



STREET SUPPORT PROJECT

Ireland

Pilot intervention

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The implementation of four Local Pilot Interventions has been a fundamental element within the Street Support Project. With a focus on social inclusion and public nuisance prevention, each of the organization partners developed and tested an innovative approach with which to support people experiencing homelessness and/or who consume drugs/alcohol in public space.

The report that you have in your hands is a compilation and documentation of the development, implementation, and evaluation of these interventions. Our intention behind opening up and sharing these processes is double folded.

On one hand, by showcasing these interventions we hope to offer service providers, policymakers and other professionals a body of knowledge that evidences the impact that inclusive interventions have in the life of marginalized communities. Complementing the other Street Support Publications, this report allows professionals to connect more in-depth with other service providers experiences, successes and challenges, and to learn from them.

On the other hand, with these reports, we would like to share with the reader a methodology for the development of inclusive interventions targeting people who experience homeless and/or use drugs/alcohol which is effective, essential and easy to contextualize to local needs.

For more information about the other Local Pilot Interventions, the Street Support Project, or any of its intellectual outputs, please visit www.streetsupport.eu

1. Overview of the situation

Cork Simon has been providing housing and services for homeless people in Cork for more than 46 years. In the last five years, we have noted a significant increase in the number of homeless people engaged in problem drug use in Cork. For example, the number of opiate users availing of Cork Simon's Residential Services has more than doubled in this time.

The number of people sleeping rough in the city for one night or more has increased from 38 in 2011 to 327 in 2016 and we have noted a persistent association between rough sleeping and problem drug and alcohol use.

Cork Simon's day service and rough sleeper team have been effective in reducing drug and alcohol-related nuisance in Cork City as the service offers alternatives to life on the streets, including access to emergency shelter and housing via our Housing First service and to our activities programme and our Employment and Training Services which has found more than 100 jobs for homeless people over the past four years and assists an average of almost 150 people per annum to gain educational qualifications.

Direct feedback from Cork Simon's beneficiaries indicates that they wish for us to expand this service by opening at Weekends. Rough sleepers complain of having nowhere to go on Saturday's and Sunday's and would welcome an alternative to the street scene and associated high levels of drug and alcohol use.

2. Profile of the target group

As part of the Erasmus Street Support Project - focused on innovative practice to reduce open street use of alcohol and drugs - we propose to develop a "Safer Saturdays" project aimed at homeless drug users in Cork.

This will involve opening our Day Service from 8.00am to 1.00pm offering the following range of supports at a time when no other services are currently available in Cork for homeless drug and alcohol users. In recent years there has been a significant increase in the number of homeless people engaged in problem drug use in Cork.

The number of opiate users availing of Cork Simon's Residential Service has more than doubled in the past three years. The number of people sleeping rough in the city for one night or more has increased from 38 in 2011 to 327 in 2016 and we have noted a persistent association between rough sleeping and problem drug use.

We believe that Cork Simon's day service and rough sleeper team have been effective in reducing drug and alcohol-related nuisance in Cork City as the service offers alternatives to life on the streets including access to our Activities Programme and our Employment and Training Service which has found more than 100 jobs for homeless people over the past four years and assists an average of almost 150 people per annum to gain educational qualifications.

Direct feedback from Cork Simon's beneficiaries indicates that they wish for us to expand this service by opening at the weekend. Rough sleepers complain of having nowhere to go on Saturday's and Sunday's and would welcome an alternative to the street scene and

associated high levels of drug and alcohol use, anti-social behavior, getting arrested by the police, getting fines and in some cases getting prison sentences. The aim is to get them into our service and to work with them using a harm reduction approach. We aim to give them respite from the streets and to engage with them in a meaningful way.

3. Overall aim of the intervention, objectives & activities.

The 'Safer Saturday' Project is aimed at homeless drug and alcohol users in Cork with a view to promoting deeper engagement with services, thereby reducing alcohol and drug-related harm and reducing time spent on streets and associated street nuisance.

Specific objectives:

- Reduction of alcohol and drug-related harm
- Reduction of time spent on the street, including the associated street nuisance
- Promoting engagement with other services

The intervention will involve running our Day Service from 8.00am to 1.00pm on Saturdays offering a range of support at a time when no services are currently available in Cork for homeless drug and alcohol users. This also is a direct response to the wishes expressed by Cork Simon's service users, through our independently facilitated focus groups and surveys, for the establishment of such services at the weekend

The key intervention proposed involves the opening of the Cork Simon day service on Saturday mornings with a specific focus on

progressively engaging rough sleepers in a network of support and educational initiatives that promote harm reduction and offer alternatives to street life, thereby reducing drug and alcohol-related nuisance.

