



**Listening to a 1,001 Edinburgh Voices**

**Prevention and Early Intervention  
in the Voluntary Sector**

**I've been coming for years,  
they're all so friendly,  
I feel integrated. Everybody talks  
to everybody,  
it's a guid craic!"**

Woman aged 40 to 65 in Dalry

**"It's like an island in a stormy sea,  
somewhere you can stay for a while  
and feel supported"**

5 Carers aged over 40 years old

**"I'm trying to do something  
with a direct impact and  
I'm doing it through the outdoors.  
You grow your own food,  
give people some sense of empowerment."**

Woman aged 25-40 in Leith

**"I would be lost if I wasn't coming here.  
I would be vegetating. It gets me out.  
It helps them and it helps me  
[as a volunteer]."**

Woman aged over 65 in Gilmerton

**"It's people to talk to, brings a different outlook on things.  
Everybody accepts you, we're all on the same boat.  
There's no judgment."**

5 people aged 25 to 65 in the City Centre

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## FOREWORDS

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### **Ella Simpson** **EVOC CEO**

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EVOC has a particularly privileged role in bringing together people and third sector voices to challenge and influence decision makers. This is not a comfortable place but for 150 years we have remained true to our purpose and belief that the greatest differences are made when people listen to each other and work together in partnership.

As a third sector we have always understood the potential and impact of working with people and prevention and early intervention. At EVOC we believe now is the time to bring together people's voices to add gravitas and authenticity to the theoretical arguments and challenge fiscally driven decisions which will and do directly impact on people's ability to live well and be part of their communities.

We are currently living in an environment where decisions are made in the context of short term fiscal targets in rooms far removed from the communities and people impacted by those decisions. While there are growing voices of academics and economists championing the advantage of retaining and increasing investment in early intervention and prevention it is vital that people are heard and part of the decision making. People are the experts in their own lives and know their own communities.

Mind the Craic is a powerful reminder to EVOC, the third, public and private sector that we all share a responsibility to listen and respect voices. We must all remember that "community and people" is not something different and removed from "us" – we are people and community.

### **Dairmaid Lawlor** **Chair of Mind the Craic Commission**

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The power of Edinburgh is in its stories. This is a city of thrusting volcanic shapes and elegantly poised, genteel architectures. The physical form of the city is about tension and balance. The contrasting nature of the city is a setting for popular global stories.

Contrast is about things that are often close, but strikingly different from each other. Contrast helps make differences visible. Too many people's experience of Edinburgh is a place of poverty, crisis, worry, and isolation. 'Mind the Craic' reveals these stories. They are told by the people of these communities. The project makes the life experience of many more citizens in the city more visible.

These stories reveal hardship. And resilience. They reveal the confusion and vulnerability of people navigating 'the system'. And the worry of not being understood. But they also highlight the tenderness of moments, where empathy, and relationships, kindness and a bit of understanding have transformed hopelessness into fragments of possibility.

The ambition of 'Mind the Craic' is to share people's stories to build an Edinburgh where the contrast in life experiences are less stark. This is a place of happy, functional communities, supported by systems that create capacity for everyone to be the best they can be. To get there, we must address the crisis issues of today, and strengthen conditions for more effective prevention and early intervention for a better tomorrow.

As Chair of 'Mind the Craic', I am humbled to share with you the power of the stories of people across city communities. And the reflections of the Commission who have volunteered their insights, experience and emotions to support city communities and citizen's storytelling. I invite you to read the stories. And reflect. And join the conversation on how we realise the ambition of a better Edinburgh for all.



## Preface and acknowledgements

Mind the Craic has been made possible thanks to the dedication of all the different partners who took the time to open their doors and invite the researcher to meet their participants, volunteers and staff. This project wouldn't have been possible without the support from the organisations and their staff. Their involvement encouraged people to participate, and enabled honest and in-depth conversations.

These conversations are the heart of the project; thank you to those who told their stories and shared their own private experiences.

People interviewed ranged from 7 years old to 98 years old. They live all over the different geographical areas of the city. They are people with or without disabilities, from various ethnic backgrounds, religious beliefs, sexual orientations and nationalities. Mind the Craic relays the experience of participants and volunteers of 66 different groups and projects.

Other informal conversations took place with members of staff and focus groups with more organisations brought context and depth to the voices and findings from field work observations. They brought the experience of years of practice for their colleagues, volunteers and the perspectives of their service users life journeys and difficulties.

Set to hear a 1001 voices of Edinburgh citizens, it has reached much further. The conversations that took place within the diversity of Edinburgh citizens convey the experiences of people who agreed to talk because they cared. They cared deeply about the organisations they talked about and attend, and they hoped that talking will bring change.

Workers voices brought further insight. They shared their personal point of view, experience and organisational perspective. They were able to share years of experience and knowledge of the field. They carried the voices of the hundreds of service users they had worked with over the years.

These are the voices from the ground: the voices who are seldom heard because they are rarely given a platform to speak; of people who have experience of social isolation; of dealing with hardship without knowing where to find support, and; of communities trying to reach out to those in need.



# GLOSSARY

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## **Empowerment**

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The process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights.

## **Heteronormativity**

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It assumes that sexual or marital relations are most fitting between people of opposite sex. It is the belief that heterosexuality, predicated on the gender binary, is the norm.

## **Intersectionality**

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It describes when an individual's identities overlap with a number of minority classes (gender, age, ethnicity, health, etc) and constitute multiple threats of discriminations that are used systems of power and oppression.

## **Social Reproduction**

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Used in the text in reference to Pierre Bourdieu's analysis, it tackles the issues such as childcare, healthcare, education, family life and the roles of gender, ethnicity and sexuality, and shows how they are central to understanding the relationship between economic exploitation and social oppression. It refers to the structures that participate to transmit inequality from one generation to the next.

## **Soft support**

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Approach based on workers focusing on the service users' needs and priorities, as expressed by them. Welcoming people as they are and working to empower them from their perspective, stepping back and providing support, when needed, to identify a goal and reaching it.

# INTRODUCTION

## Research questions, origin and background information

The project came out of the 2017 local authority election manifesto 'Everybody's Edinburgh', where, in partnership with Volunteer Edinburgh, EVOC announced that there would be a 'Commission on Prevention'. With input from the Third Sector Strategy Group (TSSG), and 25 organisations at the 2017 EVOC Annual General Meeting, this idea became 'Mind the Craic'; a title with a double meaning. Firstly illustrating the project's strapline 'listening to 1,001 Edinburgh voices telling us what works in Edinburgh's communities' the intention of which was to reach those behind closed doors, the most vulnerable who fall through the gap. Mind the Craic is both 'remember the conversation' in Scots, highlighting the importance of listening to people, and 'mind the gap' in relation to the 'gaps' both geographic and thematic across community services. It is about reaching behind closed doors and catching those who fall through the gaps.

## Who is EVOC?

EVOC's mission is to support the third sector to build and enable resilient, sustainable and inclusive communities. EVOC creates space to facilitate partnership working and joint problem solving within the third sector, and across all sectors.

EVOC is the Council for Voluntary Service (CVS) for the City of Edinburgh and a partner in the Edinburgh Third Sector Interface (TSI), which is part of a national network of Third Sector Interfaces.

## Budget

Mind the Craic is a joint EVOC and TSSG initiative to research what really works in the field of prevention and early intervention for Edinburgh's citizens.

The project is funded by EVOC. The project's budget covered the project worker's salary (FTE 0.6) and £3,000 (research and communication expenses, film production, storytelling events).

## Starting assumptions

There are many issues which affect citizens, and in-turn lead them along a journey towards a 'service intervention'. The project's intention was to explore as many as possible of these issues, such as mental health, inequalities (gender, age, disabilities, LGBTQ+, ethnic background, class), homelessness, children and families, caring for older people and environment. The working assumption being that limited access to prevention and early intervention supports in the community means people are often in crisis when they first make contact with organisations.

Particularly in the context of social isolation, physical and mental health issues, addiction and low income, it appeared that intervention was found to be lacking before individuals reach a crisis and in distress.

## Time frame, research scope and geographical area

The project worker started in June 2018 on a fixed term one-year contract. The deadline for this report was set for end of March 2019. The release has been delayed by a few weeks by the commissioning organisation.

The research covered the work of the third sector in Edinburgh, with a stronger focus (but not exclusively) on both health and social care, and community organisations.

The geographical area was limited within the City of Edinburgh Council limits, but some of the interviewees came from further afield. Their voices have been kept in the results.

## People involved

**Project Worker:** Virginia Bjertnes is a researcher in social and cultural anthropologist with an additional work experience as a social worker with youth in difficulty in Switzerland and as a support worker in homelessness and homeless prevention in Edinburgh.

**Volunteer:** For three interview sessions, a volunteer with experience in homeless prevention provided some help, Kwame Boateng.

**Commissioner:** Ella Simpson, EVOC's CEO and line manager to the project worker, provided background information. EVOC's team assisted by providing information about third and community organisations in the City.

Virginia Bjertnes (project worker) led the research, meeting with Ella Simpson on a weekly basis to discuss some of the results and aspects of the approach.

Virginia Bjertnes, Ella Simpson and Dairmaid Lawlor also met regularly. Building a bridge between field work and the commission, the discussions aimed to challenge some aspects, asking for further detail. Additionally, they were a space to explore the commission's role and accompanying action plan.

## Commission

The Commission has met on three occasions in the run up to the release of this report. With the data collected, they outlined an action plan, which can be found in a document to be released separately.

**Chair of the Commission:** Dairmaid Lawlor provided reflections on the output of the developing research and data gathering.





# METHODOLOGY

## Approach

As the target audience were people at risk of being in crisis or those already in a vulnerable situation, it was decided that the best way to reach their voices was to go where they were, into the community. This was achieved by working alongside voluntary sector organisations, to be able to meet people in places where they felt safe and in which they felt comfortable and familiar with. Experience tells us that the most vulnerable people find it difficult to engage with regular consultations that affect their services. Mind the Craic had to be a project deeply rooted within the communities and reaching out to those most isolated, in order to hear these voices.

The approach was thus qualitative, with interviews that were set as conversations.



## Context of the research

In December 2018, the Edinburgh Integration Joint Board (EIJB) released the outcome from their grants programme, detailing organisations who's applications to receive funding had been successful. Due to the competitive nature of the process, a number of organisations were negatively impacted, with some having to make decisions to close. The findings here below are not affected by this decision as the interviews were carried out before the decision, from August to early December 2018.

In the results, when people talk about the distress caused by the impact of funding cuts in their lives and in the communities, they talk from previous experience, without being specific as to which funding cuts they refer to. The interviewees talk about the unstable landscape which their organisations work within, having to shift according to political priorities.

Some of the organisations that took part in Mind the Craic were negatively affected by the EIJB grants programme. These organisations work to support health prevention and mental health: the weak link in social care as identified by those interviewed.

It seems that the public sector is aware of the problem. Between EIJB strategic planning and the City of Edinburgh Council's (CEC) commission on poverty, different approaches in tackling these issues are being explored. The EIJB and CEC have been in contact with Mind the Craic; this work is intended to inform decision making more widely.

Although the research was not centred around benefits, it was a subject difficult to avoid altogether during interviews, especially as changes in the benefit system were about to happen. Universal Credit was to kick in by the end of the field work (end of November 2018 in Edinburgh) raising all sorts of concerns with service users and workers alike.

Finally, Mind the Craic took place during a 'hostile' climate for migrants, faced with agonising and antagonising talks about Britain's exit from the European Union. This indirectly affected some interviews, where discussion around Scottish Independence took place. Some groups of people were more difficult to access, especially the Polish community, which may have been because of this aforementioned general climate.

## Prevention and Early Intervention

The project uses the following definitions for the terms prevention and early intervention.

“Primary prevention involves coordinated efforts to prevent predictable problems, to protect existing states of health and healthy functioning, and to promote desired goals for individuals and groups, while taking into consideration the physical and sociocultural environments that may encourage or discourage these efforts. [...]” (Quote from Oxford Research Encyclopedias, Encyclopedia of Social Work)

In regards to intervention, as defined as an action within prevention, Mind the Craic focused on primary prevention with a bit of overlap in secondary prevention.

<- Mind the Craic ->		
<u>Primary prevention</u>	<u>Secondary prevention</u>	<u>Tertiary prevention</u>
For everybody <ul style="list-style-type: none"><li>•Promotes wellbeing</li><li>•Supports communities</li><li>•Promotes healthy lifestyles</li><li>•Reduces isolation</li><li>•Provides information</li><li>•Refers when support needed</li><li>•Empowers</li></ul>	For individuals at risk <ul style="list-style-type: none"><li>•Identifies the risk and reduces its impact</li><li>•Supports access to services</li><li>•Provides advice (finances, housing, health etc.)</li><li>•Prevents needs from developing</li></ul>	For individuals with needs <ul style="list-style-type: none"><li>•Supports building skills</li><li>•Reduces needs</li><li>•Works in network to cover complex needs</li><li>•Improves living conditions of individuals and/or carers</li><li>•Delays deterioration</li></ul>

In addition, the commission brought a further depth to the idea that: Prevention is about creating the conditions for a happy thriving community, whilst early intervention is about acting when this ideal is challenged.

In the field, when interviewing workers and service users, the worker talked about wellbeing (without defining the term specifically) and what was required for individuals to achieve that.

**“Give organisations time to work with people. Space to work outside their initial remit to deal with situations as a whole.”**

Conversation with 10 people aged 40-65 in Leith

**“I come for a blether. It is very informal and sociable and there is a lovely welcome.  
From the day I walked in here it’s been a complete and utter change. It’s one of the best things that’s happened to me in the past 3 years.  
Loneliness brings people here.  
There is solidarity, it’s very open and you can talk about anything.”**

Conversation with 3 women over 65 in Gorgie

## Targeting organisations

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Initially, a list of 150 organisations was created, on the basis of their location and their field of intervention. Working from contacts provided by EVOC's staff, using EVOC's RedBook and the project worker's knowledge of the third sector in Edinburgh, organisations were classified within the five categories of Everybody's Edinburgh's Manifesto. Another category was added to cover the diversity of experiences, thus dividing the organisations into 6 categories:

- Housing and Homelessness
- Caring for Older People
- Environment
- Children and Families
- Mental Health
- Inclusion (Minority Ethnic groups, Women, LGBTQ+, Community work, Disabilities etc.)

