

# **Food, Health and Homelessness Initiative: Mapping Current Services**

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

Blake Stevenson's Report

November 2006

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## **1 Introduction**

1 In September 2006, the Food, Health and Homelessness Initiative at Community Food and Health (Scotland) commissioned Blake Stevenson to undertake a baseline study to map the nature, scope/scale and location of food, health and homelessness projects, programmes and initiatives in Scotland.

- 2 The outputs of the work comprise a database of organisations currently delivering food, health and homelessness activity and the current report which describes the key findings and issues arising from the study.

## **Background to the study**

### ***National context – health and diet***

- 1 The Scottish Executive is undertaking extensive work to improve the health and well-being of disadvantaged populations in Scotland which suffer disproportionately from poor health in the form of heart disease, diabetes, obesity and other life-limiting diseases. Key to the Executive's priorities is the knowledge that poor diet is a major issue for those suffering disadvantage.
- 2 The need to address these health inequalities was recognised in the Diet Action Plan for Scotland (Scottish Office, 1996), which led to the development of Community Food and Health (Scotland), originally called the Scottish Community Diet Project. Community Food and Health (Scotland) has worked since 1996 with low-income communities to improve access to and take up of a healthy diet.
- 3 Subsequent health improvement policy documents have expanded on the Diet Action Plan's priorities. The White Paper, *Towards a Healthier Scotland* (1999), emphasises the need to reduce health inequalities, and *Improving Health in Scotland: The Challenge* (Scottish Executive 2003) sets out a strategic framework to support the delivery of health improvement, of which healthy eating is a key element.
- 4 The Challenge states a commitment to:

*"providing support, education and skill development to all people to break through the barriers of food cost and availability"*.
- 1 A number of action points are identified in this document, including the implementation of seven special focus programmes designed to address the issues identified as key to improving Scotland's health:
  - 2 physical activity;
  - 3 healthy eating;
  - 4 smoking;
  - 5 alcohol;
  - 6 mental health and well-being;

- 7 health and homelessness; and
- 8 sexual health.
- 9 The healthy eating strand of this strategy aims to increase the demand for healthy food; supply that demand for healthy food; and provide support, education and skill development to allow people to act on this information to make healthy choices.
- 10 The Scottish Executive's latest food policy document Eating for Health – Meeting the Challenge (2004) builds on the actions outlined in The Challenge and offers strategic direction to guide national and local food and health action plans.
- 11 Eating for Health points to the importance of Scotland's population having access to healthy food in their everyday lives and reinforces the need for support and education for disadvantaged groups, noting:

*"...work with communities, particularly those characterised by social exclusion, will be essential..."*
- 1 Improving Health in Scotland: the Challenge includes a particular focus on tackling health inequalities as the overarching aim of the health improvement agenda. This is aligned with the Executive's strategies for promoting social justice and closing the opportunity gap. Therefore, the health of disadvantaged and vulnerable groups in society is of particular relevance in today's political climate.

## *National context – health and homelessness*

- 1 Homeless people are a disadvantaged group for whom health and food inequality is a key issue. The Scottish Executive's Homelessness Task Force (2001) provided a definition of homelessness which is widely used in current work in this field. A person is considered statutorily homeless if:
  - 2 they are without accommodation in which they can live with their families;
  - 3 they cannot gain access to their accommodation or would risk domestic violence by living there;
  - 4 their accommodation is 'unreasonable', or is over crowded and a danger to health; or
  - 5 their accommodation is a caravan or boat and they have nowhere to park it.
- 6 Homelessness is also experienced by people who are:
  - 7 'roofless' (without any shelter of any kind);
  - 8 'houseless' (living in emergency accommodation);
  - 9 'temporarily re-housed' (residing in accommodation such as Bed and Breakfast premises);
  - 10 staying in institutions only because they have nowhere else to go;
  - 11 staying in insecure accommodation (tenants or owner occupiers likely to be evicted, people with no legal rights or permission to remain in accommodation and people with only a short-term permission to stay); or
  - 12 involuntarily sharing accommodation.
- 13 Health is a key issue to consider when analysing the needs of people who are homeless. Improving Health in Scotland: the Challenge recognises that ill health (physical and mental) can be both a cause and effect of homelessness.
- 14 The Scottish Executive's aim is to prevent and alleviate homelessness. In the meantime, it is working to address the health of the homeless population as research shows they run a higher risk of premature death and morbidity than the population at large.

- 15 The Scottish Executive Homelessness Task Force recognised that homelessness is not just a housing issue and recommended a holistic and joined up approach to tackling the wide range of needs that homeless people have.
- 16 The findings of the Task Force demonstrated the necessity for local government and local NHS Boards to work together to meet one of the most pressing of these needs - the health of homeless people.
- 17 The Executive responded by publishing a new legislative framework – the Housing (Scotland) Act 2001 and Homelessness etc (Scotland) Act 2003 - with the underlying principle that nobody should have to sleep rough.
- 18 This legislation requires each local authority in Scotland to develop a Homelessness Strategy, which sets out the role of each local partner, including NHS Boards and Drug Action Teams working with homeless people. The Scottish Executive's Homelessness Task Force's recommendations state that:

*18) "Local authorities, through their homelessness strategies, should provide the direction and create the framework within which all agencies join up to bring together a range of accessible options that open up genuine opportunities for homeless people."*

- 1 Therefore, within each local authority's boundary, the Homelessness Strategy is the key strategic document for tackling homelessness.
- 2 The contribution NHS Boards are expected to make to Homelessness Strategies is outlined in the Health and Homelessness Guidance published by the Executive in 2001.
- 3 This document required NHS Boards to develop a Health and Homelessness Action Plan in co-operation with local authorities, the voluntary sector and homeless people, to address the specific health needs of homeless people.
- 4 The initial NHS Board Action Plans set targets related to the health needs of homeless people for NHS Boards for the years 2002-2005.
- 5 The responsibilities of NHS Boards were updated with the publication of The Health and Homelessness Standards (2005) by the Scottish Executive.
- 6 This document requires each NHS Board to re-state and refine its commitment to meeting the health needs of homeless people, and to ensure that its existing Action Plan is up to date and implemented and monitored effectively.
- 7 Six strategic standards for NHS Boards to work towards are identified:

