

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**Background**

East Ayrshire Churches Homelessness Action, more commonly known as EACHa, in partnership with East Ayrshire Council's Vibrant Communities Team, produced the EACHa/Community Friends Action Plan<sup>1</sup> May 2018. Prior to producing the action plan Vibrant Communities staff carried out one to one and group interviews with EACHa Community Friends and volunteers. A consultation on the plan was sent out to key stakeholders with an interest and remit in homelessness, health and addiction. Responses from the consultation were included in the final version and the Plan was officially launched at a conference in October 2018 to decision makers within the statutory and voluntary services and Community Friends. The Plan is forceful in its insistence that changes are urgently required, not least because for many Community Friends attenders there was a clear lack of hope that anything will ever change. Something as simple as a safe home is regarded as beyond reach, that there will ever be a steady income, that a life free of poor health or addiction is achievable, and that there will be something to look forward to every day. At the outset of the consultations, it was obvious that no-one had ever asked Community Friends themselves, and no-one had paid any attention to many of their feelings, hopes and aspirations. For some even being able to walk through East Ayrshire's town centres without being labelled and stigmatised is an aspiration. Whilst services are prospering within East Ayrshire and strategies are regularly produced to address and improve East Ayrshire residents' lives, still many in our community are suffering grinding poverty, living with and even dying from addiction, remaining stuck in their current day to day existence for years.

All of the attendees committed at the October 2108 conference to participate in one of the four Theme Groups, set up to address the recommendations of the action plan (appendix 1).

**Progress to Date**

With an average membership of 12 from a range of key stakeholders, and appointment of Chairs and Co-Chairs the theme groups began to meet in January 2019. All group Chairs report to the EACHa/Community Friends Action Plan Governance Group. Some progress has been made in the work of the theme groups including: the mapping of services which are available 24/7; identifying non-NHS residential rehabilitation services; an information day to advertise groups who offer training volunteering or employment opportunities. Further action to implement the recommendations is required particularly on accessing services and key transitions. The Chairs report that their efforts to address the recommendations have been hindered, and that these difficulties arise for a variety of reasons including premises, vacancies within services, competing priorities and reduction in resources.

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<sup>1</sup> EACHa/Community Friends Action Plan (2018) <https://www.east-ayrshire.gov.uk/Resources/PDF/E/EACHa-Community-Friends-Action-Plan.pdf>

**‘Breaking down the Barriers’ Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**‘Breaking down the Barriers’ Conference**

To address the issues identified by the group Chairs another conference was arranged for Wednesday 30<sup>th</sup> October 2109. Representatives from statutory and voluntary organisations were invited and approximately 100 attended the conference (appendix 2). The conference theme was ‘Breaking down the barriers,’ and the aim was to identify and examine the ongoing difficulties encountered by individuals as they strive to break free from their current situations, to have hope that their future can be brighter, and that they can lead ‘normal’ lives.

**Conference Speakers**

Rev. David Cameron, Minister of the New Laigh Kirk, Kilmarnock and Chair of EACHa, opened the meeting and welcomed the attendees. Councillor Elena Whitham, Depute Leader of East Ayrshire Council and Cabinet Member for Housing and Communities explained the purpose of the conference. Elena emphasised that homelessness could happen to anyone, and she shared her own experience of homelessness and domestic abuse, stressing that homelessness, addiction and severe poverty are simply the result of life circumstances.

The keynote address was given by James Docherty, Development Officer of Scotland’s Violence Reduction Unit. James has lived experience of offending, drug-taking and homelessness and he held the audience’s attention with his honesty, humour and passion. He linked the findings on Adverse Childhood Experiences (ACEs) to his own experiences and suggested that the audience should try to understand the underlying reasons why individuals behave the way they do, that is to offend, to turn to substance misuse, to have no respect for authority. Behaviour often referred to as ‘anti-social’ has roots in ACEs and his plea to the audience was for everyone, without exception, to be treated with understanding, and not in a punitive manner.

