



How can we effectively equip volunteers to work in a Christian Drop in Centre with the Homeless?

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Academic year 2018-19, BA (Hons)

Acknowledgements

I would like to give heartfelt thanks to all the members of the Drop In Centre for their strong ethos of social inclusion, despite their exclusion from mainstream society. I have experienced the Imago Dei in unexpected ways since knowing them all and I consider them all to be my friends as we've journeyed together.

For all the staff and members of Teen Challenge, Loughborough for their time and valid contribution to the data research.

I give thanks for Lawson for creating this amazing outreach in response to his calling and for Tim and Richard for their guidance, support, friendship and fun within the team.

I also acknowledge the support of Sally and Gill, for their speedy response to emails and impromptu meetings.

Most important of all though, I acknowledge the Lord and His help, support, comfort and leading in every aspect of my life.

Abstract

How can we help the most vulnerable members of our society? Where oppression and addiction obstruct their ability to productively integrate into society and their lives are prematurely threatened in multiple ways.

The main aim of this dissertation is to ensure that, with little provision available, the service that we provide to the homeless continues to evolve and develop whilst continuing to meet the needs of the service users. A breakdown of the aims and objectives follow.

The Dissertation begins by relaying the significance between the current government policies effect on society with statistical information. This contextualises the need for homeless provision in the UK. It also critically analyses the theology behind social justice and Liberation theory.

In the next chapter, the mixed methods qualitative approach is reasoned and explored. The pros and cons of each chosen method are clearly set out and culminates with personal reflections on the research process. The dissertation has integrated previous research from a Pilot Study on the same topic, providing valuable data.

In the following chapter we have the presentation of the findings, starting with a brief quantitative breakdown of the data. Focusing in on the analysis of the specific responses together with a holistic evaluation of the thematic information. Personal reflections on the findings, conclusions and recommendations are included.

The final chapter summarises the findings, discussion and conclusion from the previous chapter and gives further recommendations.

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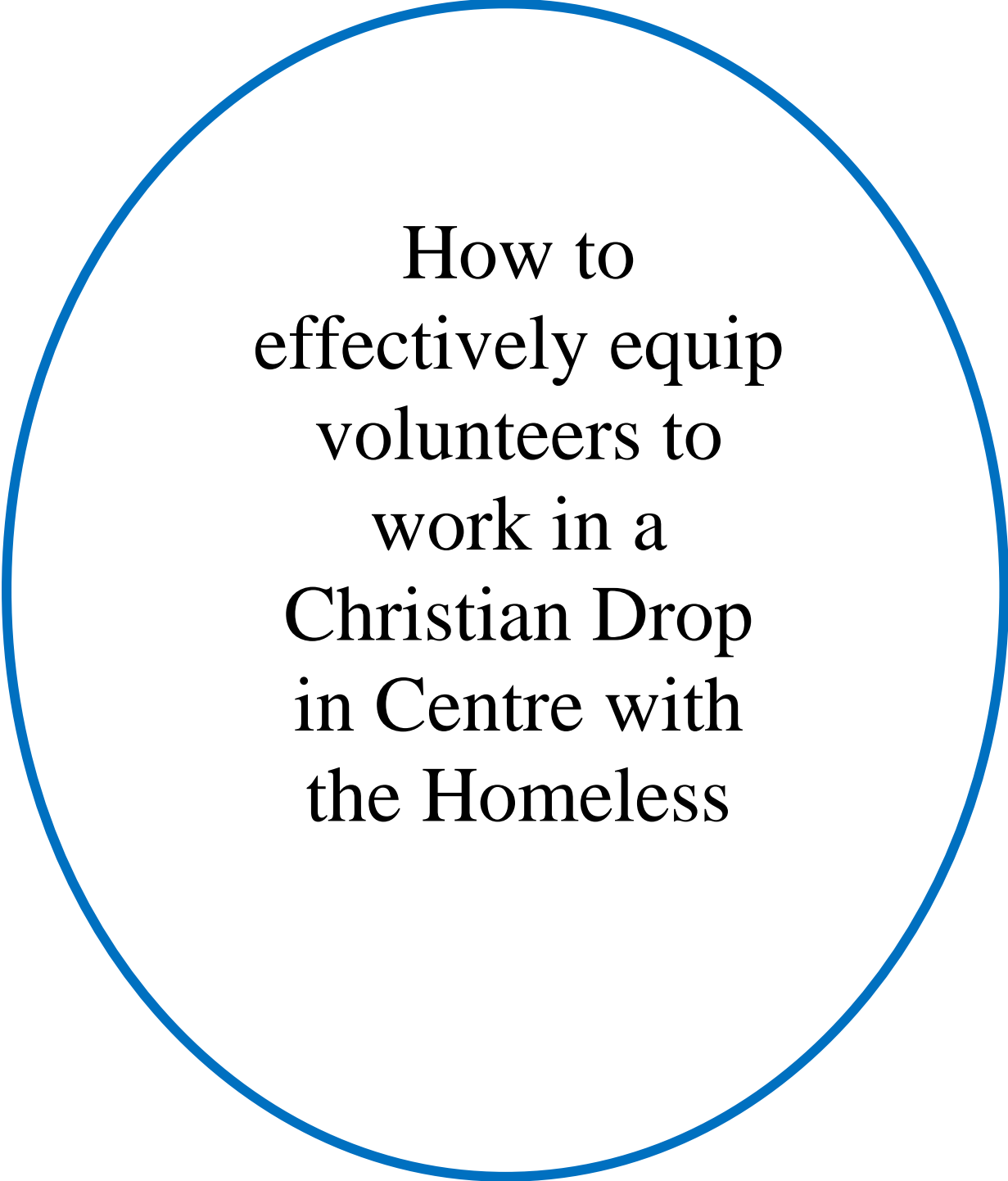
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How to
effectively equip
volunteers to
work in a
Christian Drop
in Centre with
the Homeless

1.0 Introduction

1.1 Topic Outline

The Churches Together project at St John's Church, Worksop is the only provision within the town available to homeless people. We offer sandwiches and hot drinks once a week, together with a clothing bank. Leisure activities are available.

Volunteers are welcome from any denomination, with no previous experience needed. Although supervised and welcomed as a part of the team, many of the volunteers have no formal training in any area or aspect of interacting with vulnerable people at this level.

Social action based on the Liberation theory seeks to provide a support network and practical application for those living in homeless conditions.

Holistically this embraces issues such as mental health, social exclusion and support for those with drug and alcohol dependency.

1.2 Aims

- i My most specific aim is to understand what is needed to ensure that the volunteers are working in line with the most appropriate and best practise available, based on the needs of the members.
- ii I aim to give an evidence based evaluation showing that the Government policies are not reaching their end users effectively.

Leaving a huge shortfall in adequate housing, resulting in an yearly increase in homelessness.

iii With the Church leaders having had previous success with changing the lives of former addicts through the Rehabilitation process, I want to research for the dissertation how to be an effective advocate and facilitator for Rehabilitation.

iv Through researching a cross section of people involved in the process, I aim to discover the most effective way to motivate and encourage members to make positive life changes.

1.3 Objectives

1. To explore how volunteers can improve their current service in serving the homeless and those in addictions.
2. To explore and integrate a theological understanding of how the Lord works within seemingly failing political systems.
3. Analyse the triangulative quantitative data from the mixed methods approach with an aim to operationalize our professional practise.

1.4 Value

The truth is that many of our service users lives are endangered, through the lifestyle that they lead. Violence on the streets and the dangers of disease through the intravenous use of needles etc. The total vulnerability of members using 'mamba' and having clothes and bedding stolen even in the winter months can be the difference between life and death. Many members see their friends dying around them in their 30's and 40's due to alcoholism and liver failure.

This adds an urgency to the research, especially when rehabilitation can prolong lives through allowing the individual's liver to recover and prevent further disease or danger of overdose through hard drug use.

This is potentially lifesaving intervention. The more effective the team are, the better chance we have of helping others. Both saving physical lives and being saved in the Christian sense. This is the potential value of this research with the hope to build on the already vital provision to the homeless.

1.5 Key definitions and research

1. The term 'Volunteers' within this dissertation is defined in the same way as the Oxford Dictionary (2019) as being:-
" A person to who works for an organization without being paid".
No paid leaders are included within the volunteer questionnaires, only those under the definition. To remain professional and not unduly bias the results or create a conflict of interest, I did not participate in submitting a questionnaire personally.
2. The street term for a drug known as 'Mamba' is a Synthetic Cannabinoid manmade substance.
" Many Synthetic Cannabinoids are new and may have other completely unknown effects too". Ascert (2019:1) which lists one of the effects as increasing the risks of psychotic illness.
3. The 'Experts' from the Focus Group are all personal friends of mine with professional degrees and experience in working with vulnerable people, which was the demographic for inclusion within the group. The group consisted of two general nurses, one mental health nurse, one social worker and a Priest. The Priest and one general nurse did not actively contribute to the discussion.
4. The 'Rehabilitation Members' refers to those who are currently in Rehab. The term "Rehabilitation" within this context refers to:-
"The action of restoring someone to health or normal life through training and therapy after imprisonment, addiction or

illness." Oxford Dictionary (2019) and the "Members" are those currently undergoing this process. This also makes a distinction between the "Members" of the Drop In and those in Rehabilitation.

5. The term 'Members' within this dissertation, refers to the service users which attend either regularly or irregularly at the Drop in Centre at St John's Church, Worksop. The 'members' have a variety of special needs and/or dependency issues around alcohol and drug use. A small proportion of members are illiterate and others are taking medication for mental health issues or diagnosis.
6. A proportion of the "Members" are homeless or "Rough Sleepers". Rough Sleepers are defined within statistics as:-
"People sleeping, about to bed down or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments)." Gov (2018)
It also goes on to include in its definition, people living in buildings or other places not designed for habitation, derelict buildings etc.

These key terms that are used throughout the dissertation, starting with the Literary Review.

2.0 Literature Review

The first of the three main themes for my literature review has been to put into context the societal need for provision for the homeless.

It also critically analyses the theology behind Crisis, Shelter and the Government compared with the theology of a Christian Drop In Centre.

Finally, it also highlights the fundamental models that inspired the research within this paper.

2:1 Definition of homelessness & a home

The legal definition of being homeless according to part VII of the Housing Act (1996) includes a person who is threatened with homelessness within 56 days, or has no accommodation and no place to reside in mobile accommodation.

Organisations within the UK, such as Shelter (2018) consider having "a home as a fundamental human right and a basic moral right, as vital as education or healthcare". Through lobbying this belief, even wider than the UK, the need for the provision of housing is recognised by the United Nations Covenant on Economic, Social and Cultural Rights as:-

"the right of everyone to an adequate standard of living for himself and his family, including adequate ... housing". EHRC (2011)

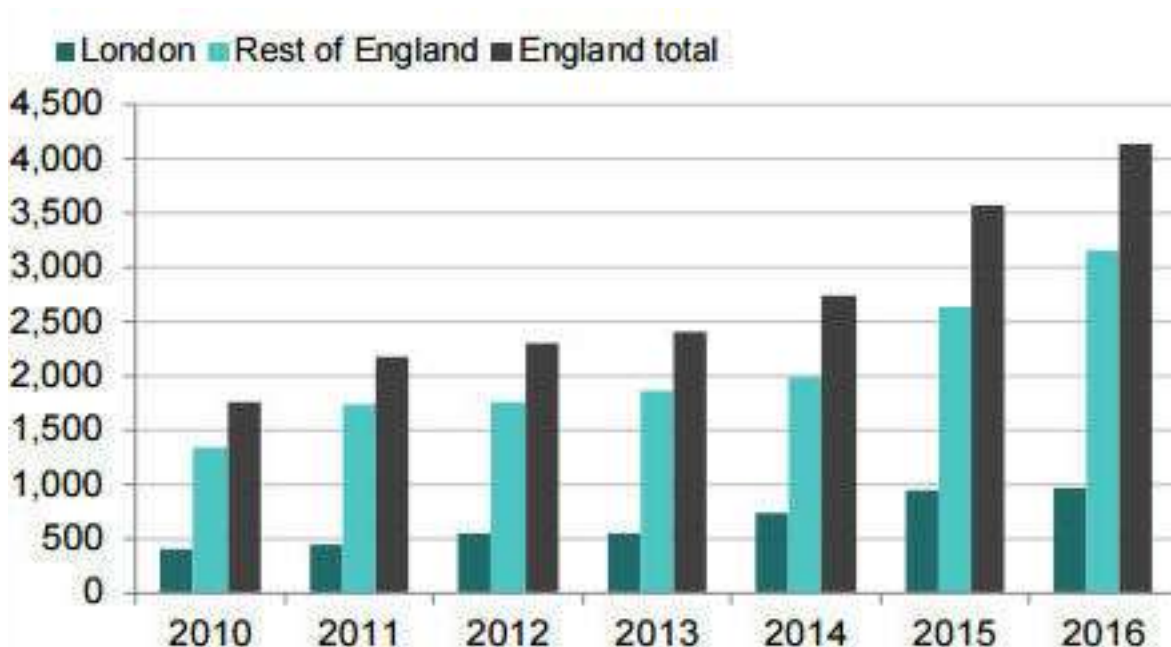
2:2 Homelessness

It also means that the government has a responsibility Under Article 2 of the Human Rights Act, to take appropriate measures to safeguard and protect, through making laws, for citizens at risk. NHRI (2018).

