding Service and there would have been regular communication around care and case management plan, and if they required additional medical inputs or supports then the southside homeless health link team provided that support." – HSE

"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

Equally, the keyworking supports and coordination role provided by Focus Ireland enabled greater access for health services and local drug service teams, which allowed for enhanced and sustained engagement of relevant supports and services for residents.

"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

"The nurse dropped off insulin to me and if I run out, I call the Health Link Nurse. She would bring more to South Circular Road[6] then." – Former resident (Interview No. 4)

This inter-agency interaction appeared to be bolstered and expedited through effective senior management communication across organisations and agencies to tackle emerging challenges during this fluid crisis period.

"There was great senior management collaboration. Myself and [Focus Ireland Senior Manager] were calling each other morning, noon and night trying to figure out – how should we do this? Where do I get this? How do we solve that problem? That was a lovely piece because you didn't have to go upwards in your own organisation to find an answer, I knew [Focus Ireland Senior Manager] could help me for certain problems. There was a few of us out there that could talk to each other more effectively … It was stressful! So we did peer support and problem solving together." – Drug Service

6 The staff and residents alike were more likely to refer to Focus Ireland Shielding Service simply as 'South Circular Road'. Therefore in the quotations, the references to South Circular Road all reference the Shielding Service.

5.3 Targeting of High-Needs Individuals

Given that the service was set up to meet the needs of the most at-risk, high-needs persons at the 'chronic' end of the homelessness spectrum, the referral process appeared to be well-targeted. As detailed in Section 2, all of the clients had serious or chronic health conditions, most had substance misuse issues as well as mental health needs. Five of the six former residents interviewed had been homeless for more than twelve years, due to the fact that – according to staff and stakeholders – they had "fallen through the cracks" of service systems and were "bouncing around from service to service."

"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

Their lengthy homeless histories had exacerbated their support needs in a way which severely limited service routes to exit homelessness. Some clients residing in Shielding Service were well known or "notorious" in the homelessness services system, which they had been circling for many years and many had been excluded from multiple services due to perceived 'challenging behaviours'.

"They end up in homelessness because they are just tumbling through all the services until there's no other option for them" – Focus Ireland

"The Health Service identified people falling through the cracks ... people who are on a merry-go-round" – Focus Ireland

"I have stayed in hostels since around 1998." – Former resident (Interview No.1)

The Shielding Service was characterised by some of the former residents interviewed as preferable than their previous experience in homeless services. For example, four of the six participants confirmed that the Shielding Service as being the best homeless service they had utilised across their lengthy homeless histories. For some, this ultimately led to transformation.

"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)

"It was the best [service] and anyone who goes in there and says otherwise, I would say they were crazy." – Former resident (Interview No. 5)

The 24/7 intensive, yet flexible, staff support was particularly valued by the residents and will now be discussed in detail.

5.4 Intensive and Flexible Approach to Keyworking

During the initial weeks of the service, staff engaged informally with residents as keyworking supports were not included in the service delivery remit initially. According to staff, this allowed trust and rapport to build prior to more formal engagement though some of the former residents described feeling isolated during the initial weeks of the Shielding Service opening. This of course was exacerbated by the wider lockdown and the fact that some individuals had come straight from communal living situations.

> **"I had lived in that hostel for two years [previous accommodation] and then all of a sudden, you see everyone every morning and everyone's around you and that goes to silence you know what I mean? I found that a bit hard to deal with. [In Shielding Service] they would be doing room checks, coming in, knocking on the door and I think like for the first few days, I just lay in bed. There was no TV at that time." – Former resident (Interview No.5)**
>
> **"Like we weren't allowed into each other's room… we couldn't understand because of COVID-19 and nobody came into your room to sit down and have a chat and sometimes you'd feel a bit isolated. That can drive you back into using [drugs]. Feeling isolated, feeling all on your own." – Former resident (Interview No.1)**

As already outlined, after a period of time, it was agreed with service partners that Focus Ireland would provide keyworking support to residents in the service. Keyworking support was provided in a holistic and tailored way to "meet residents where they are at". It was not obligatory for residents to engage in keyworking to remain in the service and all residents were invited to engage in their own time. The quality of keyworking support was characterised by 5 of the 6 former residents in extremely positive terms.

> **"[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)**
>
> **"When I came to South Circular Road, I thought I had struck gold. The staff were so nice!" – Former resident (Interview No. 5)**

The one exception to this was a former resident who described how his keyworker was changed against his will during his time there and this had a negative impact on his service experience.

> **“All I really wanted these people off my case and that was all … So I worked with two or three key worker staff who I got on really well with and I never had a problem with anything and I get introduced to this other worker and about a month goes by and it’s toxic like, it’s not working out, for my mental health.” – Former resident (Interview No. 2)**

Some residents required extensive advocacy on housing applications while others required more targeted supports with their addiction or mental health. These supports were tailored to the specific needs of the individual and changed over time.

> **“It was a 24-hour service so that there was always staff available. And to meet the residents where they are at. We did meet them at their level, in terms of understanding where they were, according to their cognitive ability, but also to budget, household management – we were focused on each individual plan as opposed to rolling out the same plan to everyone.” – Focus Ireland Staff**

Due to the high staff-to-resident ratio, residents always had staff support or advice available to them 24 hours per day. Each service user was assigned two keyworkers each and efforts were made to ‘twin’ staff members to alternate day/night shifts so that residents always had one of their key workers available. This is also an example of how the service delivery and practice adapted to the needs and preferences.

> **“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**
>
> **“We could do some of the key working at night when people were most active. And we could do the follow up work and advocacy during the day time hours, when the customer might be asleep” – Focus Ireland Staff**

This 24-hour availability of staff (who were awake during night shifts) was referenced several times by former residents and regarded as a significantly positive support structure.

