Co-Designing a
Mental Health Support Programme
with Young Adults Experiencing Homelessness

Dublin
Simon
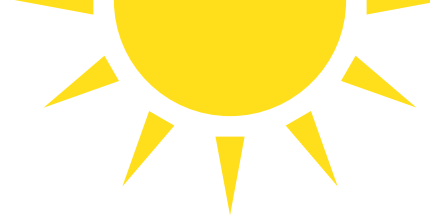Community

Acknowledgements

Citation

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Contents

Executive Summary

From the outset of the COVID-19 pandemic, the Dublin Simon Community Sure Steps Counselling Service observed a significant increase in referrals for young adults in homelessness, who are not traditionally a large part of the organisation's core client group. The objective of this project was to conduct a three-phase service enhancement project to co-design and implement a mental health support programme for young adults experiencing homelessness in Dublin. The project team aimed to make counselling more accessible, with the hope of engaging more young people experiencing homelessness and gaining a greater understanding of their mental health needs. From the outset, the project team intended that client participation would be a central part of the project, with clients involved in co-design, using the support, overseeing the project via a Steering Group and evaluating the support put in place. The project was completed over 15 months (January 2022 to March 2023) in three phases.

Phase 1: Co-Design

The aim of this phase of the project was to understand and illustrate the experiences and psychosocial challenges of young homeless people (particularly in the context of the COVID-19 pandemic) and to co-design a mental health support that could be integrated into the existing Sure Steps service. The co-design phase comprised of five half-day workshops across a period of 6 weeks and involved four young clients with a counsellor on site for support during or after the workshops. Members of the project team facilitated the workshops in line with their own areas of expertise.

Workshop 1	Project Introduction and PhotoVoice
Workshop 2	PhotoVoice: Group Discussion
Workshop 3	Defining the Challenges of Young Adults in Homelessness
Workshop 4	Values, Principles & Approaches of a Young Adult Mental Health Service
Workshop 5	Proto-typing a Support

Phase 2: Providing the Young Adult Support

A counsellor with experience working with young people was added to the Sure Steps team for a period of 9 months, from April to December 2022. As much as was feasible, the recommendations of the co-design workshops were considered and implemented. Service provision was also flexible and adaptable to presenting needs and trends among the client group as the year progressed. The support was available to clients of both Dublin Simon Community and other leading homeless service providers in Dublin. The majority of the young people who availed of the service were residing in emergency accommodation or long term supported accommodation. However, it was also available to those experiencing rough sleeping and those in homeless-specific addiction treatment. It is a trauma-informed, low threshold support that ensures mental health care is accessible and available to those with addiction issues/ dual diagnosis.
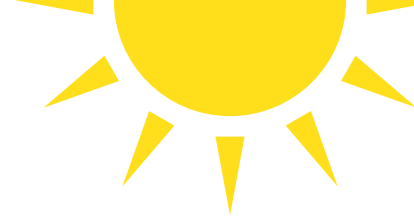
Phase 3: Evaluation

Formal and informal feedback was monitored throughout the project as per the existing Dublin Simon Community procedures. An evaluation was then conducted at year end among clients and service providers who worked with the counselling support between April and December 2022. The evaluation was conducted using an online anonymous survey via Microsoft Forms. The questions were formulated and tested among the Working Group and Steering Group, which included a combination of internal staff, external experts and clients.

Governance Structure & Ethics

A Project Working Group and a Project Steering Group was established and in place for the duration of the project. The Working Group met on a monthly basis and was made up of 4 experienced Dublin Simon staff members, including the young adult (YA) counsellor and counselling service manager. The group also benefitted from the input of 4 external members with expertise ranging from frontline mental health service provision and research, to co-design and service development. As applicable to their expertise, this group managed or advised on the operational implementation of various elements of the project.

The Steering Group met 4 times throughout the project and was a balanced group of 3 staff and 3 clients. Due to changes in personal circumstances throughout the year, a total of 5 clients were involved in the group. The group provided both advisory and oversight function, with a member of the Working Group reporting to the Steering Group at each meeting.

Although this was a service development project, in the interest of adhering to best practice the project plan was submitted through the Dublin Simon Community research approval process, which involves an ethics review and approval process. The co-design workshops were facilitated by two University College Dublin (UCD) lecturers, who received institutional ethical approval (UREC LS-22-20-Kroll 29/03/22) for phase one of the project (co-design). Their contribution to the project is written up in Chapter 1 of this report.

Limitations

Owing to some early delays related to COVID-19 restrictions and the requirement of the workshop facilitators to acquire full ethical approval from their university, the five co-design workshops took place in Q2 instead of Q1. The project team decided to proceed with the counsellor in place as planned from April 2022, building relationships with different services and clients, getting to know the needs of the target group and promoting the project for future client involvement. In retrospect, the difficulties experienced here had a positive impact as the period of relationship building resulted in strong engagement from clients and practitioners throughout.

Executive Summary

The co-design workshops resulted in a variety of recommendations, some of which were very feasible to implement within the context and resources of current Sure Steps service provision. Others were more idealistic 'big picture' recommendations that require significant resources or a different physical environment, and could not be implemented within the frame of this project. All recommendations were assessed and all are presented in this report to be used for future reference where an opportunity may arise.

A total of 5 service providers and 5 clients participated in the evaluation. The quantity of client responses was lower than hoped, although not unusual for the nature of our client group who are often living in chaotic, transient circumstances and can be struggling with addiction, physical health issues and mental health issues. Additionally, we respect that the nature of the evaluation was personal and sensitive, which some people may prefer to maintain privacy around. However, the responses received were powerful and aptly demonstrated the impact of the support.

Recommendations

Those involved in the Working Group, Steering Group and co-design workshops make the following recommendations based on their experience:

1. Continuously consider and implement the recommendations of the young people involved in the co-design workshops, as outlined in table opposite.

PRINCIPLES & VALUES	FORMAT	ENVIRONMENT
• Trust, privacy, dignity & respect • Strength-focused • Growth & personal development focused • Holistic • Non-judgemental • Long-term perspective • Integrated: not having to repeat same information • Empathising and engaging • Challenging views and perspectives • Trauma-informed	• Age appropriate staff (young but experienced) • Informal approach with easy access • No finite number of sessions • Use of alternative therapies • Peer support • Links and connections to other services • Normal conversation "not like I'm fragile" • Smartphone connectivity	• Informal space to 'warm up' before session or 'cool down' afterwards adjacent to formal counselling • Non-institutional colour scheme and décor • Accessible by public transport • Age appropriate activity offerings • Not someone sitting across from you with a writing pad
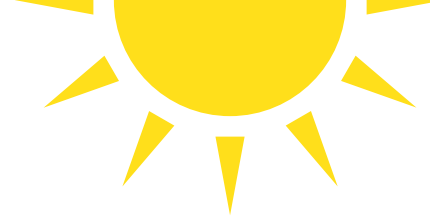
2. Secure sustainable funding to provide an age-appropriate counsellor on the Sure Steps team on a permanent basis.

3. Investigate the feasibility of scaling the young adult support to have capacity to work with more homeless services.

4. Ensure meaningful involvement of the relevant target group when designing, implementing and evaluating new services and supports.

5. Advocate that mental health supports must be available, accessible and appropriate for people experiencing homelessness on a national scale.

Introduction

Young Adults, Mental Health and the COVID-19 Pandemic

Young adults are at a complex developmental stage in their lives and will often experience significant change in their personal, environmental and social circumstances. This can be a very challenging time for mental health and so it is critical that they have access to appropriate supports and resources. Research (Dooley et. al 2019) conducted among 19,000 young people across Ireland shows that the landscape of youth mental health is changing and there is evidence of increasing levels of anxiety and depression among young people. In Connecting For Life: Ireland's National Strategy to Reduce Suicide 2015-2024, data on presentations to A&E across a 10 year period shows a significant increase in the use of highly lethal methods of self-harm, with the largest increases among those aged 15-29.

Furthermore, it became apparent early on in the COVID-19 pandemic that young adults would be disproportionately impacted by it, particularly those in precarious living or work situations. In Ireland, Smith and Nolan (2022) confirm the impact of the pandemic on the mental health of the Growing Up in Ireland cohort; with 41% of men and 55% of women aged 22 experiencing depression in December 2020. This was a significant increase from the respective figures of 22% and 31% in 2018.