- 8 the Board's governance systems provide a framework in which improved health outcomes for homeless people are planned, delivered and sustained;
  - 9 the Board takes an active role, in partnership with relevant agencies, to prevent and alleviate homelessness;
  - 10 the Board demonstrates an understanding of the profile and health needs of homeless people across the area;
  - 11 the Board takes action to ensure homeless people have equitable access to the full range of health services;
  - 12 the Board's services respond positively to the health needs of homeless people; and
  - 13 the Board is effectively implementing the Health and Homelessness Action Plan.
- 14 Each NHS Board's Action Plan includes:
- 15 a knowledge base on homelessness including a profile of homelessness within the Board area and an assessment of homeless people's health and healthcare needs;
  - 16 an understanding of the network of primary and secondary health care services currently supporting homeless people;
  - 17 an evaluation of strengths, weaknesses and gaps in service provision;
  - 18 a plan for addressing service improvements; and
  - 19 arrangements to ensure that action on homelessness is linked with the social inclusion strategies of partners in the statutory and voluntary sectors.
- 20 The Health and Homelessness Standards (Scottish Executive, 2005) further stress the importance of a holistic view of health services:

*"In considering health and wellbeing services NHS Boards should address the whole range of services provided. This will include ... important services linked to wellbeing and the health improvement agenda such as health promotion, **healthy eating**, smoking cessation and physical activity" (our emphasis).*

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

- 1 In 2006, the Scottish Executive provided funding to Community Food and Health (Scotland) to launch its Food, Health and Homelessness Initiative. The Initiative's remit is to develop, on behalf of the Scottish Executive, Scotland-wide practice around food, health and homelessness with a particular focus on the development of independent living skills.
- 2 A Development Officer, assisted by a part-time Administrative Assistant, was appointed to take forward the work of the Food, Health and Homelessness Initiative. This Officer works alongside the Community Food and Health (Scotland)'s National Project Officer and three existing Development Officers, who work across the field of food access, social inclusion and health inequalities within low-income communities.
- 3 The catalyst that led to the formation of the Food, Health and Homelessness Initiative was the recognition that food is an excellent vehicle for engaging with socially excluded groups, including homeless people. It was broadly inspired by the Edinburgh Cyrenians' Good Food in Tackling Homelessness Programme (including the Cooking at Home Classes and the Surplus Redistribution Scheme), which has pioneered the crucial role of food in tackling the complex effects of homelessness, thus helping to promote health, well-being, independent living skills and social inclusion among some of the most vulnerable members of our society.
- 4 The Food, Health and Homelessness Initiative's approach has three key strands:
  - 5 boosting communication and shared learning between organisations working or interested in food, health and homelessness;
  - 6 helping local groups and agencies to build their capacity to deliver effective programmes on food, health and homelessness; and
  - 7 encouraging knowledge sharing and promoting good practice in the planning and delivery of food, health and homelessness programmes through conferences, seminars, networking opportunities and so on.

## **The study**

- 1 Community Food and Health (Scotland) commissioned Blake Stevenson Ltd to carry out a baseline study mapping the nature,



scope/scale and location of current practice in Scotland with regard to food, health and homelessness.

- 2 The aim of this study is to identify organisations, projects, programmes and initiatives in the public, voluntary and private sector that work with people in the joint areas of food, health and homelessness across Scotland.
- 3 This includes all types of food and food based provision to homeless people including:
  - 4 direct provision, for example, providing meals;
  - 5 indirect provision, for example, distributing food to homeless hostels who then supply the food to the homeless people; and
  - 6 using food as a vehicle for social inclusion, for example, support for independent living skills, help with shopping for food and food preparation.

## 2 Methods

1 This chapter describes the methods used to undertake the study.

### Mapping Current Practice

1 In order to identify current food, health and homelessness activity we undertook the following:

2 at a national level, searches of:

3 Scottish Executive website, including any literature that referred to homelessness and/or homeless organisations;

4 NHS websites, including both NHS Health Scotland, and Scotland's Health on the Web;

5 national directories relating to homelessness including Homeless Pages and Community Food and Health (Scotland)'s directory of community food initiatives;

6 national homelessness organisations' websites such as Shelter and Scottish Council for Single Homeless; and

7 other national agencies' websites such as Scottish Churches Housing Action, Barnardos, Salvation Army, Community Food and Health (Scotland) and the Scottish Council for Voluntary Organisations.

8 at the local authority level, we examined:

9 local authority emergency leaflets/guides for homelessness people;

10 homelessness directories;

11 homelessness networks - any projects that refer to food or food related health;

12 homelessness strategies.

13 at the Health Board level:

14 email contact with health promotion officers in each of the 15 Health Boards.

15 at the service delivery level, we:

- 16 undertook website searches of organisations working in the field of homelessness including the Cyrenians (Edinburgh, Aberdeen and Dundee), Aberdeen Foyer, Glasgow Homelessness Network and a large number of others identified in the mapping exercise;
  - 17 examined homelessness directories for Edinburgh and Glasgow;
  - 18 made telephone contact with individual organisations;
  - 19 used search terms such as "soup kitchen", "food and drop-in", "supported accommodation", "food and homelessness", and "health and homelessness" on Google;
  - 20 emailed the Food, Health and Homelessness Initiative's contacts; and
  - 21 as part of the survey, asked organisations to identify any other projects that they were aware of which were delivering food, health and homeless activity.
- 22 We identified 213 organisations associated with food, health and homelessness, including both public sector and voluntary sector organisations. In many cases, additional telephone contact was necessary to ascertain the organisation's email and postal address.
- 23 As part of the desk based research, we gathered contact details for homelessness teams or officers for all local authorities in Scotland. Each authority was subsequently contacted in order to determine their involvement in food, health and homelessness within the local authority area. In addition, each authority was also asked which were the other main organisations providing food, health and homelessness related services in the area. The details are provided separately in Appendix 2.
- 24 During the desk based exercise we identified approximately fifteen branches of the Salvation Army engaged in relevant activity. These appear in the database. Through subsequent research of the directories on the Salvation Army website we identified dozens of branches across Scotland. We have spoken to the Divisional Headquarters of the Salvation Army and it verbally confirmed that that it provides food related activity, including food parcels and drop-in centres, across Scotland and so we have included these on a separate worksheet of Salvation Army contacts in the database.