“There was always one there, like if [X name of keyworker] wasn’t there, [Y name of keyworker] would be there. If [Y] wasn’t there, [X] was there. And if they weren’t there, you’d always have someone else there. It was always good to have someone to talk to. [Interviewer: Is that something that’s important to you?] Yeah, otherwise you’d go off your head like, you would – if you are sitting in, walking around on your own doing nothing. That’s the way you have to take it one step at a time – so, getting clean first, CE scheme second[7].” – Former resident (Interview No.1)

“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)

While some of the residents had existing case managers with drug or health services when they arrived in Shielding Service, the Focus Ireland staff had the benefit of being on-site and so they were able to work around the daily rhythms of the residents:

“They [the residents] saw the South Circular Road staff in front of them” – Focus Ireland staff.

Focus Ireland staff often liaised with external case managers or service experts if they faced a particular challenge or problem that needed to be addressed to avoid escalation. This information-sharing and cross-service engagement appeared to be beneficial for staff.

“The other piece was reaching out for help like – what the teams did really well, and [Focus Ireland Senior Management] really led this, was ask for help if they didn’t think they could handle something and that’s what you have to do for a low-threshold service if you are finding that you’re getting close to having to discharge someone. But [Focus Ireland senior manager] would make sure the team would reach out for help and ask for help around a behavioural management plan and that’s a really strong thing to do as well rather than to move them on.” – Drug Service

7 ‘CE Scheme’ refers to Community Employment scheme which is designed by Department of Social Protection to help people who are long-term unemployed (or otherwise disadvantaged) to get back to work by offering part-time and temporary placements in jobs based within local communities.

Former residents appeared to value the advocacy role of Focus Ireland keyworker support, for example, resolving issues in housing applications, representing the resident in accessing entitlements, etc. This was particularly important for those with very complex needs and long homeless histories who might be stigmatised, not listened to, or believed, in some service spaces. In the case of the former resident below, he described how Focus Ireland had sourced legal representation to expedite a housing application, and this support was greatly valued.

> **"It's good to have Focus. They keep them on their backs [re: local authority regarding housing application]. People like me, we can't get through to them like, but if you have someone like your keyworker getting on to them, and the solicitor, they know like that it's wrong like. It's annoying like. But other services don't do that for you. I've been homeless nearly twenty years. – Former resident (Interview No.1)**

Ultimately, according to the stakeholder data, the Shielding Service operated a flexible and proportioned approach to policies and procedures. This also included a 'harm minimisation' approach to COVID-19 measures (e.g., recognising poly-drug users in particular will want to leave the premises). The flexible and proportionate approach to rules and policies also assisted with this positive working relationship.

> **"We weren't going to discharge them in a pandemic…it made the customers more relaxed, that they weren't afraid of getting kicked out all the time, they might break a rule and it wasn't that same fear of customers versus staff thing. The world had exploded, nobody knew what was going on, but we were in this house together – and we had to just get on with it." – Focus Ireland**
>
> **"You're left alone like, they're lenient" – Former resident (Interview. No.6)**

This was reflected by a number of former residents, who described de-escalation of conflict situations, expiration of formal warnings against residents to avoid service exclusion, and low call out rates for police support.

> **"There was a few roaring and shouting, so I remember the likes of [name of staff member], [name of staff member], and [name of staff member] would have had to intervene but they done it in a professional manner. But another staff member in another service could have done it with an attitude and then it could have turned ugly then. If you ignite more fire to the fire, it's going to blow up!" – Former resident (Interview No.3)**
>
> **"I don't think I seen the police at the house once. Ambulance certain days yeah, but police? Never seen the police there." – Former resident (Interview No. 1)**

Moreover, this flexible approach was seen to counter the unequal power dynamic between staff and residents. Related to this, staff described how many residents began to "open up about traumas" which helped to further solidify "meaningful relationships" (the impact of the service on mental health will be returned to in Section 6.4). The following quotation is from a former resident relaying how, during the early days of the pandemic and lockdown, staff on site offered advice to the resident about leaving the premises and risk of contracting the coronavirus but also autonomy to the resident to make their own decisions.

> **"One day, I was going out to meet two friends of mine and the staff said 'I don't think that's a great idea right now, but you're a grown adult you can decide'. And I stopped, and thought about it, and I went back to my room." – Former resident (Interview. No.5)**

One former resident who was interviewed had even begun to engage in a CE Scheme which was supported by staff whilst residing in Shielding Service.

> **"The staff, they help you like. Everything you need. They would be on it straight away, they helped me get back on a CE scheme, they helped me with housing application…" – Former resident (Interview No.1)**

6 Impact of Service

The Focus Ireland Shielding Service achieved its original goal to keep residents free from COVID-19 infection, including during the height of the pandemic when residents and staff were not yet vaccinated. However, there were other positive impacts of the service, many of which exceeded expectations of those involved in the design and delivery of the service, given the significant needs of the residents and unresolved nature of their homeless histories. This impact across a range of domains will now be discussed.

6.1 Housing Outcomes

As outlined in the service-level data presented in Section 4 of this report, of the 36 residents who had left the Shielding Service, 12 had transitioned into long-term housing. These exit routes included:

- 8 residents transitioned to local authority housing;
- 3 residents transitioned to long-term supported housing;
- 1 resident transitioned to a long-term assisted living facility.

For the remaining cases who were not housed at time of writing, 9 were in private emergency accommodation (PEA), 6 were in short-term accommodation (STA), 3 were rough sleeping and 1 had entered prison. In terms of missing data, there were gaps of 'move-on data' for 5 cases. When the services were closed, all residents were supported in securing alternative temporary accommodation.

It was considered a particular achievement by both funders and service partners that Focus Ireland supported 12 residents into long-term housing. Focus Ireland staff described this success in a way that "even surprised ourselves" due to the complex support needs of the residents combined with the wider scarcity of suitable housing. Supporting transitions to housing always required intensive advocacy work, sometimes lasting months, as most residents had particularly complex needs.