For many of the young people experiencing homelessness, the impact of the pandemic on their mental health and well-being exacerbated their already challenging lives. A report from DePaul (UK) confirmed the challenges for young people who were experiencing homelessness: 'Everything stopped' and a 'combination of a sharp economic downturn, as well as enforced social distancing measures, has not only increased the financial pressures faced by young people but also placed strain on their personal relationships and mental health. For those in precarious housing…. these issues represent a significant threat'. (DePaul 2021: p.19).

Youth Homelessness in Ireland

Youth homelessness is considered to be a distinct form of homelessness in that the pathways into homelessness, the impact and experiences while homeless and exits all differ from adults. FEANSTA (2020) identified key factors to consider in designing services, including supporting their transition to adulthood and ensuring the development of personal, life and social skills to support independent living. These are essential as many young people have a mistrust and fear of social services and authority, and discrimination is acknowledged as working against young people in accessing benefits and housing (p4).

The age of young people experiencing homelessness is ill-defined internationally. FEANSTA completed
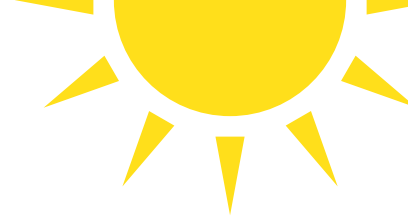
an extensive consultation with over 100 service providers in Europe to focus attention on the structural barriers and systems failures, instead of a focus on the personal failings of young people.

Their definition of youth homelessness is as follows:

"Youth homelessness occurs where an individual between the ages of 13 and 26 is experiencing rooflessness or houselessness or is living in insecure or inadequate housing without a parent, family member or other legal guardian" (p3).

> **For the purpose of this project, young adults are defined as people aged 18-24.[1]**

The overall number of young people experiencing homelessness or housing precarity In Ireland is unknown. Nationally, 17% (1,423) of the adults accessing emergency accommodation are young people aged 18-24. Since the beginning of the pandemic, the figure for young adults in emergency accommodation increased by 72%, which presents a deeply concerning trend (Department of Housing, Local Government and Heritage 2023). The vast majority of this group (approximately three-quarters) are in Dublin, where this project is focused. There is also worrying evidence to show young adults are rough sleeping in Dublin. In the most recent count, 8 people aged 18-25 were found to be sleeping rough, where the youngest was 18 years old (Dublin Region Homeless Executive 2022). It should be noted that while sizeable, these figures do not account for young people experiencing hidden homelessness such as couch-surfing, staying with friends or extended family etc.

In 2022, the Department of Housing published a Youth Homelessness Strategy, which focuses on three core strategic aims:

- To prevent young people from entering homelessness
- To improve the experiences of young people in accessing emergency accommodation
- To assist young people in exiting homelessness

While there is no direct commitment to ensuring the provision of age-specific mental health supports, there is a 2024 commitment to 'review the availability of mental health supports for young people in emergency accommodation and implement any recommendations.' It is hoped that this report, along with the ongoing experience of providing the young adult support through Sure Steps, will contribute to that review and can inform other providers on the mental health needs of young adults in homelessness.

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1 The funder criteria for this project stipulated that proposals should target 15-24 year olds. Dublin Simon does not provide services to people younger than 18 years of age.

Chapter 1
Co-Design

University College Dublin (UCD) in collaboration with Dublin Simon Community.
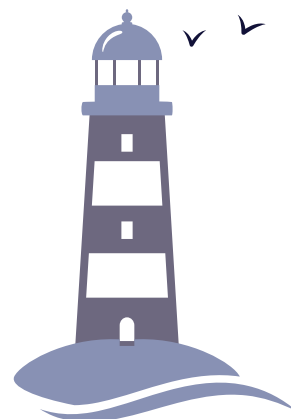
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Why this Project?

We have undertaken projects with people who experience homelessness [PEH] previously and during the heightened period of the COVID 19 pandemic, we were co-editing a special edition of International Journal of Public Health and Environmental Research on the topic of homelessness and health, which identified a global array of evidence (Frazer and Kroll 2021). The impact of COVID-19 globally was evident across all sectors and population groups. With this in mind, we engaged with this study to understand experiences and psychosocial challenges of young homeless people (during the pandemic) in Dublin and to partner with them to co-develop a mental health support programme.

Our Objectives

- To support young people experiencing homelessness to identify the psychosocial impact of the COVID-19 pandemic on their lives.
- To train young people experiencing homelessness in using photography as an artistic form for emotional self-expression.
- To examine and discuss the experiences with the COVID-19 pandemic and psychosocial consequences using photographs in a group format.
- To inform the co-design of a programme of mental health supports through the development of a youth pathway within the Dublin Simon Sure Steps Counselling Service.
- To exhibit the photographs to educate the public and policymakers about the psychosocial impact of the COVID-19 pandemic on this population.

Our Methods

Our Study Design and Approach

We used an exploratory qualitative approach, using creative methodologies of PhotoVoice and co-design, to understand the problem of homelessness and its impact on mental health during Covid-19, and to co-design solutions jointly with young people with homelessness experiences.

What is PhotoVoice?

(Sutton-Brown 2014; Wang and Burris 1997). PhotoVoice is a participatory process using photographs as evidence for discussion and sharing of knowledge and expertise. The photographs are used to tell a story to help understand what is important from the person's reality and as a method it has been used previously with marginalised populations (Tippin and Maranzan 2022; Sutton-Brown 2014; Wang and Burris 1997).

Three main goals of PhotoVoice are 1) to enable people to record and reflect their community's strengths and concerns, 2) to promote dialogue and knowledge about important issues through large and small group discussion of photographs, and, 3) to reach policy-makers (Wang and Burris 1997: 184). It is an active method that does not conform to predetermined questions but uses photographs to stimulate discussions and storytelling.

To support the psychological safety of the participants, Dublin Simon requested that the Young Adult Counsellor attend sessions as they were known to all who participated. This was a mechanism in building trust and reducing anxiety over 'unknown' for this group of young people.

What is Design Thinking?

Design Thinking is a way to quickly develop solutions to difficult problems. How to consider solutions for homelessness requires creative and innovative methods that place the 'person' as the expert at the centre of the discussions. Design thinking involves empathy, brainstorming ideas, and prototyping iterative solutions (Brown 2008).

It draws on creative techniques to understand a problem and to develop ideas how to address it. Not one single solution may solve the problem. It may also not happen with the first solution that is identified. However, every 'failed attempt' provides an opportunity to learn more about the problem and how it could be resolved.

Homelessness is complex. Every person who has experienced homelessness can attest to the many challenges involved. Understanding the issues from their perspective is the first step to develop ideas to address the complex problem. This is called empathy and involves deep listening and perspective taking. It is important that this happens first before one can move to brainstorm ideas. Not all ideas are practical or feasible. But we can start somewhere and build what is called a 'prototype' of something that can look like a solution. The word 'prototype' suggests it is not necessarily the perfect or final solution for the problem but can be refined at a later stage.

Figure 1. Design Thinking

© Teo Yu Siang and Interaction Design Foundation, CC BY-NC-SA 3.0
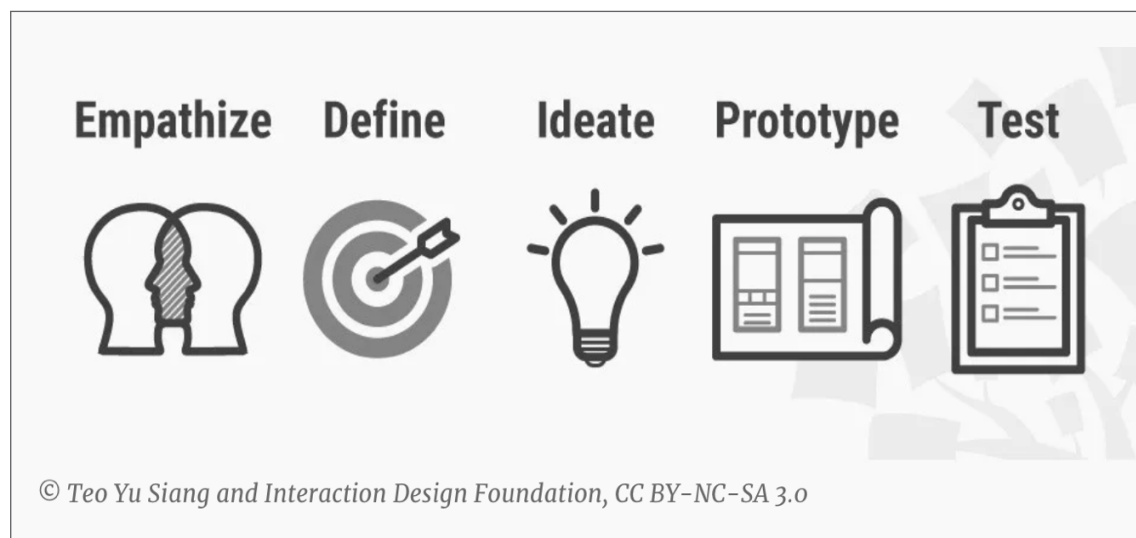
What is Co-Design?