115 organisations were contacted with a personalised email. Each were offered a chance to meet in person or to have a chat on the phone. Of the 115, 70 organisations responded and took the chance to speak to the project worker, to get a better feel for the project and to ask questions specific to their organisation. Some organisations couldn't

actively take part because of the nature of their work (i.e. one to one crisis, advice or advocacy work), due to the short time frame or because of their workload. A few were reluctant to take part, not wanting to expose service users they felt too vulnerable. Some organisations were happy to help advertise the project in their newsletter or on their social media.

There were 33 active partner organisations, this is where interviews took place. They have been very welcoming and enthusiastic about the project. Ten other organisations assisted with the project in other ways. Some got in touch later and were keen to open their door for the researcher to meet their service users but the time frame was too short and the resources lacking to interview further. Some organisations took part in the focus groups or in discussions with the researcher, as their model of intervention was not ideally fitted to organise service users' interviews.

It needs to be stressed that the response from the field was extremely positive, with a number of organisations, individual people and workers thanking the researcher for giving voice to those who, very seldom find an occasion to be heard. The enthusiasm for Mind the Craic has been growing over the four months of interviews: that in itself a testimony to the dire needs felt by people throughout Edinburgh to be heard.

After a month in the interview process, it appeared that the six separations didn't reflect the reality of the field and were dropped. Many, if not most situations, cover simultaneously several categories. For example, a mother with young children can be homeless or an older person can face mental health issues.

## Data collection

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Interviews with service users and volunteers took place between August and early December 2018. Conversations with workers happened throughout the project (from June 2018 to March 2019).

In January and February 2019, the voices from organisational staff were developed through two focus groups, organised around different themes to enable them to hear, and give their thoughts, to the project's emerging findings.

## **Service users and volunteers' interviews**

As Mind the Craic was endorsed by partner organisations, and because the researcher was introduced to people attending those organisations by staff members, people were at ease to have a chat. It was made clear to interviewees that it was not mandatory to answer every question or to participate at all. It was also possible for interviewees to participate partially.

The interviews were carried out in settings decided by the partner organisations and the service users. They took place as informal conversations, either on a 1-1 basis, as a small groups of 2 to 3 people, or bigger groups up to 15 people. The goal being to be the least disruptive as possible, on most occasions, they took place during an activity already planned such as regular group activities, special celebrations or during a lunch or tea breaks. The researcher adapted to each setting, sometimes sitting at the table with people or, if no chairs were available, squatting to be at eye level with the interviewee. The researcher mirrored as much as possible the interviewee's position, with an open and relaxed body language and adapted speech and language to individual needs. Adapting style dependant on interviewee's ages and disabilities was a priority.

Due to of the different types of projects and activities, some interviews took place outdoors, some took place indoors in very noisy environments. Especially when interviewing children, they often came and went, losing interest and then sometimes coming back later to clarify or reiterate something. When the conversations took place during

activities, there were interruptions, loud music or coming and going due to lunch for example. Some conversations lasted 5 minutes, some up to 2 hours. The length was determined by the people interviewed and by what they had to say. Due to time constraints on some occasions, interviews had to be limited in time to 1 hour.

The interviews took place during the day, in the evening and at the weekend depending on the organisations' specificities. For some projects, it was easier to organise interview sessions separately to their usual activities. Those took place in small groups or focus groups up to 15 participants.

All interviews were anonymous and this appears to have strongly impacted the freedom of speech, as people were happy to give further details or talk about very private experiences. The researcher was taking notes as people were speaking, sometimes noting some quotes verbatim and double checking their content.

All interviews were qualitative and set as conversations. The researcher used active listening tools such as; open ended questions, reformulations, being mindful of body language and what was not being said as much as of what was being said, asking for precision and using non-violent communication tools looking for specific examples when general themes were brought up. An example would be when asked what would be needed in Edinburgh to improve the third sector, a recurring answer was "funding". In such cases, clarification and further details were asked for.

In terms of accessibility, to be sure to reach the most vulnerable voices, some organisations were specifically targeted. This was the case for both minority projects and youth organisations in order to cover all the different demographic groups. As discussed below, this has still proven insufficient for some demographic groups.

Language was adapted to each individual and sometimes this meant requiring a translator. Some interviews were also carried out in other languages spoken by the researcher. A number of people with hearing impairments were interviewed but never requested a BSL translator.

For most interviews, the workers of the organisation were present. In some cases, they preferred to leave. It appears that their presence or absence didn't impact the freedom of speech.



In some cases, people with disabilities, with mental health conditions or older adults were accompanied by a support worker or PA. In most cases, the researcher tried to interact directly with the person but on some occasions, due to speech impairments, the support workers were more active in the discussion. In most cases, their very presence made the interview possible as they knew how to communicate best with the person.

In most cases, personal support workers and PAs were not employed by the organisations welcoming Mind the Craic, and needed to be quickly briefed on the day. There were some occurrences where people interviewed did not want to go into detail because of the presence of their support worker or PA.

On a few occasions, the support worker or PA either influenced the answer, answered for the person or did not give room for the person to answer by themselves. Sometimes the interviewee would correct any interjections, sometime they would express body language disagreement. In such cases, if it felt appropriate, the researcher would rephrase the question.

The researcher used the same framework when conducting each conversation. There were two main questions, which were investigated using diverse questions:

**Why do you come here?**  
**What do you get from coming here?**  
**What works for you here?**  
**And in the voluntary sector in general?**

**Do you feel something could be improved in the voluntary sector in Edinburgh?**  
**If yes, what?**  
**What would be needed?**  
**What is missing?**

**"I get the opportunity to meet people who understand what I'm going through, people my age. To meet people who are also young carers."**

Young person under 18 in Broomhouse

**"Community events are needed for people who are isolated. It's important to have a place to meet up."**

Woman over 65 in Restalrig

After each conversation as part of a group, each interviewee would be asked to fill out a demographic form. Where necessary, the researcher would help individuals to fill it in. In one to one interviews, the researcher would fill it in, to keep the conversation flowing. Many people partially filled the forms in for privacy, age, setting, disability reasons. Some people declined to fill them in, in group settings some people had left before the conversation reached that point. With children and young people, the demographic form was, most of the time, not brought up and thus not filled in.

The notes from the interviews and the demographic form are identified by the same reference number. That reference identifies the speaker and location of the interview, in many cases the age group and gender are known as well. In the majority of cases, there are at least minimal demographic information on the person talking and on the quotes.

Few people in crisis situations were interviewed although many people had experienced crisis at some point in the past or were at risk of falling into a crisis situation. Most people interviewed were able to provide a wider picture to their situation and their needs.

The help and support from workers throughout the spectrum of third sector health and social care has been invaluable in order to be able to carry out these interviews.

## Data recording and processing

All the interview notes are on paper, labelled clearly with the date, venue, number of people participating in the conversation and which demographic form is related. All interviews were anonymous.

During the processing, all the information was recorded in an excel table. Recurring themes were identified and verbatim quotes were labelled and saved. This made it possible to process qualitative data into quantitative results and made it possible to identify how many people talked about which theme.

Another table detailed the content of the themes allowing more perspective for the analysis, see table in appendix 1.

### Overview of interviews of service users and volunteers

- 480 people interviewed (+ 37 babies & toddlers)

Of those interviewed:

- 118 interviews were 1-1
- 147 with worker(s) supporting and/or taking part in the conversation
- 225 people travelled to venue as it wasn't close to their place of residence
- 139 were referred to the service
- 98 were volunteers or volunteered elsewhere

The interviews took place:

- over 66 sessions in 49 venues over 4 months (August-November 2018)
- with 33 partner organisations

## Map of interviews

As it appears in this map, interviews were carried out throughout the city. Some services were very focused within one local community, whilst others were offering city-wide services.

Some gaps can be observed in Oxbgangs, Craiglockhart, Costorphine and Portobello. Due to a lack of resources and time, interviews were not carried out in these locations, although some partners were interested.

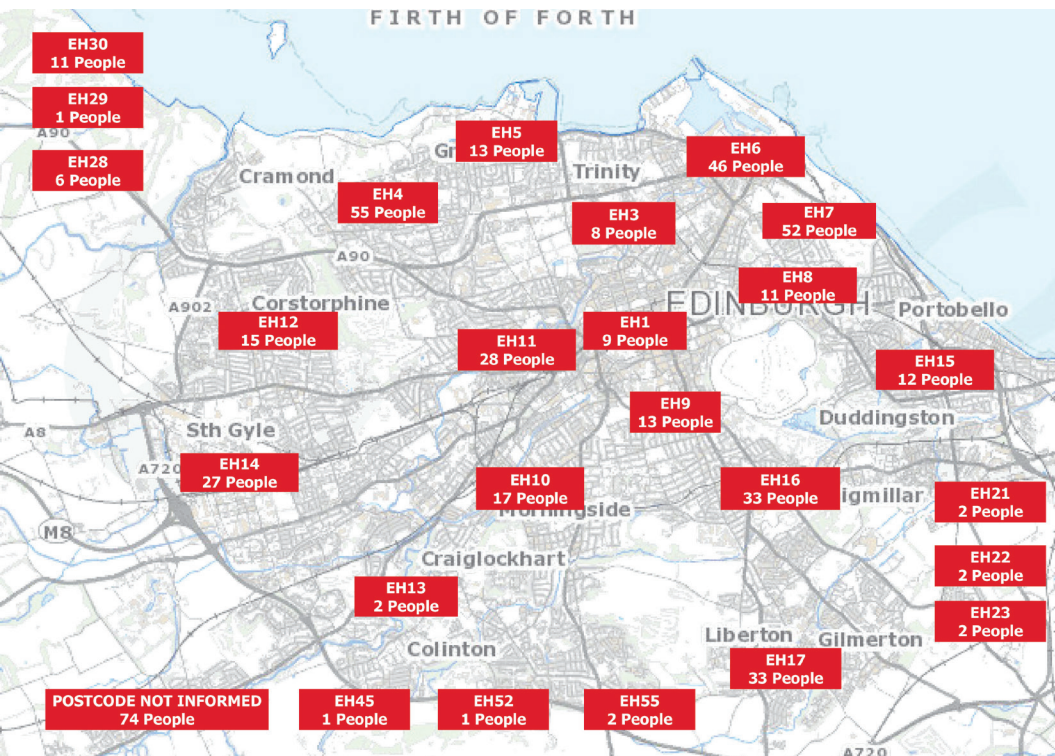


**“We need to get people behind closed doors,  
the only way is knocking on those doors.  
We need more interaction in the street, with neighbours.”**

Woman over 65 years old, Juniper Green

## **Postcode map & demographic information**

This map shows the demographic of interviewees per place of residence.



### **Demographic information**

- Gender: 316 women, 156 men and 2 other
- 136 people with disabilities
- 75 people identifying as an ethnic minority

### **Age:**

- 14 children 0 - 10
- 47 teenagers 11 - 18
- 30 young adults from 18 - 25
- 79 adults 25 - 40
- 138 adults 40 - 65
- 167 adults 65 and over
- Nationalities: 259 Scottish people, 92 British, 30 EU nationals, 7 people from Commonwealth countries and 25 from other countries
- 13 people identified as LGBTQ+, 279 as heterosexual, 9 as other and 39 preferred not to say



## Workers voices

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Conversations with workers occurred on different occasions and the processing was entirely different in comparison to those conducted with service users and volunteers.

Often conversations, on the phone or in person, helped clarify the approach and led to the subject of the research, leading to workers talking about their personal views, their professional experience and the organisation as a whole including their approach and values and the work of their teams.

Other conversations happened with workers, when the interviews took place before and after. Some of these conversations were extensive and brought greater context to the interviews.

The researcher did not take notes during these conversations, and did not have a set frame for conversations. Each conversation was very different and that was entirely dependent on the worker, the organisation and the context. The researcher took notes about the content and the themes brought up after leaving. On only a few occasions did the researcher write down verbatim quotes.

When all interviews had been conducted, the workers' voices represented a number of themes. Some of the themes were also supported by observations by the researcher. These themes brought context to service user and volunteers' voices. Following this, two focus groups were organised to explore the findings more thoroughly.

The first group developed a list of working practices which were seen to be more effective, 'good practice', based upon the learning from the initial interview results and researcher's observations. The second group, delivered in partnership with Volunteer Edinburgh, was tasked with the analysis of results and the development of feedback. For both focus groups, there was a mix of representation from organisations who had, and had not, been able to participate in the interview stage.

## Limits

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The release date for this report was set to coincide with EVOC's 150 year anniversary celebration. This set a time frame for the research itself to nine months. One month was dedicated to outlining the methodology and contacting organisations; four and a half months were exclusively focused on interviewing service users and volunteers; the last three months were spent processing the data, organising the focus groups, writing the report, organising the filming for a short film, and arranging the storytelling event.

As the worker worked 0.6 FTE, there was not enough time to carry out the interviews in all the interested organisations.

As mentioned earlier, geographic and demographic holes can be found. The ratio of young people interviewed is low, especially young ethnic minorities. In addition, the ratio of LGBTQ+ voices is low. Also some communities are underrepresented, such as the Polish and Spanish communities.

There was far more data collected than it was possible to process given the time restrictions. The results are not greatly affected by this as no points brought up through interviews have been excluded, however greater data analysis would have allowed more precision within the findings. For example, themes that emerged from the service user and volunteers' interviews could be broken down in smaller, more precise themes and it would have been, therefore, possible to bring out more details on which demographic group says what.

The demographic information such as religion, type of housing, level of education, occupation, income source and benefits could be more thoroughly analysed and would certainly shed light to other perspectives or bring more precision to the findings.

# LISTENING TO VOICES IN THE COMMUNITY

What works? Even though it is a broad question, this was the opening of every conversation. It was an invitation for service users, participants and volunteers to talk about their experience of the organisations where the conversations took place.

Every person who participated in this project, without exception, mentioned the importance of community and relationships.

**This is the lens through which the reader should view the following themes.**



## Community

450 voices, almost everybody interviewed, expressed the importance of relationships. Having a place to connect to people, to have a chat and socialise helps to alleviate isolation. They talked about the need to actively be part of a community. This is especially needed for those who, because of isolation, physical or mental health, caring responsibilities or any other life situation, struggle in their everyday life.