The day service will offer:

- Access to Cork Simon activities program
- Access and referral to Cork Simon education, training and employment program
- Access to meals and shower facilities
- Referral to Cork Simon Housing First and Supported Housing projects
- Referral to the Adult Homeless Integrated (Health) Team (AHIT)

The start date for the Safer Saturday's Project is October 1st, 2017 and the first operational Saturday will be October 7th, 2017:

- The program of activities for the period of October to December 2017 includes the following
- Cooked breakfast
- Needle Exchange and advice on safer drug use
- Training on naloxone administration
- Training in basic First Aid
- Training in Methadone Induction program
- Assessment of training and educational preferences for January to March 2018

This program will be updated for each quarter based on the interests of participants and pragmatic considerations.

The effectiveness of the project will be assessed using the Self Sufficiency Matrix and in addition, a range of other performance indicators will be monitored including

- Numbers of rough sleepers engaged in Safer Saturday's service

- Numbers availing of Needle Exchange service
- Number attending information and education sessions on safer injecting and safer drug use.
- Number availing of training in the administration of naloxone
- Number availing of training in first aid
- Number referred to our activities program
- Number referred to Cork Simon Education, training and employment program
- Number accessing to meals and shower facilities
- Number referred to Cork Simon Housing First and Support housing project
- Number referred to AHIT

The pilot will operate until the end of January 2019. A report on outcomes will be produced by May 2019. Two staff members have been assigned to this project. One is Eoin O'Callaghan and the other is Aisling Hegarty.

4. Expected results of the intervention

What are the results of the intervention? <i>What do you expect to change (please indicate shortly, based on the specific objectives and the expected results)?</i>	Why is change expected? <i>Why do you expect that the intervention will lead to change /no change (please indicate shortly)</i>	How can you measure this change? <i>Indicate if this can be measured with the SSM or through interviews, focus groups...</i>	How often and when will you measure? <i>Number and moments for measurement</i>
<i>Improved mental health</i>	<i>More engagement with services with access to Adult Homeless Integrated Team (AHIT). Less social isolation and more creative use of time</i>	<i>SSM, focus groups and one to one interview</i>	<i>After 6 months and after 12 months</i>
<i>Increased number of target group members in work or education</i>	<i>Work and education programmes are offered, more engagement with services, less social isolation and more active community participation</i>	<i>SSM and one to one interview</i>	<i>After 6 months and after 12 months</i>
<i>Less time on streets and less anti-social behaviour</i>	<i>Service opened on Saturday morning taking people off the streets and access to a range of services, use of harm reduction model etc.</i>	<i>SSM, focus groups and one to one interview</i>	<i>After 6 months and after 12 months</i>
<i>Reduction in substance use</i>	<i>Target group will be offered work and education programmes – it is expected that more day structure leads to reduced substance use</i>	<i>SSM and one to one interview</i>	<i>After 6 months and after 12 months</i>
<i>Increased acceptance of the target group in the neighborhood</i>	<i>Community activities are being organized in cooperation with neighbourhood and responding to complaints as they arise</i>	<i>Quarterly focus groups meetings with neighbours</i>	<i>Four times a year as part of City Quarter Meetings</i>

5. Action Plan

Objectives	Activities	Indicators	Bottlenecks/Solution	Timeline
Reducing drug / alcohol related harm	Needle exchange service	Numbers availing of service	Availability of full range of Nx supplies. Liaise / lobby HSE	October 2017- January 2019
	Referrals to Adult Homeless Integrated Team (AHIT)	Numbers referred to GP, Psychiatrist, Addiction Counsellor	Availability of medical team on Saturdays – Refer participants to other days	Ongoing for duration of project, October 2017- January 2019
	Training in administration of naloxone	Numbers interested and participating in the training delivered by Cork Simon staff	Delay in rollout of naloxone programme – Liaise / lobby HSE	Ongoing for duration of project, October 2017- January 2019
	Training in basic first aid	Numbers participating in training provided by Irish Red Cross	Availability of trainers on Saturdays – Refer participants to other days	To be delivered three times during the intervention
Reducing time spent on streets and associated street nuisance.	Detailed project planning	Completion of plan	Many more participants than 30 originally targeted. Plan adjusted based on the interests of participants	September 2017 and ongoing monitoring
	Operating day service on Saturday mornings	Number of rough sleepers engaged in service	Staffing gaps, people leaving etc. -Use of relief panel if necessary. New staff team in place since May 2018	October 2017- January 2019
	Monitoring and reporting	Development and dissemination of relevant reports, meeting deadlines etc. for project	Not able to meet deadlines for all reporting requirements. Extensions agreed when required	September 2017 – August 2019
Promoting engagement with other services	Access to activities programme	Numbers linking in with the activities programme	Information on and access to activities available throughout the week Programme capacity on Saturdays – keep under review	October 2017- January 2019
	Access to employment and training programme	Numbers and levels of engagement with employment and training programme	Programme capacity - Keep under review	October 2017- January 2019
	Referral to Housing First service	Number of referrals	Housing availability Housing acquisition strategy	October 2017- January 2019