> **“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**

As outlined in Section 3.1., two of the six former residents who participated in this research had transitioned to stable housing at time of interview – including local authority housing (via Housing First) and a long-term supported housing project. Both of these housing exits were secured through the staff support of Focus Ireland. The local authority tenant attributed their exiting of homelessness directly to Shielding Service, though she reflected feeling initially “lost” and that it took “a while to adjust”:

> **“I suppose without the help of them [Focus Ireland], I wouldn’t be here [in housing] today. Do you know what I mean? I know I had to go [leave South Circular Road], and I miss them [staff] but I suppose they did help me on the road and to moving in and being more independent. Does that make sense?” – Former resident (Interview. No.5).**

The central role Focus Ireland had in supporting long-term chronic homeless individuals into housing was also referenced several times across the stakeholder and Focus Ireland management interviews.

> **“There are certain customers that I am convinced that if it wasn’t for their keyworker, they wouldn’t be in housing.” – Focus Ireland**
>
> **“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**

Four of the other former residents interviewed were still homeless. Of these, two were in private emergency accommodation, one of whom was also rough sleeping regularly. A further two were in short-term accommodation (STA) for a number of months. Three of these four participants negatively compared their current living situation to Shielding Service, with specific reference to the lack of support structures in their current accommodation (the fourth individual was in another Focus Ireland service and continued receiving keyworking support).

> **“They moved me to [Private Emergency Accommodation]. In town. Don’t like it. Weird atmosphere. Creepy. Just weird. No one comes to your door, no one does nothing. And this used to be a proper hotel. Nobody engages with you there…I loved South Circular Road. That could be just my opinion but I liked it. Everybody else liked it there too. We had a good little click.” – Former resident (Interview. No.6).**

Two of those still homeless are, at the time of interview, currently sharing rooms with other people in private emergency accommodation and stated their preference to be back in the self-contained unit that Shielding Service provided, if they had the choice.

The adjacent case study features a description from a Focus Ireland manager of a positive housing outcome of two entrenched rough sleepers who successfully secured permanent housing following a year residing in the Shielding Service. The case study illustrates in particular the positive impact it had on both the individual concerned as well as the staff member.

Impact Case Study

Positive Housing Outcome

Snapshot of the pathway into, through and out of Shielding Service, from the perspective of Focus Ireland manager:

"I remember two men came in, they had been sleeping in tents for the last two years and were in and out of hostels since before that, as in, they were homeless for longer than two years. I was bringing them up the stairs which were beside each other, I opened the door and the two of them walked into the room, and I said 'No this isn't your room', and they said 'do we not share?', 'No, no you have your own room', and they couldn't believe they were getting a whole room, with kitchen and bathroom and all of that. They stayed with us for more than a year. They both moved on to housing – one to Housing First and the other to a Council House. They went from rough sleeping to, within a year, housing.... They never had the opportunity to figure out what was going on in their housing applications, but stuff had to be done, and they didn't know that ... I went with him to sign his lease and get the keys, I went to his house, it's one of those things in your career that will stick in your head forever. I said to him 'This is your house' and he didn't believe it. That's why I do this job ... At first, we just needed to keep them alive when he arrived, keep your mask on, keep cleaning the doors and banisters, but then because we went past the nine weeks and in the service, we were then able to engage and start working with them.

They were there; we were there."

6.2 Substance Misuse

There was no baseline/post-intervention service-level data on outcomes of residents, given the haste in which the service was set up, therefore there was no information on substance misuse, health and mental health before and after their time in Shielding Service. With regards to substance misuse, self-reported changes among the six interviewed residents were mixed. Upon entry into Shielding Service, five of the six participants reported chronic drug misuse issues (and most on methadone programme). One reported drug as well as alcohol dependency. All five reported using drugs /or drinking alcohol on the premises and that this was mostly done incognito or “behind closed doors”. One former resident reported that their alcohol use caused problems within the service on occasion.

> **“I would go out the back, sit with [other resident], we thought the world was ending. Seriously, did you? I would sit out the back with him. 99.9% it was just the mild drink but an odd day we did go a bit mad. The Focus staff were cool, they didn’t call the police or anything, they just told us to quieten down, and we would.” – Former resident (Interview. No.6)**

Another former resident described being disturbed regularly by more chaotic incidents, specifically in the communal areas/hallways of the service. It is worth noting that this former resident had generally more negative feedback on the service and his views represented an outlier compared to the feedback of the other five participants.

> **“People were banging the door down for money all hours of the night and I mean there was nothing the staff can do. The staff said to me ‘oh you’ve done very well not opening your door’, but if I open my door, I’d probably get cracked in the head with something.” – Former resident (Interview No.2)**

Three of the five former residents who used drugs/alcohol reported reduced substance use during their time in the Shielding Service, though often there were period of more intensive drug use and periods in which they were more stable. They described how the period of stability put them in a better position to reduce their substance use. One former resident, for example, talked about the staff support assistance in helping them reduce their drug intake.

"I have slipped in South Circular Road but I always got myself out of it that was because I was there like, you could go down to talk to our keyworker and 99% chance you'd get out of your slip like, because you're able to talk through with your keyworker … 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 resident (Interview No.1)

Another resident described the flexible style and harm-reduction approach adopted by staff in Shielding Service had assisted them in reducing their drug use.

"I never hid [my drug use] from staff. And I didn't have to. The way I look at it, there's no point in hiding stuff they know they can see it clearly. There's no point in hiding it … They [staff] were very supportive. Maybe the night before they would say right [name of resident], how are you going to plan your day tomorrow? They would say, if you need to talk, come up to us. They were very understanding." – Former resident (Interview No.5)

Two former residents reported that their drug/alcohol use had stayed the same during their time in Shielding Service.

