

# **Food, Health and Homelessness in Scotland – Mapping Practice, Progress and Impact**

## **Community Food and Health (Scotland)**

Appendix 1: Survey Analysis

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## Survey Analysis

### CFHS 2008 survey

We contacted 462 people to participate in the 2008 survey including 40 who took part previously in the baseline survey we conducted in 2006. We received 101 responses (22% response rate). Of the 101 respondents, 31 (31%) were previous respondents to the baseline survey in 2006. The remaining 70% were respondents from food, health and homelessness organisations which had not participated in the baseline survey.

#### 1 Responses from previous respondents to baseline survey

The survey enabled us to gather information about the changes, if any, in the work of the 31 food, health and homelessness organisations that completed the baseline survey in 2006 and the recent survey in 2008. We set out the results from these 31 organisations below.

#### *Type of Organisation*

**Table 1: Type of organisation (n=28)**

	Percent	Count
Charity/Voluntary sector	75%	21
Faith-based organisation	14%	4
NHS	7%	2
Other	4%	1
Local Government	0%	0
Private Sector	0%	0

#### *Activities provided in relation to food, health and homelessness*

The study reflects the diversity of activities provided by participating organisations in relation to food, health and homelessness. Organisations could tick as many activities as relevant. Twenty-two percent of participating organisations provide 'other' activities, which include nutritional expertise for workers who have direct contact with the client group; a dietician service; cookery courses; food co-ops; mobile shops; and gardening in schools.



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**Table 2: Food, health and homelessness activities (n=23)**

	Percentage	Count
Advice and Information	48%	11
Independent living skills development	48%	11
Food packs	39%	9
Soup kitchens or drop-in centres	30%	7
Accommodation-based food provision	30%	7
Cafes	22%	5
Other	22%	5
Strategic development and consultancy	9%	2

### *Use of food as a means of promoting independent living skills*

Survey respondents were asked to outline if their projects use food as a means of promoting independent living, for example, by supporting service users to maintain or increase their self-reliance. Twenty-nine percent of organisations responded that their project do not use food to promote independent living or increase the self-reliance of their service users. The majority of respondents (17, 68%) stated that their projects did use food to promote independent living.

**Table 3: Promoting independent living skills (n=24)**

	Percentage	Count
No	29%	7
Yes, specify:	68%	17
• Budgeting for food	88%	15
• Meal planning	88%	15
• Shopping	76%	13
• Food and cooking	76%	13
• Food hygiene and safety awareness	76%	13
• Social skills	76%	13
• Raising self esteem	71%	12
• Self advocacy	29%	5
• Home management	24%	4
• Preparation for independent living	12%	2

### *Length of project operation and expected project end date*

The majority of participating organisations (92%) had well-established projects which had been in operation for over three years. For 92% of participating organisations, their projects are ongoing, and therefore there is no anticipated end date.



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**Table 4: Length of project and expected end date (n=24)**

Length of project	Percentage	Count
More than 3 years	92%	22
Less than 6 months	4%	1
6 months - 1 year	4%	1
1 year - 2 years	0%	0
2 years - 3 years	0%	0
When do you expect your project to end?		
	Percentage	Count
It is ongoing	92%	22
In the next two to three years	4%	1
Unsure	4%	1
In the next 6 months	0%	0
In the next year	0%	0

### *Target groups (age and gender)*

The study found information on the age groups being targeted by the 31 organisations which had completed the baseline survey in 2006. It should be noted that some organisations target more than one age group. All respondents run projects which target both males and females.

**Table 5: Targeted age groups (n=23)**

	Percentage	Count
Adults (25+ years)	57%	13
Young people 16-25 years	52%	12
All ages	44%	10
Older people (50+)	35%	8
Children under 16	9%	2



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## *Volume of service users benefiting from project over the course of the year*

**Table 6: Number of service users benefited (n=23)**

	Percentage	Count
Less than 20	0%	0
20-49	9%	2
50-99	22%	5
100-149	4%	1
150-500	13%	3
500-1,000	13%	3
1,000+	39%	9

The survey responses indicate that the scope of the food, health and homelessness projects varies considerably across the sample.