6. Partners involved

Name organization	Focus of the organization	Role during the intervention
<i>Joe Finnerty, School of Applied Social Studies University College Cork</i>	<i>The Schools mission is to have an educational environment which promotes a culture of critical intellectual and practice enquiry based upon participation, inclusion and diversity</i>	<i>Assisting and advising with research aspects of Street Support Project. Participating in advisory group for this project</i>
<i>Cork City Council</i>	<i>It is responsible for Local Government in Cork City. This includes housing and community, roads and transportation, urban planning and development, amenity and the environment</i>	<i>Advising on street issues, anti-social behavior etc. Participating in advisory group for this project</i>
<i>Dr Austin O'Carroll, Safety Net</i>	<i>To deliver the highest possible standard of healthcare to marginalized and vulnerable groups while providing professional support to those working with these groups</i>	<i>Providing Clinical Governance for Needle Exchange services</i>
<i>HSE Addiction Services – Offer training in Naloxone administration</i>	<i>Support the provision of an integrated range of preventative, therapeutic and rehabilitative services to meet the diverse health and social care needs of our service users</i>	<i>Offer training in Naloxone administration for service users</i>
<i>Irish Red Cross</i>	<i>Provide a range of first aid courses throughout Ireland empowering people with the confidence and ability to respond to an emergency</i>	<i>Provide training in First Aid for service users</i>
<i>Cork Simon Training, Education and Employment programme – links with employers and training providers</i>	<i>Building links with employers and training providers</i>	<i>To create opportunities for people to get access to education and training programmes. To support our harm reduction approach in working with people</i>
<i>Cork Simon Activities Programme</i>	<i>Activities Team works to create opportunities for people to build self-confidence, build social support networks and interact positively with the wider community</i>	<i>Offering a range of activities to ensure creative use of time and support our harm reduction approach in working with people</i>
<i>Garda Siochana, Community Policing</i>	<i>Community Policing is a partnership based, pro-active, community oriented style of policing. It is focused on crime prevention, problem solving and law enforcement with a view to building trust and enhancing the quality of life of the entire community</i>	<i>Building links with the local community and participating in advisory group for the project</i>

7. Implementation report

GENERAL OVERVIEW

362 people used the service in the 16 months it was operating. 83% were male (300) and 17% (62) were female. 70% were Irish and 30% were other nationalities. The average age was 36. An average of 18 people used the service every Saturday. As so many people used the service we looked at the 42 most frequent users of the service. The average for this group was more than 8 visits per person.

More detailed profiles of this 42 revealed that 90% (38) have a history of rough sleeping, 43% (18) have alcohol misuse issues, 50% (21) have poly-substance misuse issues, 28% (12) have public order issues, 38% (16) have suspected mental health issues, 15% (7) have diagnosed mental health issues and 18% (8) have diagnosed physical health issues. These 42 were screened with the SSM twice during the intervention in April 2018 and December 2018.

The intervention was carried out as expected. The Rough sleepers who had nowhere to go on Saturday's and Sunday's had an alternative to the street scene and associated high levels of drug and alcohol use, anti-social behavior, getting arrested by the police, getting fines and in some cases getting prison sentences. The aim is to get them into our service and to work with them using a harm reduction approach was achieved. We gave them respite from the streets and the opportunity to engage in a meaningful way.

The implementation was adapted as it went on because originally the 30 most frequent users of the Rough Sleeper Service were targeted and these would be our main focus. This was a challenge. We realized because of the transient nature of service users, people leaving the service to move on to their own accommodation, people exiting homelessness, people leaving Cork City for another city,

people going back to their families, etc. The service would have to be opened up to a larger number of people. Also as we had quite a severe winter in 2017/2018 we felt that when people presented on Saturday for the service we had to give it to them. The average number of people using the service on a Saturday was 18 so it was deemed to be manageable by staff.

