The situation of people who are at risk of homelessness in the city of Dundee

Dundee Drop In Survey

Final Report

June 2015

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Dundee Drop In Network
Faith in Community Dundee
University of Dundee

Coordination

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University of Dundee
Social Dimensions of Health Institute
School of Nursing and Midwifery

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Introductory note

This report brings to life the findings from the Dundee Drop In Survey. The survey is a result of collaboration between the Dr Fernando Fernandes (Social Dimensions of Health Institute, School of Nursing and Midwifery, University of Dundee) and Dundee Drop In Network (DDI).

This report is part of a participatory process that involves several discussions with DDI group members and some service users. The collective process takes more time than most traditional ways to do research. In fact, the process of engagement with the research is as relevant as the research findings. It involves a complex coordination and facilitation that has been possible only because of the passionate commitment of all the people involved.

This report has been produced to be a resource for practitioners, policy makers, students and researchers interested in understanding the issues faced by people living with or at risk of homelessness. As such, we expect the report to inform the development of further research, action, policy and practice to address this critical matter in the city of Dundee and beyond.

Between October 2013 and June 2015 a series of meetings, public activities and discussions took place to discuss this survey from its concept and design to its results. A series of recommendations and an action plan have been produced as part of this, and incorporated in this document. We conclude that this exhaustive dialogue with a variety of participants from across Dundee has produced a common understanding of issues and actions to be taken towards a more collaborative agenda between the DDI and other partners, especially the statutory providers.

We have opted for a simple way to present data, although we couldn't avoid more complex tables in some cases. It was essential to make this report easily understandable with the use of clear and objective ways to show information. However, in complement to this report, academic papers will be published to reflect some issues more in depth and in dialogue with existing literature.

Acknowledgements

This survey could not be possible without the help of enthusiastic people who took this project forward. We want to especially thank the DDI members and students from the University of Dundee who volunteered during data collection.

We also want to thank those who have given valuable contributions in the meetings and events, including Vered Hopkins (Dundee Alcohol and Drugs Partnership), Peter Alan and Paul Davies (Dundee Partnership), Brenda Fenton (Housing Department, Dundee City Council), Allison Honeyman and her colleagues in the Connect Team (Dundee City Council), Mary Walkden and Elaine Colville (NHS Health and Homeless Outreach Team).

We want to thank Dundee Alcohol and Drugs Partnership for providing a small grant that contributed towards volunteers' expenses, venue hire and the production and launch of the report. Also, thanks are due to the University of Dundee for the hospitality at the many meetings that took place in the School of Nursing and Midwifery.

Last but not least, we want to thank all those who visit the DDI services and who contributed in this study, especially those who came forward to help in the design of the survey and the approach to be followed.

Fernando Fernandes
Gordon Sharp

Summary

1. The Dundee Drop In Network

The DDI is a network of drop in initiatives set up in 2011 by Parish Nursing and Eagles Wings. Its purpose and mode of operation are set out below. Presently there are 15 local initiatives associated with the DDI, which has increased since this research was carried out.

The DDI exists to

- Ensure folk on the street and using drop in projects know what services are available & how to access them;
- Avoid duplication and improve co-ordination across all Drop In projects;
- Share resources and develop good practice;

The DDI was set up by local Christian initiatives to achieve the above and it is open to all projects that provide drop in or related services to people in Dundee. The overarching purpose is to serve those who are poor and in need within Dundee. The DDI retains its roots in Christian compassion and thus prayer usually sets the context for discussion and action.

To assist in what the DDI does other projects, agencies or individuals may be invited to attend meetings and support the work.

Other activities of the DDI include the following

- Publicise the activities of the DDI;
- Conduct research;
- Work in partnership with other organisations;
- Engage volunteers to assist with the delivery of the aims;

Membership

- Participation in the DDI is open to all drop in or related projects in Dundee who seek to serve those who are poor and in need within Dundee.
- All projects attending a DDI meeting have a vote, if necessary.
- Sub-groups or working groups may be formed from time to time as agreed at DDI meetings. All groups should report back to full DDI meetings.

Meetings

- DDI meetings will usually take place every two to three months, but more often if required.
- Most importantly, the DDI does not have any spokesperson. Any chairperson or other member of DDI asked to speak to others on behalf of the DDI will do so as requested, but not beyond what they are requested to undertake.

DDI Organisations involved in this research (see annex 2 for more details)

- The Big Issue Club at Meadowside St. Paul's Church - Nethergate
- The Bus Stop Drop In at The Gate Church – Perth Road
- Eagles Wings Clinic and Soup Kitchen – Dudhope Crescent Road and Constitution Road
- Graham's Soup Kitchen - Marketgait
- St. Salvador's Drop-in (the Food Cupboard) - Hilltown
- The Bridge Community project at City Church (the Friary) – Tullideph Road

- The Parish Nursing Project – Steeple Church, City Centre
- The Salvation Army Drop-in at Strathmore Lodge - Ward Road, City Centre
- The Drop Inn at Lochee Church of Scotland – Lochee High Street (top)
- St. Mary's RC Church – Lochee High Street (bottom)

2. The DDI Survey

The idea of a participatory research involving DDI members and service users discussed with the DDI group as part of a way to produce more information about DDI service users as well as to develop a sense of collective work that could result in a stronger connection among DDI members and between them and the University of Dundee.

By the time the research was proposed, the DDI group was discussing the outcome of a needs and gaps assessment that aimed to get to know more about DDI members' work. The second phase of this initial data collection would be a study on DDI service users' profile. The idea of a participatory research was then introduced by Fernando Fernandes (University of Dundee) who had just been introduced to the group by Barbara MacFarlane, a university colleague and active member of the DDI group.[1]

After initial discussions with Gordon Sharp, co-ordinator for Faith in Community Dundee (FiCD), a draft was shared with DDI members and an action plan was created. The key idea was to use a participatory process as a way of generating a sense of ownership as well as increasing the connection between DDI members. There was also an intention to integrate DDI service users which has been done.

The project has had two main objectives:

- Design a small survey about the life experiences of people under the threat of or experiencing homelessness in Dundee to inform action, advocating and policy, in particular in relation to the Dundee Drop In organisations work

- Trigger a critical consciousness process that will enable new attitudes and aspirations for DDI members as well as DDI users

The project has been divided into 14 stages. The first 5 stages were identified as exploratory/preparatory stages aiming to build trust and common understanding. It was essential to formalise a group and to discuss the research strategy and ethics in more detail.[2;3]

Exploratory/Preparatory stages

- **Stage 1** – Clarify the purpose of the research/project
- **Stage 2** – Identify and involve diverse stakeholders in the research
- **Stage 3** – Build trust
- **Stage 4** – Reach common understanding
- **Stage 5** – Identify the research question or questions
- **Stage 6** – Ethical considerations
- **Stage 7** – Research/project strategy

[1] Barbara MacFarlene is now retired from the University, but still actively involved with DDI
[2] The first five stages follow Krishnaswamy (2004) suggestions. Others were identified as further development for these stages. (Krishnaswamy, A. 2004. Participatory Research: Strategies and Tools. Practitioner: Newsletter of the National Network of Forest Practitioners, 22, pp.17-22).
[3] Ethics approval to conduct the project has was obtained by the University of Dundee Research Ethics Committee.

During this initial phase a series of activities have been organised to enable a better understanding of the research as well as to create a sense of ownership to the group. These activities took place in Steeple Church who kindly hosted the meetings. Like many other DDI organisations, The Steeple is a well-known place for homeless support, with a busy soup kitchen and other services including visits from the Health and Homeless Outreach Team, NHS Tayside. The fact that the church is located in the City Centre is why we have chosen this venue to host the activities that also involved some DDI service users.

Group formalisation

This phase has involved the design of the questionnaire. It has involved a series of meetings that put in place the kind and extent of questions they believed would most suit the needs of the group. As part of this process there were a series of conversations regarding the situation of DDI service users, shared experiences and a learning curve in relation to basic research methods.

This phase has also involved the participation of students who volunteered for data collection in addition to volunteers recruited within DDI organisations. They completed questionnaires in DDI services sites with support from other DDI members. Students were recruited from the University of Dundee. In total five students took part in the research. All researchers were provided with basic training on participatory research. Their role was to administer the questionnaires in DDI services. In order to facilitate their access to people, DDI members as well as the service users who contributed assisted in the introduction of researchers with interviewees.

Data collection (questionnaire administration) took place between March and May 2014. In total 11 volunteers visited nine DDI sites located in different neighbourhoods. There were progress meetings to discuss how data collection was going, to share experiences, fix problems and plan ahead. Volunteers were asked to respond to a questionnaire to report their experience. Overall, their experience was very positive both in terms of development of research and communication skills as well as having the opportunity to engage with real people with such dramatic life experiences.

- **Stage 8** – Design of research instruments (questionnaire, interview script, etc.)
- **Stage 9** – Data collection planning
- **Stage 10** – Data collection training
- **Stage 11** – Data collection
- **Stage 12** – Data analysis
- **Stage 13** – Report writing up
- **Stage 14** – Action plan and further developments (dissemination, in depth data collection, video, advocating, etc.)

3. The DDI Survey findings

Methodological note

In total, 106 DDI users were interviewed between March and May 2014. Given the number of people interviewed and the methodological approach used, we cannot consider this survey to be of statistical significance, although we believe that 106 interviews is a substantial number for the estimated total population of DDI service users during the course of the research, which was believed to be around 180 according to some DDI organisations. The precise number of DDI users is unclear given fluctuations in this specific population that may vary for a variety of reasons not yet systematically studied (such as welfare reform, winter season, etc.). Because of this, we highlight the fact that the findings cannot be used to make definitive conclusions about the situations of all DDI service users with statistical significance. It is safer to understand the issues within the number of people interviewed. However, we believe that the data generated in this study is substantial enough to provide a reasonable picture of the situations of most DDI users and by extension, people who are at risk of homelessness in the city of Dundee.

3.1. Who are DDI service users?

3.1.1. Key facts

- Most of total population interviewed were male (77%) aged between 25-54 years old (81%)
- Most are single (65% for total)
- Most (56%) live in DD2, (31%) live in DD3, (25%) in other areas.
- 49% have children under 18 but most (88%) do not live with them
- 79% are from Dundee
- 55% live in a tenancy while 15% live in a homeless hostel

3.1.2. Age and gender

The table below shows the distribution of research participants by age range and gender.

Age range	Male		Female	
	f	%	f	%
16-17	0	0%	0	0%
18-24	0	0%	1	4%
25-34	24	29%	13	54%
35-44	23	28%	4	17%
45-54	20	24%	3	13%
55-64	12	15%	3	13%
65-74	1	1%	0	0%
75 and over	2	2%	0	0%
Total	**82**	**77%**	**24**	**23%**

3.1.3. Post Code

We asked participants to declare their postcode (at least the three first digits). We found uneven distribution across Dundee city which reflects the concentration of DDI services. Only one person lived in the DD5 area. This may however reflect a gap in terms of similar services in DD4 and DD5 areas as well as lack of transport/knowledge of DDI services in DD4 and DD5 neighbourhoods. Plus, the DD5 postcode area comprises mainly Broughty Ferry, which may be regarded as a prosperous part of the city with a low level of social housing.

Total	DD1		DD2		DD3		DD4		DD5		Other		Blank	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
	17	16%	33	31%	26	25%	15	14%	1	1%	2	2%	12	11%

The table below shows a basic distribution of users' postcodes in relation to the Drop In they were interviewed. We can note, for instance, that 79% of Lochee Parish Nurse drop in ('*The Drop-In'*) were from DD2 area which suggests that most of users of this specific service are from the surrounding area. The Parish Nursing Drop In Clinic and Eagles Wings Trust, for their turn, show a more varied distribution of users from diverse areas in the city.