The UK government has been tackling the problem since the Housing (Homeless Persons) Act (1977), making housing a statutory right.

Despite this law and advanced laws since, Shelter (2018) states that there are a recorded 307,000 homeless people within the UK. This includes rough sleepers, single people in hostels, local authority and social service statutory homeless households.

According to Ministry of Housing (2018:4) homeless placements in temporary accommodation have risen sharply, rising the national total by 61% from 2010 to 2017. Fig (1)

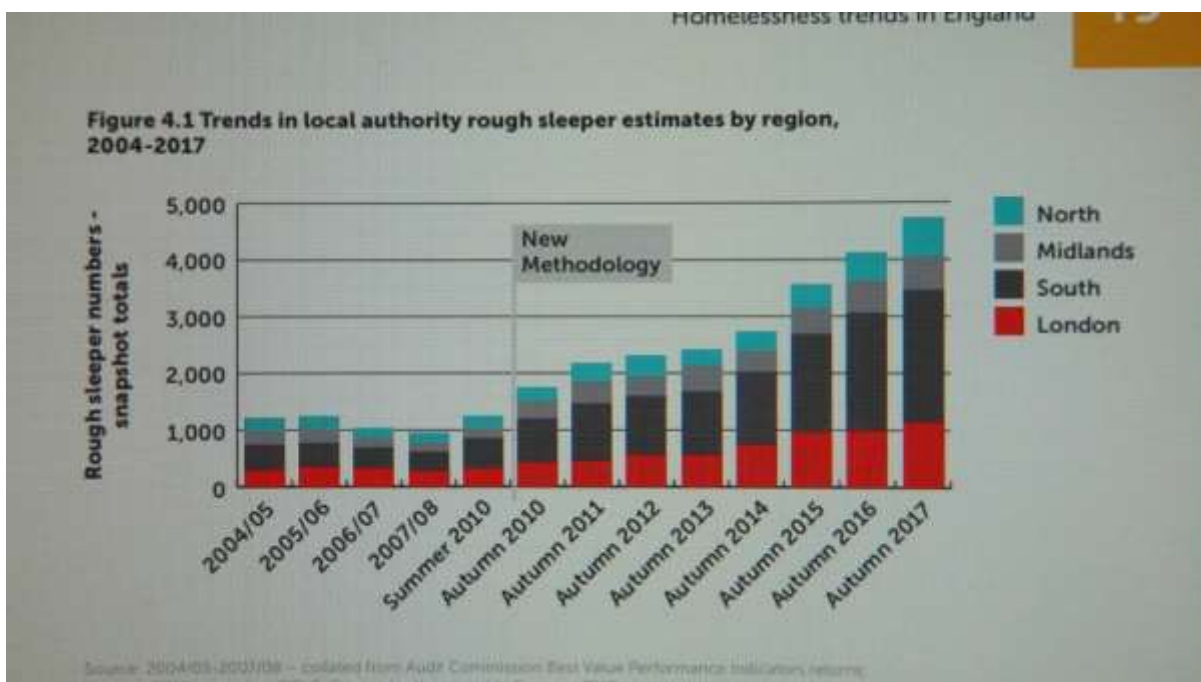


In 2017 86% of rough sleepers were men whilst 22% were non UK nationals.

Greenfield & Marsh (2018) also validate a rise in rough sleeper deaths, year on year, being discovered in public places.

"Since 2013 to 2017 at least 230 people have died over that period" bearing in mind Local authorities are not currently required to count rough sleeper deaths. This backs up Maslow's (1943:370) Model of hierarchical needs, which always places physiological needs at the forefront of survival.

As can be seen in statistics from Crisis (2018:49) Fig (2) below, rough sleeping has been steadily on the increase since 2008:-



Similarly linked, through the complexity of issues and mental health needs of the homeless, according to the NHS (2018:1), statistics recorded in 2016. A total of 2,593 registered deaths were due to drug misuse. There is no mention of alcohol related deaths. Drug abuse alone is 58%

higher than in 2006 currently at its highest level since comparable records began in 1993.

"An important point to note is that drug and alcohol addiction is not generally considered as a vulnerability, and so a single adult with such an addiction would not be classed as a 'priority need' for housing." Samuels (2009:9).

One of the key findings of Ross-Houle et al (2017) in their latest report, is the fact that alcohol is often used as a coping mechanism, which can lead to dependent drinking.

All of these statistics show that homelessness is on the increase, which directly effects the need for more emergency measures and provision for the homeless. This in turn, directly impacts the Churches response to this need and on the ground level, suggests an ever increasing demand for this type of outreach.

2:3 Social Justice and Liberation Theory

Shelter was founded in 1966 by a social activist, the Rev Bruce Kenrick; "whose passionate commitment to the doctrines of Christian social activism had an enduring impact on his times." White (2007). One would be forgiven for overlooking the Christian origins of the organisation today, whose 'Mission Statement' values and principles are advertised as their "Strategy" and totally disassociated from Christian language; or as the Church of England (2018) puts it "What we believe" making the mission

statement culturally appealing to non believers, as Shelter appears to have done. Taking Shelter's point on morality, according to Atherton (1994:199) from the perspective of society, the highest moral ideal is justice.

Social justice has Biblical roots but tends to become an aspect of metaethics declares Frey (1992:97). Together with the theory of Social Justice included by Rawls both quoted in Reventlow & Hoffman (1992:97) who defines Justice to be a rule of equal access to basic goods necessary for surviving. In the atmospheric climate of a winter in the UK, this would include accommodation.

Deuteronomy 32:8, Psalm 22:28 & Psalm 66, Job 12:23 all declare the Sovereignty of God over the whole of the nations. Whereas the epistemology behind the Liberation theory, the preferential option for the poor including the homeless, can be analysed as a Christian social movement for radical change praxis Beckford (1992:954). With the aim of an egalitarian outcome for all people.

Jesus in Luke 4:18 reiterates the importance of Isaiah 61, through the ministry of declaring good news to the poor and giving liberty to the captives and the oppressed. Isaiah continues in 61:8 "For I, the Lord, love justice...and I will faithfully give them their recompense" giving hope to all those who have suffered loss through oppression, poverty and other means.

The forerunners for the Liberation theory include many militant agents such as Boff, da Silva, Cunha, Taborda and Barros from Brazil. Boff (1987:1).

The danger with liberation theory epistemology is that it has an aspect of:-

"The Church, in passively agreeing with a godless world, and in trying so hard to be relevant, actually loses its relevance." Veith (1994). Other protestors to the Liberation Theory include the Catholic faith, as Cater (2013) recorded the Pope's response to the thoughts of Liberationist Muller and goes on further to explain:-

"It has been criticized as a Marxist interpretation of the gospel, focusing on freedom from material poverty and injustice rather than giving primacy to spiritual freedom."

The Catholics of course, believe in the infallibility of the Pope which by definition means he has the highest authority from God on such issues.

Bonhoeffer though believed in Spiritual freedom through opposing the government, in his case Nazi Germany. He:-

"..Considered afresh the connection between prayer and the struggle for justice, between action and the spiritual disciplines that enable Christians to live fully in the world as free and responsible human beings." De Grunchy (2010).

Evidence of God's sovereignty through our government policies regarding homelessness can be seen through their policies since 1977, (bearing in

mind that the House of Lords considers 26 Bishops to be counsellors of the Crown and Lords of Parliament) Maer (2008). With UK laws requiring to pass through the House of Lords, regardless of whether the governing body recognises their appointment as under God's authority or not. The Liberation theologians and social activists claim, it has only been through the lobbying and social pressure presented to the Government that has substantiated any change in society Crisis (2018).

2.4 Social action

Further, the Biblical themes of justice through Government existing for its members to live in peace or punishment is recorded in Romans 13, and later in 1 Peter 2:14.

"Under God's sovereignty, government should provide a context in which all human beings in a given area can live in unity and co-operation."

Hughes & Bennett (1998:184) which reiterates the biblical stance for peace.

Crisis, founded by William Shearman, with Political connections in 1967, had a revelation 'epiphany' after surviving a car crash.

This also coincides with the UK moralistic outcry, Crisis (2018), of the general public following the BBC showing of 'Cathy come home' watched by 12 million people the year before. Christmas 1967, Crisis was founded.

Crisis (2018) lists within its values the following attributes:- Inspiration, integrity, dignity, fearlessness through independence, adaptability and

resolve to end homelessness as its motivation for social action and ethos for creating the charity. Taking the standpoint of James 1:17 in the NIV " Whatever is good and perfect comes down to us from God our Father, who created all the lights in the heavens. He never changes or casts a shifting shadow." Although not overtly Christian in their ethos explanation, I would argue that Crisis has the foundation of Christian theology at the crux of their ethos. Inspiration for example is :-

"When the human imagination becomes a sacrament—a means of grace—we speak about "finding inspiration," about "being inspired," about being filled with the Spirit." Hawkins & Barney (2012:704).

Integrity is a Biblical theme throughout proverbs, just as fearlessness is a theme woven into the Psalms and Isaiah. These attributes can be traced back to Scripture as either a gift of the Spirit or Incarnational behaviour. Known through the love of God and Christ or simply by being 'good' infers the Father, as He alone is 'Good' in the true sense of the word.

God is also Missional in His nature and we as Christians, seek to be obedient to His calling. This was the revelation and Missional directive for the founding of St John's outreach to the homeless in 2003, through one leaders obedience. Similarly, through looking at Crisis and Shelter's origins, one founded by a Reverend and another after an 'epiphany' and both within a year of one another, reveals God's timing and providence for the poor and needy is as much alive today as it was in Biblical times.

2.5 Practical Application of Liberation Theology

The practical applications of the Liberation theory theology Boff & Boff (1987:13) can be seen within the Drop In Centre, a breakdown of which has been viewed in Appendix 7.

2:6 Volunteering

A significant aspect of this dissertation, was created through a desire to improve the members motivation, through revealing the hidden aspects according to Joharis Window Model, Appendix 1.

Although volunteers give time for a variety of reasons. Potentially due to a complex mix of emotions, passions, ethics and seeking fulfilment, including the Missio Dei and Incarnational aspects within the Trinitarian belief systems of this non specific denominational community resource. As is consistent with any organisational structure, pastoral caregivers are only as good as the service that they provide.

The fundamental model for the best practice in use with secular volunteers is recognised through the endorsed Investing in Volunteers (2018) website as the UK quality standard. If the relevant aspects of this practice were implemented as a framework, within a Christian context, this guide would offer validity to Christian Drop In Centre's within the UK.