### **Electronic and Postal Survey**

- 1 We designed a questionnaire to collect detailed information about the food, health and homelessness activities identified through the desk research. A copy of the questionnaire is included in Appendix 1. Questionnaires were distributed using two methods:
  - 2 an online survey through Survey Monkey; and
  - 3 hard copy questionnaires (which included a pre-paid return envelope) for those organisations which did not have email access.
- 4 We emailed a link to the online survey to 150 organisations and distributed 48 hard copy questionnaires. The closing date for the survey was 3 November for online surveys and 8 November for hard copy questionnaires. This was subsequently extended to 14 November in order to include as many late questionnaires as possible.
- 5 Thirty-nine organisations either completed the survey online or completed a hard copy questionnaire and returned it by mail.
- 6 Follow up work was undertaken after an initially low response to the online survey. This included reminder emails being sent to all organisations with email addresses and hard copy questionnaires sent to organisations without email addresses. In addition to this, follow up telephone calls were made to organisations that we had not received a response from during the week before and the week after the original deadline.

### **Challenges encountered in identifying organisations or receiving completed surveys**

- 1 Some difficulties were encountered in identifying organisations and conducting the survey and these will need to be considered when undertaking similar work in the future:
  - 2 whilst we were able to access a number of directories of homeless services across Scotland, very few of these identified which of the organisations undertook food and health activity with their service users;
  - 3 organisations' contact details on the web and on housing directories were sometimes out of date. This meant that a number of emails "bounced", that is they could not be sent, because the email address was not valid. This required additional research in order to obtain a valid email and/or postal address;
  - 4 in some organisations there were issues concerning accountability for the email or questionnaire once it had been

sent to the organisation. It was sometimes difficult to determine what had become of an email or questionnaire sent to an organisation. Often the publicly available email address for an organisation was a general email, eg "info@organisation.org.uk". These organisations had a lower response rate to the questionnaire. When we telephoned these organisations, it was often unclear who had taken responsibility for the email. One telephone interviewee responded that *"everyone always thinks that someone else has answered the emails, therefore nobody answers them."*

- 5 In addition to this, when following up on surveys sent out to organisations, interviewees provided a number of reasons for not having completed the survey, including:
  - 6 a degree of uncertainty or unfamiliarity with filling out the survey, who was the best person to answer the survey and / or how to return it;
  - 7 that the email or questionnaire had probably been considered as junk mail or spam and had therefore been discarded; and
  - 8 the deadline on the original email sent to the organisation lapsed and therefore they did not attempt to fill out the survey.

### ***Outputs***

- 1 The outputs from the work have been:
  - 2 a work plan with key milestones and dates;
  - 3 a progress report at the midway point of the mapping exercise;
  - 4 a final report outlining key issues and findings; and
  - 5 a database of organisations setting out:
    - 6 all organisations which we identified in the mapping exercise;
    - 7 NHS health promotion contacts and health and homelessness contacts;
    - 8 Salvation Army contacts (including contact details for the three main divisional headquarters in Scotland); and
    - 9 local authority contact details.

### 3 Findings

- 1 This chapter describes the findings from the study and is set out under the following headings:
  - 2 Sources of information on food, health and homelessness activity
  - 3 Sectors involved in food, health and homelessness
  - 4 Typology of food, health and homelessness activity
  - 5 Geographical coverage
  - 6 Client Groups
  - 7 Sources of food
  - 8 Scope of projects, and
  - 9 Projects' aspirations for the future.

#### **Sources of information on food, health and homelessness activity**

- 1 The aim of the study, to map all projects related to homelessness, health and food in Scotland, was challenging and relied, to a large extent, on the range and quality of existing sources of information in this area.
- 2 The study comprised desk research, including internet searches; email contact with the Community Food and Health (Scotland)'s food, health and homelessness initiative's contacts; and telephone calls to key organisations including local authorities and voluntary sector homelessness organisations.
- 3 We identified a total of 213 organisations currently undertaking work in this area, 39 of which completed a survey. This sample was sufficiently large for us gain an overview of the sector and produce a typology of current practice.
- 4 Where possible, we gathered additional information (through desk based research and telephone calls) on organisations which did not participate in the survey. The level of detail that we were able to find varied considerably across organisations.

- 5 A number of issues emerged during the course of the study which impacted on the mapping exercise. In summary:
  - 6 we found no comprehensive sources of information at the local authority or Health Board level on food, health and homelessness projects. This does not mean that activity is not taking place, rather that information is not available in the public domain;
  - 7 key sources of written information in the study were: Glasgow Homelessness Services Resource Directory (Glasgow Homelessness Partnership, updated on a 3-monthly basis); Where do I get help? Services for Homeless People in Edinburgh (Edinburgh City Mission and Bethany Christian Trust, 2003); local authority emergency leaflets; and relevant organisations' websites;
  - 8 the majority of the written sources of information that we identified are aimed at homeless people, informing them about where they can access low cost or free meals. Information about organisations using food as a means of promoting independent living skills is much harder to find, and we relied to a large extent on organisations participating in the survey in order to gain access to this information;
  - 9 discussions with homelessness staff in local authorities revealed gaps in terms of their knowledge of work in this area, although this varied considerably across local authority areas (see Appendix 2 for more information);
  - 10 many smaller scale organisations such as supported accommodation units do not have an internet presence and so it is extremely difficult to identify the full range of food, health and homelessness work being undertaken by these organisations. The Glasgow Homelessness Services Resource Directory provides information about accommodation services offering "support with cooking and cleaning", however we did not find similar information for other areas;
  - 11 we found the greatest amount of information about provision in urban centres such as Glasgow, Edinburgh, Dundee and Aberdeen, where the majority of homeless projects are concentrated. There are very few sources of information in rural areas and discussions with local authority staff in these areas confirmed this to be the case; and
  - 12 reliance on external sources of funding as well as staff turnover in the voluntary sector can mean that on-line and other information can become out-of-date quite quickly. It also

means that the state of play in the food, health and homelessness field is continually changing and evolving.

- 13** The study reveals as much about the profile of food, health and homelessness activity as it does about current practice and reflects the need for the Food, Health and Homelessness Initiative to raise awareness amongst key organisations, including local authorities and Health Boards, about the importance of such activity.

### **Sectors involved in delivering food health and homelessness activity**

- 1 Our mapping exercise found that the voluntary sector delivers the vast majority of activity in relation to food, health and homelessness, followed by faith-based organisations.
- 2 Nearly 70% of the organisations that participated in the survey represented the voluntary sector. The rest of the sample comprised: NHS (15%), faith-based organisations (7%), local authority (3%), and "other" (7%), which involved partnerships between the various sectors.
- 3 Where local authorities are involved in direct food, health and homeless work, it is through the provision of emergency food parcels/vouchers. Local authorities tend to rely on the voluntary sector to deliver relevant activity and, in some cases, fund organisations to do this.
- 4 It is a similar story with Health Boards, some of which fund food, health and homelessness work in the voluntary sector. Forth Valley Health Board for example funds the Salvation Army in Falkirk to provide a two-course meal to anyone who presents at the project as homeless. The extent to which Health Boards are engaged in this type of activity appears to vary widely from area to area however.