Distribution by DDI Service	DDI service postcode area	DD1		DD2		DD3		DD4		DD5		Other		Blank	
		f	%	f	%	f	%	f	%	f	%	f	%	f	%
Bridge Community Project *(City Church Dundee)*	DD2	0	0%	4	44%	3	33%	0	0%	1	11%	0	0%	1	11%
The Drop-Inn *(Lochee Parish Church)*	DD2	0	0%	11	79%	3	21%	0	0%	0	0%	0	0%	0	0%
Parish Nursing Drop In Clinic *(The Steeple Church)*	DD1	2	17%	4	33%	2	17%	2	17%	0	0%	1	8%	1	8%
The Salvation Army	DD1	6	40%	2	13%	2	13%	2	13%	0	0%	0	0%	3	20%
Food Cupboard *(St Salvador's Church)*	DD3	2	7%	1	4%	13	48%	7	26%	0	0%	0	0%	4	15%
Big Issue Drop In Club *(Meadowside St Pauls Church)*	DD1	4	50%	3	38%	0	0%	0	0%	0	0%	0	0%	1	13%
Bus Stop Drop In *(Gate Church International)*	DD1	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eagles Wings Trust *(Advice Clinic & Soup Kitchen)*	DD1	2	14%	2	14%	3	21%	4	29%	0	0%	1	7%	2	14%
St Mary's RC Church	DD2	0	0%	6	100%	0	0%	0	0%	0	0%	0	0%	0	0%
Graham's Soup Kitchen	DD1	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

3.1.4. Relationship status and parenting

In this section, we show the relationship status and parenting for the whole population interviewed and then, its distribution by gender.

i. Relationship status and parenting by total population interviewed

Total population interviewed				Those who have children under 18		Those who **don't** live with their children	
	f	%		f	%	f	%
Single	69	65%		34	49%	31	91%
Married	3	3%		2	67%	0	0%
Partner	15	14%		10	67%	9	90%
Separated	4	4%		2	50%	2	100%
Divorced	14	13%		4	29%	4	100%
Widow/Widower	1	1%		0	0%	-	-
Prefer not to say	0	0%		-	-	-	-
Total	**106**			**52**	**49%**	**46**	**88%**

ii. Relationship status and parenting by gender - Male

Male population interviewed				Those who have children under 18		Those who **don't** live with their children	
	f	% male	% of total (male + female)	f	%	f	
Single	55	67%	52%	22	40%	20	91%
Married	3	4%	3%	2	67%	0	0%
Partner	9	11%	8%	4	44%	4	100%
Separated	4	5%	4%	2	50%	2	100%
Divorced	11	13%	10%	2	18%	2	100%
Widow/widower	0	0%	0%	-	-	-	-
Prefer not to say	0	0%	0%	-	-	-	-
Total	**82**	**100%**	**77%**	**32**	**39%**	**28**	**88%**

iii. Relationship status and parenting by gender - Female

Female population interviewed				Those who have children under 18		Those who **don't** live with their children	
	f	% female	% of total (male + female)	f	%	f	
Single	14	58%	13%	12	86%	11	92%
Married	0	0%	0%	0	0%	-	-
Partner	6	25%	6%	6	100%	5	83%
Separated	0	0%	0%	0	0%	-	-

Divorced	3	13%	3%	2	67%	2	100%
Widow/widower	1	4%	1%	0	0%	-	-
Prefer not to say	0	0%	0%	-	-	-	-
Total	**24**	**100%**	**23%**	**20**	**83%**	**18**	**90%**

3.1.7. Parenting and age range

Most (44%) of interviewees with children under 18 are in the age range of 25-34 years old. This is higher for women, with 60% of those who have children under 18 in that age range.

Parents of children under 18 by age range and gender	Total		Male		Female	
	f	%	f	%	f	%
16-17	-	-	-	-	-	-
18-24	1	2%	-	-	1	5%
25-34	23	44%	11	34.5%	12	60%
35-44	16	31%	12	37.5%	4	20%
45-54	10	19%	8	25%	2	10%
55-64	2	4%	1	3%	1	5%
65-74	-	-	-	-	-	-
75 and over	-	-	-	-	-	-
Total	**52**	**100%**	**32**	**61.5%**	**20**	**38.5%**

3.1.8. Connection with Dundee

The table below shows that the majority of people are originally from Dundee (79%). It suggests that poverty reproduces within the city population rather than being an issue of external population. However, it alone is not enough to explain the interplay between internal and external factors that push people to poverty in the city of Dundee.

Origin			From which have no relatives in Dundee		From which live in Dundee for more than 3 years	
	f	%	f	%	f	%
From Dundee	84	79%	6	7%	-	-
Not from Dundee	22	21%	10	45%	14	64%

3.1.9. Accommodation – distribution by age range and gender

Kind of Accommodation	Total		25-34			35-44			45-54			54-65			65 over			Male			Female		
	f	%	f	% age range	% total	f	% age range	% total	f	% age range	% total	f	% age range	% total	f	% age range	% total	f	%	% total	f	%	% total
Own	11	10%	5	14%	45%	2	7%	18%	1	2%	9%	2	13%	18%	1	33%	9%	10	12%	91%	1	4%	9%
Tenancy*	58	55%	15	42%	26%	16	59%	28%	45	83%	78%	11	73%	19%	2	33%	2%	45	55%	78%	13	54%	22%
Staying with friends	6	6%	3	8%	50%	1	4%	17%	2	4%	33%	-	-	-	-	-	-	4	5%	67%	2	8%	33%
Living in family home	3	3%	2	6%	67%	-	0%	0%	1	2%	33%	-	-	-	-	-	-	3	4%	100%	-	-	-
Living with partner	3	3%	2	6%	67%	1	4%	33%	-	-	-	-	-	-	-	-	-	1	1%	33%	2	8%	67%
Temporary accommodation	2	2%	-	-	-	-	-	-	2	4%	100%	-	-	-	-	-	-	2	2%	100%	-	-	-
Supported accommodation	4	4%	2	6%	50%	1	4%	25%	-	0%	0%	1	7%	25%	-	-	-	3	4%	75%	1	4%	25%
Homeless hostel**	17	15%	7	19%	41%	6	22%	35%	2	4%	12%	1	7%	6%	-	-	-	12	15%	71%	5	21%	29%
Rough sleeping	-	-	-	-	-	-	0%	0%	-	0%	0%	-	-	-	-	-	-	-	-	-	-	-	-
Other	2	1%	-	-	-	-	-	-	1	2%	50%	-	-	-	-	-	-	2	2%	100%	-	-	-
Total	**106**	**100%**	**36**	**100%**	**34%**	**27**	**100%**	**25%**	**54**	**100%**	**51%**	**15**	**100%**	**14%**	**3**	**100%**	**3%**	**82**	**100%**	**77%**	**24**	**100%**	**23%**

* one blank entry stated as 'council house' has been counted as 'tenancy'; one ‘other’ entry stated: ‘Sheltered house’ which has been added to ‘Tenancy’; one ‘blank’ entry stated: ‘Homes for Scotland - Old Church’. This is social housing on the Perth Road and has been added to ‘Tenancy’.
** one entry for 'other' stated as 'homeless flats' has been counted as 'homeless hostel'; one blank entry stated as 'homeless hostel' has been counted as homeless hostel'

3.2. Use of DDI services

One aspect identified in the survey is the concentration of DDI services in a specific geographic area of Dundee that surrounds the City Centre, spreading over DD1, DD2 and DD3 neighbourhoods. The fact most DDI users live in these areas may reflect the limited geographic reach of DDI services that tend to be localised. It indeed cannot be seen as a negative aspect of the services. In fact, the 'local' reach results in a good connection with local communities as we could observe during some visits and talks with DDI members and service users. In any case, parts of DD3 and the DD4 areas may be a 'frontier' to set up new DDI type services in support of people in poverty as reflects the Scottish Index for Multi-Deprivation (SIMD) for Dundee. At the time of reporting it is understood that a similar type of services have started in Whitfield (North East Ward – DD4), Stobswell (Maryfield Ward – DD3/4) and St. Mary's (North West Ward – DD3). In all cases these locations are developments in areas without any DDI type service.

Figure - Distribution of DDI services in Dundee

Created with Google Maps

How often are the services used?

We asked DDI users if they were aware of other DDI services that were not the ones in which they were being interviewed. Interviewees have a reasonable knowledge of DDI network of services. The Street Chaplain/Team seems to be the less known service as suggested by a lower percentage in comparison to others (only 43%). This is likely due to the Street Chaplains operating at times when many of those interviewed are not active, certainly not in the city centre. Most used services are Food Cupboard (St Salvador's Church); Eagle Wings Soup Kitchen; and Parish Nursing Drop in Clinic (The Steeple Church). Most services are used weekly although Street Chaplain/Team; and Graham's Soup Kitchen have a higher percentage of occasional users. It may be explained by the nature of these services (street service).

3.2.1. Frequency of use of DDI services

DDI Services	Entries from other DDI sites		Aware of service		Use service		Weekly		Monthly		Occasionally	
	f	%	f	%	f	%	f	%	f	%	f	%
Bridge Community Project (The Friary)	95	90%	53	56%	21	40%	16	53%	2	7%	12	40%
Eagle Wings Advice Clinic	90	85%	47	52%	20	43%	12	48%	1	4%	12	48%
Parish Nursing Drop in Clinic (The Steeple Church)	92	87%	47	51%	31	66%	25	61%	6	15%	10	24%
Eagle Wings Soup Kitchen	90	85%	57	63%	38	67%	34	68%	1	2%	15	30%
The Drop-Inn (Lochee Parish Church)	90	85%	60	67%	15	25%	18	64%	2	7%	8	29%
Big Issue Drop In Club	95	90%	49	52%	23	47%	14	50%	3	11%	11	39%
Street Chaplain/Team	95	90%	41	43%	11	27%	5	45%	0	0%	6	55%
Bus Stop Drop In (Gate Church Perth Road)	103	97%	53	51%	26	49%	4	16%	4	16%	17	68%
The Salvation Army Drop In	88	83%	64	73%	38	59%	26	48%	6	11%	22	41%
Graham's Soup Kitchen	103	97%	53	51%	31	58%	11	35%	4	13%	16	52%
Food Cupboard (St Salvador's Church)	77	73%	51	66%	35	69%	31	54%	9	16%	17	30%

3.3. Issues faced by DDI service users

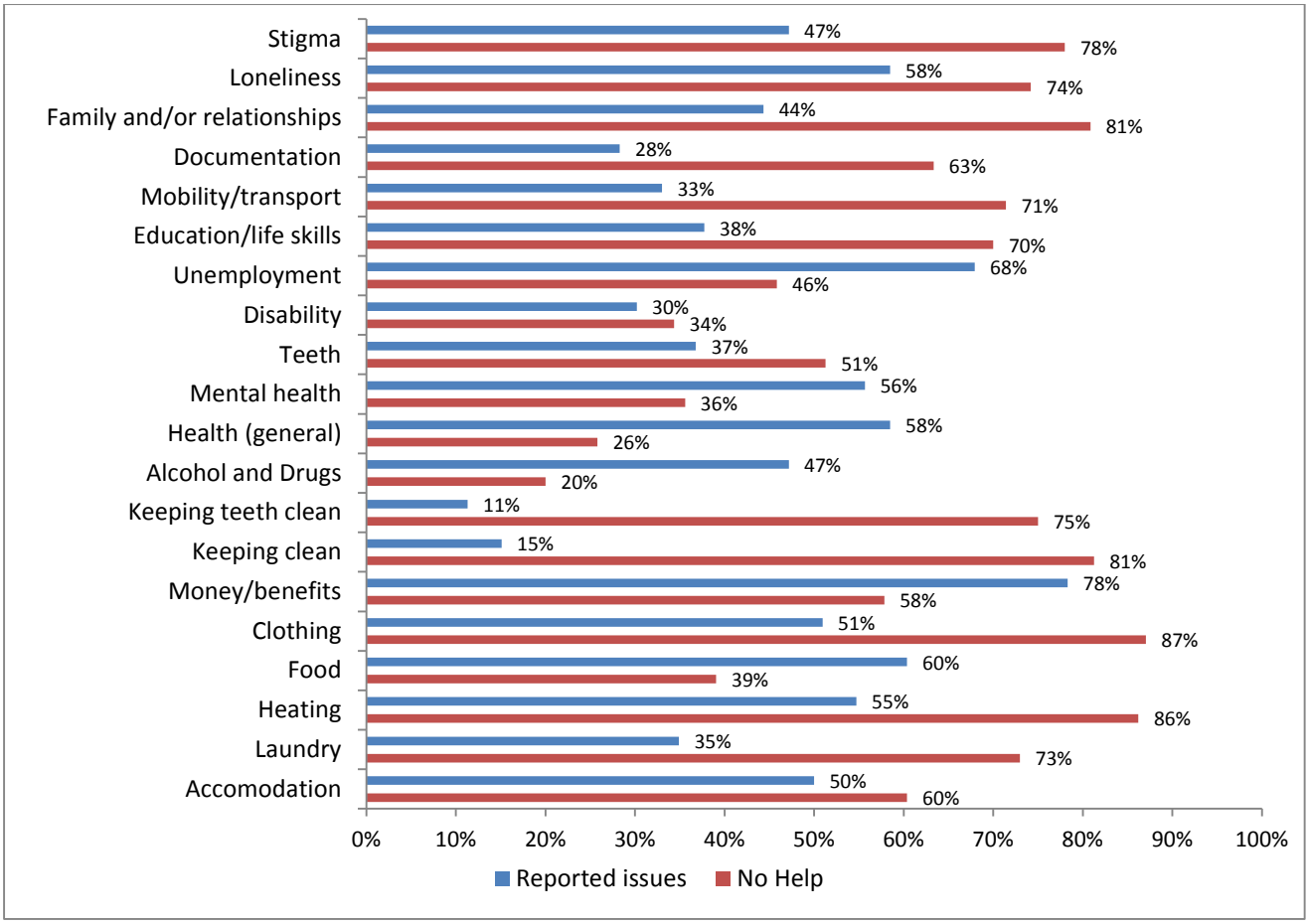
In the survey there was a section on issues faced by those using DDI services. We wanted to know if people had a problem with specific issues and if so, what was the issue and whether or not they were getting any help with that issue. The table below summarises the list of issues according to total number of people who reported issues and help received.