Indicators	Practice	Indicators	Practice
1. There is an expressed commitment to the involvement of volunteers, and recognition throughout the organisation that volunteering is a two-way process which benefits volunteers and the organisation.	<ol style="list-style-type: none"> The organisation has a written policy on volunteer involvement that sets out the organisation's values for volunteer involvement and highlights the need for procedures for managing volunteers based on principles of equality and diversity. Where the organisation has policies that relate to the involvement of human resources, volunteers should have their own equivalent policy and should only be included in general policies if appropriate. People at all levels of the organisation have been informed of, and can articulate the organisation's reasons for involving volunteers and the benefits to volunteers. The organisation adopts appropriate procedures for regularly reviewing volunteer involvement in the organisation, including policy and practice. 	2. The organisation is committed to ensuring that, in so far as possible, volunteers are protected from physical, financial and mental and health-related risks (volunteering).	<ol style="list-style-type: none"> An assessment of potential risk to volunteers is conducted when designing volunteer roles. Volunteers are covered by appropriate insurance. There is a clear policy on the reimbursement of volunteers' out of pocket expenses which is rooted in the organisational ethos, and which takes account of the organisation's financial situation. Volunteers' personal details are protected in line with Data Protection principles.
3. The organisation commits appropriate resources to working with all volunteers, such as money, management, staff time and materials.	<ol style="list-style-type: none"> The organisation designates responsibility for recruiting, selecting, supporting and protecting volunteers, to a key person or group of people within the organisation, and these responsibilities are clearly outlined in job or role descriptions and regularly reviewed. The organisation takes steps to ensure that those who supervise volunteers have the relevant knowledge and experience. Time is given during staff meetings to discuss volunteer issues. The organisation's annual plan includes objectives for volunteer involvement which are reviewed regularly. The organisation seeks to secure adequate financial resources to cover the running of the volunteer programme and ensure that all volunteers have the necessary resources and materials to carry out their role. 	3. The organisation is committed to using fair, efficient and consistent recruitment procedures for all potential volunteers.	<ol style="list-style-type: none"> People interested in volunteering are provided with clear information about the opportunities, the recruitment and selection procedure, what volunteers can expect from the organisation, and what the organisation's expectations are. Recruitment or matching procedures are appropriate to the volunteer roles and individual's needs and applied consistently. The organisation asks only for information needed in order to make a placement and this is recorded in a consistent manner. At some point in the recruitment procedure time is given to explore the individual's motives for volunteering. Volunteers are informed if their application is unsuccessful and are offered feedback and are signposted to other organisations as appropriate. Where appropriate, potential volunteers are given further opportunities to find out more about the volunteering opportunities before committing themselves. The organisation takes a considered approach to taking up references which is consistent and equitable for all volunteers, bearing in mind the nature of the organisation's work and the volunteering role. The organisation's approach to the use of official checks takes into account the relevant Government guidelines, and the roles in which volunteers will be placed. The organisation has considered which types of convictions/disciplinary actions may or may not be relevant to the volunteering being undertaken.
4. The organisation is open to involving volunteers from a wide range of backgrounds and abilities, and commits the necessary resources.	<ol style="list-style-type: none"> The organisation is open to involving volunteers from a wide range of backgrounds and abilities, and commits the necessary resources. Staff and volunteers are encouraged to embrace diversity among co-workers. Images and/or descriptions of the organisation reflect the diversity of the community, and are appropriate to the objectives of the organisation. Information about the organisation and ways in which volunteers can be involved is made as widely available as possible. The organisation monitors the diversity of the volunteer team, and implements procedures that aim to increase diversity and representation from the local community. 	4. Other procedures are put in place for introducing new volunteers to their role, the organisation, its work, policies, practices and relevant procedures.	<ol style="list-style-type: none"> All new volunteers are introduced to the relevant staff and other volunteers with whom they will come into contact. Volunteers are provided with the necessary information and/or training to carry out their role, including any policies as appropriate. There is clarity between the volunteer and the organisation about the boundaries of the volunteer's role. Volunteers are advised how the organisation will address situations where the volunteer has behaved inappropriately. Volunteers are advised of the procedure to use if they wish to complain about how treated by paid staff, users, committee members or other volunteers.
5. The organisation designs appropriate roles for volunteers in line with its aims and objectives, which are of value to the community.	<ol style="list-style-type: none"> A description is drawn up for each volunteer role. The organisation sets out the necessary skills, attitude, experience and availability needed to carry out the role. If feasible, a variety of tasks is made available which will attract a range of people, while still meeting the needs and aims of the organisation. Where possible, tasks are adapted to suit the needs, abilities and interests of individual volunteers. 		

Fig 3

For example "No 2.3: Time is given in staff meetings to discuss volunteer issues". If this were implemented within the Church Drop In, it would enhance the Principles and values of the Churches working together and teamwork amongst the volunteers, improving communication and strengthening our own sense of purpose and unity.

Although a secular perspective and quote, it demonstrates that the connectivity of a team, especially within a Church environment of community, should model good communication:-

"Every management consulting system since is basically a refinement of the connective tissue of the team—getting different parts of the company to communicate, coordinate, and cross-pollinate" Sills (2007).

I agree with Sills. As through researching for this dissertation and interacting and engaging through the various methods of communication as detailed in the following Methodology section; the various sectors of the Drop In are communicating, coordinating and cross - pollinating through the sharing of the information from the data.

3.0 Methodology

"Research begins with a purpose and a question, not a research design" Thomas (2011:27). Although, conversely, during the pre-empirical stage, I adopted the Framework for integrated Methodology shown in Appendix 2. This provided me with the necessary structure and order to logically plan out my research, which I referred to as a template.

3.1 Previous Data Methods

To complete the holistic data collation it is necessary to outline the previous data collection conducted within a Pilot Study on the same topic:-

"How can we effectively equip volunteers to work in a Christian Drop in Centre with the Homeless?".

Due to the enhanced validity due to being able to use the triangulation method approach, Tolich (2016:30) and to add considerable data to be cross referenced with the Rehabilitation Questionnaires and structured Interview, I have outlined the methods used.

3.2 Range of methods

Using a mixed methods qualitative approach fits best within the ethnography practice with an initial idiographic approach. Primarily using the semi structured interview technique. This decision was reached mainly through wanting to understand more about a specific question around support, raised previously within a members questionnaire.

Table 1.1

Q5 : How could we best help you to make life improvements?

Be there for me

None

To support me

It was my intention that through a semi structured interview to operationalize his answer about how we could better support him. This would provide a more nomothetic approach to the social 'rules' of empowering members, thus effectively providing for members deeper needs.

As Djivre et al (2012:489) cites:-

" A qualitative approach is appropriate for exploring the variations and commonalities in social and personal realities, as well as constructed meanings of human experiences (Stroebe, Stroebe, & Schut, 2003)."

Considering that the human experience regarding the personal reality of individual members is the essence of this study, with the holistic aim of social integration, conducting a discovery oriented qualitative approach is required.

The qualitative nature of the members subjective experience towards the volunteer's role in assisting this transitional period of homelessness to accommodation, through emotional support, can be best planned and related subjectively through an interview technique. As Loseke (2017:88) simply puts it:-

"Questions about *subjectivity* must be answered by asking people".

The interview was audio recorded, with permission, and transcribed to enable easy cross analysis when combined with the other sources of data.

It had been my hope to conduct two interviews as outlined in the Ethical Clearance but unfortunately due to a member's illness this was not possible, so only one interview was conducted.

3.3 Safeguarding and Ethical Reasoning

To maintain the ethos of the ethical clearance, all members were provided with an information sheet and consent form. This also presented a professional yet informal environment, whilst keeping the protocol in place. All members were made aware of their ability to withdraw from the research.

Whilst interviewing one to one, it was important to ensure safeguarding protocols were in place; with the leaders within sight. Yet maintaining a confidential enough space to talk openly.

To reduce the members vulnerability, the interview was organised with targeted subjective questions, sensitively woven within the layout. Being

semi structured this allowed for a fluidity should any interesting and unscheduled thoughts, feelings or issues arise within the interview.

Similarly, using a similar ethnographic qualitative study to Venkatesh's (2008) as cited in Tolich (2016:30) the ethical responsibility to maintain the confidentiality of all participants is guaranteed through my personal integrity and personal morals contrary to Venkatesh's motives.

His study does however, prove the validity of the interviewing approach to gather relevant information and in this way justifies my mixed methods through Freud's psychodynamic 'ideographic' ethnographical questioning.

According to Thomas (2011) my research is also an instrumental study, to be used as a tool to facilitate how to better encapsulate progression within the drop in community. My current placement see this research as a tool to provide an evaluation of the service provision and is a possible resource for other Christian centres in surrounding areas. Collated best through open ended questions around the topic of motivation and key people's attitudes around them, to help members overcome their ambivalence. Hopefully providing deeper insight into the psychological state needed to be achieved to flourish, if the environmental/nurturing elements contribute to helping members. As McLoed (2008) states:-

'It is that the individual has within himself or herself vast resources for self-understanding, for altering his or her self-concept, attitudes and self-directed behaviour - and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided'.

It is also important as Maslow (1970:97) states that the needs of the members are established and not created:-

"..in order to establish that the organism itself dictates hierarchies of values, which the scientific observer reports rather than creates".

I see the use of questionnaires as an opportunity to validate the hierarchal, ethical and practice values of the centre and provide information for a practice evaluation, ensuring a person centred service is being maintained.

Although I realise that my own interpretation of the data will be influenced by my own worldview and personal slant, I will endeavour to keep neutral in my approach and let the data speak for itself.

3.4 The Rehabilitation Questionnaires

The Rehabilitation Centre that I selected was one that I had previously visited and is Christian based and with a Christian ethos; that helps to integrate members into the community on completion of the process.

Having visited personally, I felt confident in the amount of support that members received from the staff. This is a consideration pastorally if members need support due to my questions.

Although limiting the data by only approaching one Centre rather than two, I was limited due to having approached the second Rehab centre that I had visited with questionnaires for the previous study which had

been lost in the post and I felt unable to ask for more assistance from them.

I decided that the questionnaire format would provide the better demographic fit for the secondary part of my research, qualitative questionnaires for members currently within Rehabilitation with the hope of measuring the convergent validity of the data. Appendix 2.1.

Being aware of the following:-

" ..the quality of information derived from such questionnaires is dependent upon the type and actual size of survey, how the questions are posed and the care taken in its execution" Dearling & Robertson (1988:132). I continued to construct a questionnaire for members within Rehabilitation.

3.5 Semi Structured Interview

Ensuring the layout had general questions to begin with, to relax into the situation, then moving on to asking about the positive aspects before getting to the crux of the interview on how to better support the individual. Towards the end I asked if he had attended another, less known meeting, whilst suggesting it at the same time. Finishing with asking if there is anything else that he would like to add, reiterating that he is being heard and listened to.

The pros and cons of both the primary and secondary methods of research are listed below:-

3.6 Range of Methods Pros & Cons

Semi Structured Interview

- Building on an already established social relationship, with a foundation of trust and mutual respect, a one to one semi structured interview was the most natural way to proceed.
- Practically, the easiest method to use within the drop in centre is the interview, as many members struggle to write due to hand tremors as a side effect of alcohol withdrawal.
- Insightful for ideographical information.

Cons

- Interviews need to be audio recorded, to recall effectively the data. This can be difficult due to the location, availability of members, background noise and time constraints to produce a varied sample.
- Due to the small sampling, although insightful for ideographical information is unlikely to provide the consistency for nomothetic patterns to fulfil the rationale.
- may not be representative of the majority of the group due to the small percentage.
- Interviews are better as a follow up, similar to a job interview, where some basic information has already been established, in this case through the questionnaire.
- There needs to be a consistency of questions to compare although this is possible with a semi structured interview.
- Can be safeguarding issues and best practise needs to be adhered to whilst still maintaining confidentiality during the interview.

