



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

EQUAL OPPORTUNITIES COMMITTEE

Monday 16 March 2015

Monday 16 March 2015

CONTENTS

	Col.
INTERESTS.....	1
AGE AND SOCIAL ISOLATION	2

EQUAL OPPORTUNITIES COMMITTEE

5th Meeting 2015, Session 4

CONVENER

*Margaret McCulloch (Central Scotland) (Lab)

DEPUTY CONVENER

*Sandra White (Glasgow Kelvin) (SNP)

COMMITTEE MEMBERS

*Christian Allard (North East Scotland) (SNP)

Jayne Baxter (Mid Scotland and Fife) (Lab)

*John Finnie (Highlands and Islands) (Ind)

*Annabel Goldie (West Scotland) (Con)

*John Mason (Glasgow Shettleston) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Chris Kerr (FARE)

Michelle McCrindle (Food Train)

Stephen McLellan (RAMH)

Pauline Smith (Connect Community Trust)

Sandra Stuart (Glasgow Disability Alliance)

CLERK TO THE COMMITTEE

Ruth McGill

LOCATION

The Bridge, Easterhouse, Glasgow

Scottish Parliament

Equal Opportunities Committee

Monday 16 March 2015

[The Convener opened the meeting at 14:15]

Interests

The Convener (Margaret McCulloch): Welcome, everyone, to the fifth meeting in 2015 of the Equal Opportunities Committee. Anyone who has an electronic device should put it in flight mode or switch it off, please.

I welcome Annabel Goldie to the meeting as a new committee member, and ask her to declare any registrable interests that are relevant to the committee.

Annabel Goldie (West Scotland) (Con): Given the nature of our inquiry on age and social isolation, declaring my age seems to be relevant. *[Laughter.]*

The Convener: Thank you, Annabel.

The Parliament's photographer will be taking photographs during the meeting.

Age and Social Isolation

14:15

The Convener: Today's evidence is part of our inquiry into age and social isolation. We are meeting at the Bridge in Easterhouse. I thank the venue for hosting us, and I thank the people who have given up their time to give evidence. I also thank the Presiding Officer for letting the committee be part of the Parliament day in Easterhouse. For those who do not know, the Presiding Officer will hold a public meeting in this room at 5.30 this evening.

Before we begin, I will explain what we mean by the term "social isolation". Social isolation can be defined as an objective measurable state of having minimal contact with other people including family, friends or the wider community. Although it might be possible to measure social isolation, the feelings of loneliness are personal and individual. For some people, it may not be the number of contacts that is important, but the nature of those contacts, including who they are with, the length of time spent having them and the activity involved.

We want also to look at social isolation and loneliness in younger people under 25 who have not settled into working or family life, and in older people who might have had changes in their lives through retirement or bereavement.

We also want to consider how loneliness and isolation might differ depending on where a person lives. We are in Easterhouse to find out what things are like in a busy urban area. In May we will visit Islay to hear from people in a remote rural location.

This morning, John Mason and I visited Food Train to meet a lovely lady in Old Shettleston Road and a couple who live in a top floor flat in Alexandra Parade. We heard about the difference that Food Train makes to their lives.

I will start with introductions. We are supported at the table by clerking and research staff, official reporters and broadcasting services and, around the room, by security staff. I welcome everyone in the public gallery—we are delighted that so many people have taken the time to come along this afternoon.

My name is Margaret McCulloch. I am the committee's convener. Members and witnesses are spaced out around the table; I ask everyone to introduce themselves in turn, with witnesses explaining a little about their organisation or project that they are involved in.

Sandra White (Glasgow Kelvin) (SNP): Good afternoon, everyone, and thank you for coming along. I am the deputy convener and MSP for

Glasgow Kelvin. I should perhaps declare an interest: I used to live in Garthamlock, which is now part of greater Easterhouse. I have had great pleasure today in meeting a number of people whom I have known for many years, so I thank you very much for arranging the visit here, convener.

John Finnie (Highlands and Islands) (Ind): Feasgar math. Good afternoon. I am an MSP for the Highlands and Islands.

John Mason (Glasgow Shettleston) (SNP): I am the MSP for Glasgow Shettleston. I cover the other side of Edinburgh Road from Easterhouse, so I do not cover this area.

I declare an interest: I am a trustee of the Fare Share Trust, which is a charity that is linked to Family Action in Rogerfield and Easterhouse—FARE—where one of the witnesses is from.

Michelle McCrindle (Food Train): Good afternoon. Thank you very much for the invitation to come along. I am the chief executive of Food Train, which is a Scottish national charity that supports older people at home. We have a base on Dixon Road in Govanhill. We provide weekly grocery shopping deliveries to older people around Glasgow city.

Chris Kerr (FARE): I work for FARE, which is based in Easterhouse and works all over the north-east of Glasgow. We deliver services for toddlers right up to senior citizens. We work on various projects, including in schools and the local community.

Sandra Stuart (Glasgow Disability Alliance): I am from Glasgow Disability Alliance, which is a disabled persons-led organisation. We run courses, programmes and workshops for disabled people.

Pauline Smith (Connect Community Trust): I am the chief executive of Connect Community Trust. We operate in the greater Easterhouse area four community facilities for young people, the elderly, adults and people with disabilities. We run a range of projects and provide activities that support individuals to make positive steps in their lives.

Stephen McLellan (RAMH): I am the chief executive of RAMH—Recovery Across Mental Health—which is based in Paisley. We support about 4,000 people per year across the spectrum of mental illness.

Annabel Goldie: I am a member of the Scottish Parliament for West Scotland.

Christian Allard (North East Scotland) (SNP): Good afternoon. I am a member of the Scottish Parliament for North East Scotland.

Ruth McGill (Clerk): I am clerk to the Equal Opportunities Committee.

Ailsa Burn-Murdoch (Clerk): I am assistant clerk to the committee.

The Convener: We will start with questions from Christian Allard on causes of social isolation.

Christian Allard: I thank the witnesses very much for coming. In our inquiry so far we have heard a lot about the impact of social isolation and loneliness. We would like to know a bit more about how they can impact on employability and on physical and mental health. Both are important and we would like to know how much a person's physical and mental health are affected if the person is isolated for a long time.

The Convener: If anyone would like to speak, they should indicate that to me or the clerk on my left. If no one asks to speak, I will just have to pick someone.

Pauline Smith: Over the three years for which we have run the people's gateway project our experience has been that there is a social aspect to employability; people come through the door at job clubs and relationships build through that. They support one another within the community and learn from one another. There are definitely elements of isolation among people who walk through the door, but the support mechanisms exist not only to cater for people's skills gaps but to enable them to make friends and relate to one another. Our experience is certainly that there is an aspect of isolation in relation to employability.

Michelle McCrindle: I will say a little bit about how volunteering can be useful to people who are isolated.

Over the 20 years during which Food Train has been in operation, lots of people have come to us to volunteer as a way of improving their social contact because they have been out of work and did not have a great deal of constructive social contact in their week-to-week lives. They might have limited financial resources, so volunteering can be a great way for people of all ages to come out, meet other people and do something that is really constructive. We also have mechanisms for older people who use our services to go on to become volunteer befrienders for other older people. Many mechanisms exist.

One of the critical points about the impact of isolation on people's physical and mental health relates to confidence and motivation. Somebody walking alongside a person and handholding in a small way is often enough to get people back into life as it was before.