"It has a positive impact on health. I couldn't get out of the house because of anxiety and coming here has helped with anxiety and building confidence. I interact with folk, have a good laugh, meet friends. It makes us feel like people."

– Conversation with 9 women over 65 in Gracemount

This idea of community, means something which is:

**Local** - within walking distance from home, allowing people to connect to others living nearby within a shared geographical area.

"We should make sure every area has a place to socialise so that people in the community get to know one another. Older people need stimulation: exercise for the old folk." – Woman over 65 in Morningside.

**Non-judgmental** – to be understood, without people making assumptions, connecting with peers and staff; being able to build a trusting relationship to turn to in time of need.

"After the stroke, it's good to build confidence. I get out the house with a purpose and we help each other out here. No one makes fun of anybody because of a disability. It's good to talk without being judged."

– Conversation with 9 women over 65 in Gracemount

## These places provide

**Information, support and referrals** - Attending an organisation becomes a resource people can access to deal with everyday challenges as well as with big life changing situations. In turn, peers can return the favour to others by passing knowledge on.

"[in the third sector, it feels good] to have someone acknowledge what you're talking about, to validate even if it's not ticking boxes of what they provide and they refer you to somewhere else."

– Conversation with 5 people aged 18-40 in the City Centre.

"They introduce you to a GP, invite council people for information sessions like energy saving sessions and tell us where to get advice."

– Woman aged 40-65, Gorgie

**Empowerment** - Being an active person with a voice that can bring change in a project or within the community by being a participant or a volunteer. It empowers individuals, they are able to offer tools or solutions to change things.

"We come for support, for the children, it's like having a second mum. She helps with housing, paperwork, money situation... We come regularly, have been coming for years. It's a commitment. It gives a rhythm in the week. It's good for the bairns to have some time to play and it's good to have some time between mums doing things. It really helped for support in my housing situation (I was sleeping on a couch). And it helped with post-natal depression. It's a space to talk with someone not involved directly in my life. It works because it's a long term service where we can get support and share with other mums. It also helps with qualifications, to find a job."

– 3 women aged 18-25 in Granton

**Free meals** - Sharing a healthy free meal, sometimes participants' sole daily meal. This also encourages socialising, and helps to keep a rhythm or routine in the week/day.

"Without charities in Edinburgh, we would feel lost, not welcome. Being misplaced as a person, not being home, being in a foreign place, we need a hand to lead us to some places. I've been to some places I would never have heard of. Not everyone has access to smartphones or internet. My challenge has been transportation, the bus fares. Some places, some people are not accessible by foot. You need people to speak, to share with. It's good to meet and eat together, to have access to quality food. Hosting the lunch has been good to meet people, other volunteers and local people." – Woman aged 40-65 in Gorgie

**More community places to address social isolation** - Areas where there is a community centre or functioning hub were highly praised by the interviewees, regardless of age and background. They felt that there should be a uniformity of this type of service throughout the city. Where a community did not have a local community centre or hub, it was widely suggested that one was needed.

**Providing local activities for all** – Activities suggested included outdoor activities and volunteering opportunities. These need to be run with a holistic, intergenerational, open to all approach. Parents of toddlers and children of all ages and young people particularly expressed the need for services.

212 people also mentioned the need to improve community services mentioning the above elements needing to be developed or more supported.



## Mental and physical health

363 people mentioned the positive impact on their physical and mental health, which was attributed to attending third sector organisations. Whatever the type of support, group, or project, the subject came up consistently for the following aspects:

"Loneliness brings you here, the need for conversation." – Man 40-65 and woman over 65 in Gorgie

**Addressing social isolation** - Having a place to go to, especially a group or drop-in place improves confidence and self-esteem and generally mental health.

"I don't have a job, very little friends and coming out of the house can be a big ask some days. I came to the volunteer sector looking for advice and support. There is so much that I could do and it opened many options that I wouldn't have thought about."  
– Woman aged 25-40 in Leith

**Feeling safe and finding trust** – An understanding environment, sometimes with rules and/or with promoted values of respect, creates the setting to feel safe, to be able to trust and to relate.

"This class is an absolute godsend: when being a carer, you kind of lose sense of yourself because of the other person's needs. Coming here is a breathing space. We know we can share. Everybody is going through their own stuff: it's like a mini two hours' holiday once a week."  
– Woman aged 40-65 in Moredun

"We have all been lonely and coming here is unifying. It's a way to give something and get something at the same time. I lock myself away, it helps bring me out. It's a very friendly and safe environment. There's no need to put walls up." – Conversation with 10 people aged 40-65 in Leith

**Peer support** - The mutual positive impact of peer support, hearing about others' experiences, sharing information about services and projects and supporting each other: The core value being to take time without any type of pressure.

"It's a friendly group, we give tips to each other. There's always somebody who's got the answer, it's a small community within the community." – Conversation with 7 people over 65 in Gracemount



**Regular social life** - Especially for those with anxiety, depression, dementia or PTSD. Having a place to turn to, to find a feeling of belonging is very important.

**Soft support from staff** – Not meeting to address people's presenting issues directly, but around an activity, valuing the individual and their creativity while still being available to provide supporting and to encourage people's empowerment.

**Flexible and adapted** – Short, or complete absence of, waiting lists, with a flexible and adapted approach valuing holistic understandings of individuals' situations, not limited in time.

"Before coming to [this charity], I was completely lost. If I hadn't come here, I don't know where I would be. The counselling was immediately provided when I needed it, whereas NHS has long waiting lists. I had a caseworker for my situation for about 6 months. The funding limits the support time which can be difficult." – Woman aged 25-40, Restalrig

**Addiction** – People who have experienced issues of addiction or related to addiction identified that whilst services specific to substance misuse were very important, it was important to have opportunities to connect with peers in environments which were more generically focused and allowed a more holistic approach to mental health and wellbeing and social integration.

"As an ex-drug user, I'm always referred to drug groups. Here it's not centred around this." – Woman aged 25-40 in the City Centre

**Positive impact on health** – Strong relationship between mental health and physical health: having a place to go to brings rhythm in the week, offers opportunities to eat healthy food and gets people up and about.

Mental health was also mentioned by 202 people as needing more attention. The above elements were mentioned but the following ones were more specifically identified.

"There's a need for psychiatric help, especially for PTSD. More mental health projects, there's a need for counselling, more support. Medication tends to be sedating rather than motivating. There's not enough." – Woman over 65 in Muirhouse

**"I come to have a laugh and it keeps me off the drink. I come to avoid loneliness, to learn the guitar and I go to other groups. And for free lunches. It avoids to have to buy food because I don't always have the money for food."**

Woman aged 40-65 in the City Centre

**Crisis, outreach and drop-in needs** – There is a need for extra support to access services for people with anxiety and depression, drop-in places to turn to and more crisis services without waiting lists and outreach for isolated and vulnerable people.

"Mental health services are so lacking, I needed someone to talk to. I reached a crisis, was suicidal. The door kept being shut all the time, I was referred from one service to the next for years. There was no support through very difficult times." – Woman aged 40-65 in Moredun

**Young people** - More access to mental health support for young people and more proactive services working on prevention and early intervention around mental health.

"Young people's mental health is a really weak chain, there's nothing almost." – Woman aged 40-65 in Wester Hailes

**Holistic approaches** – There was a very positive response to holistic approaches, and approaches which encouraged connections to nature and to natural remedies.

**Awareness and stigma** – People identified they found it difficult to feel safe when dealing with the statutory sector, there is a need for support and advocacy to access these services. The lack of understanding and assumptions of some workers were said to have made the situation worse in some cases as people felt even more isolated and left not knowing where to turn to.

**Carers** - Need to access more support and resources as they are easily very isolated.



## Funding

193 persons talked about the need for funding on some issues.

**Long term, adapted and flexible support** - Services need to be able to operate on a long term basis, to give the time to build trust and support to improve people's situations; supporting a person when the need is expressed, without waiting.

**Venues and premises** – An easier access to premises and venues would be helpful for community groups, to host local events as well as for organisations.

**Staff and volunteers** - There should be less need to rely on volunteers and more paid staff. Staff should have access to more training opportunities.

**Consistency and source of funding** - Consistency of funding and services was called for as it can be very distressing to having a service shutting down because the funding stops. A "big picture approach" was asked for, which looks at services in a more holistic way for the individual, the community and globally. That means supporting grassroots initiatives and favouring a community development approach.

Diversity in the sources of funding was mentioned, including exploring philanthropy as an option.

It was felt that funding decisions should be better connected to communities, reducing top down approaches. Funders should be listening to communities to be able to better reflect their needs.

**"Here, there's no waiting. I first came as an alternative to massive waiting lists and being in a group and having a social aspect to it. I used to feel ostracised at work. My "friends" dropped me at work because of my mental health. What works here is a place where I don't have to explain myself. I've been coming for 2 years and it made it possible to go back to work, to deal with isolation, to being used to speaking to people, of being around people. It's nice to know somebody cares. They support people with mental ill health but it's not the focus, it's about working in the community. I'm not sure I would be at work if it weren't for this group. It's a place you want to come to, not for money or for someone and you can come irregularly.**

**It's not limited in time. You know you're not going to lose coming here if you don't come for a while. You can always come back. It works like that for everybody. There's no need to justify what's wrong with you, you're just here."**

Conversation with 5 people aged 25-65 in the City Centre

## Accessibility

The word accessibility is used to describe a variety of issues, it was mentioned by 250 people.

**Free** - Many would not be able to access support if the services were not free of charge. Keeping services free appears to have a considerable impact.

**Childcare** – Having childcare available impacts the possibility for mothers with children under school age or outside of school time, being able to attend services.

**Transport** – Having transport provided or having bus fares paid for, impacts attendance especially for people with disabilities, elderly people, ethnic minorities and women on low income, particularly to enable people to access services outside their community (i.e. city wide services). The lack of transport can be a reason for someone not to attend.

“There is no transport organised, so if people can’t take the bus, they will not be able to attend.” – 12 women over 50 in Prestonfield

**Adapted and flexible** – It is important that staff have training specific to the condition or issues of those they support, or have sufficient experience, to be able to adapt to the needs of their service users. Organisations need to allow flexible attendance, and be adaptable to the individual’s needs in order to help those with mental and physical health issues, disabled people and carers. Being able to come back in time of need, even years later, to a trusted place where individual’s situations are already known, ensures the space for intervention can be adapted and responsive.

**Long opening hours** – People working, single parents, carers, young people, older people all have different needs.

**Information** – Accessible in various forms to reach out to every different demographic group (online, on paper, in person, through referrals).

“These classes are very important to improve skills that are much needed. People need to know that it exists. Often people don’t know about it when they would need it.” - Woman 25-40 in Niddrie

**Mobility** – Making sure that people with restricted mobility can access services. Some places may be labelled accessible, but may only be accessible for certain people.

“Often, when they say it’s accessible, it’s not really accessible, it’s like the minimum, the adjustments for disability are not adapted. It can be difficult to access; I have to go a long way around because of speed bumps or there’s not enough space in the elevator for the wheel chair.” – Man and woman aged 40-65 in Muirhouse

**Language** – This can be a limiting factor for people to attend some organisations. People find it difficult to find an inclusive place, and fear not being able to be understood, this is often a reason for people not to attend groups (whether due to hearing impairments or due to not speaking English). It was felt that there needs to be more partnership working between organisations that provide support to overcome language barriers.

As a broad theme, the need to improve accessibility came up 179 conversations. People felt more could be done to make sure everybody can reach the different projects and find a place that fits them.

**Outreach** – This can include phone calls, home visits or befriending, these play an important role in accessibility especially with very isolated people, those with mental ill health and minorities. A simple phone call can make a big difference for someone.

“We need to support people to come: the first step is such a big step.” – Woman aged 40-65 in Juniper Green.

“When you’re overwhelmed it’s difficult to reach out. You need someone else to tell you you’re not coping.” – 5 people aged 40-65 in Leith

**Minorities** - Women, ethnic minorities, LGBTQ+, disabled people, young people and generally vulnerable people should be more prioritised. Some specific services are needed, but different projects need to make a bigger effort to include and actively welcome people from different backgrounds.

## Inclusivity

Organisations with the open objective of being inclusive were mentioned as working in 193 occasions. This means specifically targeting minority groups. People of ethnic minorities, LGBTQ+, women, disabled people and those with mental ill health will more easily come when knowing they would not 'stand out'. Talking about the notion of safety, helps to address inclusivity and build respect.

**Safety** – This is paramount for very vulnerable groups (eg. People suffering from PTSD). They need to be understood in a non-judgmental environment providing conditions to rebuild self-confidence.

**Diversity** – Organisations need to actively work to include people, and consider their intersectionality. This may include age, origins, backgrounds, disabilities and refugee situation. This creates a feeling of community so that everybody finds a place to belong.

## Information

Difficulty accessing information, and knowing where to find information was brought up by 155 people.

**What & where?** – It is difficult to know what exists, which places provide information on other services and what kind of support is available.

**Type of information** – More verbal information, information at GP practices, local newspapers, visibility on social media and requests for support for computer literacy.



## Other praises and concerns

Other positive elements which came up regularly, but were too specific to be included in broad themes are outlined below.

**Specific support provided** – These include: advice and advocacy services, legal support, counselling, crisis and homelessness organisations. They were both felt to be needed, and when accessed, very effective.

"I'm still recovering from a brain injury. I spent 6 months in the hospital after an accident. [The worker] would come twice a week and help sort benefits. I go to the group not to feel alone, to be with people with the same kind of injury who struggle with memory too. At first, I sat down and did nothing. Now I cook. It feels good to be with other people and to be learning." – Man aged 18-25 in the City Centre

**Peer support** - Carers and young carers benefited a lot from being with people who understood what they were going through. Parents with babies were happy to learn from each other and socialise. Befriending services were a much valued support for people with anxiety and living in social isolation.

**"Coming here has made a big difference to my own wellbeing and for my baby. It was a big shock to be a mum and my baby was very colicky. Coming here helped to manage the situation, meeting other mums going through the same experience, meet other parents, support each other. It's an hour with a cup of tea in a very relaxed environment. It's very friendly and supportive. It's good for the child's socialization too."**

– Woman aged 25-40 in Muirhouse



**Impact on employability** – Either as a service user learning new skills, or through volunteering with organisations to gain experience.