"My drinking stayed the same as before [South Circular Road]. Some days I didn't drink at all." – Former resident (Interview No.6)

6.3 Health and COVID-19

The Shielding Service enabled primary healthcare teams in regularly accessing residents to administer treatment or monitor health needs, and there was evidence of some improvement in health conditions due to enhanced medical attention. One resident with disabilities had carers visiting daily to provide assistance with daily tasks. Both staff and residents confirmed the regular use of taxis to facilitate medical visits.

'They [the staff] were very good for the hospital appointments – they would pay for taxis and things like that. They'd arrange things." – Former resident (Interview No.3)

“I know from visiting them and seeing them when dropping off their meds myself, they [residents] were getting fatter and healthier – they were putting weight on, they had more colour in their face, they were staying as well! So that wrap-around, in-reach, low-threshold, really patient about behaviours, brought all the services into them so they didn’t have to go out for them, of course they could go out to them if they wanted.” – Drug Service

“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. [Interviewer: So you were being monitored the whole time you were there?] Oh yeah.” – Former resident (Interview. No.5)

The health conditions of the Shielding Service residents were typically complicated and overlapping and required significant medical supervision and oversight. All six of the former residents who were interviewed reported serious underlying health conditions (hence their referral to the Shielding Service in the first place). All health conditions were monitored by staff in Shielding Service, with additional support being sourced from the local health homeless teams and hospitals when required. All had spent time in acute hospital settings since the beginning of March 2020 due to their chronic and complex conditions. One resident described how they were supported emotionally by staff in Shielding Service when in hospital.

“I was in hospital a lot one of the years with pneumonia and the staff were very good to me, ringing me all the time – making sure I was OK.” – Former resident (Interview No.5)

This echoes the stakeholder data that the Shielding Service facilitated greater access to public health services for a particularly marginalised group.

“In the [previous hostel] I didn’t have enough insulin and I went to hospital for four or five days and the same thing, they wanted to get my health better and I went to South Circular Road and the nurse dropped off insulin to me and if I run out, I call the Health Link Nurse and she would bring more to South Circular Road. And now, I have plenty of insulin – so I am good for now.” – Former resident (Interview. No.3).

Dinner was provided on site to residents, as was cereals and supplies for breakfast and snacks. There were references in the data that some residents were gaining weight and building fortitude over time. Residents broadly welcomed the provision of food, something that was not always provided in homeless services:

> **"You got your dinners there. They were nice, some of them were nice. When you got pizza, that was disgusting but some of them liked it. But some of the food was nice there. Then you got a sandwich for lunch, you got milk in the morning, you got Weetabix, cornflakes all that, you got things!" – Former resident (Interview No. 4)**
>
> **"I thought I was being treated like royalty but I will say that the only thing with the meals near the end of my experience there was that I thought a lot of them were getting wasted, the people weren't eating them. The girls would keep the food in the fridge but like everyone would take chocolate and crisps at night." – Former resident (Interview No.5).**

The following case study outlines the efforts made to vaccinate the residents in Shielding Service. The example demonstrates staff efforts in clearly communicating the public health information to the residents of the Shielding Service relating to the COVID-19 vaccine when it was made available.

Impact Case Study

Drug Service Manager's Account of the Vaccination of COVID-19 Shielding Service Residents

"I was working in the Kings Inn, the HSE set up a low threshold vaccine centre that were bussing people to and from to get vaccinated initially … And like we were ringing around the services to get people vaccinated. I really wanted the lads in South Circular Road to get vaccinated because I was worried about them health-wise but I was thinking maybe they won't … I was talking to some South Circular Road staff and they said 'We're trying to work with them all on it'. And one staff member then rang back and said 'Yeah can you send a six-seater taxi as we have the lads who want to come'. I was surprised because many people were cynical and frightened of the vaccine and I understand that but they piled into the taxi but it was gorgeous to see. And when they arrived I asked them did they need any information or want to talk to the doctor and they said 'No, Focus Ireland staff have explained it all to us; just give us our jab'. That might sound like a small thing but you've no idea! You could see the happiness …There was a comradery as well among them all, they were having the craic together. I don't think I could have put those eight people in one taxi a few years back without stuff going down. It was anecdotal but that was a gorgeous day and they were so happy to go back to South Circular Road – to home. It was home."

6.4 Mental Health and Well-Being

The lack of intensive mental health supports for those in active addiction was seen by staff and stakeholders as a serious gap in service provision.

> **"There was a view among the sector, whether it's real or imagined, but the forensic clients and the ones that are 'explosive' were at South Circular Road, so that was an added level of complexity and there would have been a view in the system that they should have been in a mental health support service but that doesn't exist" – HSE**
>
> **"[There was a] lack of mental health supports especially for people who are in active addiction because they just get bounced from one service to another. The mental health aspect can be quite frustrating for staff to manage and this can be very difficult. Some have borderline personality disorder, pervasive depression and anxiety …We have been managing serious mental health issues to be honest." – Focus Ireland**

There was some evidence of improved mental health and well-being during their time in Shielding Service. Two of the former residents in particular, described how they were able to use the privacy and security of Shielding Service to process past traumas which assisted in their overall recovery. The compassionate and trauma-informed approach of staff members in the service was seen as particularly helpful in this regard. In the quotation below, one former resident described their sharing of an emotional trauma with a staff member and the trauma-informed support received.

> **"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. She kept trying to get me out to the garden a bit more. Then I moved into this property [housing] and I was going out shopping for bits and things started to turn like for me, do you know what I mean?" – Former resident (Interview No. 5)**

Similarly, a Focus Ireland staff member described the improved well-being and stabilising effect of a former resident on their mental health and emotional stability. This was described as a professionally rewarding experience.