Chris Kerr: One of the issues that we face in relation to employment is predominantly among young men. Easterhouse has a history of gang

violence; many young men have been involved in it. However, when they get to the stage at which they want to leave the gangs we try to educate them and improve their life aspirations. They have missed a lot of school education because they must integrate with people in gangs from other areas, but when they go to school they are in conflict, so they stay away from school and think that they are doing the right thing and end up leaving school with few qualifications, if any.

From 1 April, FARE is starting an employability team to engage with those young people. We have been working with them on staying away from drugs, alcohol and gangs, but now they need something else in their lives. Our employability team will help to tackle that.

Stephen McLellan: There is an enhanced likelihood of someone being unemployed as a consequence of mental illness. If someone has a job, they may or may not like it, but at least they have a job. Apart from a wage, it gives them social contact, a purpose and discipline. If they are somehow debarred from taking a job as a consequence of stigma or because of a lack of opportunities to get back to work, they become isolated.

The classic scenario is that someone who is not isolated to begin with will, as a consequence of mental illness and stigma, become isolated. If their sole occupation is watching "The Jeremy Kyle Show" 24 hours a day, they will deteriorate and spiral downwards. There is a significant issue.

On the impact on physical health, the projected lifespan of someone with a significant mental illness is greatly reduced—by approximately 15 years—on the back of the physical ailments that come with it.

Christian Allard: It is interesting to hear that, especially with regard to the effect of loneliness and social isolation on people who perhaps did not at first have a problem with their health, either mental or physical.

Do you care for a lot of people who did not have a problem at the start, but who ended up having problems because of social isolation and loneliness? Have you found a way to assist them to cope better with their disabilities through your programme?

Stephen McLellan: In general, yes we have, but regardless of whether someone has been diagnosed as having mental illness, the things that will ultimately get to them are loneliness, isolation and boredom. It is fundamental: you can have all the treatment, medication and everything else in the world, but if you have no, or negligible, social contact, that will only exacerbate what is going on.

Christian Allard: Have people who have been on medication and been isolated got a lot better when your services have become involved—perhaps even to the extent that they no longer needed medication?

Stephen McLellan: I suspect that what our services all have in common is that they provide a focus; we provide community of some description and human companionship, whether that involves somebody from the Food Train visiting, or the person using employability services, or anything else that any of us does. All that we do is based on the idea of offering humanity and companionship. That is fundamental.

Sandra Stuart: Employability is a huge issue for young disabled people, and their being unemployed leads to increased isolation. We have found that young disabled people might leave school for a positive destination such as college or a work placement, but it does not last very long—perhaps only about a year. We then find it difficult to find people—we lose them.

Because of the special school system, young disabled people do not necessarily go to school in the geographical area where they live, so when they leave they are not around their school cohort. Sometimes, when we have got such people together, they are seeing their schoolmates for the first time in years. If those people had all grown up in the same geographical area, they might bump into the people they know from school more often.

Alternatively, people find as they reach their early 20s and mid-20s that they are on the school bus going to the special school to join a former pupils club to play pool, for example, which they could be doing elsewhere, to be frank. Because of the barriers that exist for disabled people, they find that they are lumped in with other disabled people, and they do not have contact with their schoolmates.

We have a manager whose focus is on employability, in particular for young people.

Pauline Smith: On people coming off or reducing their medication and employability, we have evidence that employment can reduce stress. We have in the past worked with people who have reduced their methadone prescriptions—they have said as much to some of our job club workers. We also work with people who have come off mental health stress relievers for that reason. That is very much down to the social aspect, because they become part of their community again and have extra support and friendships through work.

The Convener: On that point, I will throw a question out to the witnesses. If general practitioners were more aware of the causes of isolation when people came to see them with

depression or other illnesses, and if they looked at isolation and loneliness first and referred people to organisations, would that help to reduce depression and the need to give people pills for their illness? Would it help if they were able to communicate more with people?

14:30

Michelle McCrindle: It is not only about GPs; all health and social work professionals need to think about the person much more holistically. An older person presenting with an issue can be part of a bigger problem. Perhaps their eyesight is deteriorating a bit and that is why they are at the GP, but that can mean that they can no longer have a driving licence or are no longer confident about going out on the bus. That can in turn mean that the person is no longer managing to get their shopping or is not going to the social club because they are not as confident. That is the start of that downward spiral.

What is needed is assessment that is about the whole person and looks at everything that is going on in their life. It needs to be much more of a conversation, rather than a quick 10-minute appointment, with the GP saying, "What's wrong with you? What are the symptoms? Let me prescribe something for that and off you go." If the underlying issue is never addressed, it builds up and builds up and becomes worse. Someone might have a fall and need to go in to hospital; from then they are in the care system, and away you go. That also happens to younger people in certain circumstances.

Christian Allard: Has the third sector perhaps been guilty of labelling people too fast as having one particular problem—a drug problem, an alcohol problem, a health problem or a disability—and not saying that the cause of the problem is social isolation?

Pauline Smith: I would completely disagree with that. The third sector is based in communities and can build support from the heart of those communities in order to support individuals to make the difference and make the change. People in the third sector do not generally make the diagnoses: they deal with the results and deliver the solutions to the problems that exist for people.

Christian Allard: Are you saying that the third sector is a lot better than the public sector?

Pauline Smith: I am not saying that the third sector is better. [Laughter.] I am saying that the third sector works within communities.

Christian Allard: I see some people agreeing with that idea. [Laughter.]

The Convener: I think that all the third sector people agree on that.

Stephen McLellan: I agree. The days have long gone of the third sector blocking people off as having a mental health problem, an addiction problem or whatever. We now recognise that there is no such thing as one size fits all and that we need to approach problems across boundaries, barriers and diagnoses. The convener asked about how GPs can become more involved. In social prescribing, GPs can write a prescription for social contact of some description, be it volunteering, involvement in an activity or something else. The challenge is to get GPs to recognise and value that option.

Christian Allard: There is the see me campaign for people with mental health issues. Do you find that the same problem occurs for people with disabilities?

Sandra Stuart: We see disabled people as being disabled by the barriers that they are confronted with—it is not necessarily about their condition or about something that can be cured. A disabled person may have a lifelong condition and be isolated because of lack of transport or lack of facilities, or because facilities are not accessible. Disability is not necessarily about a person's condition; it can also be about the condition of the society and community that surround them. It is also about reducing stigma.

Christian Allard: Is the third sector better equipped to see beyond the disability and to understand the real problems of the person? I am not saying that having a disability is not a problem, but is the third sector best at recognising the problem of social isolation on top of that? At the end of the day, a lot of people with disabilities are not socially isolated or lonely.

Sandra Stuart: The third sector recognises the whole person. The Glasgow Disability Alliance is run by and for disabled people, so people themselves are saying that they can get together and organise things to support each other in order to grow in confidence, to learn and to show what they can contribute. It is about looking at the person first, which very much ties in with the see me campaign.

Christian Allard: Can we really recover from social isolation? Is there a long-term impact if somebody has been suffering from social isolation and loneliness for a long time? Is it difficult to recover?