### *Local Authority areas*

The participating organisations were asked which local authority areas their projects are delivered in. The survey identified that the highest proportion of projects are operating in the following areas: Edinburgh; Dundee; Aberdeen; and Glasgow. This indicates that the majority of projects operated by participating organisations operate in urban settings. Our findings on Glasgow are consistent with our analysis of the local authorities strategy which showed that it is undertaking little food, health and homelessness activity due to other homelessness activities such as the hostel decommissioning programme.



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**Table 7: Local authority areas that project is delivered in (n=24)**

	Percentage	Count
City of Edinburgh	25%	6
Dundee City	21%	5
Aberdeen City	17%	4
Glasgow City	17%	4
Aberdeenshire	13%	3
East Dunbartonshire	8%	2
Falkirk	8%	2
West Lothian	8%	2
East Lothian	4%	1
East Renfrewshire	4%	1
Fife	4%	1
Highland	4%	1
Inverclyde	4%	1
North Lanarkshire	4%	1
Perth & Kinross	4%	1
West Dunbartonshire	4%	1
Scotland wide	0%	0
Angus	0%	0
Argyll & Bute	0%	0
Clackmannanshire	0%	0
Dumfries & Galloway	0%	0
East Ayrshire	0%	0
Eilean Siar	0%	0
Midlothian	0%	0
Moray	0%	0
North Ayrshire	0%	0
Orkney Islands	0%	0
Renfrewshire	0%	0
Scottish Borders	0%	0
Shetland Islands	0%	0
South Ayrshire	0%	0
South Lanarkshire	0%	0
Stirling	0%	0

### ***Staff involved in delivering project***

Of the 31 participating organisations, the majority (91%) involve paid staff in the delivery of their projects, with 70% involving volunteers and 22% involving homeless people in delivering the projects.



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**Table 8: Staff involved in project delivery (n=23)**

	Percentage	Count
Paid staff	91%	21
Volunteers	70%	16
Homeless People	22%	5

## *Funding*

We asked survey respondents to provide details of the source(s) of their funding. Eleven provided this information, and their responses are displayed in Table 9.

**Table 9: Type of funding source (n=11)**

	Percent	Count
Local authority	27%	3
NHS	18%	2
Community Food and Health (Scotland)	18%	2
Scottish Government	18%	2
Big Lottery Fund	9%	1
Housing Associations	9%	1

These responses reflect the variety of funding sources that food, health and homelessness initiatives access, with governmental bodies, health authorities and funding agencies playing a key role.



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## 2 Comparison of 2008 survey responses from previous respondents to baseline results in 2006

**Table 10: Type of Organisation**

	2006 (n=39)		2008 (n=28)	
	Percent	Count	Percent	Count
Charity/Voluntary sector	67%	26	75%	21
Local Government	15%	6	0%	0
Faith-based organisation	8%	3	14%	4
Other	8%	3	4%	1
NHS	3%	1	7%	2
Private Sector	0%	0	0%	0

A proportionately larger number of organisations participating in the 2008 survey were from the voluntary sector, compared to 2006. There also appears to be a proportionate decline in the number of local government organisations no local government organisations participated in the 2008 survey.

**Table 11: Use of food as a means of promoting independent living skills**

	2006 (n=34)		2008 (n=24)	
	Percent	Count	Percent	Count
Yes	74%	25	71%	17
No	26%	9	29%	7

Since the baseline survey was conducted in 2006, fewer organisations now use food as a means of promoting independent living skills.

**Table 12: Project Operation Length**

	2006 (n=34)		2008 (n=24)	
	Percent	Count	Percent	Count
More than 3 years	71%	24	92%	22
6 months - 1 year	9%	3	4%	1
1 year - 2 years	9%	3	0%	0
Less than 6 months	6%	2	4%	1
2 years - 3 years	6%	2	0%	0



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Since 2006, there has been an increase in the proportion of projects which have been operating for more than three years. This suggests that many of the organisations which participated in the baseline study are still in operation.