Eunice Goodwin, NHS Ayrshire and Arran Patient Feedback Manager, presented [Care Opinion](#) encouraging the audience to empower the residents of East Ayrshire to share their experiences of health and care services. Every opinion and comment, though anonymous, is noted and acted upon, helping services to improve. She read a personal statement produced by an East Ayrshire resident (appendix 5). He eloquently wrote of the barriers he had come across in his efforts to settle into a tenancy and become free of drugs *“I felt I may have been close to having a half normal life which is better than just and existence but now I’m back to just existing.* His words challenged the audience *“Moving into your own tenancy should never be as stressful as this, it should be a key to an independent, brighter future”.* It was evident he is thwarted, and has considered suicide as the only way out, concluding *“If I was 18 or 19 I would be a dead body in an empty house, not a struggling depressed addict”* and pleaded to those in authority to *“Please don’t keep doing this or another young person will take their life”.*

**‘Breaking down the Barriers’ Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**Group work activity**

The main part of the afternoon consisted of facilitated table discussion using content from fictitious case study (appendix 3), prepared by members of the theme groups using actual content from local residents to reflect their experiences of services. The individual’s experiences in the case study are typical as reported by residents on many occasions, and not isolated incidents. Attendees examined the content of the case study and highlighted the non-existent and limited support from services. Discriminatory practice by staff was identified in relation to the individual’s feelings of being judged, or being treated unfairly, for example by pharmacy staff. There was also a lack of appreciation and understanding of the resident’s background in particular with regard to ACEs or childhood or institutional trauma. Groups were unanimous in stating that improvements were required by the following lead agencies: addiction services, housing and prison throughcare services. Communication and partnership working were seen as pivotal resolve to the issues though training was also seen as crucial to address the assumptions and judgemental approach of staff behaviours. The group work activity demonstrated gaps in knowledge to ACEs and lack of trauma informed practice solutions. Issues relating to housing included the resident’s lack of involvement and choice; the housing allocated is far from his support network and accessible to his daily methadone provision; the limitation of the bus pass; housing and benefits are not co-ordinated nor arranged before release from prison. Feedback from the group work, suggestions for improvement and the organisations responsible for implementing the solutions is recorded (appendix 4). To ensure focus on the case study the audience were invited to post additional relevant comments/issues on the ‘parking lots’ around the walls of the hall (appendix 6).

**Patchwork**

To conclude the afternoon, there were moving contributions from members of [Patchwork](#), a member-led group for people recovering from addiction of all kinds, based in Kilmarnock but supports members of the community throughout East Ayrshire. Group members were asked for their experiences through their recovery journey. Their responses were collated and gathered in a poem ‘Ode to the Code’ which was recited by a Patchwork member (Appendix 7). Another two Patchwork members shared poems of their own recovery journey.

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**Next steps**

It is encouraging that the launch of the action plan has formed and strengthened relationships across agencies. The theme groups have worked well in bringing the relevant groups and services together to look at our joint assets and to build firm relationships. It has to be noted that the views expressed on the day were from the community, including the service users, and not from theme group members. The case study highlighted the issues which are reported as acting as barriers to settled living to a small minority of our citizens. However these are real barriers, and need to be addressed.

The issues raised most clearly and urgently in this report are:

- Poor communication between services, need for greater partnership working
- The stigma and discrimination reported by many members of our community in their interaction with the statutory services
- As regards housing, little choice in the areas offered. Also the long wait for household essentials following the allocation of a tenancy
- Addiction services came in for severe criticism, in particular the difficulty in making contact with staff as well as staff attitudes
- The opiate replacement therapy system is criticised. Also the absence of detox services in Ayrshire, and the lack of clear pathways to recovery
- Need for a clear care package on leaving prison, and the introduction of throughcare for every prison on liberation
- Common belief that consideration for employment or training is beyond the reach of many in our community, as a result of lifestyle or criminal record

This summary report examines the situation in East Ayrshire, but in fact we are observing a national crisis. Homelessness figures are steadily growing, in East Ayrshire as well as nationally. In 2018, 1,187 drug related deaths were recorded in Scotland, the highest figure ever recorded, and twice the figure of a decade ago. In East Ayrshire in 2018 there were 29 drug related deaths, as opposed to 24 in 2017. As for alcohol related deaths over the same period, these increased from 21 to 30, and suicides from 12 to 26. This is nothing short of an emergency.