> **"We saw a change in her when she came to Shielding Service – again it was just she had a bit of stability, dignity, respect, she had her own place, her own bathroom, bed, TV – her drug use had fallen off altogether. She probably did some drugs but it wasn't in a way that you'd be particularly concerned**

about compared to the other customers ... She has been with us for a number of months, it wasn't as though she was holding it together for a few weeks. This was real change. ... it kind of shocked me to be honest, you can get a bit cynical but you kind of learn to see little change as victories you are not expecting a profound change – but this actually was! It kind of impacted on me. It really cemented in me the value of the service. You get caught up in the nitty gritty of the day-to-day in a service, you can lose sight of the bigger picture but that was a big moment for me. It was pretty amazing – the change that is possible!" – Focus Ireland staff member

6.5 Criminal Justice Contact

As already outlined, three of the residents who were interviewed had recently been released from prison shortly before the onset of the COVID-19 pandemic. All three reported a decline in contact with the criminal justice system after moving into Shielding Service. While this may be related to the overall lockdown, there was some evidence that the stabilising effect of the Shielding Service also contributed to the lower criminal justice contact.

"I haven't been arrested since March 2020. I have a few times when in Shielding Service, but that was for old stuff. That's all dealt with now." – Former resident (Interview No.2)

"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

"The fact that they were somewhere secure, stable, safe – it meant that they weren't coming to the negative attention of the Gardaí and that can be a huge barrier for people moving on ... the fact that they just have a base, they've got somewhere where they can put their feet up and watch a bit of TV, they're not just wandering the streets – trying to distract themselves from a life of sleeping under a bridge. They have that bit of dignity. Because of that, they were able to settle down and their drug use reduces, they are able to focus on other things – and when it comes to safe management, they're coming in, they're clean, they're showered, they might engage in a course.... this helps in accessing housing then." – Focus Ireland

6.6 Family Contact

Family relationships were typically described by the research participants as both strained and challenging and there was limited insight into whether the service had an impact on family relationships. Although, it was reported that some participants lost elderly parents during this period which often yielded an often complicated grieving period for those affected. Others had sporadic contact with siblings or children. However, in the case of one participant, he reported that he had reconnected with his child after many years of estrangement. He directly attributed the Shielding Service in providing him with enhanced stability, ultimately leading to this reconnection.

> **"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 life. 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)**

There was feedback among four participants that they would have liked visitors to have been allowed in their accommodation, particularly after the height of the lockdown had passed. They believed that this would have alleviated feelings of isolation.

> **"On a personal level, you want visitors, you want to be able to meet family like. That'd be the only thing I could say like." – Former resident (Interview No.1)**

6.7 Rupture of Service: Impact on Residents

As this evaluation has detailed, the Shielding Service evidently had a positive impact on many of the residents who lived there during the COVID-19 pandemic. While a considerable number had transitioned to housing or other accommodation before the service closed, many were present when each of the buildings were closed. The closure of the service caused a great deal of anxiety, worry, and fear for the future for those affected. This rupture to their service coincided with the resumption of post-pandemic life and the removal of tailored emergency measures aimed to protect the lives and health of this high-needs cohort. This meant, for many of the former residents interviewed, they felt "back to square one" when they were forced to leave each of the facilities.

> **"In the beginning, I was delighted to have it [South Circular Road] and then at the end I was like, f**k! So it was good having it, but I was still in addiction at the start, and so I would say I was worse when I went in than when I went out, but I still didn't feel good leaving because I didn't know where I was going. I felt sort of the same but not the same." – Former resident (Interview No.1)**
>
> **"When I heard the place was gonna close down … I was pretty shocked." – Former resident (Interview No.4)**

While every effort was made by staff to ensure that each resident was provided with accommodation when the facilities closed, many had to go back into the emergency or short-term emergency accommodation and remained there. Among these participants, there was evidence that their situation had deteriorated on many levels.

> **"When I left, everything went downhill for me. I wasn't happy where I went. I was more set in me ways there [in Shielding Service]. Like, Tesco's just across the road, and in the summer, you could sit out in the back and the steps…" – Former resident (Interview No.3)**

7 Beyond the Pandemic: Meeting the Needs of Long-term, Chronic Homeless Cohort

It is apparent that the service addressed an unmet need during a pandemic but equally it was regarded by the staff and stakeholders that such a service is needed beyond the pandemic. This was recognised by all participants from Focus Ireland, HSE and the Drug Service who participated in this evaluation.

> **"I believe that the model on a smaller scale is needed, there are still rough sleepers and there's people difficult to engage … and this model can help us get the people off the street" – HSE**
>
> **"The quality of the Shielding Service was the best I have seen of all the services I have managed. … if there's an incident, or issue, or paperwork – everything just gets done. You're paying for quality and the benefits of that are the move-ons." – Focus Ireland**
>
> **"Are we Housing First? Transitional? What I say, is that we can be whatever we need it to be. We work around the needs of the clients for them to get the best possible outcome" – Focus Ireland**

In his Review of the Shielding Units in 2020, Dr O'Carroll also recommended "to keep the units operational to shield client and medical vulnerability who display challenging behaviours".

The Shielding Service was a relatively expensive service to run (HSE CH07 funding alone was €1,392,793 in 2021). The service required two separate staff teams across two buildings. There were four staff on shift at all times. There was an acknowledgment across staff and stakeholders that low staff-resident ratio was also a key benefit to the service. Further, "live nights" when staff are awake during the night is more expensive to run but this was also considered important to key work during evening hours or also to "keep things calm" if tensions were running high in the service or to carry out 'overdose checks' if required. However, given the apparent stabilising effect the service had on residents, it is possible that there are broader financial savings emanating from the service – for example less contact with criminal justice system, prison, and fewer medical or mental health emergencies.