Table - Reported issues and lack of support (help) according to interviewees' responses

Issue	f	%	f	No help
Accommodation	53	50%	32	60%
Laundry	37	35%	27	73%
Heating	58	55%	50	86%
Food	64	60%	25	39%
Clothing	54	51%	47	87%
Money/benefits	83	78%	48	58%
Keeping clean	16	15%	13	81%
Keeping teeth clean	12	11%	9	75%
Alcohol and drugs	50	47%	10	20%
Health (general)	62	58%	16	26%
Mental health	59	56%	21	36%
Teeth	39	37%	20	51%
Disability	32	30%	11	34%
Unemployment	72	68%	33	46%
Education/life skills	40	38%	28	70%
Mobility/transport	35	33%	25	71%
Documentation	30	28%	19	63%
Family and/or relationships	47	44%	38	81%
Loneliness	62	58%	46	74%
Stigma	50	47%	39	78%
Others	6	6%	3	50%

As seen, most reported issues were 'money/benefits' (78% of entries) followed by 'unemployment' (68%) and 'food' (60%). There are also other issues that can be considered of high relevance such as 'health (general)' (58%), 'loneliness' (58%), 'mental health' (56%), 'heating' (55%) and 'clothing' (51%).

Chart - Relation between reported issues and lack of support (help) according to interviewees' responses



3.3.1. Money/benefits

Issues of money and benefits were mentioned by most respondents. It varies from budgeting and debts to fuel costs and sanctions. Some situations indicate effects of welfare reform, such as being moved from one benefit to another (e.g. from DLA to JSA). However, the team of volunteers noted fewer people mentioning bedroom tax, which suggest that the issue may have been dealt by the City Council through the discretionary fund. Issues can be summarised as follows:

- Sanctions is the biggest issue
- Being moved from one benefit to the other
- High proportion are saying that the benefits are not enough
- Less people mentioning bedroom tax
- Use of meters, which are at a higher cost per unit than normal results in high fuel costs
- Literacy issues
- Lack of understanding/information – literacy, IT, computers
- Many indicate difficulty in budgeting, managing their money
- Some seem keen to get into work
- Some have debt/loan/fines issues

3.3.2. Housing related issues

In this section we present housing related issues that in the survey were listed as 'accommodation'; 'laundry', 'food' and 'heating'. These subjects configure the sort of issues that surround aspects of everyday life and that are directly linked to 'a house being a home'.

We have found that problems with **accommodation** in general are related to lack of furniture and appliances (such as a cooker). There have also been complaints on neighbourhood issues (such as noise, drugs) as well as accessibility problems (stairs, disability requirements). Another issue regards people who are waiting for accommodation (living in hostels or with family/friends) and the length of time they feel that they have to wait to be allocated a house.

The problems with **laundry** link with general accommodation issues, in particular in relation to absence of a washing machine. People also find it costly to run washing machines, and in some cases there is no electricity to run it. Budget issues also reflect on use of launderettes. Some people have reported washing clothes with their hands which has been found harmful due to cold water.

The problem with **heating** can be broken into four core issues. Firstly the cost of running heating on a tight budget. It has been reported by a great amount of interviewees (one third of total, 34 entries). Some have also reported broken heating as well as no heating at all in their accommodation.

In short most housing related issues can be summarised in the following points:

- Lack of furniture and appliances (cooker, washing machine)
- Long wait for accommodation
- Limited budget to run heating as well as other appliances (such as washing machine)
- Problems to fix/get heating system in the accommodation

3.3.3. Personal hygiene issues

In this sub-section, we address issues of personal hygiene such as clothing, keeping clean and keeping teeth clean.

There were a few comments on the topic '**keeping clean**'. Nevertheless, it appears to be an issue strongly related to access to hot water. So there is a connection with heating issues described in the previous sub-section.

'**Keeping teeth** clean' has also received a few comments from interviewees. The issues reported were around 'no teeth', 'no water' as well as other health problems that prevent proper cleaning (spine pain).

Problems with **clothing** are described as a matter of a lack of money (22 out of 53 entries for this issue), that still connects with no access to hot water/laundry. Respondents said they use the same clothes several times and this causes feelings of stigma for not being well dressed/clean, with implications for jobs, access to public spaces such as health centres, hospitals, etc. Some also commented on weight variation that would compromise fitting sizes.

3.3.4. Health related issues

Data shows that although some health related problems have been highly reported (58% for 'health – general' and 56% for 'mental health'), the percentage of people with no help is reasonably low in comparison to other issues. One quarter (26%) of people with general health problems have reported not having any help while a third of people with mental health issues (36%) have reported no help with this problem. However, when it

comes to 'teeth' issues, there are a higher percentage of people without help (51%) for those who declared oral teeth problems (37%). One third of interviewees have reported a disability issue (30%) and 34% of them are getting no help. This is higher than world average as reported by the World Health Organisation (which is around 14%).[4]

We found that people who declared teeth problems, mental health and disability are more likely to suffer from loneliness. For instance, 59% out of those who declared a disability said that they often feel alone. For those who declared teeth problems 38% often feel alone. The percentage for people with mental health problems was 44%. These figures are higher than average (31% - see next section social isolation and stigma issues).

Mental health and teeth problems have been found to have a greater correlation with drugs use then the average. While 58% of the whole group have declared the use (current and past) of street drugs, for those with teeth problems the percentage is 82%. For those with mental health problems this percentage is 68%.

Below there is a summary of key health issues found in the survey:

General health **issues** are diverse. Data shows that most reported issues are long-term conditions that have been affecting everyday life and may worsen if not addressed.

- Asthma/lung disease/breathing issues
- Mobility issues (ex. stroke, surgery, arthritis, thrombosis, muscle/nerve damage)
- Diabetes
- Heart problems
- Stomach problems
- Dermatological issues
- Cancer

Summary of teeth **issues**:

- Need to extract teeth
- Need dentures (some waiting for too long)
- Cost of treatment
- No/few teeth
- Missed appointments

A summary of **disability issues** are described below:

- Problems with legs
- Muscle and nerve damage
- Back problems
- Eye issues

A summary of **mental health issues** reported:

- Depression (highest number of entries)
- Anxiety
- Memory issues
- Psychosis (hear voices, hallucinations)
- Panic attacks
- Schizophrenia

[4] http://www.who.int/disabilities/facts/Infographic_en_pdf.pdf?ua=1

3.3.5. Social isolation and stigma issues

In this sub-section, we look at the issues of **stigma**, **loneliness** and **family and/or relationships**. These are critical issues that relate to lack of self-esteem, depression and difficulties of having a close and meaningful relationship in support to life issues. It also reflects upon the way stigmatised and people with low self-esteem position themselves in relation to the general public and services. Finally, it has an impact on the way the public and services react to stigma – for instance, reinforcing it with prejudice and stigmatising practices.

The points below summarise the key issues reported on **loneliness**:

- Fear
- Boredom, no jobs, no purpose or hope for future
- Social isolation
- Low self-worth
- Lack of confidence
- Low self-esteem
- Poor mental health – stigma
- Depression, lack of hope, vulnerable people
- Poor self-image – hygiene, clothing, keeping clean
- Don't know how to access services/not accessing services
- Few reliable trusting friends
- Lonely, negative relationships may increase/encourage addiction
- Bereavement and loss – mental health, guilt, paranoia, anxiety, difficulty moving forward with life, isolating self, children in care, unfulfilling life (88% don't have kids with them)
- 81% don't get help
- People may be institutionalised either in prison, hostels or care
- Relationships – broken families, families don't talk, associates through need, no meaningful relationships, lonely even with partner, difficulties/communication breakdown
- Violence – exclusion, drugs, alcohol, unpredictability, anti-social relationships

Below a summary of **stigma** issues found:

- People feel judged 'all the time' – idea of 'second class citizen'
- There is a great concern of being treated with prejudice (both explicit and subtle), in particular in public institutions (pharmacy, job centre, health service, etc.). It shows that despite low self-esteem, there is a clear concern with unfair treatment by professionals dealing with different aspects of their lives
- Homeless hostel address may be a factor for stigmatisation when looking for jobs
- Complaints against separate queue for methadone users in pharmacy
- Stigma for accessing crisis support services
- There is also concerns with prejudice and judgment in their own communities, where they also feel ignored
- One's social network is composed of other drug addicts. It makes it difficult to make friends and to break drug addiction cycle

Fewer entries were recorded for family and relationship issues. Situations reported include a long time without seeing family due to conflict issues (don't get on well) or in some cases, people who have no family at all.

Still in relation to this subject, we asked DDI users to respond if they see family and/or friends at least once a month. The responses show that the majority see family and friends often.

Do you have family and/or friends you see often? (at least once a month)	f	%
Yes	80	75%
No	23	22%
Blank	3	3%

Despite of the fact most people see family and friends often; it does not mean that they do not feel alone. As seen in the table below, most interviewees feel alone often or sometimes. This is a topic that demands further investigation to understand what is the extent and the impact of loneliness.

How often do you feel alone?	f	%
Never	17	16%
Rarely	13	12%
Sometimes	41	39%
Often	33	31%
Blank	2	2%

We also asked interviewees to mention one thing that could help them to feel less alone. Most responses were around ways to fill their time. Some have mentioned activities during night time (such as quiz, games, 'a place to go', etc.) as well as someone to talk with (friends, one-to-one support, visit people, etc.). It seems night time is when they feel most alone. Some also commented on having a job as a way to fill time and feel less alone.

The list of comments in the interviewees' own words can be found in the table below.

Doing things, going out
If he got £130 pounds to buy a new door as the one he has now is not secure
A job
Does not know
Something more to do with time
Someone to talk to when awake at night
Don't know
No idea (somewhere to drop in and speak in private)
Stay in a hostel but would love own place to invite friends to
Be with my friends more often
Having a partner
No
Groups at night time, games night or quiz
Good relationship/partner
Job, seeing others more
Also, goes to drama therapy
More occupied with things to do, misses not working
Being around people more
Permanent relationship
More friends/visits
Don't know

A place to go
God, praying and guidance
No, maybe the TV
Using Facebook to contact friends and family
Talking to my partner
Having people back from prison
A job
A job with a wage
I can find company
Don't know
Getting better and doing things
Speaking to folk
Visit others
Don't Know
Private one-on-one sessions with someone to talk to

3.3.6. Unemployment, education/life skills

Issues can be divided in three categories as follows:

- Individuals unable to work due to illness, mental health or addiction
- Individuals who want to work but struggle to find any
- Individuals who have given up

In relation to more specific issues of education and life skills, these are some responses:

- Need IT training
- Bad at budgeting
- Difficult to look after flat

3.3.7. Mobility/transport

Mobility and transport issues reflect the capabilities to move around in order to get access to services, leisure and day-to-day activities such as shopping, banking, etc. Barriers to mobility are not solely restricted to individual limitations (such as economic and physical/disability). It also regards the opportunities created in the city to provide mobility and access to transport in a meaningful way to breakdown economic, social, cultural and symbolic barriers that prevent people to enjoy the life in the city as a whole.