Many East Ayrshire residents continue to live desperate lives, young lives are still being lost and we are failing many of the most vulnerable and marginalised members of our community. An attender at Community Friends commented in November 2019 *'I'm 58 and have been living like this since my twenties. It's a terrible way to live. Methadone's not working, people are stuck on it for a lifetime. There's no real support for people trying to get on even the bottom rung of the ladder to a better life'*. This is similar to the many of the responses received in preparing the Action Plan of May 2018. Community Friends attendance statistics show a steady increase, with 2254 in the year to November 2019, as opposed to 1774 in the year to November 2018.

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

Staff and volunteers at Community Friends are well aware of the crisis. They lost several of their attenders over the months leading up to the conference in October 2019. They get to know their attenders well, treating every person, without exception, with respect and dignity. EACHa and Community Friends can and will continue to support the many East Ayrshire residents who use the service, and to work tirelessly to improve the circumstances of the most vulnerable.

However they cannot do it themselves. The overriding theme of this report is for some people lack of hope – hope that anything will ever change, that there is a chance of a more settled life, to even get on the 'bottom rung'.

These changes require all the services together to take responsibility for a situation which is leaving many people in situations which can only be described as desperate. There is now a requirement for serious and co-ordinated commitment to action.

The EACHa/Community Friends Action Plan sits within the Celebrate Kilmarnock Town Centre Action Plan. Our town, and the surrounding area, is for everyone, those with disposable income, those in positions of authority, and those with no income, the very poor and vulnerable. For all who live, work, shop and simply enjoy our community. Each person matters. Those in positions of authority must confront and understand the humanity of those whose lives their decisions affect. Those living vulnerable and chaotic lives must do the same. Transformation will only come by all talking to each other, working together.

After two conferences and the publication of a hard hitting Action Plan, it is now time for action. The recommendations of the Plan are achievable. There is a will to make the necessary changes to begin to transform the lives of the most vulnerable in our community. Together – professional bodies, agencies, churches, volunteers, partners, staff and citizens– we must work harder and honour the commitment to transform lives now and inspire lasting hope for the future.

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**Appendix 1:**

**Theme Groups**

**Theme Group 1**

Raising public awareness, breaking down the stigma of homelessness and associated issues.

***Recommendation 1: Develop positive attitudes to dispel the myths that exist and stigmatise those experiencing homelessness and addictions***

**Theme Group 2**

Access to services, including opening hours, attitudes and aftercare.

***Recommendations 2,3,4: Develop an infrastructure that provides 24/7 access to services and support; provide a local one stop shop for people experiencing homelessness, addiction, poverty and injustice; establish a local rehabilitation centre***

**Theme Group 3**

Availability of employment, training, volunteering

***Recommendation 6: Create a co-ordinated approach to provide work experience, volunteering and employment***

**Theme Group 4**

Key transitions, including leaving prison, young people leaving care or moving from temporary accommodation to a tenancy

***Recommendations 8 and 9: Develop on existing work to improve support and integration during key transitions, including those released from prison, care, hospital; establish a centre for refurbishment and distribution of furniture, white goods and household items***