Ní Shé and Harrison (2021) define co-design as one of the public and patient involvement (PPI) approaches used in health research that embeds a values-based approach. It is a process that is based in social justice and emancipatory research that seeks inclusion and stakeholder involvement in decision making. The challenges that exist are the inclusion of seldom heard groups, including PEH and younger aged cohorts, due to the power imbalance and tokenistic engagement at timed engagement or narrowed invitation. From the outset of this proposal the engagement of young people and PEH were considered and their inclusion on a project steering group enabled insightful contributions. The co-design and PhotoVoice methods were selected for creative engagement and reducing a power dynamic of predetermined interviews or focus group discussions (Box 1). The workshops were established with co-produced rules of engagement that were present at each workshop and facilitated open and non judgemental conversations.

Box 1. Co-Design

"Co-design is a process not an event. It is also known as generative design, co-creation, participatory design or co-operative design. Co-production may also be used but it is more about the delivery rather than the design aspects of the process.

Co-design originally referred to a process involving customers and users of products or services in their development. It combines generative or exploratory research, which helps to define the problem that requires a solution, with developmental design.

The community services sector has adapted co-design to combine lived experience and professional expertise to identify and create an outcome or product. It builds on engagement processes such as social democracy and community development where all critical stakeholders, from experts to end users, are encouraged to participate and are respected as equal partners sharing expertise in the design of services and products."

(NSW Council of Social Service 2017)

Setting

This was a Dublin based study completed in partnership with Dublin Simon Community, a not-for-profit organisation providing services to over 6,000 people annually who are homeless or at risk of homelessness across Dublin, Kildare, Wicklow, Meath, Louth, Cavan and Monaghan (Dublin Simon 2023). As part of the wider project, Dublin Simon established a project steering group and a separate working group with oversight of the phases of the project, including this component. The safety of participants was critical, and embedded in all processes from the outset.

The workshops were held in large central meeting rooms with access to outside open space. COVID-19 restrictions had eased during May and June 2022 but guidelines remained within the homeless sector due to the high risk for this population group. For this reason, the workshops were situated in large rooms, with adequate spacing, direct air flow via open windows and doors to outside spaces, and provision of hand sanitizers.

Sampling and Recruitment

Participants were recruited [April to May 2022] through Dublin Simon networks and invited to participate following ethical approval. The study aimed to recruit up to eight participants and purposive sampling was used. The project lead [from Dublin Simon] contacted managers within the organisation to seek interest among clients. Additional communications were shared with Dundalk Simon. In total seven contacts were received and provided with additional information about the study. A youth counsellor was appointed by Dublin Simon [April 2022] and this was also used as a further mechanism for recruitment. The age profile for recruitment was 18 to 24 years olds and we sought a gender balance. At the commencement of the study four participants attended [May to June 2022]. The other participants were unavailable at the time of commencing the study, and two had moved out of homelessness accommodation.

Ethical considerations and approval

Ethical approval for this study was obtained from University College Dublin HREC (UREC LS-22-20-Kroll 29/03/22). This approval included Garda Vetting of both researchers as was a requirement of Dublin Simon Community. Participants received remuneration for engaging in the project.

As PhotoVoice can raise a number of issues, we used the first workshop for introductions and focused on safety and ethics. We also developed and agreed the rules for participation. The guidelines we used adhered with PhotoVoice methodology and the two academic researchers were trained and experienced in using this research method.

All participants were advised they could consider the information before agreeing to participate in the project. Participation required attendance and participation at a maximum of five workshops. Written consent to continue was obtained before the first workshop ended and was provided by all four participants.

Participants were advised not to take photographs of people or faces or take photographs that would put themselves at risk.

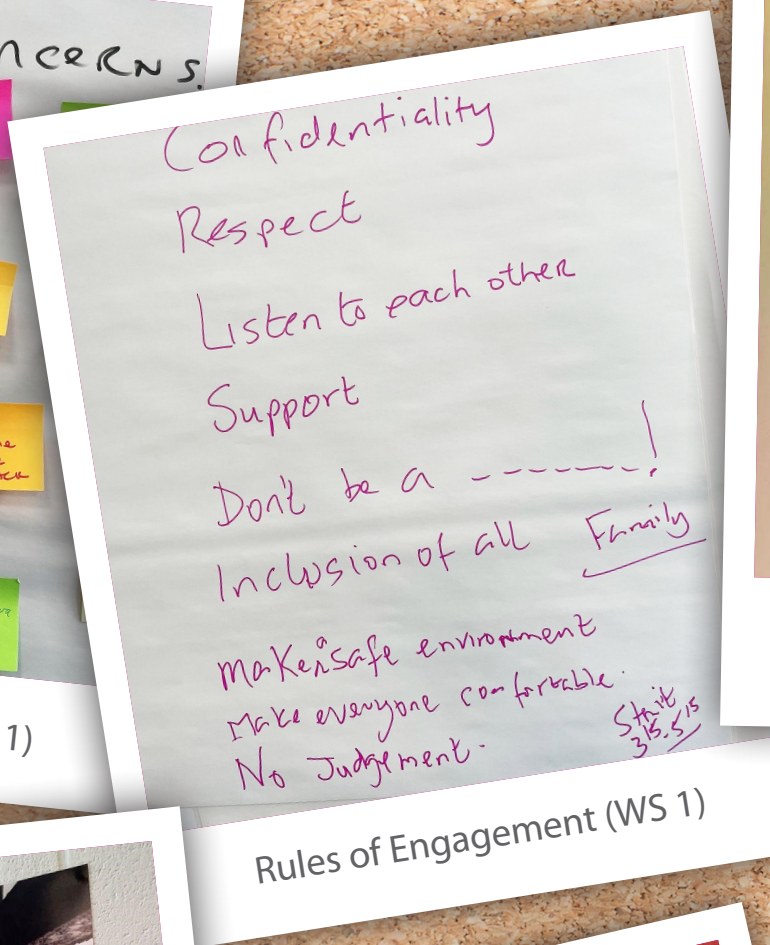| THE PROCESS: WHAT AND HOW WE DID IT |
|---|
| Over the period of six weeks (May to June 2022) we used PhotoVoice combined with co-design approaches during five live and interactive workshops. Table 1 provides an overview of what we did in the workshops. |

Table 1. Overview of the workshops

WORKSHOP 1	OBJECTIVES	ACTIVITIES	OUTPUT
WS1: *Introductions and Establishing Team relationships*	• To introduce the team and define ways of working • To provide a project overview • To introduce PhotoVoice as a method, safety and to familiarise participants with the camera equipment and approach	• Introductions and warm-up (dream travel destination/favourite artist) • Discussion of hopes, concerns, rules and roles • Purpose of the project - a brief overview • Explanation: What is PhotoVoice? • Selection of a photo from a stack of nature pictures and discuss why the photo was chosen • Introduction of PhotoVoice task 'What does being homeless during the COVID-19 Pandemic mean to you?' AND/OR 'What helped you to cope with the Pandemic?' 'What has been challenging?'- Take a minimum of 10 photos; explanation of PhotoVoice etiquette (e.g. don't take photographs of photograph people/identifiers (ethics)). • Discussion and confirmation of written informed consent • Discussion of practicalities: Timelines; Use of the camera; SD memory cards	• Getting to know each other • Breaking down barriers • Establish rules for workshops • Written consent to participate • Camera provided to each participant • Confirmed plan for the next workshop • Agreement on date for handing over SD card for printing of photographs in advance of workshop