Michelle McCrindle: I would say absolutely yes—people can recover from social isolation. People in their late 90s come to our befriending groups. They thought that their lives were over. They are on their own because their partners have died, and they have been grieving for a while. Their lives have been deteriorating and they have hardly been out of the door for four or five years,

but they discover a whole new life because somebody is there to take the first steps with them and encourage them to come along and give things a try.

A small bit of support gets those people going and, before they know it, they have a bigger social diary than all their friends and family put together. Nobody can get them in because they are away on a bus trip here or off with a club there, they have taken up a new hobby or they are on the phone to one of the other ladies they have met, or they are playing games, doing quizzes, taking an interest in the television or talking back to the TV. Somebody has sparked something off and it was just the person who was there to help them take the step. That is not about walking every step with someone; it is about giving them a small bit of support to get going again and making things available for them to take on thereafter.

Stephen McLellan: I absolutely agree that people can and do get over social isolation, but they need the impetus. That wee first step is often the hardest to make but, once it has been made, they can quite easily continue.

The Convener: Sandra Stuart will be followed by Sandra White.

Sandra Stuart: Oh! We have two Sandras.

I have a quote for the committee that struck me when I was thinking about coming here. At one of our consultation events, with more than 300 people, a lady said:

"I've got carers coming in so I am up dressed and ready to go nowhere by 9am.

It's so frustrating that I can't get help to go out and do stuff".

That lady has had a leg amputated and has huge health issues, but she is now participating in programmes and courses, and she has recently been assessed for learning to drive. She has been successfully supported to get a grant for a mobility car and driving lessons. She would tell you herself that, instead of getting up and putting on clean pyjamas, she now has a full diary.

Sandra White: My question is quite small but is far-reaching. We talk about isolation among older people and younger people, but the legislation that is coming through on self-directed support and charges for going to clubs and so on means that the most vulnerable are being hit. I am not asking whether you agree, but will that make it harder for all of you to encourage people to get out to the clubs that you are talking about?

Michelle McCrindle: Absolutely. Older people are on a very fixed income with their pensions. If their only outlet is day care and its cost goes from zero to £15 a day, that is a significant problem, as it can become completely unaffordable.

From supporting older people for all these years, I know that the issue is not that they do not want to pay. They want to contribute; the problem is with affordability, which makes things possible. If something is small, supported and affordable, it is doable. If it is made unaffordable, people just have to back off, because they have to heat and they have to eat. That is why they start to take a backwards step and their social life goes out of the window first.

Chris Kerr: I echo what Michelle McCrindle just said. Costs will just mean that people face another bill and another worry. If anything, that means that they are damaged more, because they are given more concerns. They have to decide whether to heat the house, eat or go out. We need to make the costs as minimal as possible, if there are any costs. These people really need to engage in their communities.

The Convener: On 5 March, the committee heard in evidence how difficult reaching young people is. We also heard that it takes a lot of courage for young people to contact organisations and groups and that it is important to have socialisation opportunities. John Finnie will ask questions on that.

John Finnie: Whose job is it to reach out? What do your organisations do to reach out?

Chris Kerr: We have street work teams. Youth clubs are great, but most of the young people who attend them tend to be a bit better behaved and to have a better structure behind them. The ones who need our help most do not come to the youth club, the support groups or any other activities that are laid on for them, so we have street work teams that go out and try to engage with them.

To go back to a previous question, the biggest problem that most young people have is unemployment. They have left school at 13 or 14 with little in the way of qualifications and they do not know where they will go. They have no direction, so we are trying to get the people on the streets into the services that are available, which brings us back to employability.

We had a community consultation last year in which one of the findings was that young people have no direction to show them where to go for jobs. They want a job and they will say that they will take anything, but they do not know where to start or where to look. We can tell them to go on the internet, but they do not know how to do a CV or how to speak on the phone or conduct themselves, and young people need to learn all those soft skills. That is what the team does—it engages with young people to do such things for them.

Pauline Smith: If the question is about whose job reaching out is, my answer is that it is

everyone's job. A motto that goes around most of the youth clubs and providers of youth services is that it is not one person's job but everyone's job—it is the job of parents, family members, communities and youth workers.

Chris Kerr is absolutely right to say that there needs to be additional support for young people. We are all aware that the jobs are not really there at the moment, but we constantly have people coming to our door asking whether they can come and do work experience or voluntary work, because they want to learn and they want to get a job. That happens constantly, on a daily basis, because they trust the youth workers, youth clubs and third sector organisations in their communities and they want to work with us. However, we need to have the resources to provide something of value to a young person. Unfortunately, there are times when, because we do not like to turn people away, all that we can do is stick a sticking plaster on something to provide them with some sort of support and help. In general, it is everyone's job. The whole community needs to take responsibility for that.

Stephen McLellan: The people who most need to reach us or who most need us to reach them are probably the people who are least inclined to do it or who have the least motivation or skill. I guess that it is the responsibility of us all to get the information out there, whether that is done through partners, through the press or the gamut of media or through families and friends.

Having an existing network that is flexible allows that to happen. The work is not done just from 9 to 5, Monday to Friday; it is done in the evenings and at weekends and wherever people are likely to congregate. It involves activities with pharmacists, for example; most people go through a pharmacy at some point, so we do group activities and information events at pharmacies. We all have the responsibility, but we have to be fairly flexible and novel in how we go about meeting it.

Sandra Stuart: We take engagement seriously. It is a large part of the work that we do. As I said, after young people leave school and college, finding them can be difficult, so we try to engage with them before that happens. We use social media and email—I am using the royal “we” because I am not very good at that. With older people we use mail-outs and newsletters, but with young people it is definitely best to use electronic means, and we do whatever we can to find people. We have 2,500 members across greater Glasgow but, as Stephen McLellan said, the people we are worried about are the people who are not currently in touch.

Michelle McCrindle: As others have said, it is about being as innovative as we possibly can be and thinking about any way of getting the

message out there. That is a particular strength of the third sector, because we are not bound by all sorts of rules about how to get our information out there. We can go and talk to a wee library group or to a Scottish Women's Rural Institutes meeting and ask people to make the message known to anyone they know who needs to hear it. We can use all different forms of communication and do it quickly, to react to circumstances, but the community is the best resource.

A great resource for the third sector is its volunteers and the people who use services; they are great advocates for third sector organisations. More than half the people who use Food Train come to us because somebody else they know uses it—it is not a public body or a statutory sector referral that leads them there, but the fact that Mrs So-and-so got the groceries off the van and it was awfy good. That is good enough to persuade new service users. In the third sector, it is reputation that counts.

This is about the value of volunteering. Volunteers on the ground can hand out a wee leaflet or they can wear their T-shirt with pride and say, “This is what I'm doing and it's really great, and you could come along as well.” That is free, and the third sector is very good at using that resource. That is why there is often far more demand for what we do than we can meet.

14:45

John Finnie: I agree that the third sector does a lot of good work.

I think that Stephen McLellan used the term “blocking off” and said that that is not what is done. Is there a danger of stereotyping of the services that the third sector provides—lunch clubs for older people, online fora for younger people and so on? Might that sort of compartmentalisation take place, however well-meaning people might be?

Stephen McLellan: That perception probably exists. What is the voluntary sector? Are you a vegetarian clog wearer? Do you drive a Citroen 2CV?