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**Appendix 2:**

***Organisations represented at the EACHa/Community Friends conference October 2019***

*Provost and Depute Provost; Elected members; Scottish Drugs Forum; Rapid Response Team; EAC Housing; EAC Vibrant Communities; EAC Town Centre Regeneration; CVO (East Ayrshire); East Ayrshire Volunteer Centre; Kilmarnock Station Railway Heritage Trust; Ayrshire Council on Alcohol; Celebrate Kilmarnock; Break the Silence; SACRO; Community Justice Ayrshire; Addaction; NHS Navigators; Catalyst (Centrestage); Alcohol and Drugs Partnership; Community Connectors; Terrence Higgins Trust; NHS Addiction; Citizens Advice Scotland; Recovery Enterprises; East Ayrshire Advocacy Services; DWP; Ayrshire College; Patchwork; Action for Children; Police Scotland; Blue Triangle Housing Association; Fit for Change; Scottish Health Council; NHS Ayrshire & Arran Addiction Services; Community friends volunteers and clients.*

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**Appendix 3:**

**Group work case study**

This case study reflects the real experiences of East Ayrshire residents over the past year. It is not an isolated incident.

**Part 1:**

Aaron is a 33 year old unemployed male, who has been through the care system and stated within that setting he was physically abused. He has occasional links with his sister and has regular contact with volunteers and peers at the daily drop-ins. He was charged with stealing in 2019 and sentenced to 4 months in HMP Kilmarnock. During that time he linked with the Department for Work and Pensions (DWP) Worker and a Housing Officer. Aaron was advised on release to attend his DWP appointment to ensure his claim was restarted. His link with a housing officer identified potential accommodation in Kilmarnock on liberation. On release from prison Aaron met with the Fit for Change Co-ordinator and she supported him to attend his DWP and housing appointments. At the DWP appointment both were ushered into a room as staff claimed he was a risk to DWP staff. When he queried their decision to use the room he was advised that he would need to write to the DWP Manager. Later that day his appointment with housing indicated that the house mentioned in prison was not available and the only available temporary accommodation was 15 miles away from Kilmarnock.

**Group work:**

1. Highlight the barriers for Aaron?
2. Identify solutions to mitigate the barriers?

**Part 2:**

The temporary accommodation was also 15 miles away from accessing his supervised daily dispensed methadone therefore he was provided with a daily bus pass from East Ayrshire Council (EAC). EAC informed him that the bus passes would only be allocated for 7 days and he needed to arrange to get his methadone prescription at a pharmacy closer to home. Aaron attempted to contact NHS Ayrshire & Arrans Addiction Services on several occasions to discuss accessing his methadone closer to home but stated that their telephone lines constantly rang out. He did get through on one occasion and was advised to come and meet his addiction worker at 4pm on the Friday. When he arrived the receptionist told him the addiction worker had left for the day and there was no doctor available to write a prescription so he would have to return on Monday. Unable to access his methadone over the weekend he took to sleeping rough in Kilmarnock, accessing illegal drugs, shoplifting and



**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

he informed a support worker that he had suicidal thoughts. As a result of injecting drugs he acquired an abscess and was hospitalised for 3 days. Aaron's non-compliance with hospital regulations resulted in the doctor discharging him with oral antibiotics. During his time in hospital he was visited by the Fit for Change Co-ordinator as the Homelessness Nurse was on annual leave.

Group work:

1. Highlight the barriers for Aaron?
2. Identify solutions to mitigate the barriers?

Part 3:

Failure to attend Addictions Services for his prescription resulted in Aaron's methadone being reduced from 70ml to 30ml. Methadone withdrawal symptoms forced him to take a combination of illegal drugs. Although he wants to continue taking methadone he has admitted to his addiction worker that he wants to attend residential rehabilitation. He has been advised that NHS Ayrshire & Arran does not provide drug detox. He feels pharmacy staff are judgemental towards him and they often keep him waiting even though he has an appointment. He thinks he is registered with a General Medical Practitioner in Kilmarnock but does not know if he is registered with a General Dental Practitioner. He received dental treatment when he was in prison and was advised that he needs to get that work completed. He doesn't think anyone would want to employ him so he doesn't attempt to get work. Aaron did volunteer in prison, now that he is released he doesn't know who to contact or where to access volunteering opportunities.