Hopes and Concerns (WS 1)

WS1

Table 1. Overview of the workshops (continued)

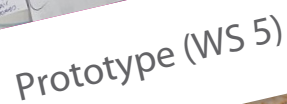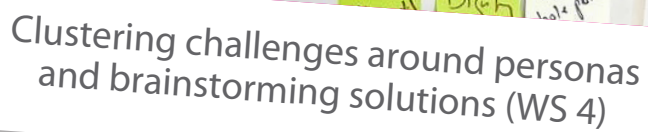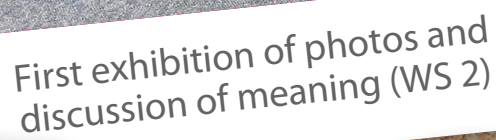| WORKSHOP 2	OBJECTIVES	ACTIVITIES	OUTPUT
WS2: **Empathise** *Exploring Photographs and Reflections* (Facilitated by two academic team members) **WS2**	• To share all photos with each participation • To facilitate participant exhibiting photos and select a subset for captioning • To discuss the meaning of photos • To introduce the next steps in the co-design process	• Check-in • 'Exhibition' of all photos on the walls • Participants provided captions or titles for up to five photos • Audio-recorded discussion: 'Why did you take this photo?' 'What does it mean to you?' 'How did you feel when you took the picture?' 'What can we learn from your experiences to develop better psychosocial support within Dublin Simon? • Introduction of next steps: the Co-design workshops • Obtaining written permissions to use photos for dissemination and exhibition.	• Continued building of the group • Narrative reflections on the meaning of photos in relation to mental health and wellbeing • Photos to inform the collaborative design process beginning with WS3 • Photos considered for future exhibition • Plan for next session and timeline for photos increased to two weeks before handover of SD cards for printing.
WORKSHOP 3	**OBJECTIVES**	**ACTIVITIES**	**OUTPUT**
WS 3: **Define** *Defining Challenges and Personas* (Facilitated by Dublin Simon Research Manager and Counselling Manager) **WS3**	• To identify the psychosocial challenges experienced by young people experiencing homelessness • To develop 'composite personas' (gender specific) who exemplify these challenges and present perspectives of the challenges	• To brainstorm, collate and structure challenges • To design the personas on a flip chart	• Personas and connected list of mental health and life challenges • SD cards returned for continued own photographs and process for returning SD card for printing in advance of 4th workshop confirmed

Table 1. Overview of the workshops (continued)

WORKSHOP 4	OBJECTIVES	ACTIVITIES	OUTPUT
WS4: **Ideate** *Developing solutions* (Facilitated by two academic team members) **WS4**	• To review the challenges and develop and agree a Point-Of-View (POV)/ Design Challenge statement • To ideate approaches and solutions to address the principal design challenge • To cluster and summarise approaches and solutions	• Review of the work done in WS3 and check in • Introduce the POV and need for a clear design challenge statement "Young People Who Are Homeless Need …. To Maintain Their Mental Wellbeing" • Using Post-it notes, brainstorming of values, principles, and approaches (format/ process) in terms of how the challenges can be addressed	• Clear statement of the POV and design challenge • A set of suggested features and approaches to addressing the design challenge • Audio recording and transcription of brainstorming process

WORKSHOP 5	OBJECTIVES	ACTIVITIES	OUTPUT
WS5: **Prototyping** *A youth pathway for mental health and wellbeing* (Facilitated by two academic team members - one via Zoom) **WS5**	• To review the design process including the PhotoVoice element • To develop a mental health service prototype based on WS3 and WS4 • To select five photos per participant to enter a future exhibition	• Welcome and check on wellbeing • Review of where we are in the process: Photos on Display/summary from 22 June/Personas • Develop the prototype: "What? Where? Who? How?" • Storyboard using a template (before new service – new service – benefits of new service) with personas: "walk through the new service" – what do you notice? What works? What doesn't? – use of cut-outs for storyboarding and audio recording of discussion • Next steps • Exhibition: Select 5 photos each for exhibition (framing); captioning; decide on exhibition Ask if photos in black and white or colour for final. A3 size? Meet again ahead of an exhibition? • Pizza to celebrate and conclude design process	• Audio recording and transcript of design process • Prototype of service to be further refined by Dublin Simon • Five photos per participant ready for framing and exhibition • Permissions confirmed

Hopes and Concerns (WS 1)

Rules of Engagement (WS 1)

First exhibition of photos and discussion of meaning (WS 2)

Defining Challenges (WS 3)

Photo 1 — Hopes and Concerns:
Hopes Expectations | Concerns
- Hope to take nice photos
- Honesty
- Good discussions
- Knowledge
- FUN.
- Run out of time
- LEARN
- See what can happen
- A bit of fun
- Nice photos
- No one come back
- Gain more confidence
- Learn Something NEW
- Concern I'll drop the camera

Photo 2 — Rules of Engagement:
Confidentiality
Respect
Listen to each other
Support
Don't be a _____!
Inclusion of all   Family
Make a safe environment
Make everyone comfortable.
No Judgement.
Strut 3.5.15

Photo 4 — Defining Challenges:
- Independence
- Need c... sense cl... by ... Sur...
- Wouldn't know how to pay a bill
- Coping skills
- ...much ...head ...cary & ...ential
- Can't see friends/ family
- don't feel at home anywhere
- can't get own home

First exhibition of photos and discussion of meaning (WS 2)

First exhibition of photos and discussion of meaning (WS 2)

Clustering challenges around personas and brainstorming solutions (WS 4)

Prototype (WS 5)

What we learned at each stage

Table 2 provides a summary of key learning over the course of the workshops culminating in a prototype for a youth pathway for mental health services.

Table 2: What we learned at each stage

WORKSHOP 1&2 - LEARNINGS

Establishing Team Relationships

The first workshop used icebreakers and introductions to form the team and to outline purpose and process of the project. Hopes/expectations and concerns were addressed. They also agreed some ground rules for the ways of working.

Summary of Concerns

Emotional
• Triggers of emotions
• Feeling of not being good at it
• People not liking me

Social
• No one returning for workshops

Practical
• Breaking the camera
• Camera malfunction
• Running out of time

Summary of Hopes/Expectations

Psychological Benefits
• New knowledge/skill/learning (learning something new; learning more about photography)
• Gaining confidence
• A bit of fun
• Honesty
• Good discussions

Products
• Nice photos

WS2: Exploring Photographs and Reflections

At the second workshop, we exhibited all photos and discussed the experiences with taking photographs and carefully examined the meaning of one or two photos that stood out from the perspective of the participant. Participants also assigned captions or titles to these photos. In relating the discussion back to the purpose of the project, the following themes emerged:

Psychological Benefits
• Nature as a source of calm, relaxation, and meditation
• Individuality and independence
• Mindfulness and reminiscence
• Coping with loss
• Resilience and agency/being in control
• Opening up a different perspective
• Connection and belonging

First exhibition of photos and discussion of meaning (WS 2)

The WS identified complex challenges and issues that young people in homelessness face and that impact their mental health and wellbeing. This was discussed generally and also within the context of the COVID-19 pandemic period from March 2020 onwards. Participants noted their contributions on post-its as the conversation progressed and then grouped their contributions by theme. The groupings that were identified are presented below:

Mental Health

- Feeling judged, alone, drained, lost, annoyed, confused, angry and pressured.
- Experiencing a "drop-off" in care and support once they turned 18, which negatively impacted on their mental health and coping abilities.
- Seeing a reflection of their mental state through their physical environment; "messy bed, messy head".

Independence

- Not feeling like they had adequate independent living or coping skills, for example not knowing how to pay a bill.
- An assertion that it is very difficult to survive on your own and all young people should receive practical life skills training at school age, for example covering how to save, budget, rent, pay utilities.
- Seeing some fear but also huge potential and excitement in the lives they have ahead as independent adults.