- Memory difficulties due to illegal substances/ past trauma.

Questionnaires

Pros

- Questionnaires allow a written form of record which are easier to collate.
- Questionnaires are time effective, allowing groups to complete the questionnaire with little disruption to their activities.
- Specific questions are used to form a better nomothetic understanding which are easily identified for data collection.
- Can provide quantitative data which also validates any hidden issues.
- Higher numbers of samples due to the ease of distribution.
- Fast and easy to complete, not requiring too big an attention span.
- Clear and easy to understand language
- Can build self esteem through being included in the evaluation process.

Con

- So as not to unduly influence the answers, I will appoint a 'Gatekeeper' Tisdall et al (2009) to facilitate going through the information sheet, consent form and questionnaire with members of the Rehabilitation Centre, especially due to my being an unknown female, within a dominantly male societal community. Thus ensuring that biases are kept to a minimum.
- Can get lost in the post or misplaced when using 'Gatekeepers'.

- Gatekeepers may not have the same passion/enthusiasm.
- Depending on the questions structure, can create a lack of detailed information or depth of answer.
- Members with hand tremors will find writing difficult.
- Requires the ability to read or arrangements for a facilitator would need to be made.

3.7 Members Questionnaire

Similar to Dunlop's (2017:174) case study arguing whether or not 'being there' as an incarnational missiology is enough, which in this type of mission, can be comforting for members experiencing isolation. The concept of uniting smaller case studies to create the data, merging the previous research with dissertation research, proved valid and useful.

Appendix 3.

3.8 Volunteers Questionnaire

The volunteers questionnaires were handed out without a 'gatekeeper'. Due to the position that the volunteers held, I deduced that their Respondent Bias would be minimal. Expecting their communications to be honest and open due to the opportunity to express themselves professionally. Appendix 4.

3.9 Focus Group

Using the definition of McPherson et al (2012) cited in Lijadi & Schalkwyk (2015), my focus group was set up in the same manner:-

"..comprising a selected group of individuals who gave consent and volunteered to participate in a facilitated, predesigned, online discussion in order to explore a specific topic for the purpose of research".

I clearly explained the purpose of the group to the professional group of people that I selected, Mental Health Nurses, Social Worker, Priest etc to get a professional cross section of experience and as they agreed, tagged them in, details of which can be viewed online, Moore (2018).

Through creating a focus group, my rationale was to critically evaluate my own preconceived ideas about motivational interviewing being the best way forward, to procure my own paradigm shift and learning and to use as a tool for expert opinions, knowledge and input, creating a pool of information relevant to the drop in.

Focus Group

Pros

- Members were friends and so were willing to help out and share their knowledge.
- Members could answer in their own time/leisure due to the way messaging on Facebook works.

Cons

- I only knew 5 people with any experience of working with vulnerable people, who were professionally trained.

- It was sometimes difficult to think of relevant questions, not being a mental health specialist myself.
- Only 3 of the 5 contributed to the discussions.

3.10 Progress made in Data Collection

Understanding, knowledge and wisdom are themes throughout the Bible and are always considered as a gift to be desired and sought after as in Proverbs 1:5 and 'Lady' Wisdom is an Incarnational personification of God's character, Martyr (2017:1). Similarly, the antonym of fools are always considered folly. Hopefully, we will increase our wisdom through our understanding of needs through this dissertation.

Having learnt from previous research that it is safer, although more inconvenient, to physically drive to collect the questionnaires, it prevents any damage or loss due to the postal system and receiving the results are guaranteed.

With the members and volunteers questionnaires, I had encountered a smaller sample of the members questionnaires than anticipated.

Although given as open questions, the questions were answered with 'no' or little information to go on. Perhaps the open honesty or sensitivity to the questions asked, as proposed by Decuir-Gunby & Schutz (2017:47) had an impact on the findings. The questions were planned with sensitivity in mind though and open ended to encourage as much information as possible. I deliberately omitted any opt out choices to the questionnaire due to the limited number of questions. With the hope of

positively engaging participants, who due to any previous or current addictions may have a limited attention span.

Perhaps Lee and Rezetti (1990) cited in Foddy (2001:118) are nearer the mark, when talking about threatening topics:-

"..questions that intrude into private spheres and personal experiences...raise fears of identification: impinge on the vested interests of the powerful; raise the fear of coercion or domination". If members were unclear about the reason for the research, it may have affected their responses.

I was pleased to have received seven questionnaires where a 'gatekeeper' had been allocated for the Rehabilitation questionnaires. The 'Gatekeeper' role was not outlined or explained as the information and consent forms seemed self explanatory and the administrator quantitatively performed above average in this role, as within the drop in, questionnaires to both the volunteers and the members only resulted in five replies each.

3.11 Personal Reflections on the Research Process

My own bias went against the best professional practise of using a 'Gatekeeper' especially in the instance of asking the members of the Drop in to answer the questionnaire. With hindsight, I used a volunteer that was socially awkward just because he was available at the time that I wanted to complete the task. Rather than asking another, far more experienced and popular member of the team. I feel that with another member, I would have received better results. Although conversely, being

a older female member may have prejudiced the data through the members perception of her being a "mother" figure.

Reflecting on the interview, I'm not sure that in the moment I did not unduly influence the conversation by suggesting prayer support. The member wanted help with employment which I decided was outside of our capabilities although I could have signposted him to the jobcentre. I offered something that we could do, namely pray but feel the temptation to 'fix' the problem was outside of the ethos of an interview.

4.0 Presentation of the findings

4.1 Quantitative Information

I received 7 completed questionnaires from the Rehabilitation Centre members, from a mixture of phase 1 and phase 2 members. Phase 1 starts from arrival at the Rehabilitation Centre (2 to 12 weeks) to become

free of all physical withdrawal symptoms and Phase 2 to work through life skills, relationship restoration, therapy and activities. This phase lasts about 26 weeks.

From the Members of St John's Drop in Centre, I received 5 questionnaires and 5 from the volunteers themselves. The focus group had 5 members although only 3 actively participated. As previously mentioned, some of the data used in this dissertation was from previous personal research.

I only interviewed 1 member due to the illness of the second member.

4.2 Analysis of the data

My first aim was to understand the needs of the members. My starting point was provided through a current members response to this question:-

Table 1.1a

Q5 : How could we best help you to make life improvements?

Be there for me

None

To support me

With inductive reasoning arising from these two specific answers of 'be there for me' and 'support me' it seemed that as a team we were letting our members down and this needed further research into 'How' members would like to receive more emotional support for my dissertation.

Through the semi structured follow up interview of a member who wanted support, it surfaced that it was not emotional support that he desired but to find employment despite having epilepsy. The member interviewed did not particularly expect practical help for this, as he felt that the system had let him down.

This is a worldwide problem, as highlighted and reported by Wood (2018:1). It shows one entrepreneurial father who has managed to succeed in overcoming societies prejudice in this area.

We agreed that prayers for employers to be more willing to employ those with disabilities would be a good way to support him.

It was also suggested that the best way to help other members was through meeting together more frequently. Through comparing the amount of sessions available in larger towns, to the provisions in Worksop, of which *only* our Drop in Centre opens *once* a week to serve all of Worksop's homeless! Estimated from experience of around 50+ people. It was noted within the interview that the larger towns had seen the need for and implemented more provision.

The initial findings of the focus group agreed that Motivational Interviewing could be integrated, Moore (2018). Although it was thought by two professionals, that compassion based training or reflective listening skills would be the best place to start volunteer training with. Partly due to the complexity of applying motivational interviewing as a non professional.

It is interesting to note that within Question 10, (Table 1.2) overleaf, two members within Rehabilitation would have liked more volunteer support either during the interview at Rehab or to have arranged and been accompanied to more Rehab visits.

Table 1.2

Q10: What could volunteers do more of to help people?

Nothing, very good to us all/ Just keep up the good work

Take us to more Rehab's

Accompany them to interview at Rehab

It is interesting to note that no Drop In members suggested visiting Rehabs at all. Which may in itself indicate that the Rehabs need to become a higher priority within our meetings. Is this because it is not expected as a part of our role or because we don't offer this service, so members are unaware of this being a possibility?

For those in Rehab though, they considered this as a useful way that volunteers could practically help them.

None of the Volunteers themselves made any mention of visiting Rehabilitation and it seems that this was 'hidden window' to most groups apart from those already in Rehab.

Within the focus group there was no specific mention of Rehabilitation as I concentrated more on the motivation behind taking the step to

Rehabilitation. With the main focus around the idea of the emotional motivation that volunteers could impact, especially through encouragement and motivational techniques.

One expert recommended:-

"Emphatic based training or non reactionary, non defensive responses would be needed first. Karpman's drama triangle (1968) may be useful, ensuring as a practitioner you don't take any of the three roles outlined." Moore (2018). Another expert concurred and suggested compassion based training or the use of reflective listening skills, which I use aspects of. Of course, it is important to ask the volunteers themselves if there were areas that they felt unprepared or vulnerable about.

Table 1.3

Q3 Do you think that it would be beneficial to have some more specialised training?

First Aid ~ Dealing with 'mamba' members, drink and drug related fits etc

Information course about the various drugs being used on the streets currently (x2)

Family counseling, helping people understand the drugs

Training on dealing with aggressive/violent behaviour

The volunteers also revealed unexpected aspects of training that I had not predicted, to increase their confidence. First Aid with a better

awareness of the drugs around explaining how to physically respond to users physical needs when in crisis, is a valid practical area and one in which we plan to act upon within our practise.

The volunteers themselves ranked the practical skills of dealing with the physical effects of drugs/alcohol and physical restraint/anti aggression training as important and all desired further training. This backs up Maslow's (1943) theory from a volunteering angle; that we need to be equipped with knowledge of and applying the best practise for the physical aspects of members, before any self esteem issues need implementing.

Although the members data disagree and desire more emotional support in response to this data, through support and accompaniment, correlating to my experience and initial interpretation of the need for better self esteem and motivational methods.

The first response from Question 3 'a fish out of water' has resulted in a recommendation being made for new volunteers, as explained further in (4.6) p51.

Table 1.4

Q6. Are there any particular areas that you felt/feel untrained for?
--

At first I felt like a fish out of water, no similar experience

Dealing with violent clients, so security for others as well as self

No (x3)

Question 6, as well as reiterating in the answers one volunteer's desire for physical restraining as in Question 3 (Table 1.3), it also shows the importance of getting the questions right. As the phrasing of this, Question 6 (Table 1.4), yielded 50% less qualitative answers than the phrasing of Question 3.

One of the most critical questions that I wanted to explore through the questionnaire to the Rehabilitation members, was how volunteers had encouraged the members to take that huge step, into taking control over their addictions. As a volunteer this is often our most fervent prayer and hope to see members make a commitment for the better for their future.

Table 1.5

Q 3: Who was the one person who's actions/conversations helped to motivate you?

God/Pastor

My Fiance x2/Wife/Sister

My friend Barbara

The data for Question 3 of the Rehabilitation Questionnaire showed that it was family members for the majority of men that motivated them into Rehabilitation. For two people it was a trained pastor or the Holy Spirit and for one person a close friend. No volunteers were mentioned. No volunteers had had a significant enough impact upon a members life to motivate them into rehabilitation.

This seems consistent with the research in Hong Kong by Chan & Yan (2004:93):-

"..When these children reached adolescence, they prevailed on their parents to seek rehabilitation. To Rita, the love of her children was the greatest motivating factor for seeking help from the centre".

This is also consistent with my practical experience, where the referrals to Rehabilitation have come through the founder of the Drop In and a leader

of Now Church, where this is his calling. Although I have no experience of family members having referred or encouraged our members to this extent.

This indicates that the volunteers have very little to do with helping to motivate the step towards recovery other than advocating Rehab. The major success it would seem according to the data, comes from family members, friends or trained pastoral carers.