**Developing ownership over work in the community** – There is inherent value in communities coming together to learn together, enjoy outdoor activities (i.e. nature or activities with animals). In many cases by interacting in this way, it is possible to move away from a transactional relationship with a 'care giver' or 'support worker' and into a more holistic and empowering model of support. There is benefit in being part of a project where people share values, and work together to achieve their 'utopia'.

"I don't believe that any individual can fix the global problem but I am interested in improving my immediate surroundings."

– Woman aged 25-40 in Leith

**Referrals** – Better partnership working between organisations and the statutory sector, specifically the GP or health visitors, were found to be particularly effective when referrals could be made. This was particularly beneficial for women and ethnic minorities.

**Support for volunteers** – Where organisations provide support for volunteers, this is highlighted as an important reason for individuals getting involved. This also benefits service users' experiences, as encouraging volunteering benefits the group as a whole.

It was also felt that some elements were needing more attention and left unsupported enough.

**Complex needs** – This is felt to be an issue which is poorly supported and would benefit from better cover, and support being available over a longer period of time. Some people talked about being signed off from services because of their needs becoming too complex, or examples where services would end their support because the support period had ended, even though they still required the service.

"At first, Mum wasn't bad enough and then she was too complex for the befriending services. There wasn't a service for her, apart from the NHS nurse." – Woman over 65 in Craigmillar



**Housing** – There is a need to get people off the streets: more housing, safe and clean temporary housing, without curfew, adapted to people's situation (with children, with disabilities and with health conditions). Some stories were shared by people about the loss of temporary accommodation in B&Bs when individuals were admitted to hospital for a few days, others were made homeless after a long hospital stay. Young people coming out as LGBTQ+ in rejecting families needed a refuge.

"A big thing to improve is the way housing is approached as it would cause less grief and help for health. What works is some flexibility if it is not possible to respond to the needs, ie around work or around being a parent. There's a problem with B&Bs because of curfews. It's difficult to have an adapted response to the situation. I was booked out of a B&B because I was in the hospital. It would be better to have more choice where to go and more stability. The list for council housing doesn't take into account the person's situation with children, disabilities or addictions. I can't bring my daughter to visit me in the B&B, it's not adapted." – Man aged 25-40 in the City Centre

**Carers** - Young carers need more free time to be able to focus on their aspirations in life, and have time to be children. Adult carers felt they were left to deal with a lot of responsibilities and ended up being very isolated, which impacted their physical and mental health. They repeatedly expressed the need for support, but did not know where to turn to for help.

**Holistic needs** - There is a need to work towards models which work holistically, especially with physical and mental health to be able to address to different issues at the same time, offering more intersectional approaches and services.

"Here it fulfils a role that NHS should be filling. You can't move on without the support! They ask you to move on but they don't give us the possibility." – Conversation with 6 people in Restalrig

**Basic needs** – People struggle to meet their own basic needs. More food banks were deemed necessary as well as affordable childcare to support parents, and more basic life skills classes, such as cooking.

**Skills** – There is demand for more evening classes, activities and support for working people (30s to 50s) and to support people to go back to work. Opportunities to skill share and learning new skills.

**Working towards a local, multi-disciplinary approach** – Organisations should work together, in networks, to avoid duplicating efforts, costs and resources. This would make referrals between partners easier and improve relations with the statutory sector. It would improve service users' experiences, as the need to repeat their situation many times would be reduced, this is a cause of stress for many.

"You're supposed to get help but you actually get sent round in circles"  
– Woman 40-65 in Leith

Staff working within statutory services (CEC, Job Centre and NHS) need to treat people with more respect, especially in relation to mental health, homelessness and young people. Assumptions were said to be the cause for disrespect.

"The grassroots initiatives and community development work should be better supported. There should be more conversations with the community, try to get people excited. Having more community events where the authorities are involved and part of the conversation to help them identify the needs and act upon it." – Man 40-65 in Leith.

There needs to be more conversations to identify and understand people's needs, and act upon them where requested. The private sector was invited to contribute more actively to society.

## WORKERS INPUT

The considerations above arose in conversations with workers too, and they were able to bring more detail to some aspects. Workers were very dedicated and it appeared the quality of the service relied a lot on that. They were bending over backwards to make things the best they could for service users.

### Difficulties caused by funding requirements

The impact of funding conditions on the work done came up for many different aspects:

**Funding gives stipulation length of support:** focusing on crisis work and not allowing time to really bring long term change.

**Difficult to provide childcare and do outreach** that have a strong impact on accessing services.

**Shortage of staff in key roles:** Need for counsellors not addressed, family support insufficient

**One to one time difficult to provide** especially for prevention work with young people which makes it difficult to approach inclusion issues.

**Difficult to cover transport,** essential for many demographic groups.

**The constant conflicting need to reinvent the intervention model** for funders because old and working doesn't easily get funding. The approach to funding also puts organisations in competition "everyone keeping their cards to their chest, bidding against each other" making it difficult to build long term cooperation.

### Systemic considerations

**Community needs not met** – Many new community groups are created by individuals who have identified, or feel a need for a particular thing and there is no current support for it.

**Every community needs a local base** – There needs to be a space which can provide information and access to support for all demographic groups. Gentrification makes it more difficult to reach the target audience more outreach needed, to reach local people in vulnerable situations.

**"It should be possible, when you have been suffering your whole life, to get to ask "what do you want" and then give the possibility to reach that goal.  
There's the need of a place more supportive to fill needs but also some hope, to support to go further than simply filling the needs.  
Loneliness is chronic, there should be more opportunity to support each other."**

Conversation with 6 people aged 25-65 in Restalrig.

## Toolkit for workers and organisations

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The need for a toolkit initially emerged from conversations with workers, this idea was then validated in the focus groups. This would be a tool for organisations looking for suggestions on how to address some of the issues raised by people. The toolkit would address:

- Creating space to enable trusting relationships to be built between service users and workers.
- Approaching health in a holistic way, offering advice and support on prevention behaviours (nutrition, sleeping patterns, natural remedies etc.)
- Non-judgmental and an open approach for people with complex needs - taking people as they come without making assumptions and without expectations.
- Non-judgmental and an understanding approach for people living in social isolation, poverty, mental ill health and acknowledging it is often difficult for them to reach out for help. Offering outreach options.
- Working with an empowering model – supporting volunteers' ideas and volunteers' needs, maybe offering qualifying training.
- Not to be limited in time: offering long term support and having a project well known in the community, thus creating a trusting relationship and knowing the needs of the community.
- Offering a holistic intervention model, covering intersectionality of needs and being able to refer to specific support when needed.
- Support that can continue after a crisis; a trusting relationship empowers individuals, helps to prevent a new crisis and rebuild their lives in autonomy.
- Work on the individual and the community.
- Works well (better) when interventions are outcome focused rather than time or task focused.
- Inequalities need to be actively addressed and prioritised.

## Good practice

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The focus group identified practical tools to be utilised by workers across different fields. The difficulties to navigating the funding for this kind of work has been repeatedly mentioned.

### Using a proactive approach

This means **getting in touch with people before they ask for it**, and responding to the needs observed in the area. This could include actively reaching out to people, knocking on doors, going into the community (in local shops or at the GP surgeries, working with the local network, approaching minority communities).

**Inviting people to act upon their ideas.** This will create volunteering opportunities, personalised and trusting relationships which will support the development of community groups. By providing venues and support this will encourage people to take a lead and ownership in their own community.

**Giving people time to ponder the options** can lead to stronger empowerment.

**Local communication**, such as very geographically targeted social media advertisements and posters, helps organisations to reach further than usual and invites a wider diversity of people to come either to volunteer or to some activities/events.

**Providing services which fulfil people's basic needs**, without people having to ask for it, contributes to creating inclusivity and allows dignity. For example, some organisations provide food, some toiletries. This also includes free access and transport.

**"Here you're seen as a person, as an individual not as the condition or issue. In other places it's just the issue that's treated, not the cause."**

Conversation with 10 people aged 40-65 in Leith

## **Support for volunteers**

Support for volunteers is a very powerful tool for empowerment. The worker needs to be as flexible as possible to support the volunteer; valuing their contributions, and valuing them as individuals. It is important to take the time to informally chat with individuals, so they are aware that support is there if needed.

Easy access to the venue; organisations which host lots of activities run by participants or volunteers encourages other people to get involved.

## **Soft relationships with people**

It is okay to be yourself: with this approach, everybody is welcome. This needs to be openly and explicitly reiterated, saying that every person is welcome to be themselves creates space for people to feel at ease. Some people come along to an organisation because something is happening, not for the activity itself and to meet likeminded people, improve their mental health and have a more active life. It should be okay to take part any way, passively or actively.

## **Moderation of prejudiced opinions**

There should be a general set of ground rules laying the boundaries of how the space should be used, this can help to prevent prejudice.

Organisations should encourage people to meet each other, and workers should be available so people can come to them to express discomfort or worries over a situation. Where these situations arise, it is helpful to be able to set up a moderation session to address the issue, and any underlying prejudice rather than naming people or an incident.

Regular meetings with volunteers are needed to build a shared set of values and to share guidelines. It can be an environment to consolidate non-judgmental approaches.

## **No expert knowledge & open to all approach**

People are the experts of their lives: asking people how they can be helped contributes to build stronger relationships. Empowerment comes with providing support to people as equals. If people feel able and safe to express needs, opinions and give feedback, it creates the space to have a feeling of ownership and of being active within the group or even the community.

## **Inequalities considerations**

**Partnership working across sectors** - health visitors and services, emergency services and other third sector organisation to encourage referrals improves the chances of reaching a diversity of demographic groups.

**Women** who are very isolated hear about services because they are referred by GP or health visitor, this is the same for minority communities. Therefore, organisations that work with the statutory sector are more diverse.

**Travel to access a service** tends to impact the diversity of the group. Support for travel appears as a facilitating factor for more vulnerable people.

**Making it a priority to address inequalities** produces effective results: outreach, collaborating and making the community aware of the project.



## FINDINGS

### **It all comes down to the individual**

#### **Blaming the individual**

Individuals are held accountable for circumstances they have no power over – e.g. being raised by failing parents or facing some personal unexpected crisis such as an accident or a mental illness.

Social reproduction theories are seldom considered and this is especially visible with children, families and young people. The third sector tries to mitigate negative effects, but are (necessarily) using a fire-fighting approach to address a systemic issue where early intervention could have been successful in avoiding unnecessary suffering and the high cost to the public purse.

The demographic groups more at risk of facing difficulties and ultimately going-on to a crisis have been identified by research for decades, however, it appears that the system as a whole does not consider such evidence when commissioning or providing support.

There are only a small number of empowerment tools available to local communities. The systemic causes of an individuals' situation are completely out of reach.

Increasing systemic inequalities are leaving individuals struggling to cover their basic needs. They are held accountable for being poor, being ill or suffering from mental ill health. The more complex the need, the more closed doors there are. The third and statutory sectors struggle to meet the needs of an exponentially growing number of people living in social isolation, with mental ill health and in extreme poverty.

Access to food has repeatedly been mentioned during the research. A number of people felt that more food banks were needed and many attended community groups because free food was available. This is a serious indicator of deeply rooted inequalities and a worsening situation.

#### **Expecting systemic solutions from workers & organisations**

Individual workers are often left to solve systemic problems at their operational level, with an expectation that they offer individual solutions to systemic issues such as poverty, housing, employability or inequalities. Due to this reliance on the actions of individual workers, service consistency, and the quality of the support provided can be adversely affected. Depending on the worker, on their workload, on their individual knowledge of other organisations, of a condition or their individual skills, the response will be very different for individuals. Most organisations try to be consistent and provide a framework for their workers to deliver services. However, organisations are dealing with systemic factors, which are outside of their reach, such as: lack of funding, poor access to information, few resources to provide training for their staff, and low wages impacting on the experience and skills of the staff.

The lack of consistency in service provision appears to be similar in the statutory sector as not all GPs will refer to third sector organisations, not all Council staff will provide the same level of information, all most probably due to a lack of time or gap in knowledge.

## Gender inequalities

In this research, 312 women were interviewed – more than twice the number of men. Yet women were not specifically targeted and very few organisations focusing on women exclusively were part of the research. This suggests a higher need for support for women and perhaps that this ratio, although high, is probably still conservative considering that women tend to be more isolated and difficult to reach.

A number of factors affect women more than men. Existing support appears to remain insufficient as organisations working exclusively with women were very thinly stretched and thus many projects did not find the means to be involved in Mind the Craic. Workers and organisations were struggling to meet the needs of the field and of their service users. Other research has shown the issues that affect women more; below is a non-exclusive list of issues that this research found:

**Single parents:** All the single parents interviewed for Mind the Craic were women. Latest stats show that 1 in 4 families are single parents, of whom only 10% are men. Those in single parent families are twice as likely to be in poverty as those in couple parent families. Being affected by low income and childcare issues is a strong factor for social isolation.

**Domestic abuse:** domestic abuse affects women's safety, physical and mental health. When there are children in the family unit, their safety and recovery also comes down to the woman. The restricted number of places to turn to in a time of crisis for housing, mental/physical health support, legal support etc. contributes to an increase in vulnerability. The lack of long-term support for self-reconstruction (regaining self-esteem, stabilising a home, a job, school for children, dealing with PTSD, the legal consequences when relevant etc.) contributes to increased social isolation and it affects the recovery for the individuals involved (mothers and children), as well as the wider family and increases the likelihood of social reproduction.



**Carers:** Unpaid carers tend to be women. 135 carers from 7 years old to older people were interviewed during the research. The vast majority of them were women. Most carers were in their 40s, 50s and 60s. It is an illustration that it is still socially expected, when a family member becomes unwell that the woman relative takes on the role of caring for them, be it the mother for her child, the sister for a sibling or the daughter for a parent.

**Women live longer:** The life expectancy of women is greater than men and therefore many more services for older people are populated with women. Women live longer and tend to be living on their own. They are often suffering from social isolation due to limited mobility, a reducing social circle and mental and physical health issues.

**Low income:** As women often struggle with childcare, whether or not they are a single parent, it often comes down to them to adapt their working hours – working part time – or completely putting their career on hold until their child/children reach school age. Many mothers mentioned the lack of affordable childcare, the difficulty they have accessing services and being unable to afford transport, or the fact that they had to give up working due to childcare issues.