I used to be a nurse. I left nursing on a Sunday night and started working in the voluntary sector on the Monday. My former colleagues could not quite figure out how I was going to pay the bills, because I had become a volunteer and was therefore no longer in work. There is a perception that the voluntary sector is made up of nice, do-gooding people but is not really up to the job. I contend that that is not the case at all, but I suppose that that perception exists. I am not sure whether that has answered your question.

John Finnie: Do we need online fora for older people and lunch clubs for younger people?

The Convener: John Mason has a question.

John Finnie: Oh—has everyone finished answering?

The Convener: No—I am sorry. You can carry on.

Sandra Stuart: We got feedback from older people that they were frustrated because they wanted to use computers and technology but felt a bit left out—I can completely relate to that—and they wanted to learn what to do. We have had iPad beginners courses, silver surfers courses and so on, and people have been able to use the technology to keep in touch with their families. I might be stereotyping myself when I say that I have not yet caught up with social media, but there is a willingness to learn. That is perhaps where intergenerational connectivity comes in, because—as I found out earlier—young people are quite keen to show people how to use things.

John Mason: Do public sector organisations—I am thinking of the health service and the councils in greater Glasgow—treat you as equals or, as was suggested, as do-gooders and amateurs?

Stephen McLellan: To some extent, those organisations think of us as a necessary evil—that is being a bit facetious. It is recognised that we are a professional group of people, but I suspect that we need to work harder on that. If someone has a professional designation as a nurse, doctor or social worker, people know what they are—they are what it says on the tin—but how do people describe themselves if they are voluntary sector workers? People cannot get car insurance on the basis of voluntary sector work; they have to try to find a title that is akin to a profession.

The attitude that you mention probably still exists in some elements of the public sector. Medical staff might have a greater understanding of the voluntary sector based on their experience of dealing with it, rather than on a generalisation.

Michelle McCrindle: From my experiences over the years, my feeling is that the third sector is not treated as an equal by public bodies. With regard to legislation on procurement, commissioning and tendering and how service-level agreements are drawn up, we are working in an after-the-fact situation. A document might be consulted on and might come around to the third sector interface however many weeks and months after the fact, which gives us the chance to say, “Oh, we could have done with commenting on that, but it is too late.” We will then get presented with a service-level agreement on 25 March to start something on 1 April.

That is not equality. A third sector organisation might be the best organisation to deliver the service—the most cost effective, the most inclusive and the most capable of providing the best outcomes—but it will not be on a level playing field for the procurement or commissioning process for that work.

John Finnie: Have any recent changes improved the situation? When I speak to officials, I gather that they value the services. That might not be reflected in how the third sector is treated. However, by virtue of its nature, the third sector can always be there, particularly when some public services have been dispensed with as a result of cutbacks. Has there been any change for the better?

Michelle McCrindle: Yes. There has been a shift in the language—there has definitely been a shift in the rhetoric from central Government in Scotland. Measures such as the integration of health and social care, the third sector interfaces and having to sign off plans are all moves in the right direction, but I would not say that there has been a change for the better in respect of true equality, sitting down and designing services, the co-production of services at the design stage and consultation with the people who will use the services. That is how it should all come together from the very first point.

That is the next step in the journey. Are we a long way off that? It still feels as if we have quite a way to go, but conversations are definitely more open. I have been about a long time. Conversations are easier and more open. However, the sector is very diverse and public bodies often do not quite understand it—they maybe want to pigeonhole people a bit because that is easier in procuring something. Conversations are easier, but there is a way to go.

John Finnie: I certainly hear positive words about the third sector from Mr Swinney, who controls finance. Is something missing in between? As you will understand, it is not my job to bat for Mr Swinney. I hope that I am being balanced.

Michelle McCrindle: I can comment only personally from working in multiple local authorities across Scotland. Putting the rhetoric into practice is not absolutely happening. There is still an element of bringing in the third sector after the fact in all sorts of planning decisions. A discussion might happen too far down the line. That all needs to shift and be much more about the who, not the what. We should start with who will be supported and who the best people are to do that, and they should all be round the table from day 1. We should not get to the what, ask who we need and bring them in then.

John Finnie: I hate to flog the point, but public sector workers tell me the same thing about the design of the public sector. They say, "We're told about it. We've to do it next month." Is there just a malaise in the public sector or is there something particularly Cinderella about the third sector?

Michelle McCrindle: There is still a Cinderella bit. The third sector needs to take responsibility for conveying its professionalism—it has not always done so in the past. It needs to be much stronger in saying to the public sector, "Actually, we are the best ones for that conversation. Here is the evidence why and here are the professional reasons why." It has not always been so easy to do that—I concur with what Stephen McLellan said about that.

Maybe this is a bit about old-fashioned and cumbersome processes, which could definitely be looked at. It is not always about the people who are involved; the process that has to be gone through can be a bit prohibitive.

The Convener: Pauline Smith has been waiting patiently to get in.

Pauline Smith: Michelle McCrindle has said most of what I wanted to say; I agree with her absolutely.

From the public purse, it is certainly easier to give one body some money. That will be it—it will all be sorted. That body will then divvy that up. The Government needs to support the third sector by giving money directly to it a lot of the time. What we get is sometimes third, fourth or fifth hand. It has gone through a load of chains and cuts with management fees and everything else to get to us. Half the time, it does not even get to us.

From the Scottish Government point of view, the issue is the tenders and the processes to go through. Currently, we cannot bid for the bigger contracts. We want to keep our community focus, which is what we are good at and is why we get results and outcomes. To an extent, we can do things a lot more cheaply. We are a lot more cost effective—maybe that is the right phrase to use—because things do not go through all the channels. However, we are not let at the playing field to bid for the contracts.

Some organisations around the table are Glasgow-wide, which is fine, but for the smaller organisations that can get results in Easterhouse or the east end of Glasgow, there are no contracts that are not Glasgow-wide that we can particularly bid for. That is about localism and bringing things down.

I was very much involved in the Community Empowerment (Scotland) Bill recently. That is absolutely the right move, but the issue comes down to finances a lot of the time, unfortunately.

We need to be able to access finances, and we currently cannot do that directly. That is where you guys have to help us.

John Finnie: Does the third sector need to get its act together? I remember that people tried to do that when I was a councillor, but some people said, "I'm not having a transport group representing us. We're carers." Is there fragmentation in the third sector that needs to be addressed?

Pauline Smith: The sector is messy—there is no getting away from that—but that is because we are so diverse and we get results. You do not want to strangle that diversity.

John Finnie: No.

Pauline Smith: We do what we do, but more support is probably required to help us. We all have our expertise, but we need support to pull that together and be a collective voice sometimes.

The Convener: Annabel Goldie has a supplementary.

Annabel Goldie: I was struck by what Pauline Smith said about the existence in the third sector of an appetite for being able to bid for direct funding. What would be the ideal mechanism to achieve that?

Pauline Smith: I think that there is no problem with the way in which tenders are put out on public contracts Scotland. The issue is with the geographical area that organisations bid for. We do an immense amount of work on employability and we get results, as the Department for Work and Pensions recognises, but the tenders that come out are Glasgow-wide. We cannot tender for Glasgow-wide contracts, because we would lose what we are good at—we would lose our community focus.

Therefore, we are building consortiums that involve various organisations coming together, but a support mechanism is necessary to get us all talking. We are having to do a lot of that off our own bat and through Development Trusts Association Scotland. That is fine, but it is a lot of legwork when we are still delivering all our services on the ground.