**Table 13: Expected Project End Date**

	2006 (n=34)		2008 (n=24)	
	Percent	Count	Percent	Count
It is ongoing	79%	27	92%	22
Unsure	15%	5	4%	1
In the next 6 months	3%	1	0%	0
In the next two to three years	3%	1	4%	1
In the next year	0%	0	0%	0

Ninety-two percent of projects now describe themselves as 'ongoing' which is a greater proportion than in 2006.

**Table 14: Target Age Groups**

	2006 (n=34)		2008 (n=23)	
	Percent	Count	Percent	Count
Adults (25+ years)	62%	21	57%	13
Young people 16-25 years	56%	19	52%	12
Older people (50+)	38%	13	35%	8
All ages	35%	12	44%	10
Children under 16	9%	3	9%	2

There has been a proportionate decrease in the percentage of organisations which target their projects at adults, aged 25 years and above.

**Table 15: Target Gender Group**

	2006 (n=34)		2008 (n=23)	
	Percent	Count	Percent	Count
Both males and females	97%	33	100%	23
Female	3%	1	0%	0
Male	0%	0	0%	0



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**Table 16: Number of Service Users per Year**

	2006 (n=34)		2008 (n=23)	
	Percent	Count	Percent	Count
Less than 20	3%	1	0%	0
20-49	27%	9	9%	2
50-99	12%	4	22%	5
100-149	3%	1	4%	1
150-500	15%	5	13%	3
500-1,000	9%	3	13%	3
1,000+	32%	11	39%	9

**Table 17: Local Authority Areas**

	2006 (n=34)		2008 (n=24)	
	Percent	Count	Percent	Count
City of Edinburgh	32%	11	25%	6
Glasgow City	15%	5	17%	4
Aberdeen City	12%	4	17%	4
Aberdeenshire	9%	3	13%	3
Dundee City	9%	3	21%	5
Fife	9%	3	4%	1
Falkirk	6%	2	8%	2
West Lothian	6%	2	8%	2
Scotland wide	3%	1	0%	0
Angus	3%	1	0%	0
Clackmannanshire	3%	1	0%	0
Dumfries & Galloway	3%	1	0%	0
East Lothian	3%	1	4%	1
Inverclyde	3%	1	4%	1
Orkney Islands	3%	1	0%	0
Perth & Kinross	3%	1	4%	1
Stirling	3%	1	0%	0
Argyll & Bute	0%	0	0%	0
East Ayrshire	0%	0	0%	0
East Dunbartonshire	0%	0	8%	2
East Renfrewshire	0%	0	4%	1
Eilean Siar	0%	0	0%	0
Highland	0%	0	4%	1
Midlothian	0%	0	0%	0
Moray	0%	0	0%	0
North Ayrshire	0%	0	0%	0
North Lanarkshire	0%	0	4%	1
Renfrewshire	0%	0	0%	0
Scottish Borders	0%	0	0%	0
Shetland Islands	0%	0	0%	0
South Ayrshire	0%	0	0%	0
South Lanarkshire	0%	0	0%	0
West Dunbartonshire	0%	0	4%	1



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Although there has been a proportionate decrease in the percentage of projects operating in Edinburgh since 2006, and a proportionate increase in the percentage of organisations operating projects in Dundee, the five areas within which the greatest percentage of food, health and homelessness projects operate have remained the same since 2006.

**Table 18: Staffing**

	2006 (n=34)		2008 (n=23)	
	Percent	Count	Percent	Count
Paid staff	94%	32	91%	21
Volunteers	62%	21	70%	16
Homeless People	27%	9	22%	5

There has been no significant change in the types of staff employed to run food, health and homelessness projects since the 2006 survey was conducted.

### ***Progress since 2006 baseline survey***

In 2006, food, health and homelessness initiatives that responded to our survey told us that they aspired to deliver the following activities:

- Independent living skills development
- Involvement of service users in delivery
- Development of healthy eating resources
- Employing additional staff.

We asked respondents to our 2008 survey who had also taken part in our baseline survey in 2006 to provide an update on their progress. Fourteen gave details of their progress. As there has been only a relatively short time between the baseline survey in 2006 and our 2008 survey, it is not surprising that initiatives have not made huge progress in the time available. However, initiatives have made some progress in the activities listed above, as discussed below.