During the research, people mentioning benefit difficulties (with them being cut or suspended) were more often women.

**"We should not be stigmatised, we are people, we have rights, we have a voice and a right to be heard."**

Conversation with 10 people aged 40 to 65 in Leith

## **Inequalities**

All of the groupings affected by inequalities listed below have groups, projects and organisations that target specifically their demographic. However, as with gender inequalities, in many cases, workers and organisations are struggling to meet their needs. Also, it appears that it can be difficult for people to find intersectional places where social categorisations such as ethnicity, class or gender are inclusively treated as a whole.

Observing this in the field, few organisations explicitly welcome ethnic minorities, LGBTQ+ people, or disabled people either by stating it or by displaying a symbol or logo such as the rainbow flag for example. Those who did choose such a positive approach to marketing their inclusiveness are the places where a diversity of people were more frequently interviewed. This suggests that being actively inclusive to a minority impacts on their trust of and attendance at a project or service.

### **LGBTQ+**

Around 3% of people interviewed for Mind the Craic identified as LGBTQ+, which is about half of the national rate.

During the field work, situations of ordinary homophobia were observed where some workers or service users assumed that everybody present were heterosexual. In older people's services, a very wide variety of groups exist for people over 65. However, within the groups themselves, a lack of diversity can often be observed. There seems to be very little inclusivity considerations for people identifying as LGBTQ+ amongst this group of service providers.

Heteronormativity was observed when meeting with parents, where heterosexuality was often assumed.

In some groups, discussing sexual orientation or gender identity brought about unease; expressed either verbally or in body language by some workers. This in turn brought unease to the person supported, making it difficult for someone to openly identify as LGBTQ+.

During one interview, a person openly stated they didn't want their support worker to know their sexual orientation. Other people mentioned the fact that assumptions were easily made by workers. However, it was consistently stated that the third sector was more mindful of diversity than the statutory sector.

The low rate of LGBTQ+ people interviewed may also be explained by two other factors. Organisations specifically targeting this minority group were not able to take part in this research. In the first case, the difficulty over many months to organise a session was an illustration of their being overstretched in the delivery of their service. In the other case, it was preferred not to expose their service users who they felt too vulnerable.

The other factor is that many people when completing the demographic monitoring form only partially filled it in, and people didn't reply to this question; either because of jokes or remarks made in the group or because some people didn't understand the terms (especially the case amongst older people). Some younger people also mentioned not identifying with labels.

Younger people more easily talked about their gender or sexual orientation than older people and overall fewer younger people were interviewed.

When a group was diverse in other aspects, people tended to be more at ease with gender and sexuality questions. In homogeneous groups, almost no people identified as LGBTQ+. The data strongly suggests that the limits occurred when heteronormativity was assumed by the environment.

## Ethnic minorities

Collaboration between the statutory sector and the third sector, whether through referrals or through information sharing, appears to impact positively the accessibility of projects for minority ethnic groups and thus improves diversity within services. The particularly efficient medium mentioned was health visitors (midwives or nurses) that take time to share very well adapted and personalised information and explaining how to access an organisation. Formal referrals, from GPs or emergency services also impacted on the diversity of service users.

Legal advice and support was also mentioned as a reason for minority people to access a service or organisation.

Some projects, especially some youth groups and older people's groups could have very homogeneous demographic groups. Older people of ethnic minorities were in most cases interviewed in groups created within their communities. Language was cited very often as the main reason, together with a shared experience – both mentioned as a positive reason to be together.

Young people from ethnic minority communities, accessed services and activities far less than other age groups, which opens the question to which services they attend, if they attend any. An exception was evident for services where the public sector has directly referred to a specialist appropriate organisation (e.g. services for young carers).

## Class

One of the shortcomings of the methodology of Mind the Craic has been that class issues were not considered at the design stage. As the field work was carried out, class did come up repeatedly, either through observation or by being mentioned by interviewees.

Observation showed that classes mix very little in third sector organisations. When different classes were observed interacting, it was very much due to geographical make-up of the area. Areas where 'gentrification' is occurring tend to have more class diversity within a group or service. This appeared to be an issue as workers mentioned that the traditional service users were slowly being replaced by more educated and resourceful people that wouldn't need the service as much. In order that services in such areas continue to support those that need it most, more outreach was one of the solutions being explored. The destination of people leaving such an area was unknown and was therefore concerning.

During interviews, in the north of the city particularly, divisions between perceived classes of people was apparent. People with higher educational attainment talked about aiming for more diversity in services. Working class people (self-identifying in the conversation) talked about how middle class and upper class people didn't understand what their reality was. The conversations focused on basic needs, health and mental health issues and social isolation. When class was mentioned it was because of a feeling of being left out of political decisions and the lack of consideration of their needs and opinions. In services where classes of people were mixing, the pleasure of interacting with people from different backgrounds and ages was mentioned by all.

## Age

In 2017, 1,510,803 people were aged 25 or under in Scotland, which represents almost a third of the population. And yet, access and capacity of services for young people facing difficulties appears to be limited.

Young people's voices were difficult to access during the Mind the Craic research. Workers were keen to protect service users from an outsider's questions, given some of the very challenging situations being faced. Young people expressed frustration around feeling that their difficulties were not being taken seriously when requesting support for employability and access to housing. Volunteering opportunities were mentioned as being difficult to find. Young people mentioned the difficulties faced because of assumptions and preconceptions linked with their age.

"The council people can be very unhelpful, giving the wrong information. As a young person, it's very difficult because you believe what they say. Then, other places make assumptions about young people." – conversation with two people aged 18-25 in the City Centre

A young carer of 17 mentioned they would like to be able to have time to themselves to consider their future. However, this didn't appear possible in their present circumstances. They had mentioned their needs in their parents' support plan but didn't feel it had been heard. As a result, they had started developing anxiety due to their demanding living conditions as a young carer.

"I would rather stay home [than come here, space for young carers] because I've been away all day and have some time off at home." – Young person under 10 years old in Broomhouse

**"I wasn't aware of what was out there before being in crisis, if I had known, a lot could have been avoided. Coming here has helped to avoid going to an awful B&B and it has helped improving my social life that was inexistent 6 months ago."**

Conversation with 2 people aged 18-25 in the City Centre

## Disabilities

People with physical disabilities, especially people in wheelchairs, mentioned that many buildings and venues advertised as accessible are in fact not accessible to every person with specific disabilities (examples of lifts not adapted or doors not opening were given). This was affecting the social life of many disabled people as they had to adapt their choice of venue accordingly.

At the systemic level, workers mentioned the general lack of consideration for intersectionality of needs. People with disabilities are regularly put in a position where they have to prioritise their disability over other needs.

In conversation, people with learning disabilities very much valued opportunities they felt were empowering, such as creative spaces and opportunities to volunteer.



## Mental health

Mental ill health and physical health considerations touch all demographic groups. Yet, as the approach of services is very much broken down into silos, many people mentioned struggling to find the support they needed and often a formal diagnosis was said to be the best way to open doors to more support.

Services provided by the NHS was systematically mentioned as not meeting people's needs. Third sector organisations specialising in mental health counselling and crisis were mentioned as having long waiting lists.

The stress induced by not meeting people's basic needs such as being able to afford food, came up as a cause for real mental health struggles. The temporary housing system, not providing clean and safe accommodation, affected health and mental health. B&Bs enforcing curfews were felt to have infantilising effects.

People talked about months and years of social isolation and personal distress; about having to reach a breaking point for things to start changing.

Organisations taking a softer approach to mental health, often without waiting lists and providing longer term support, were repeatedly described as empowering groups/places. Thanks to these organisations and approaches, people felt they were rebuilding self-confidence, getting back to having a rhythm in their week and creating a social life.

Workers talked about the need for organisations and services to consider the individual as a whole, not as an issue. To welcome people as they are, without judgment, assumptions or expectations - offering support to participate in activities, such as art, yoga or dominoes, not explicitly working on the mental health issue itself but creating the space for things to happen by themselves, for people to decide on their own, to be empowered.

Mental health was said to be a cause as much as a symptom. As the cause is circumstantial, addressing the circumstances, social isolation for instance, addresses the issue.



**"In places where creativity is encouraged, people can be who they are and they are allowed to make mistakes."**

Conversation with 10 people aged 40-65 in Leith

**"I come to get away from life at home and caring responsibilities."**

Person under 18 in Broomhouse

### **Carers – social isolation, low income, work load**

"I'm a carer for 2 people so there's no time to go elsewhere a lot. I've been coming here for years. It's good to get the time off, meet friends and talk with people who understand. Some weeks, there are appointments everyday [for the people I care for]. There's not much time for me. Here, it's like a sanctuary. I would need a befriending service or something/someone to help so it's not me doing all the donkey work. Even now, I'm not switching off. I need some way to relax completely. I'm exhausted." – Man aged 40-65 in Meadowbank

Of all the interviews and stories heard during the research, those told by carers were some of the most unsettling and distressing, with people living in very advanced social isolation, dedicating everything to care for a loved one to the extent of forgetting about their own needs. They talked about the difficulty to find support from the statutory sector and how the carers' organisations were a life raft.

A 2015 article from Carers UK said that "Unpaid carers save the UK £132 billion a year – the cost of a second NHS". Given how little support they get and the workload they are left with; this doesn't come as a surprise.

When asked about money, many carers we spoke to were living on a very low income, with one example of three people living on the benefit income of one person. The time and energy of navigating the system was yet another challenge that they couldn't face. Many said that for many years, they had not been aware of the benefits available at all.

Carers talked about health visitors referring them to appropriate support organisations; however, they often found that supporting a loved one was so demanding that on many occasions, the information didn't register. Given at the wrong time or blurred with other information such useful information can be drowned out to the extent that it is too much to process.

All of them talked about the need for time off. Caring for someone was affecting their health but it was reported that there was little support available from the statutory sector.

**"When you're a carer, people, friends, drop.  
You need a social life.  
There's a feeling of loss of identity, stress, depression.  
Coming here, it helps with all that.  
Some activities are great fun, the brain starts working again.  
It makes you feel better.  
Everybody knows what you're going through,  
there's no need to talk about it.  
You're safe.  
We need more of that, more help for carers.  
Information to support carers in written form,  
all in the same place.  
Sometimes there's too much information thrown at you  
and you don't remember.  
Here, you can connect to the right agencies,  
people are good, they really want to help you.  
But it takes time to hear about it.  
The GP could help.  
They give you pills but not a place to talk.  
They ask you "what are you expecting from me".  
We should get information in the practice,  
with the nurse or someone from the voluntary sector.  
They say "I can't help you" too much.  
The system relies too much on carers, they're saving money."**

Woman over 65 in Meadowbank

## Volunteers

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Services and their everyday dynamic was said to be positively impacted when support for volunteers was provided. Service Users said that when support for volunteers was lacking in a service, they felt the organisation was failing them.

Replacing workers by volunteers was not well received and mentioned as happening regularly as a way to reduce costs. The services were affected and volunteers were put in positions they felt very uncomfortable with. Skilled retired people especially mentioned having experienced being treated as cheap staff.

"Charities need to rely too much on volunteers and are letting staff go. They don't seem to understand that volunteers want to have a good time. They shouldn't put too much on to them." – Man 40-65 in Morningside.

Volunteers talked about the need for a clear role; knowing what they had to do, who they could turn to for support and what was expected of them.

When support for volunteers was provided, volunteers were enjoying their involvement greatly, socialising, helping the community and making a difference in people's lives.

Service users mentioned the difficulty of volunteering in some places where the application process was almost as demanding as applying for a paid job. For people looking to volunteer in order to become active again, this felt like a strong barrier. Young people from 16 to 20 felt they were struggling to find volunteer opportunities because of their age.

When volunteering is a positive experience, it appears to play a great role in including people who would otherwise be quite isolated. People with a history of mental ill health felt they were getting back on their feet thanks to this opportunity. Refugees talked about being more integrated in the community and job seekers felt it was improving their employability or improving their skills in order to change their work field.



## Gentrification

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Some areas of Edinburgh – especially the North of the city – talked about losing their identity. Where previously everybody knew each other and shared a common sense of identity linked to the area, they now felt it was difficult to know their neighbour. For workers, it was getting more difficult to reach the most isolated people in the community as they did not know where to find them anymore.

The new urban planning seems to fail to promote local human interactions and this impacts the communities strongly.

"People come here because they are lonely. Leith has changed. It's not the same quality of life. The community has suffered... the rebuild has removed the heart and soul of the community. I'm coming here to contribute to Leith spirit. It's a way to meet people from the area." – Person 40-65 years old in Leith



## Resilience

The lack or almost absence of systemic resilience appears to be one of the main dynamics exacerbating inequalities and impacting communities negatively.

### At the Individual level

The extent of a person's personal network has a strong impact on individual resilience. Many of the people interviewed experienced at a time only having the local shop and the GP for human contact. When the GP is unable to respond to the need, which will be the case for many as the need is social interaction, it leads to people consulting for social isolation related issues and being prescribed pills. The person is left without any resilience because of an absence of network and on the verge of crisis. Some demographic groups are known to be particularly at risk in this instance; women, elderly people, carers.

At the moment, people are left to rely on GPs who cannot do much as the problem is primarily social. Years of social isolation do predictably eventually result in mental and physical health problems (which then often lead to associated problems such as housing). The system does not seem to provide the conditions to improve individual resilience in time of need. Interviewees repeatedly mentioned situations of crisis that could have been avoided had the situation been detected earlier, support and information provided in order to create favourable conditions for empowerment.

Referring to the third sector is a solution. More community means more individual resilience, more support for people suffering from mental ill health and more outreach.

### For organisations

Organisations depend very strongly on limited sources of funding. Funders have expectations that do not necessarily fit to the communities' realities. Organisations find themselves adapting their services to top down expectations. Leading them, over the years, to lose their resilience to cope with funding cuts.

They are caught in a double bind situation, knowing from field experience that steady, long term, soft supporting structures that people know over the years are best for their communities. Yet, they have to reinvent themselves, bringing new, shiny ideas that will seduce the funding bodies. Organisations spend a lot of resources on funding applications, time taken from their primary role to the community. When the funding is cut, the structure is left with very little resilience to find a way to survive.