John Finnie: We are constantly told that transport is an issue. It is not exclusively a rural challenge. Would anyone like to comment on the effect that a lack of transport has on isolation and loneliness?

Michelle McCrindle: It is particularly an issue for older people. We work across rural and urban areas in Scotland. We cover Dundee, which is a small city in comparison with Glasgow, and we cover 2,500 square miles of Dumfries and

Galloway. The problems are just the same; it is just that they have a slightly different nature.

For an older person who is stuck up on the sixth floor, it does not matter how great the bus is. If someone cannot get down from their flat, if they are frightened to go out or if they need a bit of support getting on and off the bus, it does not matter whether there is only one bus that goes in one direction one day and does not come back till the next day, as happens in some rural areas; it is just a question of the economies of where people live. The issue is people's abilities and the support that they need. Older people need transport for things such as GP visits and hospital appointments or even to get out to buy a cardigan, and they need a bit of support for whatever transport there is.

The transport that is available is certainly not adequate. Last year, an extra fund was made available for community transport, but it was oversubscribed by hundreds of bids. That showed the volume of demand that exists for community transport. There is a lot of joined-up working in the third sector on community transport, such as sharing resources and so on, but there is still not quite enough transport to go round.

Sandra Stuart: Transport is a huge issue for disabled people. It is a huge issue for us, and providing it is one of the ways in which we remove the barriers to participation. Some people simply would not be able to participate if we did not provide a taxi. It is as simple as that.

For some older people, transport means buses. For them, the issue is not just the frequency of buses but the kind of customer service that they receive on the bus and how they are treated. For the vast majority of disabled people, however, transport involves the provision of taxis. That accounts for a huge amount of our costs, but we have very high participation levels, as you can tell from the membership.

Chris Kerr: A number of local senior citizens attend our programmes, but they would not be able to attend if we did not use our minibuses to pick them up, which is sad. We have minibuses at the moment, but in a few years' time those buses might not be fit for purpose and we might not get funding for other buses. What will happen to those people?

Young people have an issue with transport because of choices that they might have made to get involved in gangs. The public buses go through many different areas. There are about 13 known gangs in the greater Easterhouse area. The bus will go through three, four or five gang areas. Over the years, it has been known for buses to be stopped, windows to be smashed and

people to be attacked, even when kids or older people are on them; people do not care about that.

Therefore, our young people stay away from buses, which stops them going anywhere for jobs—even Glasgow Fort, which most of the buses go through. Although it is only two minutes away from their houses, they cannot go there for a job, because they know that they might bump into someone they came into conflict with five years previously. We have a staff member who had to leave the full community. He still cannot work in our building. We have satellite clubs all over the east end, but he cannot come into FARE's main building because of his involvement in gang violence when he was younger. He is now 32 and he still cannot get into the building. The only time he ever does is when we pick him up and then usher him in. We have to do the same to get him out.

That is the situation that young people face. The same has been true for generations. It is why there is loads of unemployment in this area. Young people want jobs, but they cannot get anywhere. The train station is right at the back end of Easterhouse, so people have to go through the area to get to it. They are imprisoned without being in prison. They are struggling to get out of the area.

The Convener: Thank you for that. We move to questions from Sandra White on the role of technology and social care.

15:00

Sandra White: I am interested in the use of social media by younger people and older people, which a number of people have raised. Sandra Stuart said that older people want to engage in it but find it difficult. Chris Kerr talked about gang violence and territorialism. There are both positives and negatives in social media—there is bullying and so on—but would it help to address the social isolation of young people if they were able to access courses or a social media hub? Would that be positive for them if they cannot move about?

Chris Kerr: Anything that gets young people engaged would be positive. As I said, for a lot of them, it is like they are in prison. A lot of them just sit in their room and smoke cannabis all day, or every day and night, because they have no aspirations. If we can get them into any sort of club or to have any involvement, that is great.

We do a get ready for work programme called connect 2, which is the first stage. Most of the young people on that eight-week course will not be ready for employment by the end of it, but if we can get them out of bed in the morning to be somewhere at a certain time and they are there for

a certain amount of time, that is a start. We get them going there and get them speaking about employment. They are not ready just now, but we help them with CVs and stuff like that, and we will get them to look at applying for college or some other training course.

If we can get them involved in anything, it is a start. As I said, a lot of them are doing nothing. It is like they are in prison, and a lot of them, at a young age, are just wasting away.

Sandra White: Michelle McCrindle and others said that it is word of mouth in the community that promotes things, but could your organisations or another organisation make a more positive case for putting more on social media to connect things up? As Stephen McLellan, Pauline Smith and others mentioned, you all have things to offer, but how do young people find out about it? Could your organisations take a lead on that, or could another organisation do that? That has been suggested to us in previous evidence sessions.

Stephen McLellan: It would probably vary from area to area. The important thing is that it is something that has legitimacy in Easterhouse, Ferguslie Park or Islay—wherever it happens to be.

Social media is a huge issue. It has huge advantages as a way of getting people information about where to go, how to get there, who to meet up with and buddy up with and whatever—all of that. There is a risk, though. Someone might have 1,000 friends on Facebook but never get out of their bedroom. There is a balance to be struck. There are positive elements to social media and it can be used positively, but it should not be a substitute for getting out there and doing something.

Michelle McCrindle: As much as older people are willing, able and keen to learn about new forms of technology and so on, they tell us time and again that there is no substitute for the face-to-face stuff. It does not matter how much social media is made available to them or how easy it is made for them when a younger volunteer pairs up with them and teaches them how to use an iPad and Skype or whatever. It is the person being there with them that is the valuable bit. Social media has its place and is great as a way of getting messages out but, in terms of tackling isolation, that is what we hear time and again.

Our 1,450 face-to-face visits in Dumfries and Galloway in about six months are an awful lot of physical, face-to-face contact with older people and volunteers. They tell us that there is no substitute for that, and that technology will never replace that compassionate part.

Sandra White: I am not saying that we are getting mixed messages, but YouthLink and LGBT

Youth Scotland said that social media is a great forum for them. Are older people less likely to use it? Do they prefer face-to-face contact? Is it more positive as a tool to engage younger people?

Pauline Smith: The majority of young people are on it. It is an easy job to put things on Facebook and they will find them.

There is definitely a role to play in bringing it all together. There has been a mapping exercise that covers the east end. I think that there will be an announcement next week about a local map of voluntary sector projects and what is out there. I do not know who is responsible for that, but mapping what is out there in the third sector for local people would be a huge job.

We have a lot of older people who just do not have the skills to use social media. There are skills gaps, but there is training in how to use it. We are taking a lot of people through the universal job match and suchlike.

To take the message to the next level and beyond, you need face-to-face contact—Michelle McCrindle is absolutely right about that. That contact must never be taken away. However, we need to get out the message about where those face-to-face events are going to take place. Social media definitely has a main part to play in doing that.

Chris Kerr: I am reminded of a young person who has just started to attend FARE's programmes. He is 15 and stays just around the back of the FARE building. No one knew him, because all he did was sit and play computer games with his dad. His accent is English/American, which has come from playing the games. Social work brought him to our attention. We asked other young people whether they knew him. Some people who stay only a couple of doors along from him did not know him, because all he did was leave the house, go to school, come back and then stay in. He did that for years. His sister is the same. She sounds like she is South African. It is a shame.