### **Typology of food, health and homelessness activity**

- 1 The organisations identified in our study are currently delivering a wide range of activity relating to food, health and homelessness. Whilst some organisations are solely dedicated to working with homeless client groups, others, including many faith-based organisations, provide food-related services as an adjunct to their main activities.
- 2 A useful way of categorising current food, health and homelessness practice is to examine the range of activities that organisations deliver. The activities in our survey ranged in scale from informal support and assistance provided by single supported accommodation units to large-



scale, multi-faceted projects provided by key players in the voluntary sector.

- 3 We have categorised the activities into seven “types” which are described below. Whilst some organisations are committed to delivering one type of activity, others deliver multiple activities concurrently. An example of a project delivering multiple activities is the Good Food in Tackling Homelessness Project (Edinburgh Cyrenians) which has four key strands: a food redistribution scheme; Cooking at Home classes; supported volunteering; and an improving practice and provision strand to share learning with other organisations.
- 4 The activities delivered by organisations across Scotland reflect a spectrum of support from providing information and advice right through to strategic development and consultancy.
- 5 The seven types of activity are:
  1. Advice and Information
  2. Food Packs
  3. Soup kitchens and Drop-in Centres
  4. Cafes
  5. Accommodation-based food provision
  6. Independent Living Skills Development
  7. Strategic Development and Consultancy

### ***1. Advice and information***

- 1 There is a wide range of professional groups and organisations which provide advice and information to homeless people about food and health. Social Workers and medical staff (who can be specialist homelessness staff or community-based practitioners) often do this on an ad hoc basis. Other examples of activity in this category include targeted health promotion leaflets and campaigns, which are developed and delivered by the health and voluntary sectors.
- 2 Previous research for NHS Health Scotland on young, single homeless people’s perceptions of health and use of health promotion activities (Blake Stevenson, 2005) revealed the importance of key workers within homeless hostels and supported accommodation units in providing advice and information to residents about a range of health

topics including healthy eating, cooking, and shopping. This kind of support can be informal and ad hoc as well as being built into individuals' Support Plans as part of a programme of independent living skills development.

- 3 It is extremely difficult to identify the full range of organisations providing advice and information about food and health to homeless people. The only source of written information we found was the Glasgow Homelessness Services Resources Directory which listed 31 accommodation services providing "support with cooking and cleaning". Other organisations identified through the mapping exercise were the Edinburgh Homeless Practice and the health worker for homeless people at Forth Valley Primary Care NHS Trust.

## **2. Food packs**

- 1 For the most part, food packs are supplied to homeless people in one-off emergency situations, for example when individuals and families first present as homeless to local authorities or when they first arrive at refuges/hostels. In some cases, food packs are provided at specific times of the year, for example Christmas Day.
- 2 Whilst the majority of organisations in our survey provide the food packs directly to service users, others give them supermarket vouchers or coupons so that they can purchase the kinds of food that they prefer.
- 3 Examples of survey participants which undertake this kind of work include East Fife Women's Aid and Instant Neighbour Charity Aberdeen.

## **3. Soup kitchens and drop-in centres**

- 1 Soup kitchens and drop-in services provide homeless people with food at low cost or for free and can be accessed on a regular basis. They are generally open at specific times and days of the week and provide service users with a hot meal and a place to eat it. Faith-based organisations and the voluntary sector undertake a lot of work in this area.
- 2 Some organisations, such as the Grassmarket Mission, provide a take away service alongside the soup kitchen, and others, such as Bethany Christian Trust, work on an outreach basis taking food to homeless people sleeping rough.

#### **4. Cafes**

- 1 Some organisations, including the Wayside Day Centre in Glasgow and the Ark in Edinburgh, run a cafe which offers a range of affordable food and snacks for homeless people and others affected by social exclusion. The opening hours of cafes are generally longer than the soup kitchens and drop-in centres and there is greater choice of food options. The Ark also runs a breakfast bar serving fruits and cereals.

#### **5. Accommodation-based food provision**

- 1 Some accommodation services provide residents with regular meals, and a number of those in the survey indicated that their emphasis is on providing healthy meals. This can often be linked to key workers and other staff providing information and advice on food and health.
- 2 It is extremely difficult to identify the full range of organisations undertaking this kind of activity as it is incorporated into the running of the service and is not considered a separate "project".

#### **6. Independent living skills development**

- 1 A sizable proportion of the organisations in our survey (25 out of the 34 projects which responded to this question) use food as a means of promoting independent living skills and examples of activities include:
  - 2 assistance with budgetting for food and with shopping;
  - 3 practical workshops, taster sessions and courses on food preparation and cooking;
  - 4 growing organic fruit and vegetables; and
  - 5 involvement of homeless people in service delivery.
- 6 This kind of activity can be informal and built into the whole approach to working with homeless client groups or comprise formal training courses. Cooking workshops and courses are the most common activity and include learning on shopping and cooking on a budget, healthy alternatives to regularly eaten foods, nutrition, and safety in the kitchen. Some examples of this kind of work include:
  - 7 the "Cooking at Home" course (designed by Edinburgh Cyrenians and run by various organisations) which lasts up to eight weeks and covers kitchen hygiene, safety, budgeting and healthy recipes. Participants are also encouraged to enjoy the social benefits of eating in company;

- 8 the CookStart Project in Angus which includes learning on nutrition and food hygiene, and provides food, cooking classes, and cleaning packs. The food is made with basic everyday ingredients with an emphasis on fruit and vegetables; and
- 9 the Cook and Carry Out project (delivered at the Wellbank Hostel for young people in Perth) which lasts 6-8 weeks and is based on the Ready Steady Cook idea. Teams of young people blind select from a range of ingredients and have to plan a meal that they will then cook for the other residents. The final session is a "cook off", where each team is given ingredients and has to cook something for the "judges".
- 10 The Clackmannanshire Street Sport Project builds healthy eating into a programme of sport, education and health activities for people who are homeless, the majority of whom are males aged 16 to 24. The topic of healthy eating is linked to its impact on potential sports performance. Participants have had the opportunity to take part in cooking tasters (run in conjunction with the Big Issue Foundation) and budget cooking classes are planned for next year.
- 11 The study found a small number of organisations that provide the opportunity for service users to plant and harvest organic fruit and vegetables including the Gorbals Homeless Project and the Edinburgh Cyrenians' organic farm.
- 12 Nine out of the 34 organisations (27%) in our survey indicated that homeless people and/or those with a history of homelessness are involved in delivering food and health-related activity. This has clear benefits to those involved including increasing their self-esteem and confidence, social skills and employability.