Some issues related to mobility/transport can be summarised as follows:

- Long walks
- Costly to use buses
- Pain/recent surgery that prevents from walking
- One person has reported costs with taxi to collect prescription in pharmacy (6 days a week)

3.3.8. Documentation

Some issues regarding documentation were reported as follows:

- Problems with form filling (literacy issues – help provided in some cases)
- No documentation (such as photo ID, birth certificate)

3.3.9. Alcohol and drugs

Alcohol and drugs is a major problem with an association with poor health, mental illness and loneliness issues. Most (58%) of DDI service users have used drugs at some time in their lives. For instance, 35% of interviewees declared to use 'street drugs' while 25% of them declared use of drugs in the past.

Drug use was most concentrated in the age range 25-44 years, with 44% of interviewees who responded 'yes' are in this age range.

Do you use street drugs?	Total		Male		Female		25-34		35-44		45-54		55-64		64 and over	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Yes	35	33%	27	33%	8	33%	17	46%	11	41%	3	13%	3	20%	0	0%
No	40	38%	32	39%	8	33%	7	19%	5	18%	15	65%	10	66%	3	100%
I have done in the past but not now	27	25%	19	23%	8	33%	13	35%	9	33%	4	17%	1	6%	0	0%
Blank	4	4%	1	-	-	-										

Approximately half of the people who are currently using drugs or have used drugs in the past are on a methadone programme.

Do you use street drugs?	Total		Are you on methadone programme?		% of total on methadone
	f	%	f	%	%
Yes	35	33%	19	54%	51%
No	40	38%	3	8%	8%
I have done in the past but not now	27	25%	14	52%	38%
Blank	4	4%	1	25%	3%

The frequency with which people take drugs varies from daily to weekly (68% of total) while a small but not less relevant percentage take them only monthly or less often (29% in total).

If 'Yes', how often do you use these drugs?	f	%
Daily	13	37%
Weekly	11	31%
Monthly	3	9%
Less often	7	20%
Prefer not to say	1	3%

Half (48%) of interviewees have declared themselves as being on methadone programme. Most (45%) consider that it was their choice to start the treatment.

Are you currently on a Methadone programme?	f	%
Yes	37	48%
No	38	49%
Prefer not to say	2	3%

If 'Yes', was it your choice to start the Methadone programme?	f	%
Yes	25	45%
No	14	25%
Prefer not to say	2	4%
Blank*	14	25%

*only for 5.1.'yes'

Reduction of methadone dosage is controversial, with a slightly larger number of people without a reduction in contrast to those who have had a dosage reduction.

Has your dosage been reduced within the past 6 months?	f	%
Yes	15	41%
No	18	49%
Prefer not to say	4	11%

55% of interviewees state they use or have used alcohol in some point in their lives. However, only 23% believe this is a problem for them. One aspect for further exploration regards alcohol consumption habits. While some interviewees mentioned whisky as the main source of alcohol, there was also one record for White Star Cider which is a super-strength though inexpensive source of alcohol.[5]

Do you drink alcohol?	f	%
Yes	45	42%
No	43	41%
I have done in the past but not now	14	13%
Prefer not to say	0	0%
Blank	4	4%

Do you think this is a problem for you?	f	%
Yes	12	23%
No	40	77%

If 'yes', are you getting support for your problem with alcohol?	f	%
Yes	6	46%
No	7	54%

[5] http://www.theguardian.com/lifeandstyle/2011/apr/17/cider-industry-protected-expense-alcoholics

Issues of alcohol and drugs and loneliness

Data shows that interviewees who have declared use of street drugs (present/past) feel more alone than the whole group of interviewees.

How often do you feel alone?	Whole group (n = 106)		Declared street drug use (present/past) (n = 62)		Declared alcohol use (present/past) (n = 59)	
	f	%	f	%	f	%
Never	17	16%	8	13%	6	10%
Rarely	13	12%	6	9%	7	12%
Sometimes	41	39%	24	39%	28	47.5%
Often	33	31%	24	39%	18	30.5%
Blank	2	2%	-	-	-	-

4. Looking at the future: aspirations

We asked DDI service users what were their aspirations. We wanted to know how they visualise their future, what are their dreams and plans. This is a relevant issue that is linked to the will to change. Having aspirations shows a sense of hope for better days/a better life that is a critical motivational aspect to mobilise individuals to move on.

Dreaming is also a fundamental aspect of being human and giving meaning to life. As Henry Giroux[6] argues, the fight for survival in the everyday life takes away from people the sense of imagination that should be a drive for change. We understand that DDI service users face several life problems as described in the previous item. Such problems may be a barrier to dream and to see beyond. As such, dreaming may be a way to perform new attitudes in life showing a sense of hope.

More than half (55%) of our interviewees have stated some aspiration. Others have not provided any comment on this topic. It does not mean they do not have aspirations, but may reveal a lack of perspective that acts as a barrier to aspire.

Showing marginalised and stigmatised peoples' aspirations is also a good way to deconstruct widespread negative images about themselves, in particular those ideas surrounding 'lazy people on benefits' or 'people who spend benefit money on drugs'. Such stigmatising views are very narrow and tend to reinforce negative aspects that are not the reality of most people. As our data reveals, being in a job, settled in ones own home, off drugs and closer to kids are the most quoted aspirations. Such aspirations reveal the will to move on and take responsibilities in life. Moreover, it shows that people are not 'lazy' relying on benefits, but wanting to have a better life, with a job.

We have found very interesting statements in relation to aspirations. They can be summarised in the following topics:

- In a job (41% have mentioned it directly)
- Settled in own house (27% have mentioned it directly)
- Off drugs/alcohol (22% have mentioned it directly)
- Closer to kids/partner/family (25% have mentioned it directly)

We have also found other statements that reinforce that sense of taking responsibility for life, such as have driving license back; return to studies (university/college).

The aspirations stated in the survey show that people are aware of their situations and that they want to move on. In some cases, as reported by the research team, DDI users commented that some questions from the questionnaire made them think about some of their life issues. It shows that the survey may have acted as a trigger for a self-consciousness process that could, with appropriate follow up, help identify steps that could be taken to move towards these aspirations.

The table below presents respondents aspirations as they stated:

[6] Giroux, H (2014). *Zombie Politics and Culture in the Age of Casino Capitalism*. New York, Peter Lung Publishing.

Aspirations

Hopefully be drug free, back to work and going to the university
In a job, drinking less and not bored
Working better life with kids
Have a new door or another house with better neighbours
Getting a job in painting/decorating. Seeing kids
Clean of drugs, off the methadone programme, in a job, as a chef as has a qualification. Nice house, out of Dundee
Start work again. Get a better house or current house sorted out with gas and heating
Take each year as it comes
Working. Very bored of his life - wants a job.
Would like to have his own house. Would like to see children (after getting off the alcohol and drugs). He would like to get off the drugs and drink so he can take medication for hepatitis C. He would like to have a new partner.
To have my mum's and my health to greatly improve and family to be fine
To have my head straightened, stop blackouts
Would like to be at college studying hospitality (already applied), maybe find work in a restaurant
Have a job, and be settled in own house (a place where his kids can come and stay over)
Settled into own house
Hope to have saved enough to move out of Dundee - to London/somewhere warm
Would like her partner to also be on a methadone program
Off methadone program, volunteer work/training
In my own home, with tenancy support, helping others in my position, opportunity to work within the alcohol field.
Finish University course and working
I would like to see myself drug free. I want to finish my house. I would like a part-time job or become a volunteer.
Back to work. Move to a new house.
Would like to get life sorted out - mental and physical health sorted
Have own home, reduce methadone intake, have her daughter live with her.
Happy as he is, putting his life back together himself
Off methadone, off all drugs, be better person, back seeing gran kids
Kids back full time, having job or at college, job in catering, hospitality course
Getting on methadone programme quicker, more support. Job in gardening. Own house, clean of drugs, have child back, out of Dundee
With a partner, dog, have driving license back
Children staying at weekend, flat clean and tidy, electricity back on
To be in a new flat in Charleston near son, to be in a full time job, to build relationship with family in Dundee, to make contact with other children, to have son living with me full time, to volunteer - help others.
Never thought about it
Settled happy, at ease, secure, at peace with myself
Back in employment, warm, cosy flat, have money, better way of living

Be in a job
I would love to have a holiday. I would love to see my family in Aberdeen
I don't know
Sitting here saying how good my life is and with money
Taking no drugs or drink and get my children more often and hopefully off benefits
Get my job back as a qualified chef
I would like to be in a rehabilitation programme to be clean and to be able to help other people
Would like to go on holidays abroad
I would like to go back into working and be stable.
To have my own house, to have the kids back, to be off the methadone programme and to be back to normal life.
Get house sorted
Being off methadone, settled into normal life
Be at college or in a job, still be in my house
Job and new accommodation
In an independent Scotland. Making our country a nice place to live
My own flat and going to college
Be in a better place; my own business, seeing children more often
Back at my work. I am a joiner and been self employed
Back to being self employed
Win the lottery
Hopefully be starting a pension, but will check this out and working part-time
Another house (1 bed), back to college (Dundee) to study psychology. Want a degree
Wants to be in his own house with family and dogs. More money and settled.
Back in the army. Off the alcohol. Not depressed.

5. Recommendations

We understand that homelessness is caused by a combination of complex and multi-scale factors at structural and individual levels (Fitzpatrick et al, 2000; Anderson and Christian, 2003). We acknowledge that DDI services are addressing the more immediate needs of people who are struggling in their lives, being a crisis intervention network of organisations. It does not mean that the organisations involved in DDI are not aware of structural drivers that lead to homelessness and extreme poverty in the UK. However, there is a limited capacity to intervene in such structural in direct reach of DDI organisations and local authorities. However, it also calls attention to issues that are beyond local action and that require attention at a national level in order to effect change for DDI service users and many other people from across the UK facing similar problems.

5.1. Recommendations produced by DDI organisations

This is a summary of the key outcomes from a discussion on findings carried out on 18th June 2014 with DDI organisations.