Facebook is not the only issue. Some young people spend all their time on consoles. The young people think, "This is great! I'm staying here." The parents think that they are doing a good thing because they are keeping them away from the streets and other dangers, but the effects! The person I mentioned is 15 but, in his communication skills and interaction with other young people, he is totally different from everyone else his age.

I agree with everyone else that there are definitely loads of positives with social media, but it has a negative side, too. It can breed isolation. When young people are using it, they say to themselves, "I'm keeping myself active, my mind is

going and I'm communicating with people." Are they getting what they need and what they would get from face-to-face contact? No.

Michelle McCrindle: There is a danger, particularly in the area of older people's healthcare, in thinking that technology can fix everything. We think that, because we can do clinics and emergency care and check blood pressure and everything else remotely, an older person can then live independently at home and have their virtual care done all around them. However, a significant issue for older people, which is similar to the issues that Chris says young people face, is motivation. That may be the motivation to get up and switch on something. If a person's rheumatoid arthritis is so bad that they must pick up a cup in a certain way or they struggle with other simple tasks, how on earth can they type on a small keypad? If a person is suffering from macular degeneration, glaucoma or whatever, and they are seriously visually impaired, it takes a lot of resources to make all the technologies, which are fabulous and have their place, fit for a frailer older person.

We need to understand the whole person and what is appropriate for their needs. Technology has a place and there are lots of avenues where it is positive, but we need to take that whole-person approach rather than just thinking that all technology is great.

Sandra Stuart: Although transport is at the top of their priorities, people told us that access to information is vital. It occurs to me that, in a sense, social media does not matter; rather, it is about using whatever means we can to get the word out.

I agree with those who have said that that is about word of mouth—it definitely is. Sometimes, if a person has been isolated and has lost confidence, it takes some persuasion for that person to take a step. It may take a friend, a neighbour or someone else to help out—and we have had that happen. If people can come and dip their toe in the water and just try something, they will gradually grow in confidence.

We do huge mail-outs and we use social media—we use whatever means are available. We go to GP surgeries and libraries and we take any opportunity to engage in whatever way we can. I can see why social media, particularly for younger people, is vital. However, the point is to get the information out there.

The Convener: Thank you very much. We are going to take a short break.

15:09

Meeting suspended.

15:21

On resuming—

The Convener: We return to the Equal Opportunities Committee's evidence session, staying on the theme of technology in health and social care, which Sandra White has explored. Annabel Goldie has some questions on that area.

Annabel Goldie: I do not know that my questions are related to that area, so if Sandra White would like to ask anything else on that theme she can do so.

Sandra White: My questions were mostly to do with social media, so I will hand over to Annabel Goldie now.

Annabel Goldie: I am interested in a factual situation, on which the witnesses may or may not have an answer. I am aware that we have with us this afternoon five important organisations with a diverse reach of activity and I am interested to know, in the case of each organisation, where the bulk of referrals come from.

Chris Kerr: FARE has 42 paid members of staff, ranging from those who do two hours a week right up to the chief executive officer. More than 95 per cent of them are local people, so they know about the problems and issues—for example, some of them have family members who need support. They are always on the estates, going to local shops, and people pass the information on.

We also get referrals from social work, but most of our referrals come from our staff, who have local knowledge because they are local people.

Sandra Stuart: The bulk of our referrals tend to be self-referrals. We occasionally get referrals through the Department for Work and Pensions, the jobcentre or social work, but self-referrals make up by far the majority of referrals.

Michelle McCrindle: We get quite a mixture. A good number of self-referrals come as a result of other older people's referrals. Next on the list are referrals by social work and healthcare staff such as discharge teams, reablement teams, community physiotherapists and podiatrists and falls nurses. Referrals come from a range of different people—they could come from a dentist, for example.

We also get referrals from family, newspapers, sheltered housing wardens, day centre staff, lunch club staff, supermarkets, community radio, newsletters and posters, and from the van going out and about—you name it. There is a huge variety of referrals, but the majority come from

older people referring others to the service, followed by formal health and social care referrals.

Stephen McLellan: We have the same sort of scheme. The referrals that we get are predominantly self-referrals, which make up in the region of 70 per cent—4,000 people—followed in descending order by referrals from social work, referrals from GPs and referrals from other health professionals.

Pauline Smith: Our referrals depend on which service we are talking about. For youth services, they are usually self-referrals or referrals by family members. For job clubs, the jobcentre and housing organisations tend to refer people to us. In general, for social activities and other support services, referrals come through the community and through our staff and volunteers who are—as they are in Chris Kerr’s organisation—local people. The bulk of referrals for the job club and for employability services come from the jobcentre.

Annabel Goldie: That is interesting, because it gives us a slightly different pattern from the one that we thought was emerging from previous evidence.

Michelle McCrindle said that a referral might come from a public agency—from health or social work—in a discharge situation, which is a particular episode in a person’s life. Are referrals made for a specific clinical or social reason? Does Food Train ever get a referral because the health or social work source thinks that the person is suffering from isolation?

Michelle McCrindle: That is definitely the case for our befriending service. We have a specific referral process through GPs, district nurses and social workers for cases in which social isolation has been identifiable through repeat GP visits and there is not necessarily a pattern of ill health but the issue is very much loneliness. It might be that a pattern of loneliness emerges when the practice nurse sees somebody continuously at clinics. There is a structured referrals process for such cases.

There are huge social elements in all our other services, from the home support service to the food shopping service. A referral can be made following a fall or because the social worker goes out to do an assessment or to tell somebody that they have a 12-week wait before they will get their assessment and says, “At least you can have Food Train in the meantime and we will know that somebody is going in and seeing you while you wait for your social work assessment.”

There are often structured reasons why a referral comes from the public bodies. It can even be part of a care package. When a care package is put together, a referral can be about creating a

whole care package for somebody, whether it involves the shopping service, the home support service or getting the person out to social things.

Stephen McLellan: It is an interesting question, and I was just trying to think through my response to it. The referral is probably about isolation but it is couched in different terms. It is couched in terms of the outcome, whether that is somebody going shopping or going to an activity. However, once we strip that away, fundamentally it is about isolation.

John Finnie: I have a brief supplementary question for Michelle McCrindle. A couple of times, she has used the term “care package”. Does that mean that a formal assessment has been made and part of that assessment will be a referral to the services that Food Train provides?

Michelle McCrindle: Yes, absolutely. We supplement the work of free personal and nursing care. Under the legislation in Scotland, free personal and nursing care provides for care of the person but does not enable food access to the house. Therefore, carers can go in to make breakfast, lunch and tea but the mechanism is not provided to get the food to the house, so that has to be arranged separately. A package might be made up whereby carers go in at breakfast, lunch, tea and bedtime and we provide the food access element and some volunteer support to help out around the home because the person might not be able to fund such support privately and will not have an alternative.

John Finnie: That is reassuring. It puts into stark relief the earlier comments about the nature of your relationship with the statutory bodies, because they are perfectly willing to take advantage—that might be the correct term—of your services.

Michelle McCrindle: Yes, because they do not pay for them on a per-person basis; they pay a contribution for as many older people as we can support at any given time. They might want to refer older people to us as a preventative measure and as part of care packages, and we just have to absorb as many as we can. The services are primarily about older people getting food and some social contact twice a week. If they are not provided with food, malnutrition is the outcome.