Stigma

- Experiences of feeling judged or personal interactions that reflected the stigmatised view of homelessness as held by others:
  - Being told "you don't look homeless" when explaining their circumstances.
  - Being told by someone in their lives to "present yourself dirty" when asking for help.
  - Being given minimal or substandard care and being made to feel like you should be grateful for it.

Unfairness and Injustice

- A sense of having a voice but not being heard.
- Being expected to behave like an adult but often still being treated like a child, for example having a curfew in their homeless accommodation.
- Difficulty with finding a job at that age, where employers seek young people with significant employment experience when they have only had limited opportunity to work. As a result, young people end up in under-paid or unsuitable work, for example working in a bar despite being in addiction recovery.
- Others perceive them as too young and overreacting when expressing concern or dissatisfaction.
- Structures and supports are often problem-focused, seeking to diagnose issues as opposed to offering solutions. Systems can "come down hard on the wrong people", where you can be punished or suffer disadvantage within the systems because of the actions of others.

The System

- Feeling like "just a number" and not having any sort of security or stability in yourself.
- Not having experience or knowledge of dealing with landlords and as a result, being discriminated against due to their young age.
- Perception that services "vanish" when you turn 18, particularly mental health services.
- Waiting lists for mental health support are too long, where you may wait more than a year for an issue that is very urgent.
- Being told you are too mentally ill to access some supports, but not having access to ones that are suitable.
- Experience of financial struggle; having a lower rate of social welfare as a young person, despite the high cost of living and having to live independently.

Two personas, John and Ivie were developed following this discussion. The personas were detailed and diverse; reflecting that young adults are not a homogenous group and should not be treated as such.

WS4: Developing Ideas and Approaches to Address Issues/Solutions

In Workshop 4, the design team agreed to the Point-Of-View design challenge based on findings from WS2 and WS3.

Design Challenge: How might we design a service that supports young people who are homeless to maintain their mental health?

The participants then engaged in an in-depth discussion of what is needed to respond to the challenge. They kept the two personas in mind that had been created in WS3. The issues and topics arising from the discussion were grouped as follows.

Principles and Values Underpinning the Service
1. Trust
2. Dignity and Respect
3. Privacy rights
4. Strength- not deficit-focused (drawing on knowledge, abilities and competencies)
5. Growth/personal development focused
6. Person-centred; "money follow the person/need"
7. Holistic (not just focused on one specific 'problem' in isolation)
8. Non-judgmental
9. Take a long-term perspective
10. Committed (both on the part of the client and the service)
11. Integrated (not always having to lay open the same information repeatedly)

Key Characteristics of the Service (Focus)
1. Deep Listening
2. Empathising (understanding the client's perspective)
3. Encouraging and reframing (see things in a better light; a different perspective; not jumping in with diagnoses or solutions)
4. Challenging views and perspectives
5. Engaging (going beyond listening)

How can this service be developed and what should it look like? (Format and Process):

Youth-Focused Approaches
1. Experience-based (people with similar experiences)
2. Age-appropriate staff/support
3. Links/connections with someone who can physically help
4. Informal approach; easy access
5. Not rule and regulations driven
6. No finite number of "sessions"
7. Walk-in Café - space to hang around after session, mingling space, informal approach
8. Peer support
9. Alternative therapies
10. Normal conversation ("not like I am fragile")
Staff-focused approaches
11. Trauma- informed care practices
12. Not being afraid" of staff to "go there" (avoidance)
13. Continuing Professional Development Training for Staff in 'Deep Listening'

Clustering challenges around personas and brainstorming solutions (WS 4)

Personas - IVIE

Ivie a young trans woman, aged 20. She is bubbly, funny and can be the life of the party.

- She has a small circle of friends, which has become smaller since the pandemic. She is a talented singer and has her own YouTube channel, but she experiences cyber-bullying through social media.

- Ivie lost her job during the pandemic and now struggles with alcohol dependency and depression. She has a counsellor which she has paid for up to this point and she had a rented house, but now she is at risk of losing both.

- Her landlord has served her with an eviction notice as he plans to refurbish, with the intention of renting it out for significantly more money.

- Ivie loves her family - her mam and her grandad are helpful and involved in her life. She is afraid of getting into a romantic relationship in case she won't be accepted for who she is.

- Ivie feels that she could be on the autism spectrum but she does not receive any support for this and has not been formally diagnosed.
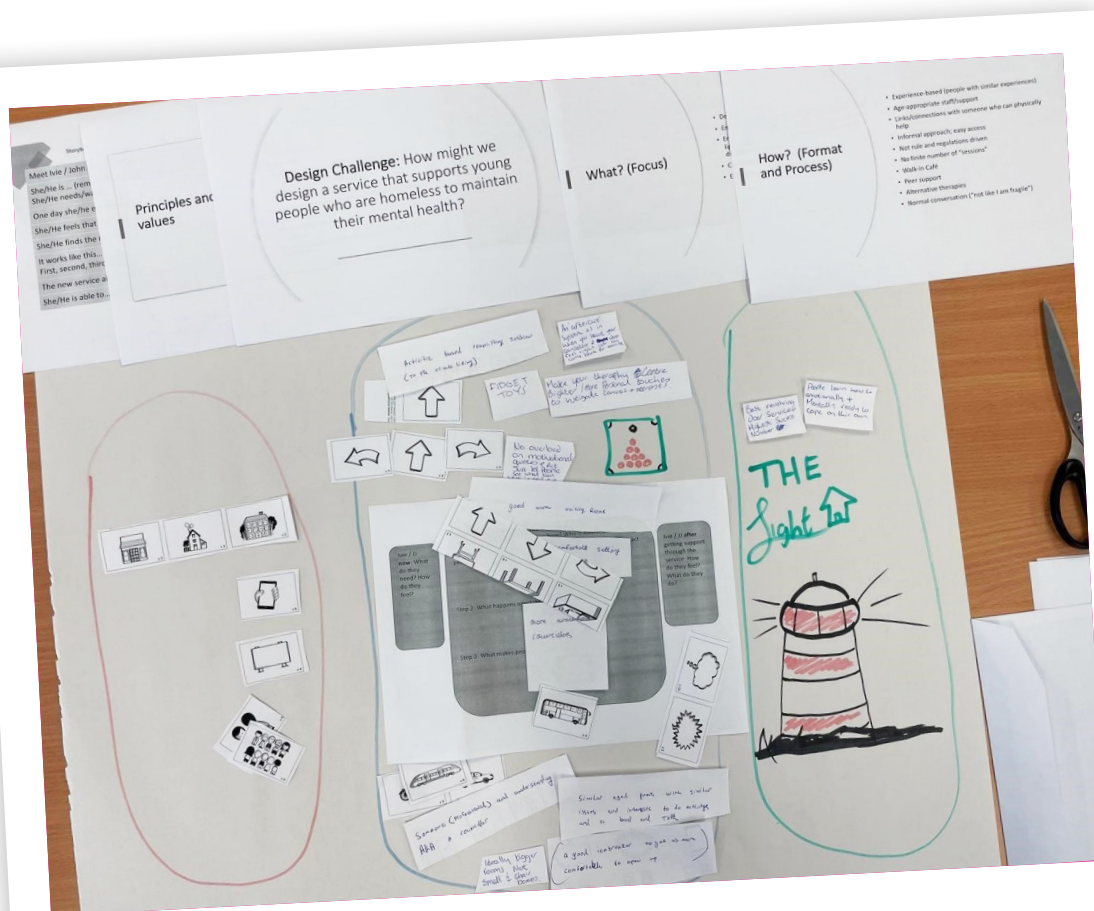
Personas - JOHN

John is a young man aged 25. He is athletic, funny, enthusiastic and passionate. Sometimes his passion can go too far and flow into anger.

- He has two very loved children, aged 5 and 1, and they are the best thing in his life.

- John has had significant experiences of trauma and is now living in active poly-drug use, following a brief experience of prison. Both of these issues make it very difficult to get a job, but he has always liked the idea of an apprenticeship since he left school at 16.

- The extent of his addiction issues has meant that he barely noticed the pandemic.

- John is living in a shared room in an emergency accommodation hostel. He needs structure, stability, help, housing and counselling. He recently attended a meeting in his service where he heard about different pathways to housing but he needs to work himself up to approach staff for more information and help with paperwork.