Unemployment

- Give hope that work is possible for individuals who have given up through volunteering opportunities, helping them manage time (gardening), addressing literacy/IT issues
- People need a consistent contact when it comes to job searching
- Dealing with drug/alcohol/illness issues
- Giving dignity back
- Education or possibility of work after prison
- Addressing issues from the past
- Services at Bethany/Friary on employability will be very useful in seeing what can work
- NHS Zone seem to be a worthwhile initiative from the past

Heating

- None of it is simple (can feel hopeless)
- Case by case basis
- CAP workers to help in managing money (only going to get worse with Universal Credit)
- Employment to bring in income
- Educating and training needed
- Cost of meters are extortionate (unfair they pay the most)
- Just not enough money
- Back debt with meters
- Utilise DEEAP (how can access and funding be improved)

Clothing

- Ask the question: what would help? Do you want second hand clothes?
- More info required: All drop ins to ask further questions to find out if they want clothing place (if DDI was to do something, its needs to be checked out with people first)
- Issue of stigma (deal with emotional issues)
- Issue of presentation of clothes in shop (folded, hung nicely, sizes, clothes, modern signage)
- A shop with a range of stuff (Meadowside/St Pauls, Bridget/Fergus – collecting stuff at Swan House, clean underwear a problem)
- *Idea: Whitfield – runs a clothes/bric-a-brac sale for two days once a month
- *Idea: Salvation Army model of getting points = getting clothes
- *Idea: If we provided a ‘pop-up’ clothes shop

- Provide second hand, quality and nearly new clothes
- Big Issue: 'Self-esteem' – Would you wear it test?
- Person should have the choice and size

Loneliness

- People are individuals with individual needs
- Signposting
- Seek and receive correct help for addiction + mental health to help change their behaviours
- Mental health and addiction – hopefully forming good therapeutic relationships with worker
- Actions – hope for barriers to be removed – mental health referrals – specialist services
- Encouraging people
- Need various 'clubs' for likeminded people separate from addiction
- Referral system
- Assessment tool for volunteers (tree) – drop in to identify various needs
- Agencies/stat/non stat – knowing about what's happening/there to help in Dundee
- Directory for everyone to use
- Positive communication/conversations
- Working together
- Community

Money/Benefits

- More support in budgeting
- Connect Team are doing wonderful work; they should continue their work after March 2015 when their funding runs outs
- Advice service by Peter Kinghorn is very good

5.2. Wider issues on homelessness

We have produced additional recommendations to address wider issues that affect homelessness in general and that were found relevant to be added to the event on 18th June 2014.

i. Tackle stigmatising practices on service delivery

One of the big problems faced by DDI service users is stigma. Although stigma is widespread, we were able to identify several situations in which people felt unfairly treated by public service providers (hospitals, jobcentre, DWP). Stigmatising practices performed by service providers has a great impact on service users' feelings of themselves and perceptions on service provision. It contributes to reinforce low self-esteem, a sense of despair and disengagement (for instance, with health treatment). In order to tackle this relevant issue and based on the findings from this survey, we recommend the following actions:

- Adopt a humanised approach on service provision, using the DDI experience as a model of interaction, respect and listening.
- Invest in staff training that includes their direct involvement with service users in order to address issues of communication skills and more sensitive decision making.
- It is necessary to address the issues of interaction, respect and listening with the future generation of professionals. It is also critical to overcome social and cultural barriers from the early stages of training. This requires actions by universities and colleges to develop specific training opportunities for undergraduates, post-graduate and post-qualification students.
- In regard to the previous topic, it is worthwhile to mention the new project 'Shared Knowledge Hub' (SKH) that has been created by Fernando Fernandes to strengthen university-community links. The project's focus on poverty and homelessness and offer opportunities for students to

develop participatory action research projects as a way to enhance their learning experience through the principles of social justice.

ii. Tackle social isolation and loneliness

We found that many situations for social isolation reflect the lack of opportunities to interact socially in a more meaningful way. Loneliness, for its part, is affected by the loss of contact with friends and family. Both have a strong relation to stigma and low self-esteem as well as issues of drugs and alcohol that in many instances, reinforce stigma.

Some suggestions to tackle social isolation and loneliness are:

- Offer of social and cultural activities that complement soup kitchen services (before, during, after)
- Offer of evening activities
- Make available free/subsided tickets to cultural events (very relevant to a city aiming to become a cultural spot in the UK)
- Promote more cultural events in socially isolated/marginalised neighbourhoods
- Support cultural groups from across the city to offer cultural activities to wider audiences
- Social and psychological support to reconnect with parents and friends

iii. Maximise resources

- It is important to connect the DDI to other services in a more organic and programmatic way to maximise resources
- DDI organisations should also have access to training and information in support to their work, in particular which regards to referrals, signposting and emergency services
- Citywide assets and community resources should be maximised. For instance, connections with the university are underutilised and there is a huge potential to address student training (as per recommendation i), volunteering opportunities and research to impact on policy and practice for future provision

iv. Democratise decision making on policy and practice

Any substantial change will be achieved only when problems are voiced and heard. This is the only way to change the current position for many individuals and to build good working relationships with strategic partners that create change.

- It is understood that organisations may share a common view of problems, but this view has to be voiced together to be stronger and to be heard. The DDI network needs to voice its view as a collective. As such, it would be necessary to create a specific space to discuss critical issues from a policy perspective to allow alignment of views.
- It is critically necessary to create spaces for DDI service users to voice their views and gradually build a collective voice on the problems they face and in the solutions they believe. With support from strategic partners the DDI may be in a position to facilitate such a process by creating opportunities for engagement and participation of users with key people.

Annex 1 - Action Plan

Actions identified from the research by people involved in the DDI at a meeting held on the 22nd January, 2015.

Participants included:

- Three volunteers from St. Salvador's Food Cupboard;
- Two volunteers from Graham's Kitchen;
- The two parish nurses + one volunteer;
- Two members of staff from Faith in Community Dundee;
- Two members of staff from the Salvation Army;
- One member of staff from Bethany Christian Trust;
- One member of staff from the Dundee Food Bank;
- Plus, the following contributed:

    - Brenda Fenton (DCC - Homeless Strategy Officer)
    - Elaine Colville (Team Leader – Health and Homeless Outreach Team – NHS)
    - Peter Allan (DCC – Community Planning Manager)
    - Allison Honeyman (DCC – Team Leader - Welfare Reform CONNECT Team)
    - Dr Fernando Fernandes, Senior Lecturer in Inequalities – University of Dundee

Further, the draft of these actions has been circulated to all of the above and to all of the DDI mailing list for comment prior to inclusion in this report.

Note: comments have been added to this list of actions to bring the actions up to date. This is as of 16th May, 2015

Action	Who?
<u>Collect, store and make available clothing for those in need</u> • Learn from Clothesline – Hillcrest; Gowrie Care *('Shop' presentation may increase dignity & decrease stigma)* • Who can co-ordinate, manage an appeal, arrange storage and facilitate access to those in need? • How centrally does it need to be coordinated? • Is there a role for charity shops? <u>Comment:</u> The "Donate a Coat" initiative carried out throughout the winter of 2014/2015 was instigated and organised by individuals not connected to the DDI who themselves identified the need. This initiative collected and distributed around 1,700 coats and other clothes across the DDI and a wide range of other services. Its success demonstrates both the need and viability for the provision of free clothing.	**DDI**

Action	Who?
Improve how issues are identified and how people access relevant services • Finding better ways to listen and help people express the barriers they face in living better • Having spaces where people can talk if they wish • Build up easily accessible and up to date information for volunteers • Organise a volunteer learning day or a half day with key services • Improve collaborative partnership working with health, social work and housing services • Providing follow-through to see if people do access services • Maintain regular coordination between drop ins and key statutory and voluntary agencies • Revise and update the DDI leaflet and ensure other leaflets are available Comment: Dundee Foodbank has started providing volunteer training on key services and made these available across the DDI. FiCDundee has drafted a directory of key services, but this will require simplification and would benefit from the secondment of staff from statutory agencies. It will also require training and on-going maintenance to be kept up to date and fully utilised. Input from the Connect team leader is proving invaluable. The DDI leaflet is presently being updated and a donation of £750.00 from a local business will assist in it being printed.	**DDI** **FiCDundee** **CONNECT** **Dundee Foodbank**
Improve how we help people access IT & help in looking for jobs • Create drop in access to computers for developing skills, accessing and updating information and job searching (using Digital on the Move) • Promote locations that help with IT access and job searching • Encourage peer learning • Consider assistance with money management, especially with Universal Credit on the Horizon • Develop training with DWP and Job Clubs that will help volunteers • (Avoid any stigmatising places or attitudes) Comment: Drop ins providing access to IT for job search and the development of IT skills have started in Lifegate (Whitfield), City Church at the Friary (Tullideph Rd.) and Gilfillan Church (Whitehall Crescent). This has been made possible by the support of Digital on the Move (Adult Learning). These drop ins are in the early stages of development, but have already been supported by the DWP and Adult Learning.	**DDI** **FiCDundee** **Bethany Christian Trust** **Adult Learning**

Action	Who?
<u>Improve opportunities and access to socialising, learning and personal development</u> • Find out a bit more about what might be worth doing • Also, identify barriers to attending activities • Improve the 'signposting', referring and accompanying, perhaps by developing befriending • Consider what's been done before? • Consider what's already happening? • Consider how people can cope better and improve their well-being <u>Comment:</u> The introduction of street soccer (indoor sessions) at the Steeple Church is already proving popular. Also, a practice research student (4th year Community Learning Development) will be based with FiCDundee. Another initiative is the 'Shared Knowledge Hub', the pilot project created to strengthen University-Community links with a focus on homelessness. The research subject may relate to stigma and isolation and be one contribution to deepening our understanding and identifying practical actions. However, other partners require to be identified to support this action if it is to develop.	**DDI**
<u>Enable access to services and continue with the level of service provision where relevant and practical</u> • Continue to signpost and refer people to services and support • Consider additional support for people to attend appointments and access health services • Consider mobile services • Consider a centralised place/hub to access health related information and services. <u>Comment:</u> A dental van is often provided outside the Steeple and both Parish Nursing and the Health and Homeless Outreach team provide a service from this location. However, some of the points above would require involvement from strategic decision makers in order to be progressed. This is an area where more research and engagement seems necessary.	**DDI**
<u>Help raise awareness of the poverty we see & challenge stigma</u> • Promote changing attitudes among key services • Identify and use methods to improve self-esteem and resilience • Consider discussion around values • Gently challenge self-generated stigma • Understand and inform about structural drivers • Challenge stereotypes in the media • Promote improved health, hygiene and appearance (haircuts, access to dental health and good clothing) <u>Comment:</u> A practice research student (4th year Community Learning & Development) will be based with FiCDundee. The research subject may relate to stigma and isolation and be one contribution to deepening our understanding and identifying practical actions. However, more work will be required to develop awareness of poverty and challenge stigma. The 'Shared Knowledge Hub', the pilot project created to strength University-Community links, may support this action as may the new Fairness Commission established by the city council.	**DDI** **FiCDundee**

Action	Who?
Issues to campaign on: • The cost of being poor (high energy costs, high borrowing costs and limited to higher cost shops due to limited transport) • Simply not having enough • Deemed "Fit for Work" when not really fit • The extent of sanctions; do they help people into work?	**DDI** **FiCDundee**
What is missing? 1. Making a house a home: a. Improve access to furniture; b. Support the co-ordination of services; c. Consider if help is possible with decoration. 2. Reducing dependency on methadone reduction and help to promote access to help for those wanting to stop or reduce their use of street drugs. 3. The need to tackle the availability of 'legal highs'. 4. Expand the services that support people to stop using drugs, but who do not want to go on or stay on methadone. 5. Explore the impact of gambling on those using DDI services and indeed on other relevant groups. 6. Consider the development of intermediate labour markets providing work and training for those whose capacity to work will always be limited. Comment: In part the above comes from the research, but it also comes from DDI services themselves.	**DDI**

Note to the above:
The pivotal role of the DDI appears beyond the capacity of the group at present, notwithstanding the steps taken thus far. Both the recommendations and the actions are demanding on the capacity of volunteers and the limited resources available. Nonetheless, if the DDI can be supported to obtain dedicated support from charitable trusts and/or by secondments then it may be in a better position to build the capacity to contribute to the recommendations and especially to the actions contained herein.

Annex 2 – Dundee Drop In Organisations

Big Issue Club

Big Issue Club, founded in 2005. Weekly support group run by volunteers of Meadowside St. Paul's Church of Scotland (and other churches) in their church hall. As a city centre church we wish to reach out to and support all those around our doors, particularly the hungry and homeless. For two hours each week we offer a place of warmth and shelter where people can have something to eat, benefit from clothing donations, and chat to each other and the staff in a non-threatening environment.

Approximately four volunteers and the average number of users are between 20 and 30 regular folk. We partner with the Big Issue.

Contact: mspdundee@outlook.com

Bus Stop Drop In at The Gate Church

This service was established in August 2009 following a two-week bus outreach to people with drug and/or alcohol addictions in Dundee. Those who come along are offered hot drinks and a meal, as well as a time to chat and gain advice and information about Teen Challenge Residential Rehab. We exist to provide care, compassion and support to people with drug or alcohol problems enabling them to improve their lives and to unlock their full potential. Currently the project has 16 volunteers and operates one night per week, on average we have 5 service users per drop-in session.

Contacts:

e-mail: info@gatechurch.co.uk
Telephone: 01382 221222

Eagles Wings Trust

We are a Christian based Charity and were founded in June 2000 by Mike and Fiona Cordiner from Hillbank Evangelical Church. Our primary purpose is sharing the Christian Gospel with those who are homeless or experiencing drug or alcohol addiction, and caring for individuals needs in a practical way. We are primarily funded by the church community and individuals across Scotland, however we have received donations from a number of other trusts.