John Finnie: If you have a time-limited funding arrangement such as I understand you have at the moment, that puts into stark relief your comment about your services being put into official assessments for an older person.

Michelle McCrindle: It does, because it might be that, when the call comes, if we have no confirmation that we will have a service in place in an area by 1 April, we have to say that, unfortunately, we will not be able to help the older

person because we do not have the money to put diesel in the van.

John Finnie: Thank you very much.

15:30

Annabel Goldie: The experience of most of the witnesses is that most referrals are self-referrals. I suppose that people in isolation are most likely to contact the health service because they have clinical needs or medical issues. Is there any evidence that people are apprehensive about seeking further support? They might go to a GP with a clinical problem although a major issue for them might be isolation. Is there any evidence that people are fearful about mentioning that wider issue because they are apprehensive, perhaps about unintended consequences?

Sandra Stuart: The question of fear came up a lot at an event that we held on 19 February, at which there were well over 200 older people. There were some very sad comments. One person said that they feel sad all the time and another said that they had no support hours left to attend a friend's funeral. That is the kind of issue that people have. The issue of fear came up a lot as well. There is a fear of being in residential care. Someone might think that, if they cannot cope on their own and live independently, they could end up in residential care. Frankly, that is not a nice, rosy picture for people. People fear it a great deal, and it is a huge issue.

Michelle McCrindle: I concur with that. Over the years, we have heard from older people that they are frightened of being taken away from their homes. They are frightened that that will be the very last decision that they make in life and that it will start a downward spiral. They are afraid that the social worker will come in, decide that they are no longer fit and able to be at home and move them into care, and that will be the end of their life. They see themselves as being on their way out from that point. People fight to stay as independent as possible and to stay at home, and if that means sacrificing the ability to contact authorities, even in times of need, that is what they will do.

That is why it is really important that the third sector has a big, broad community reach. The third sector is able to reach round the side of the public sector and provide a bit of support that does not mean that people will be taken into a home. We delivered to a lady with dementia for many months after her family fought with the GP to keep her at home. The family said that they would rather that she died at home, because the last thing that she wanted was to go into care. We put in place a really good holistic package with the volunteers, which worked well. She honestly

thought that those lovely boys who came every week with such lovely food just knew by magic what she ate and that it was free. We had power of attorney in place and her family, who lived far away, submitted a request list. That worked. The lady pottered about her house and she ate whatever she wanted when she wanted. The GP went to and fro and said that, actually, she was getting on fine. She stayed at home for about nine months longer, then became unwell and went into hospital and died of respiratory disease, and that was her. However, she did not go through the trauma of the process of being taken into a home.

In that example, somebody was going to make a decision without looking at the possibilities. Sometimes, the issue is about being able to reach round the back of statutory provision. There is fear—absolutely.

Annabel Goldie: Mr Kerr, you deal with a very different cohort of people. Do your clients have any sense of apprehension about contacting public services and seeking help?

Chris Kerr: We have a home visit team who meet people because their mobility is poor and they cannot get round anywhere, even to the doctor. Some of them are on repeat prescriptions, which our staff have to collect. The people trust our staff to do that. Some of them do not have close family members around to do simple things like that. Some of the team take people out to get their messages. That is not really part of their job, but they know that it will make a wee lady's morning or afternoon, or whenever they can get there. They will phone up the office and say that they are going to be half an hour late because they are just going to stop at the shops for 10 minutes. We think that that is great, because that individual is getting some me time, which is what they need.

It can even be about providing silly things. Earlier, we talked about people's expenses for the groups that they are in and activities that they take part in. We also get funding for pet food because a pet provides companionship and some people might struggle to keep one. Some people lose out on a meal a day so that they can keep a cat or dog. We get some money for that. We go down the list of people who receive visits and who have pets and then we buy some food for the pets, to take that burden away.

Annabel Goldie: I am trying to ascertain where, outwith self-referrals, the natural, logical course of referrals might be. It would seem to be health or social services. Are there any barriers for people before they seek help from you?

Pauline Smith: I mentioned the jobcentre as being one of our main sources of referrals. I should point out that I do not think that, even

elsewhere in Glasgow, third sector organisations are placed within the jobcentre. We are placed in the jobcentre one day a week. My staff sit there and they soften the process. Just now, a lot of people are coming off employment and support allowance and are going on to jobseekers allowance after having been out of work for 30-odd years, and they are scared because they cannot use a computer. They are given a claimant commitment to look for 30 jobs a week and they are told to go on the computer to get their universal job match, their email address and so on, but they have never sat in front of a computer. There is certainly a fear there, and support mechanisms need to be in place to address that issue.

You asked about people being referred through public services. The issue is not that they will not go to public services but that the process must be softened a little bit to let them know that support is there. People are being told to go here or there to seek help, but they are scared of doing that. Within the Easterhouse jobcentre, it is helpful if people have one session with our staff in which we say, "You know what? We're not jobcentre staff. We're not going to get you in trouble for anything. We're here if you need us for anything else." We can prove that 50-odd people a day come to us without the service being mandatory. They might be told that Lynette McKechnie and the team will help them, but they are not forced to go there. If they come to us reluctantly, we can say, "If you're not interested in our help, off you go." The choice is put back in their hands. They know that, if they want support, it is there. However, there is that major fear before they come in. In our centre, with the community assessing, they see that there are other like-minded people there who are all scared and are all in the same boat, and they see the outcomes that can be gained by coming to see us.

Stephen McLellan: You asked whether there is any other referral route, and I suppose that the common denominator is GPs. Most people have a GP but not everyone has a social worker, a housing officer or a support worker, so I suppose that the issue involves trying to get enhanced recognition of what is on offer. I accept that, in a seven-minute consultation, a GP is not going to trim away the multitude of issues that an individual might have. However, if there was a way of fathoming the issues with the aid of the sort of people who are around this table just now, that would be helpful.

I can give you a quick example concerning a 47-year-old woman who had disengaged. She had been in psychiatric services but, for whatever reason, she had given it up. Community psychiatric nurses and so on went out to see her but, after three visits to which there was no response, she was taken off the books—she no

longer existed. She disengaged from her GP. She did not sign on, so she was not getting benefits. Her housing benefit stopped. She was not getting any money. She was not paying her electricity or gas bills, so she was cut off. That was last August. Through a neighbour, who noticed that there were no lights on in her house, she got in touch with an energy adviser. That was the one person who went in and reinstigated things and began to put things back together. The woman had been living without power for six months and had been living off sandwiches out of the skip behind Morrison's.

That is an exaggerated example, but it is real. It is the sort of thing that, to a greater or lesser extent, we deal with every day. All of that happened because someone had disengaged and there was no facility to keep going back and knocking on the door until, somehow, she engaged with people. It was, I guess, her good luck—if that is not an ironic thing to say—that she was caught before she died.

Chris Kerr: We get a lot of referrals from the local housing associations, which have a list of people in that age group on file. For the past five years, we have run a project that involves delivering hampers to all the senior citizens in the area. Just before Christmas last year, we delivered more than 900 hampers locally. The service is dependent on the amount of funding that comes in for that—there is a specific group that gives us money for the hampers. The intergenerational aspect of the work is that the young people make the hampers. A lot of young people say that it is always the older generation who phone the police and that they believe that the young people cause all the problems in the community, but we are trying to change that perception through that engagement. If a young boy goes to a wee woman's door, he might keep an eye out for her. The pensioners always try to give the boys a pound, and the boys get embarrassed about that. The point is that we need to get people to understand that there are no opposites in the community and that everyone can work together.