### Within the community

"30 years ago, I was involved in the community, went to knock on doors, fundraising for a kids' club and then for an elderly group. I enjoyed the challenge, being involved in the community, raising the funds for the community and the projects. It worked because people were so well involved in the community. The funding for the kids' club was lost and it's a shame because we lost the intergenerational aspect of it."

– Woman aged 40-65 Craigmillar

Communities are slowly being dismantled. They lose every year another long term local structure, be it a local third sector organisation or a public service. It seems that in many places no community group/organisation remains to provide the first step of knowing people nearby and of knowing who in the community is struggling. There is very little left to redirect or reach out. And when there is, it is insufficient, with staff over stretched.

This means an ever growing number of people are left isolated behind closed doors, building up mental health and physical health issues that end up appearing only in time of crisis after years of personal distress. A person in crisis because of health and mental health will require more time and will cost more than the time and expenses that would have been necessary for effective prevention intervention. Prevention empowers and opens up possibilities, as in a virtuous cycle, offering choices for individuals. Conversations brought up issues of people caught in dealing with one consequence after another of a predictable, problematic situation.

Reaching out earlier on, providing support when the situation starts to build up rather than years later can improve considerably the lives of those impacted but also reduce costs, on the long term, in health and social care.

## Need of networks

Networks appear to be lacking at every level.

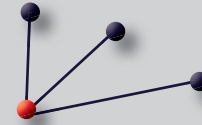
**For individuals,** having a network of friends, a local organisation to turn to and workers to talk to when something happens is essential to be able to reach support when it is required. Many discussions were about the difficulty to find and access the much needed support. Having a local organisation to turn to that can refer further, if needed, contributes greatly to the individual's resilience.

**At the service users' and workers' level,** a network means closer collaboration between sectors. Support plan meetings systematically including relevant workers of the third sector would prevent the top down approach and feeling of helplessness service users can express. It puts everybody on the same page avoiding the need to repeat information and lose some of it in the process. It also prevents Karpman Drama Triangle build up (see below).

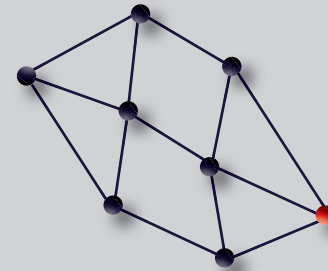
**For workers,** stronger network within the third sector would help for good practices and information circulation. It would improve exchange of information about existing projects and approaches.

"It would be great to have information on what works, to learn from others' experience and be able to replicate. Skill sharing further than within the community and sharing resources. Some sort of journal of the third sector to exchange ideas on a global scale. It has to be local but shared globally." – Woman aged 25-40 in Leith

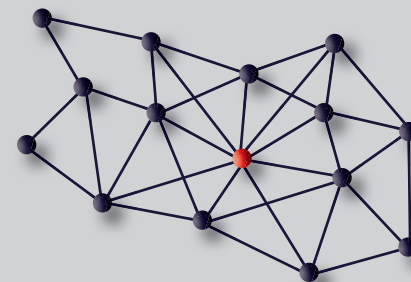
**For third sector organisations,** working closely together could mean sharing some costs. Organising joint event inviting for more diversity and as a way of sharing skills. This would also reinforce the whole sector.



**Individual network** is one structure or person and maybe one or two others but they do not work together. There is very little resilience.



**Peer to peer:** improved resilience as one element can be removed and the network still survives.



**Web:** ideal network as there is access to multiple resources that are interconnected and thus resilient.

**"They should support what's being done,  
I'm afraid of having the service being cut."**

Man over 65 in Leith.

**"I'm worried about how sustainable it is.  
When it works, it always has the risk of  
funding being cut."**

Woman aged 40-65 in Morningside

## **Funding**

### **Long term / crisis**

There is a need for long term, adapted and flexible support, especially for mental ill health. Having services that adjust to individuals and understand changing needs appears necessary. Many service users felt that if they had been able to access a service with soft support earlier, they most probably could have avoided being in crisis. It would have prevented the escalation of isolation-poor mental health-poor physical health-associated difficulties with work, housing, benefits etc.

"As long as we have homeless people, the resources cannot be sufficient." – Man over 65 in Craigmillar.

Yet, once in crisis, not enough support was available and waiting lists were too long.

Several elements are at play here. Information is not circulated enough, organisations lack funding to respond to the needs, especially for outreach and crisis work and funding expectations encourage short term contracts.

"There should be more funding for specific needs, addiction and mental wellbeing. NHS and the gov. cut too much. Everybody should have a chance to train, to improve their self-esteem and to be part of the community. It's very hard for people to get jobs."  
– Man and woman aged 40-65 in Morningside.

### **Silo approach**

The current system has divided health and social care into silos or sectors of work and for most crisis situations, it works.

However, more holistic support is needed too. Intersectionality of needs can be found in subtle subjects, creating overlapping and interdependent systems of discrimination or disadvantage. For example, a person with a learning disability of any age from an ethnic minority that is coming out as LGBTQ+ or a young homeless person struggling with a history of family abuse, and related PTSD, are facing needs of support that tend to be provided by separate projects.

This approach is also excluding for people with complex needs as their needs cover several silos. People in complex situations mentioned during our conversations being signed off from one service after the other because of the complexity of their situation. Organisations working in silo were not be able to address related issues. Finding an organisation providing soft support appeared, in many cases, to be the solution.

### **Instability of services**

It has to be specified here that this part of the findings is not affected by the recent cuts that occurred in November 2018. If anything the cuts act as a verification of what came out of the various conversations.

Service users mentioned the distress they faced when the sole project that had been able to help in time of crisis got the funding suddenly cut.

"A lot of the funding gets pulled, it feels unstable." – Conversation with 5 people aged 25-65 in the City Centre.

Workers talked about the difficulty of planning and building long term projects. It also affected their support work as it was difficult to plan long term support when the funding issue was looming in the background. They felt they had to repeatedly reinvent projects that had been working well for a long time, in order to get the funding.

Short term funding affects entire services: workers are worried for the service users. They are also worried for their positions and for the durability of the service.

"Refunding is at the moment so precarious that long term planning is very difficult." – Woman over 65 in Meadowbank

## Staff & organisations

Considerations here are based on observations, analysis of the workers' voices and service users' comments. They were verified in focus group.

### Over stretched

A number of organisations and workers were not able to take part in Mind the Craic because of their workload. These workers and organisations were facing a demand exceeding their capacity to address it. This was especially true in some fields: women organisations, LGBTQ+ organisations, mental health & crisis organisations and youth organisations. It emerged from conversations with them that their workload was exceeding any real, long-term impact they could have within the community or the person's life.

**"Without the support, I would get stuck in the house.  
They call to make sure we will come,  
because of the depression it can be difficult.  
Without the phone call this morning, I wouldn't be here today."**

Woman aged 40-65 in Merchiston

### High expectations (miracle worker)

Workers care and they know that, too often, if they don't address an issue, nobody else will. Workers most of the time end up going the extra mile. The involvement of workers came up regularly in conversations. They were often doing much more than their position required. Service users also mentioned how they felt this contributed to creating trusting relationships with workers.

This illustrates how individuals are expected to solve problems reaching further than their position. The system doesn't provide the necessary resources to address issues and individual workers try working miracles.

They are put in positions where the rules to protect them have to be bended for them to be able to actually support those who need it. These expectations on staff working miracles can be a risk factor for them, for their health and mental health. Some mentioned how tired they were and how demanding the job was. Yet, they still felt it had to be done.

Some managers mentioned that the way organisations perceive the work done by their staff had a strong impact and they felt that when staff were valued and supported, it made a difference and reduced turnover.

### Lack of resources

Trying to find solutions to provide a service with shrinking funding leads to many issues not being addressed. Outreach was repeatedly mentioned as insufficient and greatly needed. Providing support in person and reaching out exceeds the capacity of most services even though the need is identified. Youth organisations struggle to provide the one to one support that would be needed. Inclusion might not be a priority for lack of resources to address it. Only one organisation did mention the unmet needs of those illegally in the UK, and their concern with their accessing health services.

Organisations struggle to provide training or to free the time for the staff to access it. High turnover can also be the consequence of insufficient support for staff in their health and wellbeing as they are facing challenging situations in their work.

Workers' mental health was said to be affected by the lack of funding that creates a permanent state of competition between organisations.

The lack of resources however has also produced positive consequences such as creative and imaginative approaches. Some very empowering situations/projects were mentioned especially with volunteers' involvement and community groups.

## Low wages & insufficient training

The lack of resources goes in pair with low wages and understaffed teams. It also means less educated staff and less time for training.

"The third sector is very lively but it's missing capacity and skills (volunteers and employees)." – Man aged 40-65 in Leith

The staff met during Mind the Craic were hardworking, dedicated and doing their best. Some mentioned how low wages were unfair to the job done. Some workers talked about working other jobs to survive. The issue of staff, being themselves in work poverty situations was raised in a focus group. This was said to affect workers' mental health as they didn't feel valued in a role that was very demanding.

"The third sector lack resources to provide, they try their best but they need more expertise from workers, more training. They do their best with what they've got but it's not adapted support. There's not enough support for workers. They are underfunded so there's not enough help for the needs." – Conversation with 5 people aged 40-65 in Leith

Some service users talked about lack of training. They mentioned that some workers were not trained to the specificities of the conditions they were working with. This was said to lead to inappropriate behaviour and comments.

"Some people can get very impatient with the wheelchair. They need to make sure the workers are trained to different disabilities. Because of my disability, I can't lift my head to talk to people and they don't adapt." – Man and woman aged 40-65 in Muirhouse

The lack of training was also raised about the statutory sector. It was said to lead to discriminating behaviours, assumptions and lack of understanding. Reception staff in some GP practices were cited as an example; they would refuse to book an appointment for someone who had missed previous appointments precisely because of the condition they needed to see the GP for. They talked about the rudeness they faced in such cases.

**"There's a lack of community. We need to reinstall a sense of hope. More understanding from services (especially benefits) I have no trust in the system. There's a trust issue. I don't believe in positive reinforcement anymore. It's time to build trust. You can never trust the system. You can always get a letter out of the blue. The benefit system is unreliable. I had to go into appeal and it had a bad impact on my health. Advice services have long waiting lists. It's a maze and it creates distress."**

Conversation with 5 people aged 25 to 65 in the City Centre.

## Benefits & public sector

The third sector is mitigating as best it can for a system that lacks resources to respond to the needs.

### Benefits

Benefits & low income were often mentioned as source of distress. The consequences of needing to rely on the third sector for relief, crisis needs such as food is important. The lack of money, social isolation builds up and the third sector plays an important role in helping to cover the basic needs and in keeping a connection within the community.

The difficulty to navigate the benefit system, of benefits being suddenly stopped and of not being believed led many people to rely strongly on the third sector. Physical and mental health or disabilities make it more difficult to know how to respond and where to seek help.

The difficulty to survive and the stress endured by the uncertainty contributed to worsen their condition. A few people said they had given up entirely because fighting the system was too hard. They were now living in extreme poverty.



## Positive impact of referral

The most positive and effective result emerging from collaboration between sectors are referrals. Referrals reach the most isolated people without discrimination, particularly women and ethnic minorities. Thanks to these referrals, people reach services they wouldn't have otherwise, diversity in services is improved and it is particularly effective in crisis situations

Such effective results in collaboration suggest the need for more comprehensive collaborative approaches.

## Difficulties with the statutory sector

"The NHS needs to take on board that depression concerns everyone and it's not just up to charities to take care of the issue." – Woman over 65 in Leith.

"I find I get more help from the voluntary sector than from the NHS where it's a constant fight to get support and be believed. They hold the power whereas in the third sector, it's at the same level: you're an individual and not someone draining resources." – Conversation with 5 people aged 18-40 in the City Centre

Difficulties when dealing with the statutory sector, in GP practices, with CEC staff and with job centre workers are caused by assumptions based on age, on gender identity, on housing situation, on mental health leading to lack of respect and to responses not adapted to the needs. This was the cause of people left without housing or without medical treatment and/or supervision sometimes for extended periods of time. In all those cases, it was felt that the situation had been worsened by the statutory sector's response.

"There's a lack of support for mental health. We need more helpful, less condescending staff at the GP practice. And there's no confidentiality at the local practice [at reception] but there's nowhere else to go. Going to the GP makes it worse because of bad staff manners. I'm not receiving my treatment. There are direct consequences to my health." – Conversation with 9 women over 50 in Gracemount

"It felt like a total slap in the face, they [NHS] didn't recognize what was happening." – Woman aged 25-40 in the City Centre

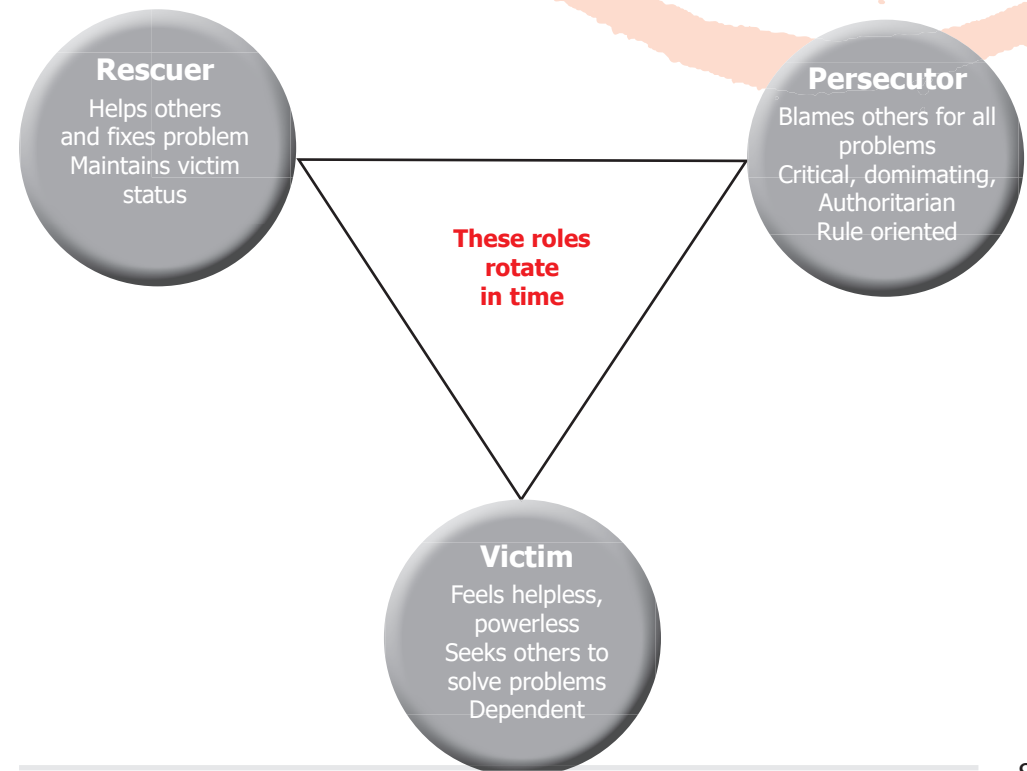
## Theory consideration

The Karpman Drama Triangle seems to be in place at the intervention level for many people and organisations.