### ***Independent living skills development***

Six of the 14 projects who answered this question have incorporated independent living skills development into their initiatives since 2006. As one project commented, “we have set up a programme for food parcel recipients to teach them skills such as food budgeting, preparation and cooking”.



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## ***Involvement of service users in delivery***

No projects reported any increased involvement of service users but, as noted above, service users are involved as volunteers in a significant number of food, health and homelessness initiatives.

## ***Development of healthy eating resources***

One initiative reported that it had developed a training DVD for people working with homeless people since 2006. No other progress in this area was reported.

## ***Employing additional staff***

One initiative reported recruiting a paid chef to prepare food (previously volunteers carried this out).

No other initiatives reported taking on additional staff, but one had established an additional site where it delivers its services, and another has introduced a new gardening project in schools.

## ***Other progress***

Food, health and homelessness initiatives reported the other following forms of progress since 2006:

- Training in food hygiene and safety for service users and staff.
- Continuing to provide healthy food to homeless people.
- Increasing awareness among the community, service users and staff.
- Providing consultancy to businesses.



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## Partners

**Table 19: Partners**

	2006 (n=18)		2008 (n=14)	
	Percent	Count	Percent	Count
Voluntary organisations	67%	12	57%	8
Local authorities	61%	11	36%	5
NHS	56%	10	29%	4
Housing Associations	22%	4	0%	0
Further/Higher Education Institutions	17%	3	0%	0
Faith-based organisations	6%	1	0%	0
Football Clubs	6%	1	7%	1
Food Standards Authority	0%	0	7%	1
Community Food and Health Scotland	0%	0	7%	1

Responses to our survey suggest that voluntary organisations, local authorities and NHS bodies continue to be the main partners that food, health and homelessness initiatives work with, although proportionately fewer respondents identified these partners in 2008 compared with our 2006 baseline study.



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## 3 Responses from organisations which did not participate in the baseline study

### *Type of organisation*

**Table 20: Type of organisation (n=70)**

	Percentage	Count
Charity/Voluntary sector	64%	45
Local Government	24%	17
NHS	11%	8
Faith-based organisation	10%	7
Other	4%	3
Private Sector	0%	0

### *Activities provided in relation to food, health and homelessness*

**Table 21: Food, health and homelessness activities (n=51)**

	Percentage	Count
Advice and information	80%	41
Independent living skills development	65%	33
Soup kitchens or drop-in centres	22%	11
Food packs	20%	10
Accommodation-based food provision	18%	9
Cafes	12%	6
Strategic development and consultancy	10%	5

The study reflects the diversity of activities provided by participating organisations in relation to food, health and homelessness work. Organisations also provide a number of 'other' activities including: policy input and lobbying; visits to local allotments; arts-based workshops; nutrition and cooking skills; training for trainers; providing other charities with food; local produce projects; cookery classes; providing 'emergency food' when a client first arrives; social enterprise endeavours e.g., production and sale of jams; and distribution of fruit to street beggars.

### *Use of food as a means of promoting independent living skills*

Survey respondents were asked to outline if their projects use food as a means of promoting independent living, for example, by supporting service users to maintain or increase their self-reliance. Twenty-three percent of organisations responded that their project do not use food to promote independent living or increase the self-reliance of their service users. The remaining majority of



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respondents stated that their projects did use food to promote independent living.

**Table 22: Promoting independent living skills (n=60)**

	Percentage	Count
No	23%	14
Food and cooking	63%	38
Raising self esteem	58%	35
Budgeting for food	57%	34
Meal planning	57%	34
Social skills	57%	34
Food hygiene and safety awareness	55%	33
Shopping	47%	28
Home management	35%	21
Self advocacy	22%	13

### *Length of project operation*

**Table 23: Length of project (n=60)**

	Percentage	Count
More than 3 years	53%	32
Less than 6 months	18%	11
6 months - 1 year	12%	7
1 year - 2 years	10%	6
2 years - 3 years	7%	4

### *Expected project end date*

For the majority (78%) of participating organisations, their projects are ongoing, and therefore there is no anticipated end date.