Another challenge was gaps in staffing due to staff leaving, sickness, etc. This meant we had to use the relief panel to provide cover for the service. All of this meant with different staff every weekend it did not provide the stability or continuity for the service user that was needed. This was addressed when a new staff team was put in place in May 2018 and this continued to the end of the intervention in January 2019.

Another challenge was the delay in the roll-out of Naloxone by the Health Service Executive (HSE). This was addressed by continually lobbying and liaising with the HSE. Naloxone became available in the second half of 2018. Another challenge was the availability of trainers on Saturdays for Naloxone training, First Aid training, Employment & Training program capacity, Activities program capacity, etc. This was addressed by referring participants to other days to link in with these services and by ongoing liaising with Employment & Training and Activities programs.

Along with the SSM we also used one to one interviews with service users and focus groups. The one to one interviews and the focus groups supported the work and the findings of the SSM. The one to one interviews were very useful and they gave the staff the opportunity to build positive relationships with the service users and to engage in meaningful and creative ways with them.

The use of the SSM was a very useful measuring tool in terms of outcomes for people. It was completed for 42 service users in April 2018. It was repeated for 32 service users in December 2018. The results were very positive and encouraging the second time around. 78% showed better or the same scores, 67% showed improved

scores and 11% had the same scores. The higher scores are indicative of progress across all the different areas.

Improvements were recorded across all the different domains. In the area of Finances in April 100% ranged from barely self-sufficient to acute problems in terms of management of their finances. In December 50% were adequately self-sufficient showing good improvement. In the area of Work and Education in April 67% were not self-sufficient or had no work/education. In December 52.5% were not self-sufficient or had no work/education showing a 15% improvement. In the area of Pastime in April 78% had little or no structure or daily activities as compared with 45% in December. This was a very significant improvement. In the area of Housing in April 89% were rough sleeping or in Night Shelter compared to 50% in December. 11% were now in stable, safe and adequate housing. In the area of Domestic Relations in April 94.5% had no relational problems with members of the household compared to 100% in December. It must be pointed out that most of these people lived alone.

In the area of Mental Health in April 50% of the people had mental health issues compared to 27.5% in December. The people seemed to have a much better quality of life. In the area of Physical Health in April 55% had some physical health problems as compared to 50% in December. In the area of Substance Use in April 50% reported severe substance use disorder causing physical and mental health problems compared with 44.5% in December. In Basic ADL in April 33% had no limitations in the execution of ADL compared with 71.5% in December. In Instrumental ADL in April 38.5% had no limitations in the execution of instrumental ADL compared with 60.5% in December.

In the area of Social Network in April 71.5% were in serious social isolation, had no contact with family and hardly any social connections compared with 39.5% in December. This was hugely significant in terms of people's engagement with the intervention. In the area of Community Participation in April 89% were isolated

from the community compared with 67% in December. Lastly in the area of Law and Order in April 56% had frequent contact with the police and had pending cases compared with 50% in December.

These results were hugely encouraging and were supported by the results of one to one interviews and focus groups. It demonstrated for us that the service users enjoyed a better quality of life through deeper engagement, less isolation, and more community involvement.

FOLLOW-UP ON THE INTERVENTION

As this overall intervention was very successful we have decided to keep it going for the rest of 2019 as it is meeting a need. It is getting people off the streets resulting in less anti-social behavior on the streets, reducing the potential for people getting into trouble with the law, keeping people safe, meeting their basic needs, supporting our harm reduction approach in working with people, less drinking and less use of drugs, providing deeper engagement and giving more creative use of time.

We will continue to liaise with the Health Service Executive and City Council to provide funding for this type of service at the weekends as we now know it is needed to give people respite from the streets and to work more closely with them in supporting them to address their issues. As an organization we need the financial support to keep it going as right now we don't know how we can fund it beyond the end of 2019.

We feel the intervention would not need to be adapted and that it works very well in its current format. When we had the Local Multiplier Event in April the findings of the intervention were positively received and reached a wider audience than Cork Simon Community. It was also an opportunity for us to promote the Street Support Project and highlight the issues we face at a local, National and European level.