In 2000 we began by going out onto the streets with a rucksack with a flask of tea and coffee and some sandwiches. Our aim being to meet those who were begging or sleeping rough and getting to know those individuals, for we understand that healthy relationships are key to recovery whether that be physically, spiritually or emotionally. Each of our regular volunteers come from a variety of Christian Churches. As Christians we believe it is also important to care and to address the needs of the whole person regardless of faith, gender or belief. We seek to build relationships with the individuals who use our services and help them with the variety of problems that they need to surmount. In some cases this may mean we have an informal advocacy role with an individual while in others we form a link to other agencies or services that can meet their needs. We have referred individuals to the Dundee food bank, the Connect team, welfare rights etc.

Per annum around 6000 individuals are dealt with at the soup kitchen and around 4000 individuals at the drop in facility. There are 3 part time paid staff and around 25 volunteers working on a rota system throughout the course of a month. The Soup kitchen is street based and runs from a purpose built catering truck on constitution road, at 7:30 until 9 pm Mon, Tue, Wed and Thur. We have the following contact details.

Contacts:

Website: www.eagleswingstrust.org.uk
e-mail: info@eagleswingstrust.org.uk
Twitter: Eagles Wings Trust@E_W_T
Facebook page: Eagles Wings Trust

Graham's Soup Kitchen

This initiative was started in 2009 by Graham, who basically worked it single-handedly for three years. Because he was finding combining the Soup Kitchen and University difficult he put a plea out for help and to begin with five teams responded. Tayside Cuisine then offered to provide the food for the first Saturday of the month. That means a team has to collect it and serve without the extra workload of cooking. Recently another team have joined us giving us and that makes three in Dundee and one each from Edzel, Kirrimuir and Carnoustie totalling six in all.
We serve a hot meal every Saturday evening out of an Army Flask from the boot of a car which is parked in West Marketgait under the Overgate Car Park. We set up a table and use plastic soup bowls and spoons and serve a casserole type meal with rolls, bread, fresh fruit, biscuits, sometimes homemade cakes and occasionally a pudding with custard! We prepare about forty servings and can have any number from 32 and most have second or third helpings! We also offer clothing/bedding to those struggling and Gareth has organised a storeroom in Swan House for us and we received coats from the 'Donate a Coat' scheme which has been crucial at times.
The whole ethos behind the Soup Kitchen is one of sharing what we have and treating all with kindness and care, showing an interest in them as friends and trying to help where we can or signposting to those better equipped. We are there not only to feed but to support, sympathise, joke and laugh and offer free hugs where appropriate. We are now in our sixth year, with teams running for the last three years. Over the last three years our total of hot meals served has been in the region of 2,500.

Contact: bridgetgillies@inbox.com

St. Salvador's drop-in (the Food Cupboard)

We started in 2005. One Sunday morning a hungry young man came through the church door asking for help, a request we were not equipped to meet!
When the same chap returned with two friends the next Sunday we had a carton of food waiting from which each was given a bag of useful food stuff, this after we had all chatted. Things developed rapidly and we were soon up to about 12 visitors, and then over 20 visitors who, with the support of helpers, received tea and biscuits and left with a prepared bag of the items we learnt were most needed. Since then the drop-in at St Salvador's Church, Carnegie Street, has been open each Sunday: currently from 1.15pm to 2.15pm. Each visitor (each 'beloved-one') is able to share the savoury and sweet refreshments on offer and leaves with a bag of groceries.

No religion is preached but being in a church there is an atmosphere perhaps to encourage spiritual questionings from time to time (a minister or priest is always present). The ethos of the whole scheme is unconditional, nobody is turned away, no referral needed, no register kept nor names required. There is plenty of time to pick up on anyone who wants a listening ear, and a quiet place to be. It is important to have two experienced helpers circulating ready to pick up on any special problem. We are all equal but it is important that helpers serve and offer a choice of food. A pleasant, safe feeling develops, as well as a sense of companionship and mutual respect.

How many people are involved – Recruiting volunteers is vital. We need a minimum of 14 helpers for each session. Helpers come from a variety of backgrounds/experience, all ages, both male and female, each with their own individual talents.

Average number of users – numbers have crept up, now we hand out 60+ bags a week; at least 3000 food bags over the last year.
Happily we have a vast amount of help from Coldside Parish Church.
Every third week a welfare benefit expert from the Connect team joins us to advise individuals about specific problems. We also direct visitors to the special centres offering advice/help.
During the winter we had a couple of visits from the 'Donate a Coat' scheme from which many benefited.
Supermarkets who are partners in this work are ASDA Myrekirk, ASDA Kirkton, and Morrisons. Morrisons and ASDA Myrekirk have baskets available for donations by shoppers. A number of churches of different persuasions donate regularly and individuals. We depend wholly on voluntary donations in cash and kind.

Contacts:

Telephone: 01382 643832
e-mail: ann.noltie@blueyonder.co.uk; father.clive@blueyonder.co.uk

The Community Bridge at the Friary

The Community Bridge, a City Church initiative, is a weekly drop-in café based in the Community Halls at the Friary, providing a safe place to meet members of the community, with an emphasis on those who have been marginalised through relational breakdown, unemployment or addictions. Free soup, toasties, sandwiches, bakery produce, fresh fruit and drinks are provided. We also provide (when required) hygiene and toiletry items and there is an opportunity for sign posting to other services as appropriate. The Community Bridge meets needs primarily by caring.
Other caring services may be provided, such as a recent initiative to provide haircuts for guests free of charge. In this instance the service is being provided by a member of the community.
Those who have visited the Bridge comment on the warm welcome and friendly atmosphere. Many of these have become 'regulars'.

In summary The Community Bridge:

- Meets the direct physical and emotional needs of members of the community.
- Has created a vibrant community-based facility
- Welcomes all-comers
- Cooperates with other agencies

And is accessible to all

The Community Bridge works in cooperation with the DDI group, Dundee Foodbank as well as statutory services, (Connect (DDC), Dundee health & welfare nurses, NHS Mental Health.
A weekly attendance register is held, in the past year the service has been accessed 2,080 times (on average 40 per week), 2,200 meals have been provided, some of which are also taken away by the clients. We have a core team of around 10 volunteers, which are not always there at the same time.

Contact: admin@citychurchdundee.org;

The Parish Nursing Project

Parish Nursing is a UK-wide Christian charity that educates and supports Christian Nurses to integrate spiritual care within a model of person-centred care. Rather than seeing the range of dimensions of health in isolation from one another, we see each person as a whole or potentially whole individual. While Parish Nurses are

committed Christians and work from a Christian Church or a Christian Community, we will work with people of all faiths and none, seeking at all times to work in the best interests of that person within the Code of Professional Conduct of the Nursing and Midwifery Council of the UK. We do not 'preach' at people or require that they meet any conditions of attendance, but we are able to provide spiritual care and prayer as appropriate.
The project at The Steeple Church started in 2008. Our aim is to support and enable people to access and make better use of healthcare and healthcare-related services. Most of the people who attend are experiencing problems associated with poverty, deprivation and life-controlling issues. We run two Drop-in Clinics per week, on Monday and Thursday afternoons. While the nurses focus on assessing and addressing the healthcare related issues, a team of Volunteers serve hot and healthy food to those who attend. An average of 31 people attend each session: in 2014 attendances totalled 2,997. Staff from the NHS Tayside Health and Homeless Outreach Team attend almost all sessions. They are able to do aspects of care that Parish Nurses cannot: for example, we cannot do complex wound dressings or take intravenous blood samples. On Thursday afternoons the NHS Community Dental Outreach team is in attendance, complete with their mobile dental surgery. This is hugely beneficial for the folk who attend. Staff from Dundee City Council's Connect (Welfare Benefits Advice team) attend every session, and their expertise is invaluable in assisting people to sort out incredibly complex problems relating to their welfare benefits claims. The Parish Nurses are also able to distribute some clothing and toiletry items. As we get to know people and earn their trust, we seek to demonstrate by our practise the caring nature of the God we love and seek to serve.

Contacts:

Website: www.thesteeplechurch.org.uk
e-mail: parishnurse@thesteeplechurch.org.uk
Telephone: 07999542043

The Salvation Army Drop In at Strathmore Lodge, Ward Road Dundee

The Friday night drop in run by The Salvation Army Corp has been in existence for many years. Originally operating from the Central Corp's premises at West Marketgait, it moved to its current location at Strathmore Lodge's Lifehouse in Ward Road, Dundee in 2010 in a bid to 'bridge the gap' between the Salvation Army's Lifehouse and the Corp.
Run by a dedicated team of volunteers from across the Church community, the drop in seeks to do more than provide a hot meal and drink to those in need, by attempting to build long lasting relationships with those living in chaotic and demanding situations, while meeting their immediate needs. Recent welfare reforms have resulted in many of the City's most vulnerable people becoming 'sanctioned', leaving them with no income for, sometimes, quite lengthy periods. The drop in has facility to provide 'food parcels' when supplies allow.
As part of our interfaith connections, Taught By Muhammad come to the drop in once a month to provide a curry night, which is always welcomed by those in attendance.
On average around 40 people weekly use the Friday night drop in on a regular basis.

Contact: william.tidball@salvationarmy.org.uk

St Mary's Lochee Community Café

The St Mary's Community Café started in March 2014. It was originally started by St Mary's Society of St Vincent de Paul. It opens every Saturday from 2 to 4pm and is open to all members of the community. It aims to provide food and refreshments but more importantly, friendship, advice and assistance. It also provides volunteering opportunities. Attendances are approximately 30 – 40 each week, and we are open 50 out of 52 weeks of the year. We provide soup, cold or hot filled rolls, often a hot meal, fruit, yoghurt, cakes, crisps and

tea and hot and cold drinks. We also provide food to take away. We help with advice and referrals to the CONNECT team, also with provision of furniture, clothing and whatever else we can.

Contact: anne.singleton@dundeecity.gov.uk

Lochee Parish Church Community Café – The Drop Inn

It was decided to set up a café over 5 years ago to address areas of need that had been identified after surveying members of the community. Initially teas, coffees and biscuits were served in a friendly, non-judgemental atmosphere once a week. Numbers attending were low to begin with, but now The Drop Inn opens Tuesdays from 11am – 1pm and Sundays from 2pm – 4pm with 20 – 30 people attending regularly and with funding in place serves soup, toasties, fruit, biscuits/home baking along with teas and coffees. Because the lunch is free of charge, no one is excluded and a play area is provided so that parents can attend with their children. Partner agencies include Dundee Healthy Living Initiative (DHLI), Addaction, CONNECT Team, Alcohol and Drug Partnership (ADP) and Axis (Crossreach) and a qualified therapist also volunteers weekly providing massages. From both Church and Community, over 30 volunteers, organised in teams on a monthly rota, serve their community bringing people together in a non-stigmatising, sociable, welcoming and inclusive way. Respect for one another is our only rule.