What did the design prototype for a youth mental health pathway look like:

Features and Focus

The personas were kept in mind when designing solutions in subsequent workshops. The fifth workshop focused on building a prototype based on input from the previous workshops. Participants regarded the prototype as a complement rather than a replacement for current mental health support services [the Young Adult Counsellor]. Much emphasis was given to the location and environment in which this service would operate. Participants suggested that the mental health support should be called The Lighthouse as a beacon of hope, support for navigation, and to bring light into darkness. The following contains a list of prototype features grouped under headings:

Communication

- Smartphone connectivity (messenger services)
- Appointment reminders

Environment

- Informal, social space, Large comfortable space, Adjacent or close to formal counselling (centre concept), Walk-in Cafes
- Accessible by public transport
- Psychological safety and non-judgmental
- Non-institutional colour scheme and decoration

Processes

- Bridging waiting times for counselling (if drop-in café model)
- Stimulating meaningful conversations
- Listening space
- Quiet space offering relaxation, calm reminiscence
- Co-created space with/by young people
- Age-appropriate activity offerings matched to a younger cohort
- Personal Development Plan (but not someone with a writing pad)
- Counselling pre- and aftercare (support for getting in and out of counselling conversations)
- Trial offerings: Fit, choice and readiness and matching with counsellors -
- No fixed time frames

Clustering challenges around personas and brainstorming solutions (WS 4)

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2   Subsequently it was identified that this name was already in use and could not be adopted in the future for the Dublin Simon youth mental health pathway.

People

- Young Adult Counsellor
- Peer connections and support/peer mentorship programme
- Support by trainee counsellors

Protype (WS 5)

Reflections

This process provided a clear prototype of what a youth mental health support should deliver for young people who are experiencing homelessness. This prototype was developed during COVID-19 restrictions. It was grounded in a person-centred approach that respected all participants and was non-judgmental. The young people who articulated numerous challenges of current services that they shared during the workshops. In light of national guidelines and policy supporting positive mental health and wellness, listening to the voices of this seldom heard and marginalised group is critical. They stepped up and got involved, they shared their individual examples as motivation to develop a mental health pathway for young people who are homeless.

The use of PhotoVoice methods were invaluable in providing the participants with cameras and space to share their stories and to ensure their underrepresented voices were heard. Future exhibitions of their photographs will provide audiences with insights into the thoughts, feelings and experiences of these young people in relation to homelessness.

The youth pathway to support mental health and wellbeing - 'their prototype' - establishes for the first time a set of recommendations for service development. The recommendations include values and principles that underpin the interaction with mental health professionals, relate to the environment that is conducive for young people to seek mental health support, and refer to the logistics of scheduling and planning youth-centred counselling. The prototype components were considered by the Dublin Simon working group and their response is presented subsequently in this report.
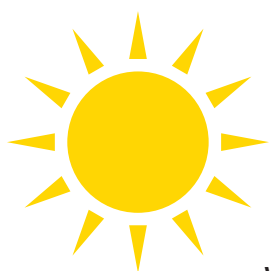
Final words

It was a privilege to sit with the group and learn about the participants' lives, hopes and experiences through photographs, conversations and joint working. They all had different life experiences and each shared personal insights into what it meant to them being homeless during a pandemic. Without their expertise, this project would not have been possible, and we would like to express our thanks to them for their trust and commitment.

Chapter 2
Service Provision & Evaluation

Dublin **Simon** Community

Authors:

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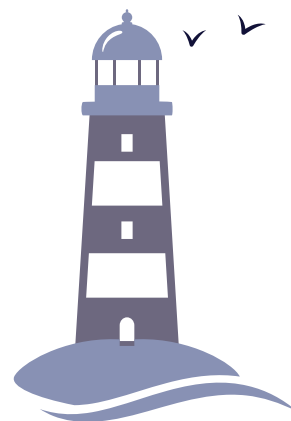
Éilís Conroy

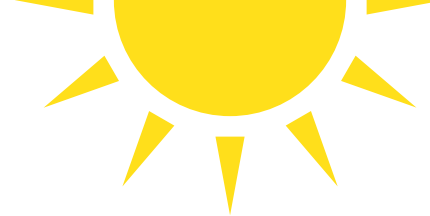**Michelle Connolly**

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2.1 Service Provision

Establishing the Young Adult Support

The young adult (YA) counsellor was in place for a pilot project from April 2022 to December 2022. Within Dublin Simon, all referrals received by the Sure Steps team for 18-24 year olds were redirected to the YA counsellor and all other counsellors promoted the project in their engagements with services. The YA counsellor and Sure Steps manager also approached a number of external homeless service providers that specifically provide supports to people in that age bracket.

Initially, some work was undertaken introducing the idea of counselling to young adults in services. For example through a drop-in clinic, the YA counsellor spent a number of hours in a particular service allowing clients to put a face to the service and to approach them without the intimidation of an appointment with someone they don't know. It also allowed the counsellor to open up discussions about mental health and to explore what counselling is and is not.

The YA counsellor also used this time to get to know the client group and their needs. They completed all Dublin Simon Community mandatory training courses and a number of other mental health-related trainings and webinars in the context of the homeless sector, for example; the Collaborative Assessment & Management of Suicidality (CAMS), Applied Suicide Intervention Skills Training (ASIST), Suicide Specific Treatment Track (SSTT) and trauma informed care.

Assessing and Implementing the Co-Design Recommendations

Following the completion of the co-design workshops, the Working Group assessed the recommendations and coded each one as either:

Aspirational or could be strengthened
In place and working well
Good idea but contingent on resources and requires further investigation
Not feasible

Due consideration was given to each one and implemented wherever feasible. As already stated, the recommendations were varied; some were achievable within the context and resources of current Sure Steps service provision and others were more idealistic 'big picture' recommendations that could not be implemented within the frame of this project. All recommendations have been documented for continued consideration in the future as other opportunities may arise.

Activities, Statistics and Trends

As with the wider Sure Steps service, support provided by the counsellor to young adults was a trauma-informed, low threshold service that ensures mental health care is accessible and available to those with addiction issues/ dual diagnosis. Clients could either be formally referred to the service (using a counselling room in the existing Sure Steps building) or access it via a drop-in clinic in their service. Following the initial engagements, the YA counsellor took a flexible and client-centred approach, incorporating their needs and preferences into their service provision. Counselling did not always have to be in a formal setting and incorporated a range of creative activities and therapeutic supports as relevant to the client. These tools served to alleviate the pressure associated with traditional formal counselling and included:

- Light activity, like going for a walk ("walk-and-talk") or playing with a basketball
- Playing pool (within a service) while talking
- Writing exercises; provision of journals as an emotional resource
- Art therapy
- Role-play
- Going to a café if that was a more comfortable setting

Common themes included self-harm and suicidal ideation, disordered eating, family dynamics, grief, relationships, addiction, criminal justice issues, and social media. The YA counsellor was conscious of and responsive to emerging trends as the year progressed, for example:

- Initial interest and referrals were predominantly from women so they were conscious of engaging with young men and making it as accessible as possible for them. By October, the client group was evenly distributed between men and women.

- Where there were recurring issues for groups or services, educational workshops delivered to clients and staff, for example on the topics of suicide and self-harm in young adults, eating disorders, and meditation & mindfulness support for young males.

From April to December 2022, the counsellor delivered a total of 157 hours of 1:1 counselling supports to young adults experiencing homelessness across Dublin. This was comprised of 197 individual engagements, including planned counselling sessions, drop-in clinics, crisis interventions, and phone conversations with clients.

The nature of a drop-in clinic is designed to reduce the barriers and formalities associated with being referred for a counselling session. Clients do not need to provide any detail about themselves beyond their first name, there is no set time or formal process for engagement and there is no detailed record
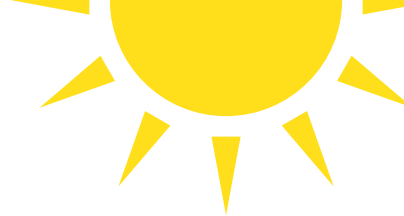
of engagements unless there is an explicit risk (i.e. risk of self-harm or suicide, or a child protection issue). Drop-in clinics are a very useful tool in building rapport and gaining the trust of clients, and was a significant feature of providing the YA support. Due to this, demographic data is only available for a small number of the clients who were formally referred and included as per the regular data collection for the wider Sure Steps service. The majority of these clients were single Irish males and the most common primary reasons for referral were depression, suicidal ideation and general mental health.