## ***7. Strategic development and consultancy***

- 1 This category includes activity by organisations/agencies/fora which do not directly provide food to homeless people but which can influence activity in this area and build the capacity of organisations to deliver activities.
- 2 The West Lothian Food and Health Steering Group for example works in partnership with local organisations to implement a local food and health action plan. The plan is focused on improving the diet of children and young people and tackling health inequalities, and homeless people are a target group within the action plan.
- 3 The Edinburgh Cyrenians, whilst undertaking direct work with service users, also operates a food redistribution scheme in partnership with FareShare and provides organisations with advice, resources and study

tours in order to deliver their own food, health and homelessness activities.

### Geographical coverage

- 1 The mapping exercise identified food, health and homelessness activity in 31 local authority areas and as might be expected, the majority of organisations are located in urban centres, particularly Glasgow and Edinburgh. The only local authority we did not find activity in was Shetland, however a local authority representative indicated that "*local housing associations sometimes provide cooking lessons.*"
- 2 In terms of rural Scotland, we found the greatest number of organisations in Dumfries and Galloway which has seven established projects and three forthcoming projects: the pregnant women's hostel cooking skills project, the Dumfries Women's Aid cooking project and the free fresh fruit for homeless people project. In general however, rural areas appear to have much less provision than urban areas. Faith-based organisations, including the Salvation Army, appear to be the main providers in rural Scotland.

### Client groups

- 1 The mapping exercise and survey enabled us to gather information about the client groups being targeted by 57 organisations delivering food, health and homelessness activity. The majority of activities (43 activities, 75%) can be accessed by both males and females, with a minority being female-only (10 activities, 18%) and the rest male-only (7%).
- 2 The study found information on the age groups being targeted by 47 organisations, and Table 3.1 illustrates this data. It should be noted that some organisations target more than one age group.

**Table 3.1 Age groups targeted by organisations in the survey**

Age group (N=47)	Number of Organisations	Percentage
UNDER 16	3	6%
Young People (16-25)	31	66%
Adults (25+)	28	60%
Older People (50+)	20	43%
All ages	13	28%

- 1 The data in Table 3.1 indicate that 28% of projects target all age groups, with 66% targeting young people aged 16-25, 60% targeting over 25s, and 43% targeting older people. Six percent of

organisations in the study target under 16s - this does not include the organisations which provide support to families with children for example Women’s Aid.

### Scope of activities

- 1 The survey enabled us to gather information about the scope of 34 food, health and homelessness activities. The majority of participating organisations (24, 73%) had well-established activities which had been in operation for over three years. Five organisations (15%) had activities that had been running for between one and two years and the remaining five organisations (15%) had established their activity within the last year.
- 2 Table 3.2 sets out the number of service users that benefit from these activities annually.

**Table 3.2 Number of services users benefiting from food, health and homelessness activity provided by organisations participating in the survey**

Number of Service Users	Number of Organisations	Percentage
Less than 20	1	3%
20-49	9	26%
50-99	4	12%
100-149	1	3%
150-500	5	15%
500-1,000	3	9%
1,000+	11	32%
<b>Total</b>	<b>34</b>	<b>100%</b>

- 1 Table 3.2 reveals that the scope of the food, health and homelessness activities varies considerably across the sample, with 29% of organisations reaching fewer than 50 service users annually, a further 30% reaching between 50 and 500 service users, and the remaining 41% reaching over 500 a year.
- 2 This reflects the diversity of organisations in the study which ranged from small-scale, grassroots projects delivering food and health activity as a subsidiary to their main activities, right through to large-scale, dedicated food, health and homelessness projects.

## Sources of food

- 1 Organisations source their food in a number of different ways. The Crisis FareShare programme (delivered in Edinburgh and the Lothians by the Edinburgh Cyrenians) emerged as a key source, however other avenues include:
  - 2 food and financial donations from churches, schools and the general public;
  - 3 purchased food from locally based distributors, discounted food stores, mainstream supermarkets and food co-operatives; and
  - 4 donations from private sector companies including Greggs, Sodexo and Marks and Spencer (it was not clear from responses whether donations from Greggs and Marks and Spencer were delivered through the Fareshare programme).
- 5 A number of organisations stressed the importance of the food being of a high quality and of high nutritional value.

## Projects' aspirations for the future

- 1 Survey respondents were asked to outline their aspirations for their food, health and homelessness work. Thirty participants did so, and their responses indicated a strong interest in the topic and a desire to not only continue their current work but to expand it.
- 2 The activities that projects aspire to deliver can be broadly categorised as follows:
  - 3 Independent living skills development
    - 77) *"...Council is looking into the possibility of ground being made available for participants to grow their own vegetables"*
    - 78) *"We hope to be able to provide more healthy eating courses as we have people who are interested in attending"*
    - 79) *"Participants have requested budget cooking classes and these are planned for Spring 2007".*
  - 1 The involvement of service users in delivery
    - 78) *"We will be looking to involve service users in planning menus and in giving ideas for healthy eating and are*

*keen to see some of them take part as volunteers in the fullness of time"*

79) *"We are hoping to...get service users more involved with planning and food preparation".*

1 Development of healthy eating resources

79) *"...would like to develop pack relevant to client group around cooking and budgeting for one person, using basic literacy and skills required"*

80) *"...produce a DVD and food fact file for other homeless accommodation residents and young people. Develop a cook and carry out pack for staff/volunteers wanting to deliver further sessions to sustain the project long term".*

1 Employing additional staff

80) *"We would like to employ a 'health and wellbeing worker' for this project to increase the work being done on healthy eating and fitness"*

81) *"We are currently employing a new project co-ordinator for the drop in centre".*

1 A number of other issues were raised in response to this question, including:

2 the need for the homelessness sector to work together in a more co-ordinated way to address this issue;

3 the need for training/learning opportunities for homeless people in relation to nutrition; and

4 the need to increase the knowledge and skills of staff working with homeless people.