This could indicate that to encourage more rehabilitation, members need to be encouraged and shown around the Rehabs. This obviously requires time, effort, financing and safeguarding and a show of interest and commitment on the behalf of the member also. We do have the resources there if members show an interest. Which takes us back to the initial question of how to encourage members to take an interest!

If I had asked more the specific question to the focus group about "What do you think best motivates drug/alcoholic members into Rehabilitation" I may have got very different answers and feel that my own paradigm shift would have been much bigger if my own enthusiasm towards motivational interviewing had not blurred my reasoning and would have opened the topic better.

Table 1.6

Question 6: Do you feel that Christian volunteers ever ask too personal questions or don't get involved in your life enough?
--

No cos they prayed for me daily & got to know everyone who came to the homeless drop in

They could get involved more but they have lives too/ brilliant people.

Yes/ Not involved enough x2

No x2

Although Table 1.6 all have different answers they all seem to point to the same answer; namely that nobody felt that the questions were too personal and actually shows that volunteers shouldn't be nervous about asking members about their lives or offering further help, within the best practise and safeguarding rules.

When the Drop in Members were asked a similar question, the responses were a little ambiguous. Four of the five members answered unanimously 'No', with one abstention. This could be interpreted as 'No' they didn't ask too personal questions or 'No' they are not involved in my life enough.

When compared with the follow up interview question on how we could support members better, the answer was to have the telephone number of our Drop In leader as he knows and has contact with other agencies

outside of the Church. Also, for employers and Church support through prayers or social action for employers to employ those with epilepsy.

No further personal involvement from volunteers was expressed, leaning towards there being no expectation of volunteers to do more than they are already doing. In the members eyes, this is primarily to chat with, feed and clothe together with an introduction to Christianity through prayer and Bible Study. These were the attributes that the Rehab members were grateful for.

4.3 Faith Needs?

Asking personal questions through active listening and getting involved in people's lives is actually Incarnational according to one particular episode in John 5:1-9. Here Jesus asks a personal question to a stranger who hasn't requested any help, yet has laid around the pool for 38 years. Shore (2007:1) notes that the only question comes from Jesus and He does not mention faith directly, which is unusual before healings:-

"All we hear from this man is that although he has learned not to expect the system to meet his needs, he keeps returning to the pool, maybe because a slim chance of healing is better than none".

It would seem from the data, that although some of the men may feel oppressed from society and the system, they valued the input from the volunteers, perhaps because of the hardness of the system.

This has been useful to clarify, where British reserve could pose as an unwritten social barrier, from this qualitative data, there is no need to give credence to this notion.

Table 1.7

Q 5: If you have ever attended a Christian Drop in Centre before, what did they do that was good?

Give some food talked about God/Jesus

Give me food when I was homeless. Washed my clothes & give me clothes

On a practical level, although we have no facilities for washing and drying clothing within our drop in. When visiting another drop in Mansfield we saw the amount of work involved due to the demand for this service. We decided that it was a ministry in itself, due to drying times and the organisation needed to ensure all of the clothing was returned to the correct owner. Our Drop in does give out clothing and food though.

The first response to this question though is more Spiritual. This raises the question of whether the volunteer's role should be considered as primarily encouraging members into rehabilitation; evidence from the data does not support this. Or rather as witnesses to the truth of the

Gospel? The data supports this witnessing as a valid and measurable asset. It is mentioned in Questions 5, Table 1.7 & Question 6, Table 1.6, where the volunteers were remembered for their conversations and prayers.

The fact that when the members were asked if they had ever stayed for Street Church, a two hour session of worship and teaching after the initial Drop in Centre is tidied away, 4 out of the 5 members answered 'Yes', with only 1 member answering 'No'. This is further validity to the claim that the Pastoral care and compassion of volunteers impacts on the lives of those attending the centre and thus serves as a good introduction or reintroduction to Christianity.

Faith can have a significant effect on the motivation of a drug/alcohol dependant member together with clarifying a better path:-

"transformational turning points or 'Golden moments' where new mental structures... may be integrated to give new perspectives to the future." Borgen (2013:463). This ties in with the fact that some Christian leaders have motivated members into Rehabilitation, although it is difficult to measure the love, kindness, prayers and witnessing about God and Jesus that the volunteers helped to support that decision with.

Table 1.8

Q 11: Any other comments ?

I hope to carry on with my walk and become a good Christian Missionary worker.

I would advise people to come to Rehab's like Teen Challenge, as its changed my life for the better

The Rehabilitation Centre has thankfully influenced these members constructively and the fact that they want to encourage others to follow is a testimony in itself to the positive outcome of the programme.

'Changed my life for the better' is no small accomplishment weighed against the odds and complications of a continued life of addiction.

Life after Rehabilitation is not without its challenges though as other research within this area has shown,

"Remaking the social composition of the evangelical churches...struggled to integrate ex-addicts with middle class families. Several congregations have split." Yoder (2011:14). On a much less extreme scale, there has been some evidence of this within my own Church, as the marginalised literally sit at the back, far right hand side away from the majority of the congregation during the main morning service. Whereas they integrate much better, sitting towards the front of the right hand pews, within the evening service, where numbers are fewer and the service has a much

less formal approach. Yoder (2011:14) though is talking about *ex-addicts* which I find rather worrying as having completed the Rehabilitation process, we would hope that they would be encouraged and mentored by the Church within its congregations.

Thankfully though there are better outcomes as cited in Chrispin (2007:7):-

"Alexel began ministry in his home town of Krasnodar after a year and a half in the rehabilitation centre. He is now the pastor of one of the Exodus Churches".

4.4 Thematical Chart

To help to collate the information for the dissertation, for a more holistic overview, I created a Thematic Analysis Chart, Appendix 5, which helped to clarify which areas were overlapping or linked the groups and is a good visual representation of the answers.

The larger the circle, the more people had identified this as a need and summarizes the distinct issues and concerns within each group.

When compared with Appendix 6 compiled from the previous research data before the dissertation, it is clear to see that the answers from the interview and Rehabilitation members were not at all connected. With each providing a very different outlook. Whereas in Appendix 5 there is at least one connection from each group, which validates the need for or the common vision for developing in the future.

4.5 Conclusions

The objectives were reached, with the most surprising and useful data collated from the volunteers, as I would have expected volunteers to have suggested improvements before being asked in a questionnaire. Nonetheless, the research raised awareness to the issues. It also showed that only a small percentage of volunteers were concerned with the emotional needs of members. This is clear from the Thematic Chart Appendix 5 where 5 of the volunteers 6 answers pointed to practical needs, with only 1, the family counselling, linking in to the professionals interactive skills. The Rehabilitation answers would agree that the food and clothing were valued as much as the sharing of the Gospel. None of these guys mentioned any emotional needs or support and none mentioned any conversation within the drop in that motivated them to change their lifestyle. Although the fact that a Pastor was named in Question 3, Table 1.5 suggests that this is not quite the case.

Having said that, another outcome of my initial research purpose was also highlighted through a couple of members needing the extra support, which is emotional and which the experts, through the focus group, have recommended as more relevant to our setting and beginner level of support. This outcome can guide our training for volunteers who want to emotionally support our members, of which I am one. As this is the area which initiated this research and has been shown from the members as a need through Question 5, Table 1.1a. I believe this validates the exploration of this area to supply to members emotional as well as physical needs.

Fundamentally, the reliability of the research in regards to my main research question on 'equipping volunteers' reveals just that and suggests external validity as our 'hidden' issues raised were around a lack of training for volunteers and a lack of proactively arranging group or individual visits for members to encourage rehabilitation.

The interview suggestion of meeting more than once a week does have a lot of credence, both from experiential knowledge of other Drop In Centres, such as Mansfield which is open four days a week.

Internationally it has been proven to work also. In the National Catholic Reporter Schenk (2014:20), where women transitioning out of homelessness or trying to avoid it, meet to croquet three or four times a week and the meetings, led by the Catholic Sisters of St. Joseph and is changing their lives. They also offer services and resources necessary for self sufficiency.

Having the resources to create such an environment though, takes a lot of leaders and volunteers with experience. We do facilitate and have contacts through the leaders should members approach us expressing a desire for a CV writing service for example where they would be signposted to the jobcentre, which may not be the best practice in pastoral care but seems a little more like passing the buck. They have the expertise though and is not an area that we have any training in or ability to teach effectively.

Whereas our volunteers are more interested in being equipped to deal with the physical aspects of a crisis, to raise confidence and a better

understanding of drug awareness, the members value our Christianity, food and listening skills. Another aspect of further training would be to increase team comradery and bonding. This also highlights the Christian Principle of being family together and unifying the ties between the Christian denominations working together.

Also, the Spiritual needs are being met according to the data, as four out of five members sampled have attended the Street Church.

The focus group, although some very informative answers, was hard work facilitating. Informal experiential practise conversations would have been easier or online interviews with each expert, especially with those who were included in the group and didn't participate.

I had not expected such a vast dichotomy between each of the groups, with only one link being overlapped between each section. Although a successful evaluation exercise in providing diverse data to implement within the practise.

Therefore, according to O'Reilly & Parker cited in Nash (2018:12) class handout, my research for the dissertation holds credibility, as other drop in centres could benefit from a training programme compiled from the data findings and would be easily transferable.

4.6 Reflection

On reflection, collecting the data for this dissertation has been harder than anticipated, due to the illness of one member for the interviews who was unavailable, leaving me with 50% less qualitative data from the structured interviews than anticipated.

With such a small number of potential interviewees, more data would have been useful in compiling a more in depth comparative understanding, which could have provided evidence to promote a change within the provision of our services. Even though the data collected from the interview was valid and helped to shed light on certain aspects of our services, more data would have been preferable.

The biggest surprise personally from the results of the Rehabilitation Members, was the fact that it was family members who had influenced them the most into Rehabilitation. Although in hindsight, it was probably naive of me to think that volunteers would have that much influence upon a members life, considering that we only meet once a week or three times a week if they come into the mainstream Church, which a couple do.

It was surprising because most of the members that I chat to are estranged from or have very strained relationships from their family, but it is perhaps this tension that is required to evoke change.

As a volunteer first starting, I had a clear understanding that my role was primarily as a Christian theology student, with the ethos of sharing love and compassion, empathy and good listening skills. As time went on and one leader encouraged me through showing me rehabilitation centres, the aim and motivation towards the drop in shifted slightly towards getting them to change their lives through rehabilitation, especially when their physical conditions were becoming seriously life threatening

through livers failing and epileptic fits occurring through too much alcohol misuse.

Where Jesus allowed me to work the best though, was through accompanying the men into Street Church and into mainstream Church, basically encouraging them to befriend Jesus and the leaders/congregation did the rest and I seemed to forget that.

There was a sense of frustration when the close friendships/ relationships had no practical impact on members addictions and it was easy to see how family members and close friends could use their emotional ability to influence members enough to change their lives. It was difficult to not start pressuring members in order to 'fix' them. Perhaps this was a subconscious bias on my part to look into a way to 'fix' my friends through motivating them into Rehabilitation, whereas actually rather than looking into where I was failing, I should have been thankful for what Jesus was doing with us, accompanying each other to Church and into His Kingdom.

This dissertation has helped me to clarify my gifting. I believe that if Rehabilitation motivation was my gifting, we would have seen results by now. The Rehabilitation members have helped to encourage and clarify my role too, as they value the Christianity side of the Drop In just as much as the physical food and clothing; which can be seen through the various mentions of prayer and witnessing talked about in the questionnaires from both members and Rehabilitation members.

It has reminded me to not forget my primary role, to love and listen and encourage others that no matter how hard life is, Jesus loves them. This way, I can fulfil my role and can certainly pray for the members to change their lives, but love them even if they can't or are unable to make significant changes. Resting in the knowledge of knowing that they encountered Jesus within the Churches, leaders and volunteers and that the Holy Spirit would have helped where ever He was able.