“In a crisis, if someone is overdosing or people are fighting, obviously you need more than two staff but aside from that, even take out the crisis stuff – to be able to sit down and have conversations with the residents – I can disappear for an hour and sit and spend time with a resident for as long as they need to talk, rather than my 15 mins are up, another customer needs me … I think that a lot of what goes on in South Circular Road is based on good relationship between staff and client, that’s how they get the work done, that’s how they support them during a crisis.” – Focus Ireland

However, it was regarded by the Focus Ireland staff that one or two extra units for a single facility (therefore a total of 10 or 11 units in one location) would be manageable with the same staff numbers so as to “maximise return of investment” whilst not sacrificing on service quality. Alternatively, the service could operate from just one building, and two staff on shift with additional staff cover as required (for example, accompanying service users to appointments, etc), which could still keep a relatively low staff-resident ratio but be more efficient from a budget perspective.

With regards to feedback from residents on future iterations of Shielding Service, the former residents who were interviewed had some suggestions for areas of improvement, including:

- Three of the former residents reflected on particularly small size of the self-contained units, even though they greatly valued the privacy.
- One resident would prefer to have to pay rent which was not requested in the Shielding Service (and explained it would help to transition to independent housing and offers structure).
- One resident remarked that the service needed more male staff for security reasons, particularly during the night shifts if an incident escalated.

Two of the six former residents said they did not like the location of the Shielding Service near areas where they could easily purchase drugs which made it more likely to relapse, (however this opinion was not shared across the entire sample, with others very happy with the convenience of the location and that it was not in the city centre).

“The [name of nearby area] is like putting me from the frying pan into the fire.” – Former resident (Interview No.2)

“I think if you’re going to do another service, pick the right area…Just make sure you’re picking the right place and thinking about if addicts can walk around the corner. [What area do you think would work for a service like South Circular Road?] [Pause] Stillorgan or something. You don’t hear about drugs in those areas. It’s just somewhere it’s not easy to walk out the front door and walk around the corner and bang, you’re smack in the middle of it like. Like [name of nearby area] is known. You know where to get it [drugs].” – Former resident (Interview No.1)

Finally, for future iterations of the project, the service does not neatly ‘fit’ into a neat definition of a homeless service model. For example, it is not Housing First, neither is it hostel accommodation. As one former resident described, “it’s independent living but not independent living.” As Dr O’Carroll noted in his review, the UK Brydon Court is perhaps the most useful parallel in defining what services and housing units similar to what Shielding Service can offer in a post-pandemic world whilst also remaining rooted in the specific learnings on ‘what worked’ in South Circular Road between 2020 and 2022.

Shielding Service as a Model ‘Beyond the Pandemic’

“Lots of different models popped up during the pandemic that are great and lots of innovative things happened that you’d love to hold on to but for us, for [Drug Service], the South Circular Road services are the one thing you would hold on to. Whether it’s physically on the South Circular Road or not, but you would hold on to relatively small, lowest threshold clients, longest in the system clients and offer wrap around care – if everything else went, and they stayed, that would be success for us because the proof would still be in the clients being there. That doesn’t even happen in own apartments, Housing Assistance Payment apartments, or Housing First apartments. – and there’s good stuff happening in Housing First but we have had clients fall out of them and not be brought back in but this just didn’t happen on South Circular Road.” – Drug Service

“Housing First obviously takes people that are rough sleeping and puts them in a house with wrap around supports but I think South Circular Road has shown that for some people it’s too big of a jump, but if you put them in South Circular Road, where they have a flat, where they have their own front door – which they can lock behind them – but they still have on site support to build up what they need and to get used to something they can kind of call home. I think that’s where the gap is in services at the moment. I think that’s why council houses or Long-term Accommodation, or Housing First might fall apart, and it might be too big a jump. I think South Circular Road supports better long-term housing outcomes. Nobody ever thought of doing this before and I think it would be a shame if it’s not picked up on as a better model for the future to support long-term entrenched homeless people to help get them out of that cycle.” – Focus Ireland

8 Conclusion

While the COVID-19 pandemic underscored the already well-documented limitations of dormitory-style congregate settings (Sahlin, 2005; Tsemberis, 2010), the crisis response and inter-agency cooperation brought about new models of service innovation, which appeared to have catered well to the needs of those who have been, for many years, 'falling through the cracks' of existing service systems. International research has shown that Housing First can fail for a small cohort, and while further research is required particularly in an Irish context, it is plausible – based on the evidence demonstrated in this evaluation – that a low-threshold facility providing self-contained units, combined with intensive and flexible keyworking supports, yields positive outcomes across a range of domains. For some individuals, it can also lead to a period of stabilisation and ultimately, in their own time, a successful transition to long-term independent housing.

There were many specific factors which were regarded by staff, stakeholders and residents as having contributed to the positive service experience of the Shielding Service. These include:

- low-case load of staff;
- small facility;
- self-contained own door units of high quality;
- establishing trusting, respectful and compassionate relationships between staff and residents;
- effective service coordination (specifically health care and drug services);
- intensive yet flexible approach to keyworking and advocacy to facilitate access to supports, services and long-term housing;
- transparent policies and procedures to service, which include also leniency;
- no time limit to service.

Fundamental to the perceived success of such a low threshold service is to afford trust, autonomy and flexibility to residents. Shielding Service combined autonomy and privacy with intensive and flexible supports, which gave an opportunity for many residents to stabilise and if there were setbacks, relapses or challenging periods, residents were not excessively penalised, which was more likely to promote continued engagement in the long-term.

These were also echoed in Dr O'Carroll's assessment of the service in 2021:

> **"There have been a number of surprisingly good outcomes with clients' behaviours settling and clients engaging in programmes to help them address their individual issues. The flexible approach, high staff patient ratio, focus on good staff-client relationships, focused keyworking and small unit sizes all seem to have contributed to these successes." – O'Carroll, 2021.**

9 Key Learnings and Recommendations

This evaluation revealed substantial insights and learnings on the perceived success of the Focus Ireland Shielding Service which can inform future iterations of similar low-threshold services for high-needs clients.