5 For the most part, respondents (27 out of 34, 80%) indicated that their project was ongoing, with one indicating that it would end in the next six months and five indicating that they were unsure how long it would last.

6 For many organisations, the delivery of their food, health and homelessness project is reliant on external funding, as the following quotations illustrate:



- 52) *"We would like to provide more formal and structured healthy eating sessions in future, but these will be dependent on the availability of funding"*
  - 53) *"We are hoping to secure funding to make available a free healthy eating buffet for participants in skills development activities"*
  - 54) *"Unfortunately, when funding comes to an end, we will be unable to continue the project in the present format but will continue with the cooking classes".*
- 1 In response to funding challenges, the Edinburgh Cyrenians is currently developing a social enterprise strand to its work in which it provides a consultancy service to other agencies and organisations seeking to develop their food, health and homelessness activity.

## 4 Conclusions and Recommendations

- 1 This chapter sets out our conclusions and recommendations based on the mapping exercise and the survey findings.

### Conclusions

- 1 Many voluntary sector and faith-based organisations have been involved in providing food to homeless people for many years. There is a growing trend, most apparent in the voluntary sector, to develop this work into something that enables service users to gain independent living skills, for example home management, cooking and gardening to name but a few. In doing so, food is being used not only to promote physical well-being but as a vehicle to promote wider aspects of health such as social health, emotional health and, in some cases, employability.
- 2 Current activity in this area appears to have developed in an ad hoc way and the Scottish Executive is now recognising the value of such work and has committed funding to Community Food and Health (Scotland) to develop Scotland-wide practice in this area.
- 3 The study identified a wide range of organisations that are undertaking some kind of work in relation to food, health and homelessness in Scotland and which could potentially contribute to, and benefit from, the work of the Food, Health and Homelessness Initiative. This ranges from providing information and advice on an ad hoc basis to contributing to collaborative strategic planning at the local level; from providing emergency food parcels to using food as a means of developing independent living skills.
- 4 The organisations in our survey are at differing stages in their development of food, health and homelessness activity, and their support requirements from the Food, Health and Homelessness Initiative will vary accordingly. Many organisations expressed a commitment to continuing their work in this area, and there is great potential for some organisations to incorporate the development of independent living skills into their current practice. The survey identified a range of well-established activities and approaches that organisations could learn from, including cooking courses, gardening projects and the involvement of volunteers in service delivery.
- 5 The mapping exercise raised a number of important issues concerning the profile of food, health and homelessness activity across Scotland. There are currently no comprehensive sources of information at a local level on the range of organisations undertaking this kind of activity.

Furthermore, as many organisations incorporate food and health activity into their overall approach to working with homeless client groups, rather than viewing it as a separate project, it can be extremely difficult to map the full range of activities.

- 6 Local authorities vary widely in their knowledge of food, health and homelessness activity in their area and the extent to which they are able to refer relevant agencies and/or homeless people to it. It appears that unless local authorities and Health Boards are directly involved in such activity (either through providing funding or by referring individuals) or have developed emergency leaflets, their knowledge is patchy. Given that many organisations require funding to continue their food, health and homelessness activity, the Food, Health and Homelessness Initiative should seek to raise the profile of the issue at the local authority and Health Board level.
- 7 The challenges involved in doing so should be recognised. There are a wide range of groups involved in different health and lifestyle issues that will be competing for wider recognition of their work and limited pots of funding.

### **Recommendations**

- 1 There are two overarching recommendations to emerge from this study:
  - (i) The Food, Health and Homelessness Initiative should encourage and support organisations to link food and health-related activity to the development of independent living skills. In doing so, food is being used to promote social inclusion and has an impact that goes far beyond service users' physical health;
  - (ii) The Food, Health and Homelessness Initiative should undertake activity to raise the profile of food, health and homelessness as a key health priority amongst relevant statutory and voluntary sector agencies.
- 2 In order to raise the profile of food, health and homelessness activity, the Food, Health and Homelessness Initiative requires to take action at three different levels:
  - 3 strategic level - with NHS Boards, local authorities and leading voluntary sector agencies involved in developing strategic plans and priorities for local areas, as well as agencies providing funding;

- 4 operational level – with local authority homelessness officers, social workers, healthcare practitioners and others who come into contact with homeless people; and
  - 5 service delivery level – with voluntary sector, faith-based and other organisations seeking to develop their food, health and homelessness activity.
- 6 We understand that over the coming years the Food, Health and Homelessness Initiative aims to develop and facilitate a range of activities including a programme of conferences, networking opportunities, seminars, training, study tours/exchanges, guides and toolkits, as appropriate, in order to boost communication and learning between organisations working on, or interested in food, health and homelessness.
- 7 To complement this we recommend that the Food, Health and Homeless Initiative undertakes the activities set out in table 4.1.

**Table 4.1 Recommended activities for the Food, Health and Homelessness Initiative**

Target Audience	Recommended activity for the Food, Health and Homelessness Initiative
<b>Local Authorities &amp; Health Boards</b>	<p>Works with local authorities and health boards to raise the importance of food, health and homelessness activity amongst strategic level officers at the community planning level</p> <p>Encourages the inclusion of food, health and homelessness activity (particularly that linked to independent living skills) as a priority within relevant strategic plans including Health Boards’ Health and Homelessness Action Plans, local authorities’ Homelessness Strategies and Joint Health Improvement Plans</p> <p>Encourages the development of local resources such as homelessness directories which can be used to raise awareness of food, health and homeless activity amongst relevant agencies and practitioners. This information will also enable agencies and practitioners to signpost homeless people to appropriate service provision in their locality</p>
<b>Food, health and homelessness organisations</b>	<p>Produces a series of good practice case studies, relevant to organisations of differing sizes, localities and stages of development, which illustrate how food, health and homelessness activity can be incorporated into the everyday practice of working with homeless client groups. This should build on and complement the work of organisations currently engaged in such activity. These should be placed on</p>