The first and main issue with the Karpman Drama Triangle is that whichever the role occupied, it can switch. Being caught in this loop of roles has one main consequence; the disempowerment of the most vulnerable.

This situation contributes to exacerbate the helplessness of service users. The lack of resources or training lead workers to 'doing for' the service users, sometimes 'doing with' them.

More time would be needed to working with the service users 'supporting to do' or 'accompanying them' to real empowerment. It takes time and resources organisations often lack. With support limited in time and intervention happening at the crisis level, a firefighting type of approach seems to be in place most often. Empowering people takes time.



**"I like this place because  
it's not about the problem but about the solution."**

Woman aged 25-40 in Leith

**"I never thought I would be able  
to do something like that.  
I was beginning to feel useless,  
this has helped."**

Woman aged 40-65 in Moredun

**"Having activities, it enables you, empowers you."**

6 People from 25 to over 65 years old in Leith

### What is the Karpman Drama Triangle?

The Karpman Drama Triangle models the connection between personal responsibility and power, and the destructive and shifting roles people play. He defined three roles; Persecutor, Rescuer and Victim. This model explains models of intervention and interactions that can be at play in health and social care work. These roles are used explain a dynamic.

The Victim feels victimized, oppressed, helpless, hopeless, powerless, ashamed, and seems unable to make decisions, solve problems, take pleasure in life, or achieve insight. The Victim, if not being persecuted, will seek out a Persecutor and a Rescuer who will save the day but also perpetuate the Victim's negative feelings.

The Rescuer has negative effects: It keeps the Victim dependent and gives the Victim permission to fail. When they focus their energy on someone else, it enables them to ignore their own anxiety and issues. This rescue role is also pivotal because their actual primary interest is really an avoidance of their own problems disguised as concern for the Victim's needs.

The Persecutor is controlling, blaming, critical, oppressive, angry, authoritative, rigid, and superior.

The motivations for each participant and the reason for the situation to endure is that each gets their unspoken wishes/needs met without having to acknowledge the broader dysfunction or harm done in the situation as a whole.

### Empowerment and collaboration as solutions

To get out of the Drama Triangle dynamic, empowerment is the first tool. The Rescuer listens and supports the Victim, responding to the needs expressed. With support, the Victim, feels heard, their needs are addressed and they get tools to gain autonomy. This approach frees the Rescuer of their role as in time their presence will not be needed. The former Victim will be able to make choices. The Persecutor will need to listen and accept to be challenged in their views. This will open the way to collaboration.

Collaboration between the three actors, between the Persecutor and the Rescuer to provide empowering tools but also listening to each other, especially to the needs of the Victim are the first collaboration elements to put in place.

Collaboration to empower; by getting out of the saving model and by stopping working against each other, the common shared goal can be remembered:

- For individuals: workers of both sectors working together, for example with support plans.
- For organisations: work with a common goal and in closer partnerships.
- For communities: having active members of all sectors participating.

## RESEARCH CONCLUSIONS & RECOMMENDATIONS

### Toward a less siloed approach

Mental health appears to be the weakest link as a consequence of current silo working. Social isolation and poor mental health are issues that cover all silos and all ages. It is also reinforced by a range of inequalities. Some groups are forgotten especially young people, ethnic minorities and women.

A more holistic and inclusive approach benefits everyone and helps prevent mental ill health. Supporting projects that have a more cross-cutting intervention-type of approach, with soft, flexible support and long term support would help greatly to address many issues. Getting people within a community to meet and be able to be the first support for each other is absolutely necessary.

Crisis work remains essential and prevention needs time to be effective. Crisis organisations are already struggling to cover the needs presented to them today.

**"I come for food and the company.  
There's a very nice atmosphere, I feel I belong.  
It's a good reason to go out in the week.  
It improves the wellbeing.  
If I didn't come I wouldn't know anybody,  
I would just be on my own at home."**

Man over 65 in Queensferry

### Improved collaboration between sectors

The public sector is an effective referrer of people to third sector services and activities. Minorities are consequently better included in a bigger variety of projects, very isolated people get support and access opportunities to improve their situation, and people at risk of or suffering from mental ill health access much needed support.

When GP practices, Job Centres, Council workers, health visitors etc. take the extra few minutes to talk about the local art group, the weekly walking group or the lunch drop-in it impacts considerably on an individual's quality of life as well as the community's dynamic.

To do this effectively, these different actors need to know about activities and services in the localities they work in, know their local projects and even personally know some of the people running the groups. When a referral or suggestion is made based-upon personal knowledge it is usually much stronger than just handing out lists of existing places or talking about an online database (which are both very useful tools when used appropriately). The key is to make an interaction personal for people who are vulnerable and would have difficulty doing it on their own. It is about relationships - workers interacting and knowing each other.

There are many ways of implementing this kind of dynamic. Regular informal cross-sector meet-ups could be a solution.

## Shared good practice

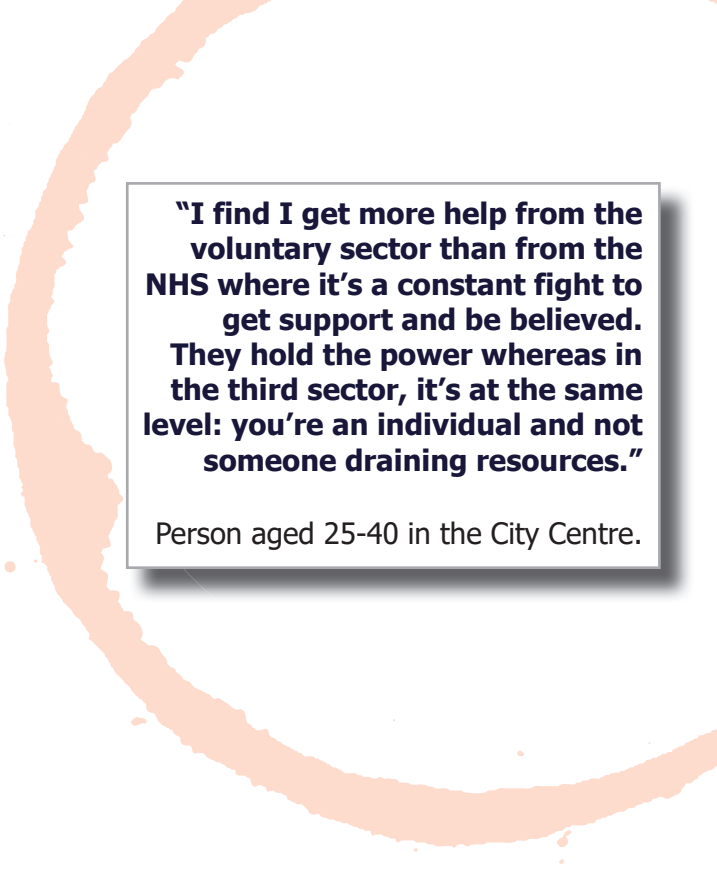
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As inequalities are addressed differently per field of intervention and per crisis levels, every sector and field of work have different effective practices that could benefit others. Many of those are not necessarily costly to implement and may make a big difference in people's wellbeing, sometimes for the staff as much as for the service users.

To help many service users deal better with the statutory sector, third sector organisations could better share their knowledge, expertise and approaches to help services become more inclusive and therefore effective. Within the third sector, shared access to good practice across localities and fields of intervention would help improve the disparity in the treatment of inequalities that can be found in some places. It would also benefit the third sector that has been strongly affected by years of standstill or cuts to funding. Organisations are often bidding against each other, creating resentment against the public sector and helping to reinforce a "saviour's complex". The third sector today appears to be a disparity of organisations, weakened because they are not effectively and ethically linked to one another. Building-up better and more connections between organisations, favouring the working as an enduring fabric upon which to build, with more partnerships on projects and shared costs, would contribute to strengthen the intervention itself and the sector at the same time. And deliver better for local people.

Many organisations have developed empowering approaches not set in the Karpman Drama Triangle mentioned earlier. They work at the levels of "doing with" a person, supporting them to support themselves leading to autonomy. These organisations should share their experience and practices.

Greater collaborations between organisations and sectors, regular good practice sessions for the third sector and a consistent interactive platform could be a way to address this.



**"I find I get more help from the voluntary sector than from the NHS where it's a constant fight to get support and be believed. They hold the power whereas in the third sector, it's at the same level: you're an individual and not someone draining resources."**

Person aged 25-40 in the City Centre.

## Empowering communities

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The notion of citizenship and of civic duty seems largely to have been forgotten. Encouraging the taking of ownership of issues and problems and acting upon them within local communities may be a solution. In democracies, many tools are available.

Empowering communities would mean bringing back the notion of citizenship on the citizens' doorsteps. How? Through education, sharing skills, activism, listening to the experts of their own lives and underlining the system elements at play, not assuming that there is a blueprint but inviting people to act upon their social responsibility. It is by starting from the grassroots that the system will change. There is a need for more bottom-up approaches. It has started, it needs sustained support.

**"In the last 5 years, there's a ground swell of grassroots projects. Austerity has made everyone more creative to respond to different situations. The projects are more community led and owned by people."**

Man aged 40-65 in Leith.

## Including the private sector

Collaboration at the operational level between public and third sectors has been and is very effective where it exists. Collaborations between the voluntary and private sector are less common. Such partnerships could, however, be an effective way of getting the private sector more involved in communities. At the operational level, collaborations could be developed around inclusion and getting people back to an active life. The need for good quality, affordable venues within the community could be another way to collaborate.

Nurturing relationships with the private sector for resources and funding support could also be considered.

The private sector, in most cases, doesn't know what is needed but is open to being involved as can be seen with in-kind donations. The third sector's role here would be to reach out to identify a common need. At present, the private sector may offer a team for a day or goods that the benefiting organisation may not currently require. Nevertheless, organisations always find a way to use such offers to benefit local communities.

It is about getting all actors of society involved and working together to improve the situation.

## Systemic and political changes

The Drama Triangle dynamic is found at the structural level as well. The common goal sometimes can be forgotten. We know the utopian ideal is happy thriving communities. This ideal has been affected by decades of neo-liberal politics, not by the decisions of any individual. The lack of resource has a source, the closing of organisations has a reason, the dismantling of communities, their assets and of the third sector are decided somewhere.

There is no need for individual saviours or rescuers, the real need is to create the conditions required to empower people. These conditions can only be addressed at the highest level. The environmental crisis is a social justice crisis. Inequalities have a source and can be addressed by shifting priorities. Miracles, which do occur, at the sectorial, organisational, workers' or even individuals' level seem to have reached their limits. The UN report on extreme poverty and human rights from 16 November 2018 makes this very clear and the findings of Mind the Craic can only concur.

### **Only bold, radical political action can address this situation.**

Mind the Craic represents the voices of over 1,000 people in Edinburgh. Communities are the priority. Social isolation in particular needs to be addressed. The third sector and the statutory sector need the resources necessary for this mission.



## Practical emerging priorities

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### Operational level

Provide more training to staff in all sectors especially regarding inequalities, prejudice and stigma, social reproduction and empowerment tools

- More integrated and a less siloed approach especially for complex needs and mental health
- Outcome focus approach rather than time or task focused
- More outreach for women, carers and young people
- Improve volunteer supervision and support volunteering opportunities for all
- Address stigma & prejudice around age, mental health, LGBTQ+ and class
- Create peer support/skill share opportunities
- More advice and advocacy, homelessness prevention/counselling
- Information to be improved – including talking to people

### Sectorial level

- Making referrals from statutory sector to third sector more systematic
- More collaboration at the intervention level by including third sector in individual support planning, with better information sharing and skills between organisations and sectors
- Reaching out to the private sector for more collaboration, for resource/funding, to access venues and to open up employment integration projects
- Get the statutory sector more involved in the communities

### Institutional level

- Making venues more accessible (e.g. changing rules about janitors to allow for more use of community buildings)
- Funding prioritises both prevention and crisis
- Support for communities to rebuild themselves using a community development approach
- Need to study how to address gender inequalities in depth (with a focus on intersectionality)
- Further study to identify the specific needs of young people and where/in what form exclusion occurs
- Class dynamics would also gain from a more thorough analysis
- Include social interaction and community needs in urban planning (spatial, transport, etc.)
- Need to address Systemic inequalities through better politics
- Need for a community place in every community

## Last words

Addressing what is predictable is the very definition of prevention. As the evidence collected here and this report shows, this is not what is happening on the ground in Edinburgh today. In most cases, people access support because of a crisis, often after a prolonged period of struggling on their own.

Workers and third sector organisations are mitigating, as best they can, a systemic problem that it has reached a tipping-point.

None of these observations are new. The very fact that this is the case is in itself an alarming result. Many numbers of research papers, recorded evidence and reports have been saying the same in various ways for many years. Anybody working in health and social care, anybody who has been struggling for a number of years, will most probably not have learned anything new reading these pages. This is where the problem lies. The issues are predictable. They are well known and documented. Research has shown time and time again that prevention and early intervention impacts the wellbeing of individuals and communities greatly. It improves their resilience and empowers. It has also been shown repeatedly to have very tangible economic consequences. People go back to work sooner are in better health and rely less on the public sector.

The costs of addressing crisis are known to be much higher than sustained investment in prevention would ever be. However, the system is not proactive but reactive, it waits for crisis to occur. The costs of this approach (personal, financial and community) is no longer sustainable at any level. Life expectancy is reducing, inequalities are growing and social isolation has reached alarming levels.