**Table 24: Expected end date of project (n=60)**

	Percentage	Count
It is ongoing	78%	47
Unsure	15%	9
In the next 6 months	5%	3
In the next year	2%	1
In the next two-three years	0%	0



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## ***Target groups (age and gender)***

The study found information on the age and gender groups being targeted by the 70 new organisations. It should be noted that some organisations target more than one age group.

**Table 25: Targeted age groups (n=59)**

	Percentage	Count
Young people 16-25	51%	30
Adults (25 years +)	46%	27
All ages	42%	25
Older people (50+)	31%	18
Children under 16	7%	4

**Table 26: Gender groups dealt with (n=59)**

	Percentage	Count
Both males and females	93%	55
Male	5%	3
Female	2%	1

## ***Volume of service users benefiting from project over the course of the year***

The survey responses indicate that the reach of the food, health and homelessness projects varies considerably across the sample of new organisations.

**Table 27: Number of service users benefited (n=59)**

	Percentage	Count
20-49	20%	12
50-99	20%	12
150-500	19%	11
1,000 +	15%	9
100-149	14%	8
500-1,000	9%	5
Less than 20	3%	2



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## Local Authority areas

The participating organisations were asked which Local Authority areas their projects are delivered in. The survey identified that the highest proportion of organisations operate projects in the following areas: Glasgow City; City of Edinburgh and Dumfries and Galloway.

**Table 28: Local authority areas that project is delivered in (n=59)**

	Percentage	Count
Glasgow City	19%	11
City of Edinburgh	14%	8
Dumfries & Galloway	12%	7
Aberdeen City	7%	4
Dundee City	7%	4
Perth & Kinross	7%	4
Argyll & Bute	5%	3
East Renfrewshire	5%	3
Fife	5%	3
North Lanarkshire	5%	3
South Ayrshire	5%	3
Stirling	5%	3
Scotland wide	3%	2
Angus	3%	2
East Ayrshire	3%	2
East Lothian	3%	2
Moray	3%	2
Shetland Islands	3%	2
South Lanarkshire	3%	2
Scotland wide	3%	2
Aberdeenshire	2%	1
Clackmannanshire	2%	1
East Dunbartonshire	2%	1
Eilean Siar	2%	1
Falkirk	2%	1
Highland	2%	1
Midlothian	2%	1
North Ayrshire	2%	1
Renfrewshire	2%	1
Scottish Borders	2%	1
West Dunbartonshire	2%	1
Inverclyde	0%	0
Orkney Islands	0%	0



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## *Groups involved in delivering project*

Of the new participating organisations, the majority (86%) involve paid staff in the delivery of their projects, with 61% involving volunteers and 27% involving homeless people in delivering the projects.

**Table 29: Staff involved in project delivery (n=59)**

	Percentage	Count
Paid Staff	86%	51
Volunteers	61%	36
Homeless People	27%	16

## *Funding*

We asked survey respondents to provide details of the source(s) of their funding. Twenty-nine provided this information, and their responses are displayed in Table 20.

**Table 30: Type of funding source (n=29)**

	Percent	Count
Community Food and Health (Scotland)	28%	8
Local authorities	28%	8
Scottish Government	21%	6
Fundraising/donations	21%	6
Faith-based organisations	17%	5
NHS	17%	5
Charitable trusts and foundations	10%	3
Voluntary organisations	7%	2
Community Planning Partnership	3%	1
Housing Associations	3%	1
Revenue-raising trading activities	3%	1
Big Lottery Fund	3%	1
New Deal funding	3%	1
Wider Role	3%	1
Leader (European funding)	3%	1

These responses reflect the variety of funding sources that food, health and homelessness initiatives access, with governmental bodies, funding bodies including Community Food and Health (Scotland), fundraising activities and donations, health authorities and faith-based organisations playing a key role.



#### **4 Projects' aspirations for the future**

Sixty-seven survey respondents (both those that had taken part in the 2006 baseline survey and those who had not) outlined their aspirations for the future. The most common aspirations for the future (which are all dependent on funding) include continuing, expanding or introducing initiatives in the following fields:

- Independent living skills development, including supporting service users to make healthy choices, and developing budgeting, shopping, cooking and employability skills.
- Providing healthy food to service users in homeless accommodation, community cafes, food parcels and so on.
- Developing links with other local services, for example sharing training tools.