	Community Food and Health (Scotland)'s website.
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<b>Target Audience</b>	<b>Recommended activity for the Food, Health and Homelessness Initiative</b>
<b>Food, health and homelessness organisations</b>	<p>Considers the development of an intranet facility for organisations delivering food, health and homelessness activity to encourage and facilitate communication and learning between these organisations on an ongoing basis</p> <p>Investigates the potential for peer support and mentoring amongst organisations working in this field. This could be through email, telephone and/or face-to-face communication</p> <p>Encourages and supports organisations to monitor and evaluate their food, health and homelessness activity in order to build up an evidence-base of what works and why, which can then be used when making a case for funding</p> <p>Builds on the current mapping exercise, adding organisations to the database as they are identified in the course of the Food, Health and Homelessness Initiative's work</p>
<b>Food, health and homelessness organisations, local authorities, Health Boards, policy makers at the national level</b>	<p>Develops a marketing and publicity strategy to raise awareness of the work of the Food, Health and Homelessness Initiative amongst organisations working in this field as well as influencing agencies such as local authorities and NHS Boards. This should include an action plan setting out key tasks, responsibilities and timescales</p>

## SURVEY PRO FORMA

**Scottish Community Diet Project**  
supporting local communities, tackling inequalities in diet and health



Dear Sir/Madam

The Scottish Community Diet Project (SCDP) recently received funding from the Scottish Executive Health Department to boost work around food, health and homelessness. The SCDP is keen to invest in helping local groups and agencies build their capacity to deliver effective programmes on food, health and homelessness.

Blake Stevenson has been commissioned to undertake a baseline study to map food, health and homelessness projects and initiatives across Scotland. This can range from providing food to homeless people to using food to promote independent living skills.

Blake Stevenson and the SCDP would greatly appreciate you taking 10-15 minutes to complete the attached survey about your project by **8 November 2006**.

**Completed surveys will be entered into  
a prize draw to win £150  
for your food, health and homelessness project.**

The research will be used to:

- 1 develop a picture of organisations and projects delivering food, health and homelessness initiatives across Scotland;
- 2 improve communication and learning between these organisations and projects; and
- 3 encourage knowledge-sharing as well as promote good practice in the planning and delivery of food, health and homelessness programmes.

If you require further information about the SCDP's work in relation to food, health and homelessness, please contact Claire Street at

[cstreet@scotconsumer.org.uk](mailto:cstreet@scotconsumer.org.uk) or on 0141 226 5261.

If you require information about Blake Stevenson's baseline study, please contact Shelley Dorrans at [Shelley@blakestevenson.co.uk](mailto:Shelley@blakestevenson.co.uk) or on 0131 335 3700.

Please return the completed survey to us using the enclosed pre-paid envelope.

**Food, Health and Homelessness Initiative:  
Mapping Current Services**

**Survey**

**Contact Details**

<b>1. Please tell us the name of your organisation?</b>												
<b>2. Please tell us the name of your food, health and homelessness project if different from above</b>												
<b>3. Who is the lead contact for your food, health and homelessness project?</b>												
<b>4. What is the address of your organisation?</b>												
<b>5. What is the lead contact's phone number?</b>												
<b>6. Please give us the email address of the lead contact person.</b>												
<b>7. Please note your website here (if applicable):</b>												
<b>8. Please specify the type of your organisation:</b>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%;"><b>Charity/Voluntary sector</b></td> <td style="width: 5%; text-align: center;"><math>\pi</math></td> <td style="width: 45%;"><b>Local Government</b></td> <td style="width: 5%; text-align: center;"><math>\pi</math></td> </tr> <tr> <td><b>NHS</b></td> <td style="text-align: center;"><math>\pi</math></td> <td><b>Private Sector</b></td> <td style="text-align: center;"><math>\pi</math></td> </tr> <tr> <td><b>Other, <i>please specify below</i></b></td> <td style="text-align: center;"><math>\pi</math></td> <td><b>Faith-based organisation</b></td> <td style="text-align: center;"><math>\pi</math></td> </tr> </table>	<b>Charity/Voluntary sector</b>	$\pi$	<b>Local Government</b>	$\pi$	<b>NHS</b>	$\pi$	<b>Private Sector</b>	$\pi$	<b>Other, <i>please specify below</i></b>	$\pi$	<b>Faith-based organisation</b>	$\pi$
<b>Charity/Voluntary sector</b>	$\pi$	<b>Local Government</b>	$\pi$									
<b>NHS</b>	$\pi$	<b>Private Sector</b>	$\pi$									
<b>Other, <i>please specify below</i></b>	$\pi$	<b>Faith-based organisation</b>	$\pi$									

**The Project**

**9. Please provide a description of your food, health and homelessness project (including how and where food is sourced and distributed, the type of food used and the frequency of your food activity).**

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**10. Does your project use food as a means of promoting independent living skills ie does it support individuals to maintain or increase self-reliance? This can cover a variety of areas, for instance, social skills, home management, meal planning and preparation, budgeting, self-advocacy, stress management etc.**

<b>No</b>	$\pi$
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<b><i>Yes, please specify which skills</i></b>	$\pi$
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**11. Please list any other organisations you work in collaboration with to deliver the project:**

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<b>12. How long has your project been in operation?</b>			
<b>Less than 6 months</b>	$\pi$	<b>6 months – 1 year</b>	$\pi$
<b>1 year – 2 years</b>	$\pi$	<b>2 years - 3 years</b>	$\pi$
<b>More than 3 years</b>	$\pi$		

<b>13. When do you expect your project to end?</b>			
<b>It is ongoing</b>	$\pi$	<b>In the next 6 months</b>	<b>Unsure</b> $\pi$
<b>In the next year</b>	$\pi$	<b>In the next two -three years</b>	

#### Client Groups

<b>14. Which age groups do you target (<i>please tick all that apply</i>)?</b>			
<b>Children under 16</b>	$\pi$	<b>Young people 16 - 25 years</b>	$\pi$
<b>Adults (25 years +)</b>	$\pi$	<b>Older People (50+)</b>	$\pi$
<b>All ages</b>	$\pi$		

<b>15. Which gender group do you specifically deal with?</b>			
<b>Male</b>	$\pi$	<b>Female</b>	$\pi$
		<b>Both males and females</b>	$\pi$

<b>16. Approximately, how many service users does your project benefit over the course of a year?</b>			
<b>Less than 20</b>	$\pi$	<b>20-49</b>	$\pi$
<b>100 – 149</b>	$\pi$	<b>150 –500</b>	$\pi$
		<b>50-99</b>	$\pi$
		<b>500 –1,000</b>	$\pi$
		<b>1,000+</b>	$\pi$