Contact:

e-mail: muriel.black@hotmail.co.uk

Annex 3 – Reported issues as it has been described by interviewees

Money/benefits

Not enough. Gas costs a lot. It is proving expensive to furnish his new home.
Not enough - drinks benefit money so doesn't have enough for other things
Spent on drink, first pay electricity
Not enough, crisis loans coming off
Does not make enough money to live off of (£102 a fortnight)
Not enough money from benefits. No help getting a job. Trying to get a loan from the council - not got anywhere - REFUSED THE LOAN.
Just not enough
£55 a week is not enough
The way money is paid out just now - not reliable
Finding it really hard to maintain job seekers allowance and benefits
Unemployed. Receives JSA. Not enough money. Is getting help trying to find a job
Receives employment and support allowance - not enough. Is trying to find a job. Proving difficult to get anyone to hire her.
On the brew. Looking for job. In debt to benefits agency.
Got sanctioned before
Sanctions and problems with application for Job Seekers Allowance
Only gets £63 a fortnight from hardship payments
Was on disability but then law changed and he got sanctioned and his money stopped
Benefits cut
Has an appointment - scheduled to apply for benefits
On disability benefits
Been on and off benefits for many years, but after playing hostel rent, only has £16 for 2 weeks
On benefits (disability benefits), but also works selling newspapers. Has a gambling habit, so never has much money
On ESA Benefits, has enough to get by, but not much
Was on JSA, but sanctioned until April
Home help assists, difficulties in reading and writing
Find finances a struggle, not enough to last
Job Centre has now no use of phones so if no benefits no money to phone so no claim
Has no benefits/sanctioned
Came out of jail and benefits were reduced. Does not understand how anything works.
Does not receive enough
Been sanctioned twice for 2 weeks each. Had no money for food or anything
Found it difficult to manage bills when mother passed away
Getting ESA - barely meeting needs

JSA is a nightmare - never had a job. Do not know how to use computers and need to apply for jobs
Getting ESA - do not understand the various benefit entitlements
Sanctioned on benefits until April, now in a lot of debt (borrowed from friends and can't pay back)
On disability benefits - have been for several years
On benefits since 2004 (not enough to live on), in debt to Brightstone for a cooker he recently bought.
On disability benefits for depression, in debt to the bank
On ESA - not enough
Seeing Citizens Advice, Job Centre saying that she hasn't handed forms in
No benefits because made a joint claim because girlfriend is not well
ESA - £80 fortnights for heating, clothes, everything - not enough
Applied for budgeting loan (DWP)
Bedroom tax (arrears), applying for DWP
Bedroom tax is a problem but getting help from DHP. Plus, appealing decision to shut down claim. Awaiting mandatory reconsideration.
Incapacity benefit/DLA - problem with forms
Income/benefits low - struggles to manage
£97 a fortnight. Due to owing back money
Lack of information/lack of amount of money
Been sanctioned
Tough managing on little money
JSA - not enough, sanctioned
£105 per fortnight, deductions for loans/fines
Backdated payment of £1000 on DLA
Paying fine
Lack of income support + bedroom tax
Benefits have been cut
Not enough money and struggling with getting sanctioned
Is currently on some benefits but has not received payment yet
JSA but not fit to work, need advocacy
Benefits have been mucked up since coming out of jail
All sorted with Dundee North Law
Just managing, deductions due to part time work, came clean and DWP recovering overpayment, ends in August
Applied for benefits
No money, no work and no benefits
The benefit is not enough
JSA stopped before, but back now. Rent arrears
Sanctioned - 2nd time for 4 weeks (told not making the effort)
Cannot manage money
Paying bills/no food left
Sanctioned because no post being delivered

Sanctioned: from 6 weeks and now to May
ESA appeal - no one to come with me
Stopped JSA and could not get on ESA
On ESA - £51 per week. Peter Kinghorn assisting
Incapacity Benefit, Income Support- should be DLA, has appealed
JSA. Sanctioned last week for the first time for 13 weeks. Posted job application, didn't count
On ESA and low level DLA, appealing DLA decision
Was sanctioned, 10 weeks (ended 3 weeks ago), diary not filled
1.5 years ago moved to JSA from incapacity benefit
Sanctioned - now starting (ESA stopped, used Peter Kinghorn)
Says he only receives £70 a fortnight which is not enough.

Accommodation

Horrible neighbours, drug users etc.
Everything got stolen and sold. Had a 5 bedroom house, her friend sold her stuff
Broke up with girlfriend, now living with gran. Started applying for accommodation - 2 bed to rent
Finds it very noisy
Has been moving around for the past 2 years, sleeping on friend's sofas. Can't get settled.
Disabled. Can't get out. Depressed
Lives in homeless hostel, but is getting advice from Salvation Army about getting own place
Live in hostel, has a keyworker but wants more support to move out
Lives in homeless hostel (feels it is very expensive). On list for accommodation, and will hopefully have a flat by June
His sink blocks up
Better to have place of your own
Have an attic flat - it is very depressing. Trying to get a new flat.
Staying with friends, on list for a council house
Homeless hostel, girlfriend got pricked with a needle in a corner
Not going to put him in flat, 10 months in hostel room
No cooker, applied for Community Care Grant
Lack of accommodation from authorities and not helping
Difficulty with landlord, repair issues, Dundee House involved
Too many stairs
No curtains, cooker, lack of blankets and sheets
Looking for accommodation, going to do applications
Waiting to be housed
Not having access to housing benefits
Getting it sorted
No water, no electricity, no heating - in a derelict building
Council Tax now a problem
Looking for something permanent for 6 months, no help
Needing wardrobe, carpets, roller blinds
Need cooker
No cooker, no washing machine, bits of carpets, looking for one bed flat
Trying to get house for over a year. Homeless unit is helping to rehouse
Mice and snakes (says that snakes have been coming upstairs into his flat from the pet store?)

Laundry

Don't have money. Wash clothes in the bath
Common launderette, somebody steals your washing, happened many times
Has to hand wash everything
Washing machine is broken
No washing machine. Wait until enough money for launderette
Nowhere to wash clothes, council house has no washing machine
Nowhere to wash clothes, council house has no washing machine
No washing machine, washes stuff at friend's
Had to dry clothes, hands are cold
No washing machine
No gas/electric. Can't wash clothes
No washing machine - cannot clean stuff
Getting it done
No clean clothes
It is too costly to use the machine
Have no washing machine, no money
No facilities at home
No washing machine or dryer
No washing machine
Not keeping clean
Need washing machine, use friend’s
No money in the past
Loads of laundry - can’t lift bag to laundrette. Wished he had a washing machine

Health (general)

Getting out of breath a lot
Asthma, takes steroid inhalers
Asthma
Chronic Asthma & lung disease
Poor - always has chest problems
Has asthma and receives medication from doctor. Knee problems and anxiety
Has epilepsy, is on medication
Epilepsy - when drinking alcohol cancels drugs
No sleep, hardly eats, been to the doctors but their advice wasn't good
Painkillers from doctor, from landscape gardening going to see a physiotherapist
Arthritis and GOPG? Suffers from migraines. On medication and inhaler
Recently had an operation for a hernia. Still in a lot of pain. Attended GP to get more painkillers.
Has a knee issue (used to be a snowboarder) - trying to get physiotherapy, perhaps surgery
Has Deep Vein Thrombosis (DVT) in legs - can't walk very well
Shattered kneecap 2 years ago, still struggles sometimes
Up and down to Wallacetown
Arthritis, difficult to walk
Back pain
Pain in the spine
Problem with the legs, can’t walk much
Bypass on leg, part of bowel removed, eyesight deteriorating, feet problem
Leg problem for at least 2 years
Hernia operation required. Had bowel cancer.
Has muscle/nerve damage caused by long-term injections of heroin into groin. Takes medication, but wasn't given this in jail (was in jail for 18 months, finished in Jan). Also diabetic (Type 2), diagnosed in 2009.
Bad leg, not full power in hand, plate in leg, attending hospital
Muscle and leg damage, very pregnant
DVT in leg
Police fractured hip while in prison, seeking advice for surgery, hip completely dead
Nerve damage in left leg, struggle to walk. Also have Asthma
Has been told by doctor that heart needs checked
Stroke: paralysed down left side - not much feeling in that side. Has been stabbed and shot in the past. Has been diagnosed with hepatitis C. However, he has been told that he cannot take any medication for this unless he cuts down alcohol use. Broken clavicle after drunk fall - has never been seen by doctor leading to disfigurement of the clavicle
Had a stroke 6 months ago. Also has Type 2 diabetes (on medication) and high cholesterol. Recently been having seizures (has a hospital appointment soon). A few months ago had leg surgery, now has numb foot.
Medication.
Psoriasis. Going to dermatologist
On treatment for Hepatitis C, feel physically ill
Had Hepatitis C, close to recovery
Hepatitis C

Had surgery on stomach 4 years ago (painkillers for this have been stopped). Started heroin 10 years ago
GP & NHS (Ninewells) help. Skin problem, depression
Diabetes, bad back
Stress, worry, anxiety - general effects on life
Having tests done at the GP. At present poor health
Angina (on tablets)
Cancer
On waiting list
Parkinson Syndrome
Depression
Pancreatitis
Don't eat or sleep - no help from doctor
Emphysema (inhalers)
Tested for internal bleeding and poor eyesight
Lack of nutrition
Serious operation
Bowel/stomach complaints, also arthritis
Not seen my doctor, had an operation, still in pain
Diabetic, angina (medicated for these illnesses by the doctor- who is in Arbroath). Back and shoulder pain (arthritis- also monitored by doctor and medicated)
Heart problem - says he collapsed and woke up in hospital. He got up and walked out of hospital; refused any further treatment.

Disability

Problem with legs if walking a lot
Plates on right angle. Double vision on left eye
Problem with the spine
Leg: visit GP once a week, had a tumour, but problem spreading
Left leg: injected
Lack of balance
Problem with one of the legs
Partly paralysed (see health). Difficult to get up and moving. Receives sickness benefit
Mixed connected tissue disease
Paralysed on the left side down
Nerve damage in left leg, doctor hasn't helped much.
Plate in leg, very painful
Muscle and nerve damage
Slow walking now
Back - require stick
Suffers from back pains
Chronic back pain and heart condition
Memory problems, get on wrong bus and get lost
Mental health/hip
Disability Benefits for schizophrenia
Disability Benefits for depression
Slight worries - need to talk
Epilepsy. Feels discriminated against when he applies for jobs
Deaf in right ear
Prolapse, angina, epileptic, accident - smashed hip - not enough help
Should claim but cannot fill in forms, does not want help at the moment coz more money is more drink
Nerve damage in left leg but is on medicine
ADHD
Eyesight deteriorating
Hep C. HIV+ and waiting for a course of tablets
On DLA

Mental Health

Memory problems
Worries a lot, anxiety over children
On anti-depressants, at counselling not seen them for a while. Since methadone program, counsellors don't want to help
Suffers from depression and anxiety
Psychosis - hears voices and hallucinates. Is medicated by the doctor for this.
Spoke to doctor but no help, just cry, cannot communicate by phone
Up and down - tablets, problem getting appointment, too much hassle
Clinically depressed (childhood sexual abuse). On antidepressants, but doesn't feel they help
Clinically depressed, just began antidepressants and been referred to counselling
Clinically depressed, has been on antidepressants for several years
Suffers mental health, not a lot of support
Suffered from depression
Hear voices in my head, have depression
Depression, anxiety, stress. Need more anti-depressants to keep the mood up
Severe clinical depression, anxiety and panic attacks (on antidepressants)
Depression and anxiety, on antidepressants and antipsychotics
On ESA for depression
Depression, takes prescribed medication
Psychosis - mental health team at Wedderburn Dundee
Anxiety, depression
On depressants, GP helps
Depression, anxiety attacks, dyslexia
Can affect mental health - stress, worry - relapse
Depression (on tablets)
Forgetful, help from NHS Doctor
Very little help - depression and bipolar
Depression, anxiety
Related to drugs
Schizophrenia
Depression
Depression
Depressed anxious, fear of going out, no help from doctor
Depression - means things don't get done. On anti-depressants
Depressed
Panic attacks and depression
Depression
Manic depressive. Had been thinking recently about taking his own life on several occasions. Describes going on long walks for hours at a time just so he didn't have to be alone in the house. Was on no medication for his depression despite asking for some. Was seeing a mental health nurse.