4.7 Recommendations

Through answering my research questions, specifically revealed hidden parts to our particular 'Johari's Window' (1985?). There had been lacking a consideration of the volunteers needs before this study; which had effectively highlighted needs based areas for the volunteers. The findings have been shared with the appropriate leaders and training sessions are being arranged with a view to being implemented as a result of the volunteers response to this research. This has operationalized the following:-

- Created a new 'buddy' system to integrate new recruits better. All it requires is for one volunteer to come alongside a new volunteer for a session or part of a session and talk through some aspects of the volunteering and personal experience.
- Drug awareness presentation by a CGL key worker, explaining how to differentiate the different street drugs and how best to interact with those on Mamba.

- British Red Cross First Aid drug and alcohol specialised free course for working with vulnerable/homeless people.

4.8 Possible Future Developments

- Using the data from Rehabilitation members, it should be discussed amongst our leaders as to whether or not we actively offer visiting Rehabilitation as a part of our outreach services to those already attending the Drop In. Due to the nature of their addictions though, there are many 'no shows' when visits have been arranged for those who have committed to applying to Rehabilitation and this experience may bias the response to this proposal.
- Perhaps it would work better as a group visit rather than putting the essence on individuals, although this would require more 'policing' it may produce better results, due to the shared experience.
- Reflective listening skills.

The difficulty with reflective listening skills though, is finding a validated trainer that offers a free training session.

Through the objectives being achieved and the outcomes ushering in new training for volunteers, with both the physical and emotional needs of volunteers and members being understood without my own biases or ideas, we have a realistic and agreed plan to work with, giving the volunteers more confidence in their own abilities and knowledge in

both crisis and non crisis situations, better equipping us for the future and raising the standards of the centre.

5.0 Conclusion

Within this conclusion I aim to summarise the discussion from the dissertation as a whole. With a brief summary on the Literature Review including wider considerations. Summarising the Research Methods, Research Objectives and the value of the research to people's lives.

Finishing with a brief personal paradigm shift and further recommendations, followed by the Bibliography.

5.1 Literature Review

I believe that I have achieved my aim within this dissertation to have effectively shown that the Government policies and benefit system, currently through the Universal Credit introduction, is a major factor in the upsurge or homelessness in the UK. This is validated by social justice action groups such as Shelter and Crisis, whose research highlights the increasing need for homeless support and provision.

Although the Government are aware and are endeavouring to address the issues and policies around homelessness the process is slow and often inadequate.

"We grow with the gaps"...meaning the gaps in social services that affect many of the city's homeless and at-risk population" Lefevere (2008:19)
Proving the definitive need for providing provisions and serving the poor in this way.

5.2 Wider Considerations

By improving the current benefit system or lack of accommodation for the homeless the Government could reverse the damage caused by Universal Credit.

"If the Government does not act before the further roll out of Universal Credit to hundreds more offices, it will cause immense hardship and bring the Universal Credit approach into further disrepute." Timmins (2017:1)

5.3 Methods

The Research methods used have been set out in Section 3 - 3.6 of the dissertation, with clear Pro's and Con's to each method used. My theological stance for the research is set out in section 3.5 with a critique of the methods throughout the sections.

The objective of using the Triangulation Method worked well in being able to compare and integrate the different approaches to the members needs, which determines the best approach for the volunteers to take.

The experts were honest in sharing their knowledge and gave insight into the best practise for volunteers. Their answers all included some form of further training as an effective tool.

The volunteers themselves proved to be a valuable source of information, with ideas and initiatives to increase their confidence and personal abilities to serve better.

5.4 Research Objectives

Through this research some key areas have been identified. As discussed and analysed in section 4.0. and concluded in section 4.5.

Another outcome of this research has given us an opportunity to open communication between the various groups and to relay to the leaders, areas where provisions can be extended to the volunteers.

My specific aim and objective has been reached through providing good practical foundations for equipping future volunteers. Through implementing the recommendations in section 4.7 has provided a new model framework for our organisation and the new best practise model to build upon.

The aim of becoming a better advocate for Rehabilitation has not particularly improved but rather been realigned with a needs based sharing of faith to members. The research has reiterated its importance.

Another spiritual outcome has been to pray more for the employment for the physically and mentally disabled within our group without addictions to find employment.

5.5 Seriousness

As previously outlined in the values section of the introduction, the life changing impact of this ministry is particularly important as it can literally be the difference between the life and death of an individual, who if they are unable to change their ingrained and established habits are risking premature death. It is perhaps the most vital of ministries due to this urgency.

This should motivate us as volunteers to do the best job that we can, in every aspect. Remembering theologically, as Albertini & Grenz (2011: 17) says:-

"Jesus challenges each of us to see Him in the face of each person, no matter the gender, ethnicity, nationality, social status or even behaviour"....and goes on to explain that the word 'poor' or 'poverty' are mentioned over 300 times in the Bible, puts the Lord's heart into context.

5.6 Paradigm Shift.

Having completed and analysed the findings of this research for the dissertation, I have come to the personal conclusion that my motivation for this research came from a personal aim of measuring my success and failure in my ability to help members gain access to Rehabilitation.

This discovery has been a paradigm shift with a touch of irony. The irony being that it was the members currently attending the Rehabilitation Centre whose answers to the questionnaire realigned my thinking.

Reminding me of the original aim of bringing the Gospel of Good News to the members and not to simply desire their actions to result in making life changing decisions. Although this is a positive outcome and one to be advocated, the Rehabilitation members valued the love, support and Gospel message from the volunteers just as much as meeting their physical needs and they are the ones who have managed to make the life changing step to recovery and should be valued as such.

5.7 Further Recommendations

As outlined in the recommendations sections of the key findings 4.7; plans are being implemented from the dissertation research to teach a basic understanding of drug awareness and drug related first aid. This

aims to satisfy the physical needs based training and we could build more on the emotional needs. Although, I appreciate that many of the volunteers did not see this as a high priority.

Through more research into finding available free courses, we could build on the reflective listening skills, with Emphatic based training for volunteers. See Appendix 8.

As my personal refocus and understanding has been highlighted with the essence of our ministry also being the Spiritual development of our members. We could also look at creating a new group for an introduction to Bible Study within the week.

This concludes my dissertation and I hope that the recommendations will be initiated and built upon within our Drop In. Continuing to grow through equipping the volunteers and never lose sight of our primary goal, to share the love of Jesus and encourage change.

Word Count 10,537

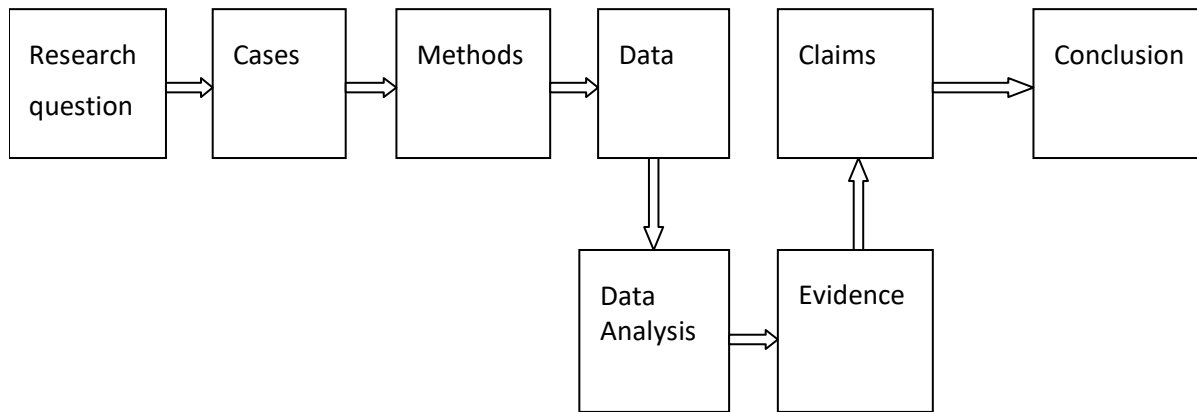
6.0 Appendices

Appendix 1: Luft & Inghams (1955) Johari Window

	Known to Self	Unknown to Self
<u>Known to Others</u>	<p>Open (Public knowledge; what I show to you)</p>	<p>Blind (Feedback - your gift to me)</p>
<u>Unknown to Others</u>	<p>Hidden (Private; mine to share if I trust you)</p>	<p>Unconscious (Unknown; new awareness can emerge)</p>

Appendix 2 : Plowright, D (2011) *Using mixed methods*, SAGE Publishing, London.

Appendix 1 Plowright's (2011) Framework for integrated Methodology



Appendix 2.1



Michelle Moore

C/O St John's School of Mission
Chillwell Lane
Bramcote
Nottingham
NG9 3DS Tel: 0115 9683222
mcym@stjohns-nottm.ac.uk

12/12/2018

You are being invited to participate in a research study which will attempt to answer the following question:

[How can we effectively equip volunteers to work in a Christian Drop In Centre with the Homeless?](#)

Your participation in this study or withdrawal, in no way effects any future marks or grades for the assignment. You have the choice not to take part.

If you are happy to take part in this research, please continue by signing the consent form. You still have the right to withdraw your contribution until the deadline of 20th February 2019.

If you decide to complete the questionnaire, we can assist you with the writing element and we will ask you to provide a pseudonym for confidential identifying purposes. Any data collated from this survey will be kept securely both in paper and electronic form, for a period of ten years.

The possible benefit of sparing your time to take part, is improving the services that you attend.

The results of this research will help to provide data to analyse as a part of the Research Methods module of study for the student of St John's School of Mission and further for use in her dissertation.

If for any reason, the questions in this questionnaire provoke any negative emotions or thoughts, please talk to a member of staff/volunteer who you trust, as they will be more than happy to listen. If you have any concerns about the way that this study has been conducted please contact a member of staff at the above address.

Thank you for your time.



Consent Form

How can we effectively equip volunteers to work in a Christian Drop In Centre with the homeless?

Michelle Moore

Placement Student, C/O St John's School of Mission, Chillwell Lane,
Bramcote, Nottingham, NG9 3DS Tel: 0115 9683222

I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason.

By attending the interview, I am agreeing to take part in the above study.

Participants Pseudonym

Name of Participant

Date

Signature

Name of Researcher/
Assistant

Date

Signature

Appendix 2.1c Questionnaire for Rehabilitation Participants

1. Which phase are you currently in rehabilitation?
2. What was your biggest incentive to come into rehab?
3. Who was the one person who's actions/conversations helped to motivate you?
4. Was there any therapy or conversation with a therapist that helped you to change your lifestyle?

5. If you have ever attended a Christian Drop in Centre before, what did they do that was a) Good?
b) that they could have done better?
6. Do you feel that Christian volunteers ever ask too personal questions or don't get involved in your life enough?
7. Did you previously try work placement or volunteering?
a) If so, how would it have been beneficial to have had a volunteer to accompany you?
8. How many agencies were you in contact with before rehabilitation?
9. What do you like about Rehabilitation the most?
10. What could volunteers do more of to help people?
11. Any other comments?

Appendix 3 Questionnaire for participating members

1. How long have you been attending St John's Drop in?
2. What is it that attracts you to the drop in the most?
3. What changes would you like to see to improve the Drop in?
4. What is the one thing you would like to change about yourself the most?
5. How could we best help you to make life improvements?