#### Location

<b>17. Which local authority areas is your project delivered in (<i>please tick all that apply</i>)?</b>			
<b>Scotland wide</b>	$\pi$	<b>Aberdeen City</b>	$\pi$
<b>Aberdeenshire</b>	$\pi$	<b>Angus</b>	$\pi$
<b>Argyll &amp; Bute</b>	$\pi$	<b>Clackmannanshire</b>	$\pi$
<b>Dumfries &amp; Galloway</b>	$\pi$	<b>Dundee City</b>	$\pi$

<b>East Ayrshire</b>	$\pi$	<b>East Dunbartonshire</b>	$\pi$
<b>East Lothian</b>	$\pi$	<b>East Renfrewshire</b>	$\pi$
<b>City of Edinburgh</b>	$\pi$	<b>Eilean Siar</b>	$\pi$
<b>Falkirk</b>	$\pi$	<b>Fife</b>	$\pi$
<b>Glasgow City</b>	$\pi$	<b>Highland</b>	$\pi$
<b>Inverclyde</b>	$\pi$	<b>Midlothian</b>	$\pi$
<b>Moray</b>	$\pi$	<b>North Ayrshire</b>	$\pi$
<b>North Lanarkshire</b>	$\pi$	<b>Orkney Islands</b>	$\pi$
<b>Perth &amp; Kinross</b>	$\pi$	<b>Renfrewshire</b>	$\pi$
<b>Scottish Borders</b>	$\pi$	<b>Shetland Islands</b>	$\pi$
<b>South Ayrshire</b>	$\pi$	<b>South Lanarkshire</b>	$\pi$
<b>Stirling</b>	$\pi$	<b>West Dunbartonshire</b>	$\pi$
<b>West Lothian</b>	$\pi$		

### STAFFING

**18. Please indicate which of the following groups are involved in delivering the initiative/project?**

**Paid staff**       $\pi$       **Volunteers**       $\pi$       **Homeless People**       $\pi$

### The Future

**19. Please outline your future plans and aspirations for the project.**

**20. Please use the space below to note any other information of relevance about your project.**



**21. Lastly, are you aware of any other organisations in your local area that deliver programmes on food, health and homelessness?**

**Many thanks for taking the time to complete this survey.**

**Please return the completed survey to us by 8 November 2006 using the enclosed pre-paid envelope.**

**If you require any further information please contact Shelley Dorrans on 0131 335 3700.**

Appendix 2

## Overview of Organisations participating in the Survey

<b>Type of Organisation:</b>		
	<b>Response Percent</b>	<b>Response Total</b>
Charity/Voluntary Sector	66.7%	26
NHS	15.4%	6
Local Government	2.6%	1
Private Sector	0%	0
Faith-based organisation	7.7%	3
Other (please specify)	7.7%	3
<b>Total Respondents</b>		<b>39</b>

<b>Does your project use food as a means of promoting independent living skills ie does it support individuals to maintain or increase self-reliance? This can cover a variety of areas, for instance, social skills, home management, meal planning and preparation, budgeting, self-advocacy, stress management etc.?</b>		
	<b>Response Percent</b>	<b>Response Total</b>
No	26.5%	9
Yes	73.5%	25
<b>Total Respondents</b>		<b>34</b>

(skipped this question)	5
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<b>How long has your project been in operation?</b>		
	<b>Response Percent</b>	<b>Response Total</b>
Less than 6 months	5.9%	2
6 months - 1 year	8.8%	3
1 year - 2 years	8.8%	3
2 years - 3 years	5.9%	2
More than 3 years	70.6%	24
<b>Total Respondents</b>		<b>34</b>
(skipped this question)		5

<b>When do you expect your project to end?</b>		
	<b>Response Percent</b>	<b>Response Total</b>
It is ongoing	79.4%	27
In the next 6 months	2.9%	1
In the next year	0%	0
In the next two-three years	2.9%	1
Unsure	14.7%	5
<b>Total Respondents</b>		<b>34</b>
(skipped this question)		5

<b>Which age groups do you target (please tick all that apply)?</b>		
	<b>Response Percent</b>	<b>Response Total</b>
Children under 16	8.8%	3
Young people 16-25	55.9%	19
Adults (25 years +)	61.8%	21
Older people (50+)	38.2%	13
All ages	35.3%	12
<b>Total Respondents</b>		<b>34</b>
(skipped this question)		5

<b>Which gender group do you specifically deal with?</b>		
	<b>Response Percent</b>	<b>Response Total</b>
Male	0%	0

Female	2.9%	1
Both males and females	97.1%	33
<b>Total Respondents</b>		<b>34</b>
(skipped this question)		5

<b>Approximately, how many service users does your project benefit over the course of a year?</b>		
	<b>Response Percent</b>	<b>Response Total</b>
Less than 20	2.9%	1
20-49	26.5%	9
50-99	11.8%	4
100-149	2.9%	1
150-500	14.7%	5
500-1,000	8.8%	3
1,000 +	32.4%	11
<b>Total Respondents</b>		<b>34</b>
(skipped this question)		5

<b>Which local authority areas is your project delivered in (please tick all that apply)?</b>		
	<b>Response Percent</b>	<b>Response Total</b>
Scotland wide	2.9%	1
Aberdeen City	11.8%	4
Aberdeenshire	8.8%	3
Angus	2.9%	1
Argyll & Bute	0%	0
Clackmannanshire	2.9%	1
Dumfries & Galloway	2.9%	1
Dundee City	8.8%	3
East Ayrshire	0%	0
East Dunbartonshire	0%	0
East Lothian	2.9%	1
East Renfrewshire	0%	0
City of Edinburgh	32.4%	11
Eilean Siar	0%	0
Falkirk	5.9%	2
Fife	8.8%	3
Glasgow City	14.7%	5
Highland	0%	0
Inverclyde	2.9%	1
Midlothian	0%	0

Moray	0%	0
North Ayrshire	0%	0
North Lanarkshire	0%	0
Orkney Islands	2.9%	1
Perth & Kinross	2.9%	1
Renfrewshire	0%	0
Scottish Borders	0%	0
Shetland Islands	0%	0
South Ayrshire	0%	0
South Lanarkshire	0%	0
Stirling	2.9%	1
West Dunbartonshire	0%	0
West Lothian	5.9%	2
<b>Total Respondents</b>		<b>34</b>
(skipped this question)		5

## Staffing

Please indicate which of the following groups are involved in delivering the initiative/project?		
	<b>Response Percent</b>	<b>Response Total</b>
Paid Staff	94.1%	32
Volunteers	61.8%	21
Homeless People	26.5%	9
<b>Total Respondents</b>		<b>34</b>
(skipped this question)		5