1. **Own-door units** staffed by **a multi-disciplinary team** of skilled keyworkers can provide stability, safety, and positive and productive service engagement for entrenched long-term homeless people. Specifically, it can offer **a period of stabilisation**, where healthcare needs and substance use issues are supported, before residents' transition to long-term accommodation, at a time determined by residents themselves.
2. By designing **policies and procedures around the needs of the residents**, staff were able to garner trust and rapport. Transparency and clear rationale around policies and procedures, and leniency where required, is also vital to maintain trust between staff and residents.
3. A **flexible, respectful, and trauma-informed approach** to keyworking was seen to be effective in working with high-needs clients with challenging behaviours and can lead to positive outcomes. It also helps to keep tensions low and prevent placement breakdown. It assists in meeting the needs of the residents in terms of 'where they are at', including providing key working support during the night if needed. To achieve this, there needs to be sufficient staff resources and training to manage the particular characteristics of a low-threshold service.
4. **Coordination and collaboration** between Focus Ireland and health and drug services are seen as particularly impactful for this medically-vulnerable and high-risk population. It allows for the health and drug services to be tailored and provided directly to the individual, to achieve better outcomes for all services involved.
5. This service model has the potential to achieve **successful move-ons** to long-term housing from this service; this typically requires intensive advocacy and key working support over many months.

6. Low threshold and high support services such as this required **substantial staff resources and funding**. The low-case load and 24/7 staff support was seen as crucial in delivering a quality and holistic service. This cost can be seen to be offset by reducing encounters with emergency services, hospitalisation, and contact with the criminal justice system. According to staff, 10 units would be ideal for a future facility like this to achieve **quality of service** and **return of investment**.
7. Greater attention to **robust service-level data** at multiple junctures and across a range of domains including health, well-being and substance misuse would help to capture the effectiveness and impact of similar services in the future.
8. It is important to be considerate to the **considerable anxiety that service closures and ruptures** to service provision can cause residents, many of whom have experienced a period of relative stability in the context of a chronic homeless history. This adds to the argument that service innovation and good practice seen during the crisis period of the COVID-19 pandemic should be continued.

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Appendix 1 – Information Sheet and Topics for Interview with Key Stakeholders of SCR Shielding Service

Objectives of Key Stakeholder Interviews:

- To explore the views and experiences of key staff members who were involved in the programme design and delivery of Focus Ireland Shielding Service.
- To capture the perspectives and insights of the partnership approach to the service.
- To reflect on key learnings or challenges which might be applied to similar services or partnership initiatives in the future.

Interviews with Key Stakeholders:

Interviews with key stakeholders will be semi-structured in nature. The researcher is particularly interested in the origins of the service, in terms of its conceptualisation and design The following topics are suggested areas for discussion but this will be applied flexibly; additional discussion points or insights are welcome.

1. **Relevance of Shielding Service**
    - Programme design and meeting the needs of the target group.
    - How it compares to other service offerings (e.g. Housing First, transitional housing)
    - Target group for MMS – initially and over time, different cohorts, whether target group was successfully accessed.
    - Intake:
        - Intake channels
        - Learnings and challenges
    - Assessing needs of participants – initially and over time.
    - Shielding Service and how it 'fits' with other available services.

2. **Effectiveness of Shielding Service**
    - Partnership approach in design and delivery – initially and over time:
        - Focus Ireland
        - HSE
        - Healthlink
        - Ana Liffey
        - DRHE
    - Design of service – key considerations, early discussions, best practice, changes over time, practical considerations, length of programme, content, etc.
    - Processes, systems and operations of service.
    - Throughput of Shielding Service – pathways through and out of the service.
    - Data collection – initial assessment, profile, baseline and follow-up data.

- Ongoing data collection or assessments.
- Data collection management, data controllers, etc.

3 Efficiency of Shielding Service

- Project activities – whether logical, sensible, based on participants needs, alignment to best practice, etc.
- Distinct roles of each partner – benefits, learnings, etc.
- Inputs – administration, management, training, ongoing evaluation, etc.
- Budget, costs, resources – including staffing and unit costs, costs comparison to other programmes, and whether there's a need to enhance efficiencies in terms of financial, personnel and other costs.
- Benchmarks to other programmes.

4 Impact of Shielding Service

- Role of Shielding Service and wider problem of high needs homelessness in Ireland.
- Measuring success of the service.
- Incorporating views and experiences of residents.
- Impact on participants – health, mental health, well-being, personal relationships, addiction, over time.
- Internal evaluation data.

5 Sustainability of Shielding Service

- Sustainability of service – financial, practical, staff resources, etc.
- **Added value of Shielding Service in context of existing service landscape.**
- Role of partnership approach
- Considerations of macro-economic factors such as housing crisis, inflation, etc.
- Data collection going forward.
- Other iterations or innovations of Shielding Service – confirmed, planned and unplanned.
- Geographical spread.

Note on Research Ethics and Confidentiality:

With your consent, the focus groups will be recorded through an audio recorder to assist in the generating of detailed notes. Once focus group notes are drawn up, the audio recording will be immediately deleted. If one member of the group does not wish for the session to be recorded, real-time notes will be drawn up without the use of an audio recorder.

Please note that staff names will not be included in the final evaluation report. While anonymity cannot be guaranteed in use of quotations (given the size of the programme and small number of people involved), every effort will be made to ensure the reported findings are presented in a way which is both respectful and productive, focusing on the key learnings of the programme itself, as opposed to any personalised opinions.

The researchers welcome any member of the focus groups to follow-up directly with Sarah or Mary with additional reflections and insights to be incorporated into the analysis.

(Note: For data collected with MMS participants, all data and reporting will be kept entirely confidential).