Group work:

1. Highlight the barriers for Aaron?
2. Identify solutions to mitigate the barriers?

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**Appendix 4:**

Recurrent themes as identified during the table discussions are summarised below.

**Stigma**

Barriers:

Being judged; staff behaviour and attitudes; ACEs (Adverse Childhood Experiences); no choices; structural barriers; suicidal thoughts; physical abuse (in care or prison); trauma; criminal; record; lack of literacy skills; lack of dignity; stigmatised by pharmacy staff; lack of understanding; lack of access to advocacy; lack of trust.

Solutions:

Awareness of ACEs; staff training and improved awareness; don't label; get rid of prison bags; provide choices; explain decisions; access to counselling; treat people with respect; don't promise what you can't deliver.

Contact/Organisation:

All services; Criminal Justice; Vibrant Communities.

**Housing**

(Many comments relate to accommodation on liberation).

Barriers:

Feeling isolated; access to housing and benefits prior to release; no/limited family support; house allocated not near home; no support network if accommodated far from home; no choice; ability to travel; minimal tenancy support; house just a shell, long wait for decision on welfare grant; seven week wait for domestic appliances; availability of temporary accommodation at short notice; accommodated far from pharmacy or doctor.

Solutions:

Link with housing support group; availability of housing in preferred area; improved prison throughcare; bus pass extended for as long as needed; identify accommodation near support networks; joined up thinking in planning for discharge; tailor support and options.

Contact/Organisation:

Catalyst; Advocacy; EAC Housing; Prison Throughcare; Housing Options; DWP; Addaction.

**Addiction Services**

Barriers:

Phone lines ring out; attitudes; poor communication with service users; bureaucracy, inflexible; staff not available; services users' fear, anxiety; 24 hour provision; availability of care worker/doctor; access to clean, safe injecting; accessibility of NHS; lack of wraparound service provision; barriers to sharing information (GDPR); do the services being commissioned meet needs?; communication between services; services should be centralised (hubs).

Solutions:

Put in more phone lines; remove prejudices; trauma informed staff, including receptionists; receptionist should be able to advise; should always be someone to authorise prescription;

## **'Breaking down the Barriers' Conference**

**30<sup>th</sup> October 2019**

**New Laigh Kirk Hall, Kilmarnock**

### **Summary Report**

supply cheap mobile phones; install a call management system; continuity of service; duty worker, doctor; 24 hour services to be advertised and available to all; mobile needle exchange; whole system planning – beyond the rhetoric; hubs, organisations co-located; review ADP funding; single point of contact; staff training; service should have better accommodation; address root causes.

Contact/Organisation:

Senior Managers; Addiction Services; Mental health; Criminal Justice; Catalyst; Moving On; Third Sector; A&E; Community Planning Partners.

### **Detox and Pathway to Recovery**

Barriers:

Transport issues in accessing ORT; Fifteen miles to travel; unsafe to travel to Kilmarnock for prescription, drug dealing in bus station; seven day bus pass; local pharmacy may not have medication; lack of a visible recovery community; if prescription not available, will take other drugs; methadone reduced or altered without giving reason; feeling that ORT prescription given as punishment; lack of detox services; one detox bed in Ayrshire; NHS do not provide drug detox; no clear pathway to recovery; lack of recovery support; inconsistent approach.

Solutions:

Alternatives to ORT; A&E satellite service; engage with recovery services; advocacy; advice on accessing methadone at weekend; more services spread around; ROSC (Recovery Oriented System of Care) giving wider access to services; need for staff training; should be person centred approach; anticipate problem; speak to individual; wraparound services; more residential units; central directory of rehabilitation centres (not just NHS).

Contact/Organisation:

Needs to be addressed nationally; NHS Ayrshire and Arran; HSCP; ADP; Addiction Services; Addaction; Advocacy; 12 step Fellowships.