Counsellor Reflections

Below is a reflective account of the YA counsellor's experience of working during this pilot project, their approach in sessions, and what they have learned working with this client group "[this] is just my experience working with 18–24-year-olds and what has worked for me. I am by no means an expert and I am learning everyday but the above would not be possible without the clients and their trust in me".

Being flexible and creative to meet clients' needs

"It's trusting the client and respecting where they are and meeting them where they are at"

The YA Counsellor described the benefit of having the flexibility to meet the client in various locations prior to and during their sessions together. Holding drop-in clinics, being present in services to expose young people to the idea of counselling, putting a face to the service, explaining what it is and isn't, allowing them to approach without the intimidation of an appointment with someone they don't know, all facilitated the anxiety young adults can experience about attending counselling.

The location of the session also being chosen by clients: "I can meet them in the parks or in a coffee shop, this also allows a more level playing field; no watching of the clock and behaviours can tell more than words so you get to know them better, any social anxiety issues, any locations they don't feel comfortable". They strongly felt that the design of the service facilitated engagement. The unique way of working, differed from roles they previous worked in, which highlights the clear benefits of taking a tailored approach for this client group.

"Previous roles are very formal and can be very structured, i.e. sessions on the hour etc. It's difficult in the homeless sector to be that rigid as some of the clients don't know where they will be sleeping one day to the next. Clients also lose phones so there has to be flexibility in no shows and breaks within sessions. After session if it's cold and I don't have a client I let them linger for a few minutes and I can very casual conversations. For example, after one session I asked one of the clients where they get the best spice bag and we spoke about that for 10-15 minutes before he headed off. It was almost a grounding for them before they headed off."

Authenticity, core to building a trusting relationship

"I never pretend to know what they are going through and I am my truest self in session".

YA Counsellor described that honesty and trust were fundamental in the rapport they developed with clients. Building rapport was a priority voiced by YA Counsellor, taking 3-4 sessions and being patient with the development of trust was essential. Humour, being of a similar age, and appropriate self-disclosure also helped to put clients at ease and reduced some of the barriers or mistrust that clients can often have of health professionals.

"Before a client speaks, I give a 2–3 minute background on myself that usually includes name, where I've worked before, I always mention "I've sat in a chair just like you" to represent that I have had counselling myself and I understand how scary it is. Honesty is the main thing with building rapport. I openly admit I don't know it all, I've made mistakes and I will make mistakes but that I have their best interests. I typically ask about hobbies as well and self—disclose elements of my hobbies. It's more about them seeing me as an equal and a human just like them and that I'm no better than them".

Learning clients' interests and creative activities was an important foundation YA Counsellor drew upon to build rapport for further engagement in later sessions. They described that some clients opted to go for walks or a light game of basketball or pool to reduce the intimidation and pressure of being in session.

"I care about them, they respect my boundaries, and they understand that there is a difference between a friend and a friendly counsellor. Yes, sessions can be less formal but they understand and respect that I am there in a professional format but if on occasion they want a session all about Harry Potter or Liverpool that can 100% happen".

A Gestalt Approach

The counsellor practices in a trauma-informed, integrative way. However, they have found that the Gestalt focus of the "here and now" particularly helpful with this client group.

"I start every session with both parties saying hello, very simply. I don't say how are you. I say 'hello (insert clients name)' and they say 'Hi [name]' or 'Hello [name]'. On the occasions this does not occur, I
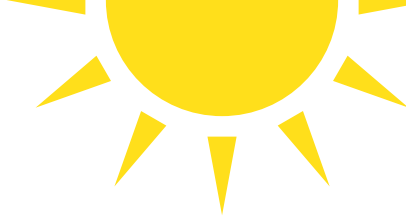
can tell that the client is off-balance, or something happened within that week. I also shared this with staff members and key workers to help them gain an insight into a client's mental state."
The counsellor described using client's non-verbal communication to understand how they may be feeling, what might be going on for the client beyond words. "It also helps them understand body language and reading other people's body language such as staff, residents, family members etc."

By sharing client formulations with service providers, the YA counsellor has found it has strengthened the relationship between clients and their support workers. Helping to increase the well-being of clients outside of session by facilitating teams to think in a psychologically informed way about clients, is an important part of systemic change beyond the therapy room. They described the example of one particular service that shared they had a client "for almost 2 years and they would never say hello or goodbye they would pay rent collect letters and that was it. Now the same client says hello and goodbye when leaving the services".

Working in a person-centred way, the counsellor has creatively integrated what is meaningful for clients, with therapeutic strategies and approaches. "Not every week is a client going to be able to go "there" and look back so I encourage check ins after a couple of sessions and we organise something more relaxed. For example, I did a session in the Zoo, I had a regular client and they were interested in animal behaviour and wanted to go to the zoo. In this session we explored behaviours, how animals and humans are alike, how animals have boundaries, how they exhibit self-care etc. and we reflected it back to ourselves as humans and what we can learn. It was a light session but we explored different mental health techniques to help in the everyday. This allowed us to open up more personal introspective conversations in future sessions".

2.2 Evaluation
Collecting feedback on the service

Throughout the year, oral and written feedback was monitored through the standard Dublin Simon policies and procedures. At year end, active clients and service providers were invited by a Dublin Simon staff member (not working in the Sure Steps team) to take part in an anonymous evaluation of the YA support. In total, there were five evaluation responses completed by clients and five evaluation responses completed by service providers. The surveys were collected anonymously and submitted via Microsoft Forms, an online platform. The survey was designed and discussed in collaboration with the Working Group and Steering group. Approval for this phase was submitted and approved through the Dublin Simon research approval process, which includes an ethics review.

Presenting the data

Two external members of the Working Group (EC and RMDM) independently coded the data and grouped responses into three themes that represented the voices of the young adults and service providers. Discussions were held with Dublin Simon staff in the process of develop these themes and sub-themes.

Below is an overview of the themes identified to represent both the clients and service providers' experience of engaging with the support. The coloured rows highlighted below relate to the client responses and the others represent the service providers.

PROVIDING A SAFE SPACE: ACCESSIBILITY OF THE SERVICE		
SUB-THEME	**DESCRIPTION**	**EXAMPLE QUOTES**
Choice over the Location of Sessions	• The flexibility of the location of sessions, provided clients with the opportunity to choose where they felt would feel most safe to attend.	• "As I've serious trust and mental health problems so seeing my counsellor here is much better for me". • "It's private without a waiting room full of people and timed slots to allow clients to leave before the next person".
Reducing Barriers in Accessing the Service	• Being able to travel to sessions by public transport was of importance and voiced by clients. This reduced barriers of being able to physically attend their sessions.	• "It was very easy to get to and had different ways to get there by public transport".
Reducing Barriers in Referral and Liaising with the Service	• Service providers noted how radically different the support was designed, and identified the value of having a service that was accessible for both clients, but also for them with regards to the referral process and linking in with the counsellor.	• "It gave the team some options when doing link-ins and been able to work on certain areas specifically mental health" • "I have engaged with other mental health services and have found it to be difficult at times in regards to referral processes and waiting lists. I have found it can be difficult in regards to dual diagnosis and clients not meeting criteria for certain services".
The Location of Sessions	• Having the service 'in house' within the hostel that the client stayed was noted to be invaluable for the engagement of the young adults.	• "Having a counsellor onsite has been unbelievable as I have seen clients engage who would not have engaged otherwise".