Appendix 2 – Information Sheet for Former Residents of SCR Shielding Service

Evaluation of Focus Ireland Shielding Service 101 and 263 South Circular Road

Invitation to Former Residents to Take Part in a Research Interview

What this study is about

My name is Sarah Sheridan. I am an Independent Researcher and I have been asked by Focus Ireland to carry out a study on the two Shielding Services on South Circular Road. In May 2022, I interviewed staff who set up or worked in the service and now **I am hoping to talk to former residents who lived there.**

Who can take part?

Anyone who lived in either 101 or 263 South Circular Road **for a minimum of three months** any time between 2020 and 2022.

Do I have to take part?

No, you do not have to take part. Even if you do decide to take part, and after you change your mind, that is no problem. Whether you do take part or not, it will not affect your service in Focus Ireland.

What happens if I agree to take part?

Focus Ireland will pass your contact details to Sarah who will give you a call to arrange an interview. The interview can take place in person in Focus Ireland coffee shop in Temple Bar or over the phone. You can decide. The interview will take around 30 minutes and the questions will focus on **your own personal views and experiences** of the service.

What will happen to the results of the study?

The results will be presented in a report and submitted to Focus Ireland. The report can help Focus Ireland learn about what worked well in South Circular Road services and what might be improved upon if they were to run a similar project in the future.

How will information be recorded, stored and protected?

Every step will be taken to ensure your confidentiality. With your permission, the interview will be recorded but the recording will be deleted after the interview is completed and all names and place names will be removed to protect your identity. If you prefer your interview not to be recorded, that is no problem as the researcher can take notes. The only situation where I could break confidentiality is if you share something that indicates there is a serious risk of harm to either you, or another individual, or a serious crime has been committed.

Who should I contact for further information?

If you would like to take part in this study, or if you have any questions, please contact Sarah Sheridan, calling or texting [telephone], or email [email]. If you'd like to talk to someone from Focus Ireland, please contact Daniel Hoey, Research Manager [contact details provided].

*To thank you for your time, those who take part in an interview will receive a **€20 Dunnes Stores gift voucher.***

Evaluation of Focus Ireland Shielding Service

Consent Form

Name [CAPITALS]:

Date:

	Yes ✔
I voluntarily agree to participate in this research study	❑
I understand that even if I agree to participate now, I can change my mind at any time. I also understand that I don't have to answer every question	❑
I understand that all information I provide for this study will be kept private.	❑
I understand that if I inform the researcher that myself or someone else is at risk of harm, that they may have to report this to the relevant authorities – they will discuss this me first but may be required to report with or without my permission.	❑
I agree to my interview being audio-recorded.	❑

Signature of research participant

Date

Signature of researcher
[Sarah Sheridan, Independent Researcher]

Date

Appendix 3 – Interview Schedule for Former Residents

Focus Ireland Shielding Service Evaluation
Interview Schedule
July 2022

Intro:

In this study, I am trying to understand the **personal views and experiences** of residents who lived in either of the two Shielding Services on South Circular Road. Each person will have a very different experience, and for this chat, what I am most interested in is **your personal experience and what is important to you**.

1. I appreciate you are living in a different place so first of all, can I ask you to cast your mind back to the South Circular Road. Think about…
   - Your room – how you felt there
   - The building
   - The staff
   - The service itself
2. What first comes to your mind when you think back to living in SCR?
3. Can you explain your answer?

The facility

4. Can you describe your room there?
5. What did you think of the facilities? (kitchenette, bathroom, ventilation, space, outdoor space, location, etc.)
6. What did you think of the building itself?
7. How does it compare to other services you have lived in?
8. Did you feel safe there?
9. Did you mix with other residents there?

   The staff – I will just remind you that what you share with me on your particular views on staff and service will be kept confidential. I don't work with Focus Ireland. I am an Independent Researcher.

10. How did you find the staff in SCR? Did they help your personal situation?
11. How would you describe your relationship with your key worker(s)?
12. Did you feel like you could talk to staff in SCR?

13 Did you feel like you could trust the staff in SCR?

14 Did you feel like staff had enough time for you in SCR?

15 How would you generally compare the staff in this service to other services? (approach, style, demeanour, expertise).

16 Was your relationship with staff members always the same or did it change over time?

17 How would you describe the general atmosphere in SCR? (relaxed/tense, easy-going/strict, etc.)

18 Can you explain your answer?

The service supports:

19 Did you avail of the food provided in the service? What was your experience?

20 Did you link up with other services while you were there?

- a Ana Liffey
- b Healthlink / GP Care
- c Housing services
- d Other services

- How would you describe these services at the time? Did the help you?
- Did they visit you in SCR?
- Was Focus Ireland involved in coordinating these services do you know?

Impact of Focus Ireland Shielding Services:

21 While you were living in Focus Ireland Shielding Service, do you think that the following aspects of your life better / got worse / stayed the same? Can you explain your answer?

- Health
- Well-being in your daily life
- Mental health (including depression, anxiety)
- Contact with family members
- Drugs/alcohol (if relevant)
- Contact with the police (if relevant)

22 Did living in SCR have any impact on your contact with other services?

23 How would you describe the SCR service to a friend?

Key information:

Can I ask you a few final questions to capture some key information…

24 Which SCR service did you live in?

25 How long did you live there for?

26 When did you leave? (what were the circumstances around that?)

27 Where are you living/staying now? Did Focus Ireland staff have a role in where you are living today?

28 How does where you are living now compare to SCR?

29 Can I ask how long have you been using homelessness services?

30 Have you experience of rough sleeping?

And finally….

31 If you had to describe the Focus Ireland SCR service in a few words, what words would you use?

32 If you had the opportunity, would you live in a similar service to South Circular Road in the future?

33 Can you explain your answer?

34 Is there anything else you would like to add that I did not ask you? Or any final thoughts you may have?

Thank you so much for participating in this interview. Your input will help Focus Ireland to design and deliver future services in the future.

focusireland.ie

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