### **Employment, Training, Volunteering**

Lack of volunteering, employment; not knowing where to volunteer; access to work; written off, no hope; lack of opportunity; difficulty accessing volunteering; too much focus on criminal record.

Solutions:

Whole system support; training, volunteering, qualifications opportunities – feeling of being valued; national policies; volunteering opportunities with Vibrant Communities; Me to You programme; Role of Ayrshire College; volunteering opportunities linked with DWP; SDF paid volunteering; Patchwork; Community Friends will signpost; Open Day to show available opportunities; volunteering within prison.

Contact/ Organisation:

National policy; whole system support; prison services; Ayrshire College; Vibrant Communities; Third sector.

### **Liberation from prison**

Barriers:

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

Lack of care package on liberation; release from prison on Fridays – no services or telephone support available at weekend; discharged while vulnerable; seven week wait for domestic appliances; six weeks before benefits paid; denied funds; accessing Universal Credit; navigating complex systems; housing and benefits not arranged prior to liberation; lack of appropriate mental health and primary care support; availability of dental treatment; support to access primary care, GP status and dental registration; mental health, counselling.

Solutions:

Housing; Prison Throughcare; DWP; Hospital Navigators; prison based work coaches can book a DWP appointment; liaise with support agencies to ensure all options considered; appointment with homelessness nurse; register with local dentist; improved mental health support.

Contact/Organisation:

NHS Ayrshire and Arran; Primary Care; EAC Housing; DWP; Addaction

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**Appendix 5:**

I was released from prison on 18/12/18. I was given a temporary furnished flat in Darvel. The housing said they could give me bus passes for a week but only a week. So I would need to find a chemist in Darvel for my medication. I went into Darvel chemist, but they told me they had no spaces for anyone to get their methadone. At the end of the week I was feeling really down and angry I wanted to keep this tenancy, but I couldn't as I had no way of getting to Kilmarnock for my medication. I went into the housing and returned the keys telling them their accommodation was no use to me.

Since leaving Darvel I have been sofa-surfing however I received my own tenancy on 1/9/19. Since moving in on the 1st September I have had no communication from the council other than to let me know I will be getting a visit from my support worker on 18/10/19. I came into this accommodation with absolutely nothing I only get Universal Credit of £95 a fortnight and that doesn't last for long. I would still not even have a duvet to put over me at night if it had not been for community friends giving me one, if it wasn't for church organizations helping me I would get no food, community friends feed me a couple of sandwiches 3 times a week and hot drinks. I also go to the Salvation Army and the Howard Centre.

I'm still only in a shell of a house with nothing other than a duvet and haven't even heard whether I will be receiving a community care grant yet and am writing this letter on 29/9/19, so I have now been under this roof for 4 weeks, with absolutely nothing other than a duvet. I suffer from depression anxiety and I am on a low level of methadone due to having clean urines I'm now battling to leave methadone behind me, but since moving into this abode I have relapsed and my anti-depressant medication has been risen by 15mg and I probably will need to get a rise in my methadone. So, the 12 weeks work I did reducing my methadone before moving into my flat have been a complete waste.

I understand you're really not going to be sympathetic to my case as I am a recovering addict and have made bad choices. At 16 I went to the doctors as I could not sleep and was depressed I was put on 100mg of Diazepam and 10mg Nitrazepam daily, when I was 18 I was taken off this medication although I was reduced slowly off of it I was really addicted to it, and I suffered severe withdrawals, I was very suicidal and tried to take my life several times, it was then I was introduced to heroin and have been on heroin for years. Recently I really worked hard to try and turn my life around. When I finally found heart to get clean and come down on my methadone, I felt I may have been close to having a half normal life which is better than just an existence but now am back to existing and using drugs. The people who let me sofa surf can no longer have me near them as my drug use would be a risk to them and their recovery as soon as I got keys to my tenancy I had moved in as I felt my friends had done enough to help me and really needed their house back to their self's.