We will continue using the SSM. We found it very useful in tracking people's progress. It gave us a sense of where people were at in terms of the different domains. Also it supports the staff in their work and when working with this particular client group it can be encouraging for staff to see small progress as it can be frustrating for staff when they feel they are getting nowhere in their work with a person. When the SSM is used twice a year the staff will be surprised as often in the work it seems like one step forward, two steps backwards. When in your work you are very involved with a service user it is difficult to see the wood from the trees. In our work seeing the bigger picture is important. We will continue using the SSM as we feel it gives us a better picture of what is happening in the service user's life.

SPECIFIC INFORMATION ON THE INTERVENTION

Expected results	What did you achieve?	How did you measure this?	If you could not reach the expected results, why is that?
<i>Better mental health</i>	<i>Significant improvement in mental health for most of the people using the service. Two-thirds had minimal mental health issues</i>	<i>SSM, focus groups and one to one interview</i>	<i>The results were reached. The figures through the SSM showed that the number of people with mental health issues was halved from 50% to 27.5%</i>
<i>Increased number of target group members in work or education</i>	<i>58% accessed the employment and training programme. 24% got back into employment and the remainder did various education courses, including state exams</i>	<i>SSM and one to one interview</i>	<i>We were happy with the results achieved. There was much more active participation in the community</i>
<i>Less time on streets and less anti-social behaviour</i>	<i>An average of 18 people used the service every Saturday. It got people off the street</i>	<i>SSM, focus groups and one to one interview</i>	<i>The results were achieved as shown by the SSM across several domains</i>
<i>Reduction in substance use</i>	<i>This was achieved through more engagement with services, through our harm reduction approach, more structured daytime activities and more creative use of time</i>	<i>SSM and one to one interview</i>	<i>THE SSM noted less people having severe substance abuse disorder, less social isolation, less criminal activity and more active community participation</i>
<i>Increased acceptance of the target group in the neighborhood</i>	<i>Better relationships with businesses and neighbour's, more participation in the community through employment and training and activities programmes</i>	<i>Quarterly focus groups with the neighbours</i>	<i>Cork Simon has Good Neighbour Policy. We respond to complaints and have regular contact with all neighbour's and businesses. This is on an ongoing basis</i>

CONCLUSIONS

We learned from the intervention that we were able to give people a better quality of life through a deeper engagement with the services. This becomes evident through the results of the SSM, and the one-to-one interviews. As a result, less anti-social behavior was perceived in public space.

When looking at the forty-two most frequent users of the service:

- 15% (n=6) accessed needle exchange services;
- 65% (n=26) attended one-to-one education sessions on safer injecting and safer drug use;
- 55% (n=22) undertook training in basic first aid.
- 65% (26) accessed the activities program.
- 58% (23) accessed the employment and training program.
- This led to more engagement as was the case in people accessing activities program.
- 40% (16) completed Naloxone training
- 40% (16) were referred to Housing.


The findings and results are very encouraging: less social isolation, more community participation, more creative use of time, less substance use, fewer risks, better mental health and improved capacities to support themselves, and their peers.

However, these results need to be approached with caution when generalizing conclusion about its effectiveness. On one hand, on the final evaluation, we were not able to reach all of the participants that started. On the other, we are unable to measure the impact that other services might have had in improving the conditions of life of the participants.

Nevertheless, considering the above - and the project achievement at large - it is reasonable to conclude that the Safer Saturday's project was beneficial to its participants and the local intervention

was successful. It reached the target group – homeless drug/ alcohol users in Cork. It brought about a deeper engagement and linked people into other aspects of our services. It worked in line and supported our harm reduction way of working with people.

The SSM findings offer evidence that the involvement of service users was associated with positive change and made a difference for people in terms of their quality of life. 67% showed improved scores. There was a significant change in some of the areas. The intervention highlighted for us that a service like this is needed at weekends. We are going to keep it open for the rest of 2019 with our funding. The designated staff for the project noted a different and more positive ambiance in the service compared to weekday day services. This is something that would be very difficult to measure.



Drug- and alcohol-related nuisance is an important policy issue in nearly all smaller, medium-sized and bigger cities. Experience and research has shown that this is a pan-European problem which many local and municipal authorities are struggling to address in an effective manner.

A broad range of participatory interventions and prevention activities have been developed to prevent nuisance among youngsters. Intervention, targeting adults however, are limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines. Less is known about inclusive strategies and adult learning opportunities, which provide daily structure and support to this specific group.

The Street Support Project is built on the idea that each person has the potential to learn and to do something meaningful. Adult learning, work and other activities can play a vital role in this context, as long as it is adapted to the specific needs and living conditions of the target group.