6. What's the biggest reason for the weeks when you decide not to come to the drop in?

1. Do you feel that the volunteers ever ask too personal questions or don't get involved in your life enough?

8. Are you currently sleeping rough or sofa surfing?

9. Have you tried work placement or volunteering locally?

10. If you have, would it have been beneficial to have had a volunteer from the drop in accompany you?

a) if so why

10. How could volunteers do more to help?

11. How many other agencies are you in contact with on a weekly basis?

12. Have you ever stayed for Street Church?

13. Any other comments?

Appendix 4 Questionnaires for volunteers

1. What do you believe works well within the Drop In?

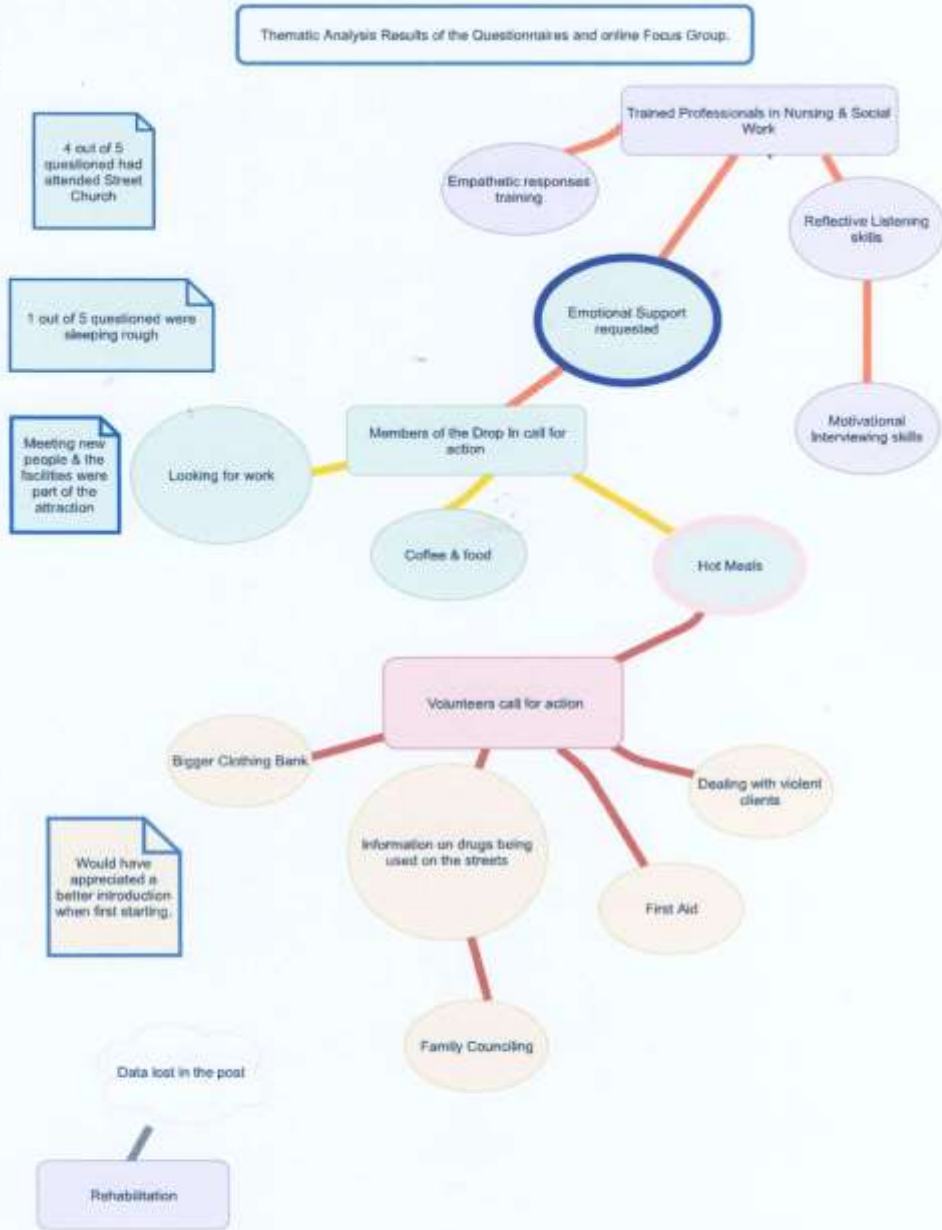
2. What do you believe works well within Street Church?

3. Do you think that it would be beneficial to have some more specialised training?

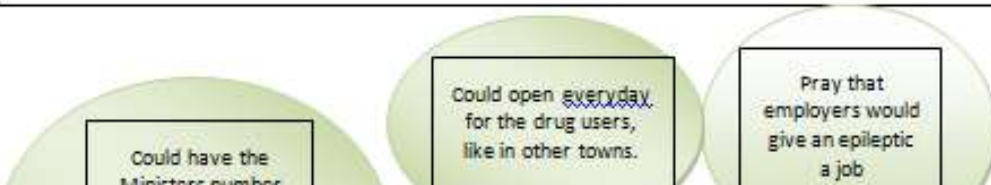
a) if so, in which area?

4. What do you feel would enable us to offer better services to participants?
5. Would you like to do more to help, if so what?
6. Are there any particular areas that you felt/feel untrained for?
7. Looking back, what would have benefitted you the most when you first volunteered here?
8. With Personal/Professional safeguards in place, would you be prepared to volunteer outside of the Church environment with a Drop in/ Street Church member?
9. Do you have any skills that you would be willing to train participants in?
10. Would you feel more confident if you received some formal training in drug related issues?
 - a) If so in which areas?
11. Would you be prepared to attend a short training course?

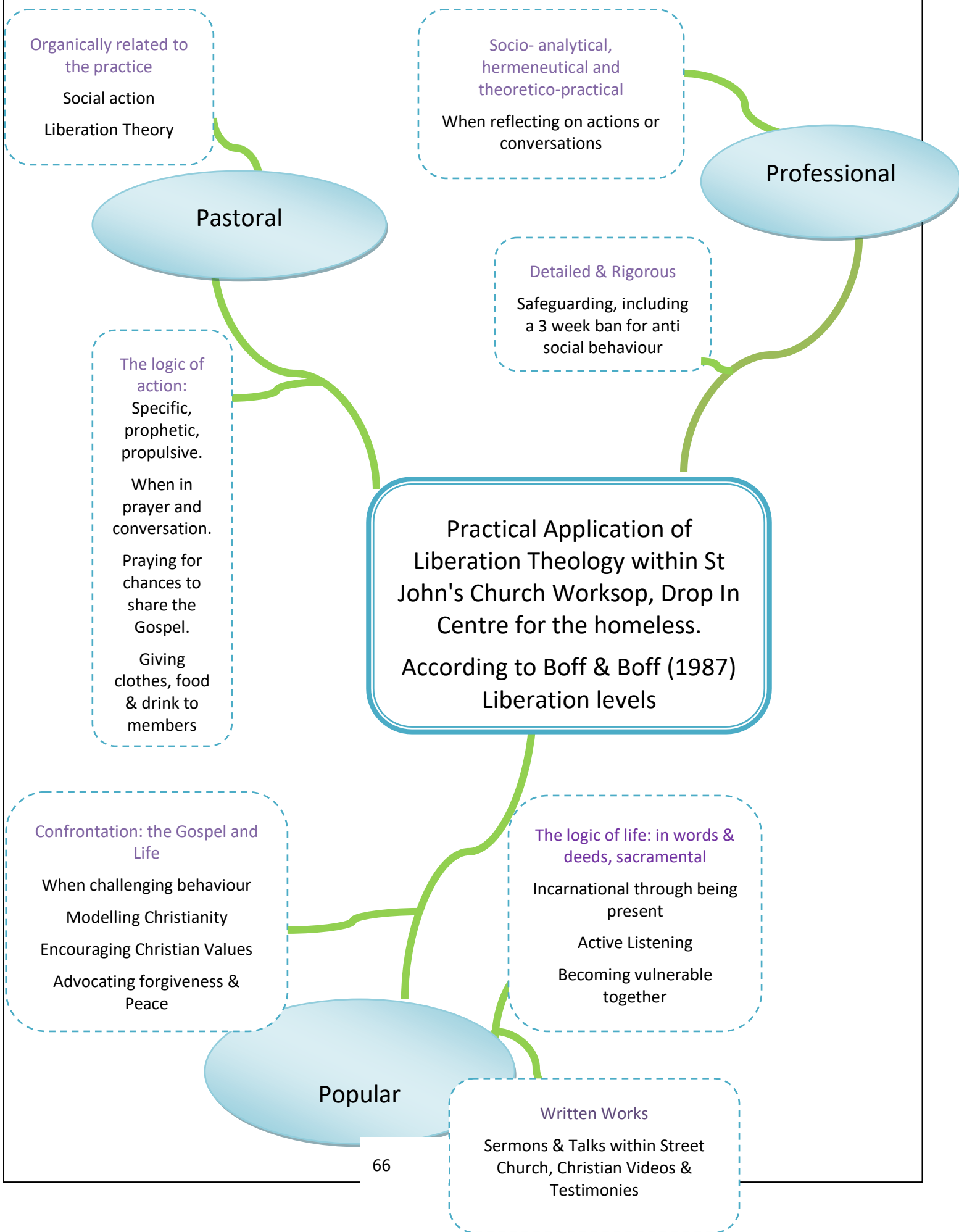
Appendix 5: Thematical Analysis Chart



Appendix 6 :Thematic Analysis of the Interviewed Member and Rehabilitation Members



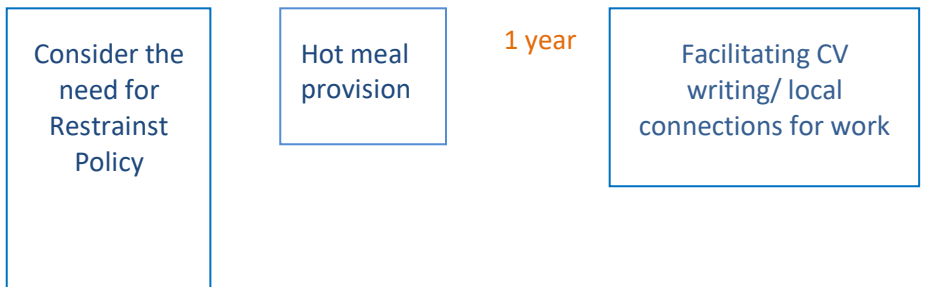
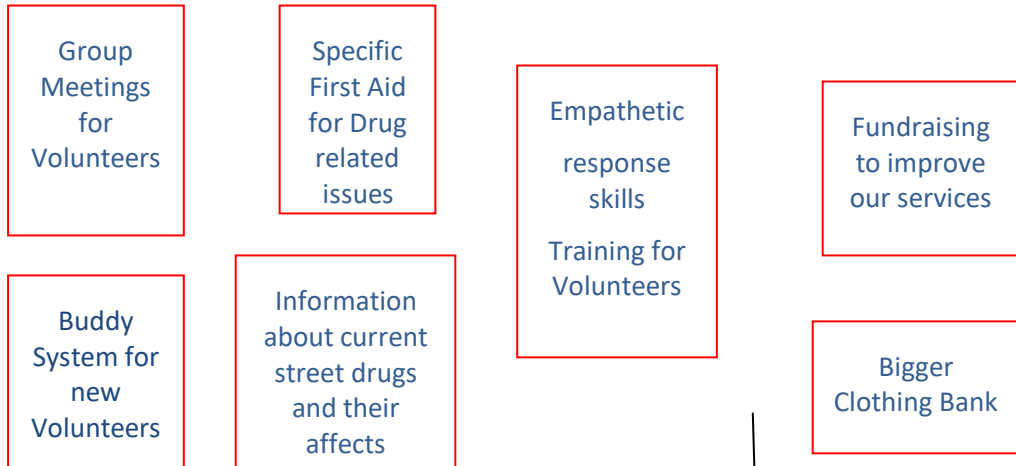
Appendix 7: Practical Application of Liberation Theory within my Placement



Appendix 8: Timeline for practical Implementation of areas required according to the data

Planning to implement

Time
scale



Issues under review/requiring more planning

6.0 Bibliography

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VVS333 Dissertation Ethical Clearance

ETHICAL CLEARANCE FOR

DISSERTATION

You must submit your completed Ethical Clearance form for your intended Dissertation to the module coordinator at your Regional Centre at least 3 weeks before you plan to undertake any empirical research for your Dissertation.

Your Regional Centre will give the completed form to the CYM Ethics Officer at your Centre (usually Centre Director or Research Methods tutor). The CYM Ethics Officer will inform you of his/her decision and of any suggested amendments within two weeks of receipt of your form (during term time).