**Prevention. Is. An. Investment.**

**"Mental health is about politics,  
the community opposed to the individual.  
It's viewed as being subversive  
because it's questioning the system.  
The change needs to be political.  
It's about bringing back the power within the community."**

Conversation with 5 people aged 25-65 in the City Centre.

**"The 3rd sector needs to create spaces where it's not  
specialised intervention but about the community.  
There's a need for more places to take a situation as a whole.  
Mental illness is often linked to isolation and  
it makes it very difficult to taking steps to recovery.  
People need to be part of a community, part of the world."**

10 People 25 to 65 years old in Leith

## PARTNERS

### Artlink

Artlink Edinburgh and the lothians - Curious Routes project connects the creative skills of individuals living with mental health ill health to people and organisations who share a common interest. The project promotes creativity and diversity by drawing on lived experiences to inform arts responses which are relevant and enduring.



Bethany Christian Trust work nationally to relieve the suffering and meet the long term needs of homeless and vulnerable people. Our Homelessness Prevention work includes The Bugle, a magazine produced by a creative, welcoming, open-minded and supportive group who use the publication to speak about matters which it feels needs attention.



Beacon Club: day care services to 40 older people with dementia 4 days a week, with outreach at Juniper Green. Also our Dementia friendly singing group held on the 1st & 3rd Tuesday of the month at the Edger Hall Gorgie Road Email: Nancy Bryson beaconclub@broomhousecentre.org.uk



Broomhouse Young Carers project provides weekly group and 1:1 support to young carers aged 7-25 years. A young carer is a young person who provides practical and/or emotional support to another person, due to ill health, mental or physical disability, long term illness or drug and/or alcohol dependency issues.



The Broomhouse Youth Befriending Project provides 1:1 befriending support to children and young people aged 5-16 years who are affected by parental drug and/or alcohol use, living in South West Edinburgh.



Care for Carers is an organization providing support, information, training, residential and short breaks from caring to unpaid carers. All of our services seek to reduce carer isolation and to improve their health and wellbeing and sense of self



Circle offers a range of whole family support services promoting children's healthy development and potential. Circle's mission is: "Improving the lives of children by strengthening families". Circle Haven Project in North Edinburgh, delivers whole family, solution focused support services and in addition an Early Years Group Work programme for families.



At Create Digital Skills we recognise that people are being left behind in an increasingly digital world and we are passionate about helping people to the opportunity to keep up with fast-moving technology. We have courses to meet individual needs to get people online and developing their IT skills.

Edinburgh Garden Partners creates befriending relationships through shared gardening experiences. We match older people, and others who are no longer able to enjoy their garden, with volunteers looking for a shared space to grow.

The Edinburgh Tool Library was the first of it's kind in the UK when set up in 2015. The tool library combines the lending of equipment, with workshop access and classes, teaching new skills and allowing people to live more sustainably by sharing instead of owning. What's more, they operate a pay-what-you-can business model meaning they are financially accessible to all

The Eric Liddell Centre is a local care charity and community hub founded in 1980 in memory of the 1924 Olympic 400m gold medallist, Eric Liddell. Our mission is to be at the heart of the community, enhancing health and wellbeing and improving people's lives.

People volunteer at the Farm for many reasons, from those seeking work experience to others keen to use their time constructively in the community. Around 50% of our volunteers have additional support needs and the Farm's strong network of referral agents' signpost people to us who are facing profound challenges.

GCP supports vulnerable adults, including people who are: homeless, have a learning difficulty or disability, mental health issue or are socially isolated, by providing them with opportunities to volunteer, train or work in one of 6 social enterprises or engage with 25 free weekly educational, creative, practical or therapeutic activities.

Grass Roots Remedies is a community based herbal medicine co-operative in Edinburgh whose central ethos is to make plant medicine accessible to those who know need it most but are financially excluded from it. We run the Wester Hailes Community Herbal Clinic and workshops in low-income areas in the city.

Leith Timebank is a skill-swapping project. Leith Timebank supports people who help others and to offer support to those that need it. For every hour you spend doing something for somebody, you get a time credit. You can then use that to get an hour of someone else's time to help you.

Prevention is what LCiL achieves by supporting people to live more independent lives in the communities of their choice. By having more choice and control over their support, people have an opportunity to self-empower. Every day we see how self-empowering is the most powerful means for people to build up capacity and resilience

On the basis of consultation and the crofting tradition we are developing the 'urban croft' concept. Leith Community Croft brings diverse people together for enjoyable outdoor activities such as food growing and nature nurture therapy. A refurbished building, with café, farm shop, education facilities, etc., will become its isolation-combating heart

Libertus Services is a charity based in the Liberton/Gilmerton Neighbourhood Partnership area of Edinburgh. We support older people in the local community to live more independently fulfilling lives





NE LOOP (Local Opportunities for Older People) supports people aged 65+ in North East Edinburgh to find out what is happening in their local area. NE LOOP provides a range of services: Information "stations" in libraries, GPs, etc, "Discover" Magazine specifically for 65+, Network for older people service providers in North East Edinburgh.



Move On work with vulnerable young people and people affected by homelessness to help them unlock their untapped potential. We believe everyone has the potential to secure a job, manage money, sustain a stable home and live a fulfilling and independent life. We help people achieve these goals by providing mentoring, peer education, training, volunteering opportunities, guidance, information and advice.



Creating the space where people can...

North Edinburgh Arts offers local residents a place to relax, explore, learn, meet, share, volunteer and have fun. A registered charity, NEA uses the arts and culture to help regenerate and inspire the community in the years to come.



PEP's Mission statement is to enhance the quality of life for older and other vulnerable adults in North Edinburgh by continuing to develop services that enable active community participation, which encourage independence and which measurably reduce isolation. Our day-care clubs run in a variety of venues across North Edinburgh.



Pilmey Development Project is a community based voluntary organisation which has been working in Leith since 1979. The main emphasis of the Project is to work primarily with young and old. The project also provides an important community development and support role to a wide variety of local groups and organisations in the Area.



The Positive Futures project currently runs 23 weekly activity groups supporting over 50s in the South East of Edinburgh, Craigmillar, Dumbiedykes and Priestfield.



Queensferry Care provides a range of prevention and early intervention services in Queensferry, Kirkliston, Dalmeny, Newbridge, Ratho Station and Ratho. This includes: Day Care, Supper Club, Befriending, Information and Advice, Volunteer Hub.

For more information, phone on our services phone 0131 331 5570 or visit our web site [www.qccc.org.uk](http://www.qccc.org.uk)

Real Talk CIC is a social enterprise dedicated to storytelling and positive mental health. Through workshops, talks and trainings we help individuals and organisations craft stories, create safe discussion spaces and champion creativity as a tool for wellbeing and expression.

Learn more at [www.realtalkproject.org](http://www.realtalkproject.org)



The Rock Trust works with young people aged 16- 25 who are affected by or are at risk of homelessness. We offer housing support, crisis intervention, emergency Nightstop accommodation, mentoring services and health & wellbeing support, to help young people move on from homelessness and have the futures they deserve.

Streetwork is a homeless charity based in Edinburgh since 1991. Our mission is to enable a life off the street for people who face extremely difficult circumstances. We reach out, and respond by working with each person individually, helping them identify their own goals and support that can help resolve problems they may face.



TEENS+ transforms the lives of people with autism, communication needs and learning difficulties. We enhance their lives by enabling a meaningful sense of belonging on their lifelong learning journey and transition from school into adult services. We provide a dynamic, holistic, interactive and person centred approach. This allows us to unlock potential, nurture independence and enable informed choices through inclusivity, diversity and equality.



The Alma Project is a mental health charity that uses the arts as a therapeutic tool. We provide weekly, therapeutic arts groups that give people the safe space, time, resources and support to create a real change in their mental well-being, reduce isolation and alleviate pressure on the NHS.



The Ripple Project was established in 1996 and is a registered Scottish Charity No. SC024973. Community-led in approach and based at Restalrig, Lochend Community Hub the Ripple delivers a wide range of projects for all ages in the community and is designed to help local people.



Vintage Vibes tackles isolation and loneliness among over-60s in Edinburgh through friendships. Reaching out across the city, offering companionship, reliable support and the chance to be more socially connected.



Volunteer Edinburgh's mission is to involve more people in volunteering and active citizenship. Volunteering is a powerful tool for communities, improving personal well-being, building social capital, and for personal development. By volunteering people can develop confidence and social connections, understand their own assets and value what they can do and what they can offer.



The Welcoming supports migrants and refugees to feel at home in their new communities. The Edinburgh based charity supports newcomers to learn English, find jobs and access local services, offering opportunities for friendship, creativity, health and wellbeing. The Welcoming builds community by connecting locals and newcomers through social and cultural exchange and collaborating with others to share knowledge and influence positive change.



Shakti Women's Health  
Health all Round



# APPENDIX 1

## What works?

### Community

- Against isolation - place to connect to people, have a chat, socialize, be part of the community
- Non-judgmental and understood by peers & staff, trusting relationship with workers (i.e. young people wanting to "stay out of trouble")
- Empowers / opportunities to volunteer, be an active member of the community, to have a voice in the project, bring change / improve the place live in
- Provides information - 1st place to turn for support from staff (and referrals if necessary)
- Peer support (providing or receiving), a way of giving back what received, pass on knowledge
- Activities: volunteering to offer them or coming to take part in them
- Local, within a walking distance of home
- Provides cheap/free healthy meals

### Mental health & health

- Improves confidence and self-esteem and generally mental health
- Trusting, understanding and non-judgmental environment (rules and/or respect that make the place feel safe)
- Peer support (providing or receiving) of people going through similar experience, hearing about services / projects (through service users)
- Support from staff (and referrals if necessary)
- Helps with anxiety / depression / dementia / PTSD etc. to have a regular social life
- Help with addiction
- No waiting list
- Positive impact on physical health: rhythm in the week/day, healthy food, activities (movement etc)

### Accessibility

- Price: free / low price
- Childcare provided or possible to come with children
- Transport provided or bus fare covered
- Flexible (can come irregularly / adapt to needs) & long term access (not limited in time)
- Long opening hours
- Staff with specific training, that are caring
- Information accessible in various forms (not only web but also newspaper, flyer, word of mouth, worker reaching out...)
- Wheel chair accessible, adapted to various disabilities
- Language, inclusive or with people of native language
- Outreach (phone calls, home visits, befriending etc) for mental health

### Inclusivity

- Specifically targeting ethnic minorities, LGBTQ+, women, disabilities, mental health etc
- Safe
- Domestic abuse victims
- Understood, non-judgmental
- Diversity of people (ages, origins, backgrounds etc.), feels like a family
- Easily accessible to refugees

### Specific

- Specific support provided (i.e. advice/advocacy/counselling/carers/young carers/legal/mums & babies/befriending/homelessness/crisis)
- Improves employability
- Learn new skills
- Believe in the project
- Positive impact on environment & community / other type of economy (sharing)
- Referral from emergency services & health professionals
- Outdoor activity with animals and/or nature
- Support for volunteers

## What is needed?

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### Community

- Community centre/hub - Uniformity of offer throughout the city (everybody should be able to access the services they need)
- Isolation - place to to be involved in the community, connect to people - empowering opportunities to be an active member of the community.
- 1st place to turn for support from staff (and referrals if necessary)
- Peer support, a way of giving back what received and empower
- Activities: volunteering to offer them or taking part in them / Creativity
- Local, within a walking distance of home for everybody
- More mixity & intergenerational services
- Outdoors activities / outdoor spaces
- Non-judgmental and understood by peers & staff
- Impact on the communities due to gentrification to be considered
- Need of transition places when in a changing time in life
- Groups and activities for parents & toddlers under 5
- Activities for children after of school or when they're off
- Groups for 15-17 y/o specifically
- More volunteering opportunities for young people
- More 'open to everyone' services (some are very targeted by age, background, difficulty...)

### Mental health

- Mental health drop-in places
- Support to access services for people with mental health (anxiety, depression) i.e. Befriending / phone calls - Outreach for isolated people
- More places where feel safe
- Mental health services for younger people
- Support/advocacy when dealing with CEC/Job Centre/NHS staff
- More prevention around mental health, more proactive services
- More crisis places for mental health

- Support holistic approaches to health (including natural remedies)
- Making sure everyone has access to health support
- Raising awareness around mental health
- Support & resources for carers
- Support for people with addictions

### Funding

- Long-term service (time to build trust)
- Reducing waiting lists/time
- More premises and venues for community groups / organisations
- Support grassroots initiatives, the community development approach
- Less need to rely on volunteers and be able to pay staff
- Better training for staff / make sure the staff is up to the role
- Consistency of services, it can be very distressing to having a service shutting down because the funding stops
- "Big picture" approach (holistic for individuals, communities, globally)
- Advocacy services
- Encourage philanthropy

### Information

- Difficult to know what there is, where - Services to provide information on other services / existing support
- A local newspaper in all communities
- More visibility on social media
- Support to access information online for non computer literate people
- Get GP/Health professionals to advertise 3rd sector services more
- Coordinate information and schedule of similar groups in each area
- Information provided in person, getting workers to talk about other projects, having places where to ask questions
- Organisations working more in network (no need to repeat what said, easy referrals, stronger when dealing with institutions)

## Specific

- Complex needs covered and better supported in time
- More holistic approaches to health and social care covering different health approaches and intersectionality of needs
- More focus on getting people off the street: More housing / safe & clean temporary housing (without curfew) adapted to people's situation
- Housing/support for young LGBT rejected by family
- More respect from CEC/Job Centre/NHS staff to mental health, homelessness
- Need for affordable childcare to support parents back to work/studies
- More conversations with the community, to identify/understand needs and act upon them / clearer positioning of CEC on some issues
- Get Private sector to contribute to society
- Improving cooperation between organisations, a lot of duplicated efforts, could join for some costs, share resources
- Improving cooperation between 3rd sector organisations and CEC
- More evening classes, activities and support for working people (30s to 50s) and people going back to work
- Learn skills / Skill share opportunities
- Basic life skill classes (ex. cooking)
- Support for volunteers / reducing waiting lists
- More food banks
- Free time for young carers (to focus on their needs and aspirations)
- More support for carers
- Less forms to fill in (GDPA and various forms can take up to an hour to fill in when coming to a new place)



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