Teeth

Need to extract one tooth
Need top and bottom, bottom needs to be replaced, very expensive
Need dentures, mobile dental van at the steeple church
Broken teeth. Went to the dentist. Is getting some teeth removed (free of charge)
Broken/rotting/missing teeth. Scared of the dentist. Can't afford it. Is getting an appointment to sort teeth with NHS free dentist
Teeth broken and sharp, eating is difficult. Too expensive/can't be bothered to see a dentist.
Most of his teeth have been removed - had help financing this
Many problems. Registered with a dentist. He cannot afford the treatment
No teeth
Missing 4 front teeth, getting surgery soon on the NHS (though partly paid for by his mother)
Was meant to get dentures, but has been waiting months for them
Getting dental surgery on NHS
Doesn't have a dentist
No dentist
Need a filling. Do not know how to go about finding a dentist
Lost several teeth, but now have false set of teeth
Teeth in really bad condition
Need new bottom dentures
Drugs rot teeth
Going back to NHS - need replacement false teeth
Wisdom tooth a problem, cannot get treatment at present
No dentist
Anxious at dentist
No teeth, no false teeth
Has a dead tooth but is going to the dental truck at the Steeple to have it looked at
Middle age disease
Teeth are crumbling, own dentist
No teeth, trying to get help
Terrible teeth, not checked
Keeping missing appointments
Have only 4 teeth and missed the last appointment
One tooth is missing, needs replacement
Only got four (false too big)
To plate, need to renew bottom plate
To fill out a form to register with a dentist
Need attention
Ruined
Need them removed
No dentist

Education/Life Skills

No qualifications. Mechanic by trade. Moved around schools as a young boy - didn't finish education.
Special school - no reading or writing, would like help but panic from crowds
Dropped out of school before Standard Grades, would want to return and finish them
Wants to do more computer courses, but can't afford to at the moment
Dyslexia
Need to get back into IT training as Mitchell Street
Don't know
Difficulty looking after the flat
Poor education
Bad at budgeting
Great education - NVQ2
Not good at asking, hard to budget

Keeping Clean

Depends on daughter to help. Frightened on own, depressed, cry
No hot water
Lack of hot water/lack of income
No water
Use cold water

Keeping teeth clean

No teeth. Frightened
Doesn't brush teeth
Unhealthy teeth but uses the Parish Nurse drop-in for dentistry
Waiting to get my upper teeth set done
Pain in the spine prevents proper cleaning
No water
Just forget
Can’t be bothered

Documentation

Can't do form, has a DLA sitting waiting. Does not know how to get it.
Mitchell street and Lochee Library help
Housing support - council helps with form filling
Has no documentation
Doing forms is a problem
No photo ID
Wary of filling out forms (Social work helps)
English is poor, difficulty with writing
No ID, no birth certificate

Family and relationship

Feels that relationship issues have caused most of his drink/drug problems. Was given 3 ASBOS at old house for arguing with wife. Is now in process of divorcing her. Dad was an alcoholic and mother spent a lot of time on the run from him which is why interviewee was moving around a lot as a child (between different women's hostels). Brother is an alcoholic and interviewee thinks he has mental health issues - his brother stabbed his dad to death (and is serving time for this). His brother also stabbed the interviewee in the neck. Has not seen his children in 12 years. They are in Wigan. Feels like he may never meet his significant other.
Doesn't see kids - youngest is adopted, and isn't allowed to see her until she's 16. She doesn't see her other kids - they live far away, and don't get on well
Doesn't get on with some family members - especially brother. Her daughter lives with her mother as she can't look after her.
Starting to build a bond with dad, trust issues from past
Don't go there - no family
Really good family, mum, dad and others
Father has died recently
No relationship with any of family (only oldest son)
No family
Sister fallen out and not spoken with family for 4 years

Stigma

Accused of being pregnant, told fat, psychologists don't help
People that have houses etc. feel like they are better than you
When it comes to getting a job
Feels judged all the time. Is made to feel like a 'second class citizen'
Sometimes feels stigmatised for accessing food bank services.
Feel like people on the street judge him for who he is
People ignore me
So what!
Hasn't heard back from many jobs he's applied to - possibly because address is the homeless hostel
Feels judged with drug addiction
Looked on as being a filthy tramp, waste of space even when sober
Feels judged in everything
Has to see who is in room or starts to panic. Feels judged
People say I am junkie
People judge me, I volunteer and stand at the entrance of church & people think I am selling drugs
They call us junkie. Different queue for those who take methadone at the chemist
Feels judged by people who walk past him, doesn't often get replies from jobs
People think I am a piece of shit
Everyone else are addicts and cannot make friends
Stigma - unemployed/almost homeless
Feel judged in homeless accommodation
Feeling bad, Job Centre put me down
People judge me - no one has the right to judge
Annoying and depressing
Prejudice
People constantly think they are better than him
Because of the past (been a thief)
Feels judged every day and finds it bothersome
Big time. People scream junkie but not a junkie any more.
Looked at all the time
Less now but before
Because of accent
Because of the mental health issue
Gets paranoid about been treated differently
Possibly as expected
Sometimes at the chemist
Previously in Kirkton, not as much in Hilltown
Job Centre
All the time

People do judge but I can defend myself
Stereotyped - never treated as an individual
Called junkie
Finding out you need help - people then look down on you
Pre-judged an awful lot and I am a good person
Travelling community - people shout names and abuse at them and their children. Name calling caused wife's depression and ultimately led to them leaving the travelling community to enter a homeless hostel

Mobility/Transport

Walks about, too long, sore back
Difficult to get about with paralysis - takes up to 2 hours to get up and moving
Chemist Mon-Sat to collect prescription, 6 days by taxi £10 trip
Recently had surgery on leg - foot is now numb, so can't walk very far
Too costly to use buses
Limited due to asthma, should be entitled to bus pass
It is painful to walk
Emphysema is a problem
Can't walk far due to pain

Alcohol and Drugs

Drinking
Drinking problem
Don't use any alcohol services
On a methadone program, diazepam addict
Methadone programme
Tayside Misuse Service for drugs, 6 months
On Methadone and reducing (only on 12 ML)
Heroin user in past. Uses methadone now
Uses heroin. Has an appointment with the drug and alcohol addiction team to see if she can start a methadone programme. Was told to start methadone programme by judge (was in court for unspecified crime). She really wants to get clean.
30+ year history of alcohol and heroin use. He is getting help with alcohol use from NHS but not drugs (prefers to 'sort this out himself'). He feels like his alcohol addiction is the main problem and knows that if he does not stop drinking he is likely to die from liver disease in the next year. He drinks 3-4 bottle of 3L White Star cider a day sometimes more if he can find the money.
Drug dependency - on a methadone programme. Is currently reducing his dose. Is under care of the DPC - Drug problem centre.
Went to rehab with alcoholism in the past. Does not drink as much as he used to, but still drinks every now and again. Smokes cannabis. St Salvador’s offered him medication and help when he was an alcoholic
Alcohol - under kind of control
On a methadone programme, been on for 4 years
Has been on a methadone program for 1 year
Methadone program
On methadone programme
On Methadone
I had alcohol and drug problem but not now
On 90 ml Methadone
Was on a methadone program, but missed appointments so was cut off 9 months ago. Self-medicates with drugs due to chronic pain.
On methadone for drug problem, 65ml
Was on heroin, but stopped. Still takes other drugs
Heroin addiction, methadone programme, 5 months
Heroin addiction - trying to get into rehab. Methadone Programme
Drink problem for 25 years, Tayside Alcohol Problem Services
Drugs - uses methadone
On methadone. Off heroin for 2 years
Been an alcoholic since 1999. 1 litre of whisky per fortnight
Stable. Health professionals
Used to be a problem
TAPS: an alcoholic
Currently has a drug problem
On Methadone

On and off drugs, morphine, hydrocodone
Drugs/addiction help
Drugs misuse
Drug misuse
Drinking alcohol
Drinking alcohol
On methadone, on a reduction program
Prescribed Methadone
On Methadone
On Methadone
Heroin problem, never met drug worker
Only in the past
Drugs, on methadone and taking heroin
Cut off methadone programme
Alcoholic. Started around 22yrs ago when mum died. Drinks 2x 70cl whisky a day. Alcohol nurse has referred him to rehab

Annex 4 – DDI Survey Questionnaire

Dundee Drop In Survey

Control	C1. Location:	C2. Date:	C5. Verbal consent given? □ Yes □ No
	C3. Interviewer:	C4. Interviewee:	

Section 1 – Demographics / General information

1. 1. Age

□ 16-17 □ 18-24 □ 25-34 □ 35-44
□ 45-54 □ 55-64 □ 65-74 □ 75 and over

1.2. Gender

□ Male □ Female

1.3. Where do you live?

Post code: Neighbourhood name:

1.4 Relationship status

□ Single □ Married □ Partner □ Separated
□ Divorced □ Widow/Widower □ Prefer not to say

1.5. Do you have children under 18?

□ Yes □ No

1.5.1. (If 'yes') How many? _____

1.5.1. Do they live with you?

□ Yes □ No

1.6. Are you from Dundee?

□ Yes □ No

1.7. Do you have relatives in Dundee?

□ Yes □ No

1.8. If not, how long have you been in Dundee?

□ Less than 1 month
□ Between 1 and 6 months
□ Between 6 months and 1 year
□ Between 1 and 3 years
□ More than 3 years

1.9. What accommodation are you living in?

□ Own
□ Tenancy
□ Staying with friends
□ Living in family home
□ Living with partner
□ Temporary accommodation
□ Supported accommodation
□ Homeless hostel
□ Rough sleeping
□ Other: _____

Section 2 – Awareness and rights		
2.1. What make your life difficult at the moment?	**2.2. Are you getting any help with these problems?**	**2.3. Please describe the issue**
a. □ Accommodation	□ Yes □ No	
b. □ Laundry	□ Yes □ No	
c. □ Heating	□ Yes □ No	
d. □ Food	□ Yes □ No	
e. □ Clothing	□ Yes □ No	
f. □ Money/Benefits	□ Yes □ No	
g. □ Keeping clean	□ Yes □ No	
h. □ Keeping teeth clean	□ Yes □ No	
i. □ Alcohol/Drugs	□ Yes □ No	
j. □ Health (general)	□ Yes □ No	
k. □ Mental health	□ Yes □ No	
l. □ Teeth	□ Yes □ No	
m. □ Disability	□ Yes □ No	
n. □ Unemployment	□ Yes □ No	
o. □ Education/Life skills	□ Yes □ No	
p. □ Mobility/Transport	□ Yes □ No	
q. □ Documentation	□ Yes □ No	
r. □ Family and/or relationships	□ Yes □ No	
s. □ Loneliness	□ Yes □ No	
t. □ Stigma	□ Yes □ No	
u. □ Others (_____)	□ Yes □ No	

Section 3 – DDI Services
3.1. What services are you using? What are your experiences with these services?

DDI Services	a. Are you aware of the following services?	b. Do you use this service?	c. How often do you use this service?	d. How does it help you?	e. What/how it can be improved to make use of the service better?
i. Bridge Community Project (The Friary)	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		
ii. Eagle Wings Advice Clinic	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		
iii. Parish Nursing Drop in Clinic (The Steeple Church)	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		
iv. Eagle Wings Soup Kitchen	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		
v. The Drop-Inn (Lochee Parish Church)	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		

DDI Services	a. Are you aware of the following services?	b. Do you use this service?	c. How often do you use this service?	d. How does it help you?	e. What/how it can be improved to make use of the service better?
vi. Big Issue Drop In Club	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		
vii. Street Chaplain / Team	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		
viii. Bus Stop Drop In (Gate Church Perth Road)	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		
ix. The Salvation Army Drop In	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		
x. Graham's Soup Kitchen	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		
xi. Food Cupboard (St Salvador's Church)	□ Yes □ No	□ Yes □ No	□ Weekly □ Monthly □ Occasionally		

Section 4 – Social isolation and loneliness

4.1. Do you have family and/or friends you see often? (at least once a month)
□ Yes □ No

4.2. How often do you feel alone? □ Never □ Rarely □ Sometimes □ Often	**4.2.1. Is there anything that would help you to feel less alone?**

Section 5 – Drugs use

5.1. Do you use street drugs?
□ Yes □ No □ I have done in the past but not now □ Prefer not to say

5.1.1. If 'Yes', how often do you use these drugs?
□ Daily □ Weekly □ Monthly □ Less often □ Prefer not to say

5.2. Are you currently on a Methadone programme?
□ Yes □ No □ Prefer not to say

5.2.1. If 'Yes', was it your choice to start the Methadone programme?
□ Yes □ No □ Prefer not to say

5.2.2. Has your dosage been reduced within the past 6 months?
□ Yes □ No □ Prefer not to say

5.3. Do you drink alcohol?
□ Yes □ No □ I have done in the past but not now □ Prefer not to say

5.3.1. Do you think this is a problem for you?
□ Yes □ No

5.3.2. If 'yes', are you getting support for your problem with alcohol?
□ Yes □ No

Section 6 – Aspirations

6.1. If you think one year ahead, what would you like to do or where would you like to be in a year from now?

A1. Would you be happy to take part in an in-depth interview? □ Yes □ No

END OF QUESTIONNAIRE

A2. Space for additional notes


DUNDEE
drop in
SERVICES
DDI


Faith in
Community
DUNDEE


UNIVERSITY OF
DUNDEE


sdhi
Social Dimensions of Health Institute