The CYM Ethics Officer has power to

- (a) require the student to re-submit the form with changes,**
- (b) reject the submission,**
- (c) clear the student to start data collection or**
- (d) refer the submission to Dr Sally Nash, Module Coordinator**

Approval must be received before students begin their empirical work.

This form, with signed approval, must be bound into your final Dissertation.

Section A

Student information

Name: Michelle J Moore

Address: 14 Ambleside Grange. Worksop, Notts, S81 7QH

Tel. No.: 01909 542874

Email: michellejane71 @yahoo. [co.uk](mailto:michellejane71@yahoo.co.uk)

Regional Centre: Midlands Institute for Children, Youth and Mission.

Title of Dissertation: How can we effectively equip volunteers to work in a Christian Drop In Centre with the homeless?

Section B

Initial declaration

This investigation will include formal study of children, young people or vulnerable adults Yes This investigation will include formal study of adults Yes

If you have answered YES to either statements above, then it is presumed that you are completing an Empirical -based Dissertation. You must complete **Sections C, D E and F.**

You will also **MUST** include a copy of your **Consent Form and Information sheet for human subjects.**

If you have answered NO to BOTH statements above, then it is presumed that you are completing a Library-based Dissertation. You must go straight to **Section E** and obtained your tutor's signature only, then complete **Section F.**

Section C

Please answer the following questions, and give details if answering Yes (or if necessary to explain No):

<p>1 Does the study involve participants who are particularly vulnerable or unable to give informed consent? Although able to give informed consent, some participants are likely to under the influence of alcohol or illegal substances throughout the study period. I will endeavour to ensure that participants are coherent enough to hold a conversation during the study period although some may require written assistance due to shaking hands.</p>	<p>Yes</p>
<p>2 Will the study require access to groups or individuals because of their membership of a particular group, organisation, place of study or dwelling place? (e.g. particular youth group, school, community group) Participants will be selected because they are open to the Christian Rehabilitation process or are Christians requiring rehabilitation. Interviews for the dissertation are selected members chosen due to their previous response to the members questionnaire, conducted in my previous (Pilot) Study and are currently attending the Christian Drop in Centre within Worksop.</p>	<p>Yes</p>
<p>3 Will it be necessary for participants to take part in the study without their knowledge/consent at the time? It will be specified with the questionnaires and before the Interviews commence, as a preliminary measure that participants consent is required. Due to the nature of the methodology, observations are not required.</p>	<p>No</p>
<p>4 Will the study involve discussion of sensitive topics not usually addressed in your placement work? The questionnaires ask mostly for participants opinions and experience when attending a Christian Drop in. This may however, trigger off negative emotions or experiences unwittingly. There will be pastoral support available should any issues arise and members will be encouraged to seek support if required.</p>	<p>No</p>
<p>5 Could the study induce psychological stress, anxiety, or cause harm or negative consequences beyond the risks encounter in normal life? It is possible, although the focus is more towards the volunteers than members themselves. Pastoral support from the leaders will be available should any participants encounter a negative emotional response to the questionnaire.</p>	<p>No</p>
<p>6 Will financial inducements (other than reasonable expenses) be offered to participants? I would anticipate an unnatural bias if financial inducements were offered and due to the nature of the participants situation I believe that for the purpose of this study, it would be unethical. Participants receive food and beverages from the centre on attending if required on a regular basis.</p>	<p>No</p>

Section D

The investigation that you are about to begin is potentially harmful to participants. You are being judged on four issues:

Is your study valuable enough to ask other people to give up their time?

Have you considered that some people might not want to take part in your study, and how they will say no (the issue of informed consent)?

How can individuals leave the study if they wish to?

How are you going to store and use the information you have gained?

1. What do you hope to achieve through this study?

For my dissertation, I hope to collate further information (building on previous academic research re: 'research methods' assignment) about how different sectors of society interact with each other and in so doing, hopefully finding where volunteers, working with the most vulnerable in society, can effectively plan and review our practice. A successful study will identify any areas of need that practitioners are currently unaware of and clarify if there are areas where volunteers could be better equipped to serve others and help to facilitate change for participants. I hope to identify any shortcomings in physical, spiritual or emotional needs relating to any cross section of the rehabilitation cycle.

This research should also build on my previous research methods experience, furthering my analysis and critique skills to include using an interview. Hopefully providing me with in depth information for my dissertation and a useful tool for future employment.

2. How will the study be carried out? (e.g. interviews, questionnaires, observation)

I have decided to continue using a mixed methods approach. I have interlinked primarily open ended questionnaires to a Christian Rehabilitation group to gain understanding from the Christian Rehabilitation cycle. Hopefully taking in the Ethnographic and holistic approach to better empowerment of people. Due to previous experience, I will no longer use an Ethnographic 'Gatekeeper' (Tisdall et al (2009) for the interviews, as I believe that the relationship that I have with the members will override any benefits using a 'Gatekeeper' will have. I do need to use a 'Gatekeeper' to help to distribute and collect the questionnaires from the Rehabilitation Centre however, due to location.

I will conduct the member interviews myself, **Appendix 1**. The questionnaires will be supported by a volunteer for those in the addiction phase. This will be facilitated by a colleague in the Christian Rehabilitation Centre **Appendix 2**. I hope to include both quantitative and qualitative questions within my study, although my primary focus is for quantitative purposes, with the goal of developing into social action research. For confidentiality purposes the questionnaires will be anonymous and collected by myself.

3. How will you collect and store the data (e.g. recording, written notes)

I will collect the questionnaires from those in Rehabilitation. Having emailed the questionnaire over messenger on Facebook and will collect in person when completed, to ensure the safe arrival of the data.

All written data will be kept in my residential safe for confidentiality. All participants will know that their answers may be used for research purposes, connected to my studies as the Participant information sheet with have my college logo and that I am conducting the research as a current student.

I will offer participants the right to withdraw their contribution to the research, if they should so wish, until my dissertation has been submitted or the deadline date, whichever is applicable.

4. How many participants will be recruited, and by what criteria will they be selected?

Participants will be recruited through their continued attendance within specific groups, namely rehabilitation. For the rehabilitation questionnaires, I am requesting 7 replies although there are usually 12 residents.

For the interviews, I am proposing to interview two members who specifically asked for more support from the Drop In and I am hoping to get a clearer picture of the type of support that the members would most value. I intend to use a structured interview technique.

5. Outline your plan for gaining informed consent

(a) initial approach. An initial verbal invitation by volunteer members or myself will be the primary

- (b) individual consent Before the questionnaires are completed, participants will be given an information sheet, that will either be read out to them through the 'Gatekeeper' / facilitator or read for themselves. The consent form is the confirmation that participants have understood the information and that their answers may be used for data research. They are required to sign the form as an acknowledgement of giving their consent
- (c) ability to withdraw Participants will also be required to sign the consent form to ensure that they have been informed of their right to withdraw any data that they may have contributed for research purposes, without reason, until the dissertation submission date.
- (d) parental consent Does not apply as all participants for the questionnaire element of this research are aged over 18. Residents within the Rehabilitation Centre have to be aged over 18 as do those within the Drop In

6. Do you foresee any potential adverse effects of the study?

Although the risks from the questions have been phrased in order to have a nominal emotional impact, it is possible for negative consequences to occur. Should adverse effects arise, all participants will be encouraged to seek council from their pastoral carer.

7. Will confidentiality be maintained and if so how?

(a) Confidentiality of the individual? No names are required on the questionnaire, ensuring confidentiality of all participants, although asking for a Pseudonym is a good idea on the consent form.

- (a) My own confidentiality will be maintained, according to the Practice Principles and boundaries of my placement by using my name only and the college's address for correspondence on the information sheet, **Appendix 3** and Consent Form **Appendix 4**.

- (b) Confidentiality of the AGENCY? No placement names are required and could simply be referred to as 'the Drop In', or the 'Rehabilitation Centre' etc. As the research study is being made under the College logo there is no obvious link between my college location and my placement.

Section E


Supervisors

Supervisors are required to have personal experience of formally studying human subjects. The professional practice agency line-manager / gatekeeper (if appropriate) has a particular responsibility to ensure the well-being of the people involved in the study.

CYM Supervisor	Professional Practice Agency Line-manager / Gatekeeper (empirical-based dissertation only)
Name: Rev Dr Sally Nash	Name: Rev Tim Stanford
Address: C/O St John's School of Mission Chillwell Lane Bramcote Nottingham, NG9 3DS	Address: 4 Shepherds Avenue Worksop Notts S81 0JB
Tel: 0115 925 1114	Tel: 01909 473104
Email: S.nash@stjohns-nottm.ac.uk	Email: tcs227@gmail.com
Signature: 	Signature: 

Section F

I agree to conduct this study in line with the ethical guidelines laid down in the National Youth Agency document 'Ethical Conduct in Youth Work', and the ethical expectations placed on me by the Practice Agency supervisor.

Signature of student 

Date: 01/01/2019

Student name:

**DISSERTATION ETHICAL CLEARANCE HAS BEEN APPROVED / REJECTED
FOR AN EMPIRICAL / LIBRARY-BASED STUDY**

COMMENTS:

Regional Centre Ethics Officer

Name:

Signed:

Date:

Appendix 1 (Ethical clearance)

Structured Interview Questions.

Marlow* thank you for allowing me to take this follow up interview with you.

1. Have you ever thought about attending the main Church on a Sunday?
2. Do you feel that if you were to attend another form of Street Church, such as an hour's Bible Study, it would help you to develop your faith?
3. Do you have any ideas about how we could better support individuals?
4. What support would you personally most appreciate from volunteers here?
5. Are there any practical services that would be useful to have access to whilst at the drop in? For example, the use of a food bank?
6. Are there any other leisure activities that you would like to see included within the Drop In?

1. Which phase are you currently in rehabilitation?
2. What was your biggest incentive to come into rehab?
3. Who was the one person who's actions/conversations helped to motivate *you*?
4. Was there any therapy or conversation with a therapist that helped you to change your lifestyle?
5. If you have ever attended a Christian Drop in Centre before, what did they do that was
 - a) Good?
 - b) that they could have done better?
6. Do you feel that Christian volunteers ever ask too personal questions or don't get involved in your life enough?
7. Did you previously try work placement or volunteering?
 - a) If so, how would it have been beneficial to have had a volunteer to accompany you?
8. How many agencies were you in contact with before rehabilitation?
9. What do you like about Rehabilitation the most?
10. What could volunteers do more of to help people?
11. Any other comments?



Michelle Moore

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07/02/2019

You are being invited to participate in a research study which will attempt to answer the following question:

[How can we effectively equip volunteers to work in a Christian Drop In Centre with the Homeless?](#)

Your participation in this study or withdrawal, in no way effects any future marks or grades for the assignment. You have the choice not to take part.

If you are happy to take part in this research, please continue by signing the consent form. You still have the right to withdraw your contribution until the deadline of 20th February 2019.

If you decide to attend the interview, I will ask you to provide a pseudonym for confidential identifying purposes. The interview will be recorded. Any data collated from this survey will be kept securely both in paper and electronic form, for a period of ten years.

The possible benefit of sparing your time to take part, is improving the services that you attend.

The results of this research will help to provide data to analyse as a part of her dissertation whilst a student of St John's School of Mission.

If for any reason, the questions in this interview provoke any negative emotions or thoughts, please talk to a member of staff/volunteer who you trust, as they will be more than happy to listen. If you have any concerns about the way that this study has been conducted please contact a member of staff at the above address.

Thank you for your time.



Consent Form

How can we effectively equip volunteers to work in a Christian Drop In Centre with the homeless?

Michelle Moore

Placement Student, C/O St John's School of Mission, Chillwell Lane, Bramcote, Nottingham, NG9 3DS Tel: 0115 9683222

I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason.

By attending the interview, I am agreeing to take part in the above study.

Participants Pseudonym

Name of Participant

Date

Signature

Name of Researcher/
Assistant

Date

Signature