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

Now I have messed up I will not be selfish and ask my friends if I can stay longer as I know someone in recovery can't be round an addict, I will not put someone else's recovery in danger I will not even ask to go in and cook a meal as I will not destroy someone else's recovery they know I am using as they see it in my eyes and through the street talk everyone knows my mother knows, so now I have lost recovery support and family support so who else do I turn to. It really should not be down to charities to help people like myself in these times. I have found out the council is back logged so much I could be waiting another 4-5 weeks on my community care grant, so I am getting more depressed by the minute.

I really feel that there should be some kind of legislation put in place so that as soon as someone from homeless housing applications or someone with mental health issues or a young person gets a house there should be a way that they at least get a bed a duvet pillow and clean bedding. I have battled depression for 21 years. I feel really low even suicidal I haven't tried to commit suicide for over 12 years now, but I can't live like this, this can't go on. Luckily, I am not 18 -19 when my mood was constantly low, and suicide was something I tried regularly

This letter is not going to get things done straight away but please stop with all the smoke and mirrors you hear in the House of Commons about all this help for young and homeless people with mental health issues. Moving into your own tenancy should never be this stressful it should be a key to an independent brighter future. If I was still 18 or 19 I probably would not be hear it would be a dead body in the empty house not a struggling depressed addict. Please don't keep doing this or a young person could take their life.

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**Appendix 6: Parking lot comments/suggestions**

Addiction support services - who are fit for change,



Support should be there from the start of issue - someone to talk to, someone to listen

Communication between housing, prison and addiction services

Better awareness of services

Vibrant Communities, advocacy centres, rehab assessments, priority access to dental services (?), person centred approach rather than immediate

Stop duplication - work closer with all

3 barriers - developing mental health issues, too many appointments, punishment for missing appointments, red tape, lack of support, lack of advocacy:

Paedophiles ex-prisoners to be kept separate from other ex-prisoners, ie

Barriers - 2nd - lack of wrap around services, NHS accessibility, ability to travel, lack of counselling; Solutions - identify accomodation nearer to support to services, whole system pre-planning, wrap around assistance - project

**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

**Appendix 7:**

*ODE TO THE CODE*

*I dream of having a fag  
and sunlight cruises.  
Had no sleeping bag  
and awoke with bruises.  
I live in a tent  
and need somewhere to vent  
My anger and frustration  
at the isolation  
of my social situation.  
From the addicted tribe  
of this great nation.  
Somewhere born with a load  
they simply had the wrong postcode.  
For the brown white and blue plague  
resides along us  
attacking those not at their strongest  
They very much belong among us.*

*They try and try but feel you don't hear their heartfelt cry  
What's left for them rhymes with tie.*

*The loss of life a human slaughter.  
Most affected the poverty quarter.  
Father. Mother. Brother. Daughter.  
No place to go to regain some laughter.*

*Then enter patchwork front and centre.  
Where we can go and meet a mentor  
A truly human all-embracing centre*

*We learn of courses  
Those lovely lovely horses I got to ride held my head with a little pride  
Never once was I late Couldn't wait to get out the starting gate Always turned up straight as  
no drugs is the law I even managed some days before,  
We get to sing and dance with glee  
Even learning to play a ukulele Recovery program, gardening and so much more.  
Life's no longer such a bore  
Nor getting up a chore.  
We went to get*



**'Breaking down the Barriers' Conference**  
**30<sup>th</sup> October 2019**  
**New Laigh Kirk Hall, Kilmarnock**

**Summary Report**

*Return to give*  
*There's an even better chance I live*

*Afor we go there's something*  
*We would like to freely give*  
*Pluck an apple*  
*From our inner tree of knowledge*

*Be afraid and very frightened*  
*As we leave you all somewhat more enlightened*

*The multi cultural drug gangs*  
*are gathering troops and forces*  
*with stashes of cash*  
*and huge resources*  
*Once the streets*  
*Soak enough of our blood*  
**THERE MOVING To YOUR NEIGHBOURHOOD**

**PATCHWORK**  
*We are our own experience*