CONNECTION, FEELING HEARD AND RESPECTED		
SUB-THEME	**DESCRIPTION**	**EXAMPLE QUOTES**
Feeling Listened to and Understood	• Building a trusting relationship with the counsellor was acknowledged across the feedback form by clients. Feeling safe in the relationship to express themselves, being listened to and not judged were noted by all clients who provided feedback.	• "The counselling is great I feel like more was understood on my side and things weren't so difficult to explain" . • "I think this one the counsellors offer a lot more than any other, I feel at peace when I talk to my counsellor I've had some before and I feel as if we never really had a connection conversation wise".
"It was like you were talking to a friend": Building Trust	• There were a number of things noted by clients that facilitated the connection they built with their counsellor. This included having a counsellor that they felt could relate to because they were of a similar age, the informality of sessions, and the honest approach the counsellor had in what was brought to session.	• "They have a great sense of humour and are willing to tell me facts bluntly instead of sugar-coating things to tiptoe around the truth, they really think about you as an individual and not an issue they need to solve, they help me understand why I think, feel and react the ways that I do and have helped me understand so much more about myself".
Strengthening The Connection Cross Disciplines	• Having the counsellor on site and attend team meetings provided an open communication channel between the counsellor and clients key workers. This facilitated opportunities to discuss issues of risk and concern that arose during the course of therapy. Which in turn lead to great support for the client between sessions.	• "Although the sessions remained confidential it was useful that they would inform staff if they believed there was a concern which allowed staff to risk assess and apply extra checks on clients". • "[Counsellor] kindly attended our team meeting and we all really appreciated their approach".
A Client-Centred Service	• Service providers spoke highly of the person-centered way the counsellor worked. Facilitated by the design of the service, they felt it met the client's needs.	• "I believe this is a truly client centred service and really puts the needs of the young people first in a very practical way". • "I think the skill of a great counsellor is simply being able to really relate to someone in a very real and human way. I believe that their non-judgmental and trauma informed knowledge and approach should and will become the standard for counselling services".

"THEY TAUGHT ME THAT PEOPLE REALLY DO CARE": MEANINGFUL OUTCOMES		
SUB-THEME	**DESCRIPTION**	**EXAMPLE QUOTES**
Building a toolkit that works	• There were some specific strategies voiced by the clients that helped them to respond to challenging situations, and emotions that arose. This included specific techniques such as breathing exercises, as well as a greater awareness of themselves and patterns of awareness.	• "Breathing exercises. Coping with certain situations. Learning to handle anger and use it for other things like gym or running. Turn pain into drive" • "they help me understand why I think, feel and react the ways that I do and have helped me understand so much more about myself".
Meaningful outcomes	• All young adults agreed that the service had a positive impact on their lives, allowing a safe space to share the heaviness of what they had experienced, or struggling with. Clients noticed an increase in confidence, and reduction in suicidal ideation.	• "Confidence I felt more confident in myself known that I have taken a weight of my shoulder by talking to my counsellor" • "Saved my life to be honest" • "It helped me talk about my issues that have been bothering me my whole life and gave me a safe space to feel comfortable and at ease.
Improved mental health outcomes for clients	• Service providers noted significant improvements in client's mental health while engaged in the intervention.	• "Over time I have noticed significant changes in some of our clients in a positive way. " • "The counselling support had a major impact on dealing with mental health of our clients which in turn reduced incidents of self harm/ suicidal ideation."
Facilitating support across the wider context	• The benefits the clients experienced from engaging with the service, also impacted on the relationship service providers had with their client, resulting in a greater attunement of needs, and a stronger rapport in some cases. Other service providers noted that through engagement with the counsellor, it impacted how they themselves practiced and interacted with clients.	• "I strongly feel the counselling supports has positively impacted both my role personally and the service as a whole, I have seen clients progress immensely which in turn has improved the engagement within a key-working setting." • "We were better able to engage with our clients as they were given the tools to come to us looking for support." • "I feel confident knowing that the young person can explore the issues that are causing them emotional distress".

Future Directions

Service Providers' Hopes for the Support

"Keep going" was the main message capturing service providers feedback of suggested improvements of the service. The value of having a counsellor onsite was emphasised with the hope for this to continue was voiced by service providers.

"The continuation of counselling supports onsite and having this secure would not only benefit our clients but the service as a whole"

An expansion of the service, and possibility for additional counsellors to work in this was also described by service providers: "Hiring additional counsellors that will work in the same way. I know even from our own service there are other young people that we've identified would be great for the service, but we're conscious that [counsellor] most likely has a full caseload, or close to it. I believe that if there was funding for your service to be expanded, that it would be filled very quickly"

Clients' Hopes for the Support

| Activities, Cooking Classes, Coffee Date |
|---|
| Include Creative Art |
| Give the rooms more personality and comfort, they're small and can feel claustrophobic at times |
| Additional time with the counsellor "It could be a bit of longer sessions, soon as the hours up you're only getting really into what's going down |

Recommendations

1	**Continuously consider and implement the recommendations of the young people involved in the co-design workshops (presented below).**

Communication
- Smartphone connectivity (messenger services)
- Appointment reminders

Environment
- Informal, social space, Large comfortable space, adjacent or close to formal counselling (centre concept), Walk-in Cafes
- Accessible by public transport
- Psychological safety and non-judgmental
- Non-institutional colour scheme and decoration

Processes
- Bridging waiting times for counselling (if drop-in café model)
- Stimulating meaningful conversations
- Listening space
- Quiet space offering relaxation, calm reminiscence
- Co-created space with/by young people
- Age-appropriate activity offerings matched to a younger cohort
- Personal Development Plan (but not someone with a writing pad)
- Counselling pre- and aftercare (support for getting in and out of counselling conversations)
- Trial offerings: Fit, choice and readiness and matching with counsellors -
- No fixed time frames

People
- Youth Counsellor
- Peer connections and support/peer mentorship programme
- Support by Trainee Counsellors

2	**Secure sustainable funding to provide an age-appropriate counsellor on the Sure Steps team on a permanent basis.**
3	**Investigate the feasibility of scaling the young adult support to have capacity to work with more homeless services.**
4	**Ensure meaningful involvement of the relevant target group when designing, implementing and evaluating new services and supports.**
5	**Advocate that mental health supports must be available, accessible and appropriate for people experiencing homelessness on a national scale.**

Conclusions

The co-development and subsequent implementation of the Sure Steps young adult pathway was an immeasurably valuable experience. There was widespread agreement among the Working Group and Steering Group that the success of the project hinged on the work of the clients in the co-design work-shops, coupled with the flexibility and responsiveness of the YA counsellor. Demand for the support has remained consistently high and as demonstrated, we are seeing its impact translated into individual client outcomes; whether that be improved understanding of oneself, better coping mechanisms or simply having an accessible outlet to discuss mental health. The motivation, energy and passion for life was seen in many of the young adults as they looked at their future with hope and potential. We also saw some change at a service level where the young adult pathway was made available; service providers reported more meaningful key-working engagements, effective risk identification and management where a client was struggling, and reduced instances of self-harm and suicidal ideation.
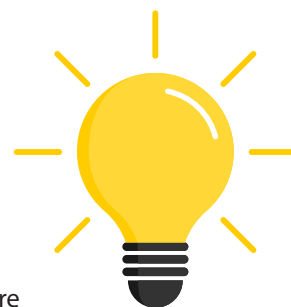
In any context, the period from 18 to 24 years of age can be complex and challenging. For young adults in homelessness, these challenges can be massively exacerbated by the trauma, disadvantage and lack of security that is associated with homelessness. Early intervention and prevention is the key for this cohort. It is imperative that every measure is taken to identify young people at risk of home-lessness and intervene early enough so as to prevent them from ever entering homelessness in the first place. Where a young person does become homeless, they must be supported to move out as quickly as possible, minimising the impact of homelessness and preventing any degree of institution-alisation.

While homeless, supports should be holistic and integrated. Our experience on this project showed just how essential it is that mental health supports are available, accessible and appropriate for the age group. There were various elements of more formal or traditional counselling that clients identi-fied as problematic, triggering and would discourage them from engaging. By monitoring and imple-menting their recommendations, the pilot allowed the YA counsellor and wider counselling team to better understand and meet their needs.

Next Steps

Funding was secured at the end of 2022 for the young adult support to be extended for a further 12 months, retaining the same counsellor in place and maintaining all established therapeutic relation-ships. In this time, the YA counsellor will continue to engage with their existing caseload across a range of service providers. The counselling team will continuously seek resources and opportunities to implement the recommendations of the young adults, and management will seek more sustainable long-term funding to ensure we can continue this support well into the future.

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