The Glasgow Housing Association gives us a lot of referrals, but one of the things that we came across two years ago was that home owners were being forgotten about. The GHA was referring people who rented, but some of the most vulnerable people were home owners. People think that home owners are okay because they might have paid off their mortgage. They might have bought their home 30 or 40 years ago for about £10,000 and the mortgage might have been paid off, but the husband who helped them to pay all the bills might not be there any more. They are some of the most vulnerable people in our communities.

Going back to who is a local, people might say, "Why has Mrs Johnson along the road not got a hamper?" and it is because GHA never gave us that list. We need to find out stuff like that. In the end, we had to go knocking on a few doors and ask a lot of people, "Who are the home owners around here?" so that we could get them on the list for the following year, because they were being missed out.

Sandra Stuart: We have sometimes received referrals from residential care homes. It is both sad and interesting that, when people get a place in a home, they lose their day centre place. All the connections that people have had—all the friends that they have had for however long they have been going there—are then cut off. We have recently supported a man to continue going to his pensioners club. The care staff simply do not have the staffing levels to be able to provide one-to-one support for people. You would think that, because he was in residential care, he would not have been isolated, but he was. He was cut off from his friends and he could not go to his club.

That project will come to an end because the funding will come to an end, but at least that man has had six more months of connecting with his friends, and I hope that we will find imaginative ways to get him back to his club. That happened because a very committed member of staff was worried about how isolated the man was in care and referred him to us.

Annabel Goldie: The committee has heard in evidence that, if parents are isolated, their children are likely to be equally isolated. There is a generational connection or influence. What can be done to encourage effective working with families to tackle that aspect?

Chris Kerr: We currently run programmes whereby the parents come in to after-school cooking groups. It is about ensuring that they can make affordable, nutritional meals along with the kids so that there is some sort of bonding. Unfortunately, for some of the parents, the dad may be out working and the mum may have younger kids as well and be trying to keep the house going, so they are constantly running to keep up. They are unable to stop and rest.

If we take them out of their own house—even if it is just around the corner—it means that they are in a different environment and they can spend some quality time with their kids in the groups and educate their kids about home cooking and so on. We have added homework groups as well. Some of the younger kids who our staff see as being quite vulnerable may not always be getting a nutritional meal. We call it a homework group but those young kids go there to get meals and meet other young kids and do a number of different

activities from arts to whatever they want to do. It is about getting them involved in things.

Sandra White: Annabel Goldie mentioned that some people might be frightened of going to the social work department. Do you come across a lot of young people who are carers of parents who have an addiction or a mental health problem? Do you recognise that issue? Those young people—and older people as well—can be isolated because they live with family members who have an addiction or whatever and they have to look after them. How would you cope with that?

Chris Kerr: We have loads of young people who probably would not call themselves carers although they are. Someone can be 13 or 14 but act like a 34-year-old because they are making sure that their younger brother is up for school, they are getting him there and they are picking him up. Such young people do not go to school themselves because they are at secondary school and their younger brothers or sisters are in primary school, so they miss out on their education and take that burden on.

Loads of members of the older generation in the area are taking care of their grandkids, and that puts them in isolation, too. Any circles or groups that they are involved in will have to be put to one side, and their job is to run a family again, which is really difficult for them.

15:45

The young people concerned do not know that they are being carers. They just think, "I'm the oldest, so it's my job." A couple of times a year, we have a caravan available, and we can send families there. It is for groups of young people who really need their own respite. It provides somewhere where they can go and be themselves. From there, we try to engage them in our service again. Unfortunately, a lot of them never make it because they think that their first job is to take care of the family.

Pauline Smith: I agree with Chris Kerr. The point is to have a combined service. We spoke earlier about the third sector, job clubs and lunch clubs, and about working with just one client group. Community facilities in the hearts of communities can be all those things to all people.

Bringing about community regeneration or sorting out a problem within a family does not involve just one person or family member; there needs to be the youth club for the young person, the lunch club for the elderly person and the walking club or sports club for the health side of things. That requires a combined service.

There is also not just one fit when it comes to fixing a parent. Confidence needs to be built up in

a parenting class—they have to do that—but they also have to do the fun stuff, the social activities. That makes a difference to the whole family. It is not possible to solve a problem by sorting out just one person.

Community facilities can do that. I am not talking about the old-fashioned community facilities; I am referring to the sort of place that Chris Kerr has been talking about, where we deliver various things all under the one roof in the community. People lead on it, they develop it and they are a part of it.

The Convener: I have a question regarding young people and anti-bullying policies, which seem to be important in tackling or preventing isolation among young people. On 5 March, we heard evidence about the good work of the respect me campaign. It was suggested that a new focus could be to explore how to be a friend to people. What are your views on that?

Chris Kerr: I will speak about young people I have met. Bullying needs to be tackled. We work on antisocial behaviour in 25 local primary schools, and bullying always comes up. The problem is that a lot of young people do not know that they are bullying and they do not see the long-term effects. They think that it is just banter and being part of the community. It seems okay to them if they have had a laugh and the person is not crying—they think that they are all right. They do not see the long-term effects, and they do not see how it affects the young person concerned. We have been working on that for the past year or so, to improve our knowledge and to improve how we get the message across to young people in the best way.

To be honest, we are learning from young people all the time. They will describe something that happened to them and they will say that they did not know it was bullying. They are sometimes getting bullied and do not even know it. It is a matter of getting these things across to young people. The issue really needs to be discussed.

The Convener: I am thinking about schools, colleges and young people moving to universities, which might be in a different area of the country. They could be the only person among their friends to go to university and they could be isolated. Is there any joined-up thinking involving the organisations that can make referrals to you or other voluntary organisations regarding such groups of people?

Pauline Smith: Among schools, there is referral to youth clubs.

This does not answer your question, but I want to go back to social media. The biggest problem that we have with young people in our youth clubs involves social media. We all have information

technology suites and so on in our youth clubs and other youth settings but, half the time, the issue is in ensuring that the youth workers are overseeing what is happening. A lot of things happen through social media.

Is there a joined-up way of thinking? Schools can talk to youth clubs, but there is a bit more work to do. Chris Kerr's organisation, FARE, is probably present in schools more than my organisation. It is a matter of discussing and finding out what the problems are for young people and dealing with them after school. Schools can deal with them in school—there are support mechanisms there—but a lot of the problems and the bullying happen after school. That is where the youth work setting and third sector organisations can come into play.

The Convener: I invite Stephen McLellan to respond. In addition, what role could getting it right for every child play in this regard?

Stephen McLellan: I am not immediately familiar with the details of GIRFEC but, as far as bullying and anti-bullying campaigns are concerned, we are aware of the impact and consequences of self-harm and its possible links with social media. In what I suppose you might call a competition run by the youth and philanthropy initiative, local youth organisations and third year pupils can do a project on a care group, and those who have picked mental health could tell you some truly astonishing stories about the impact of bullying and the consequences of self-harm. The number of such cases is much higher than we had expected because they are contained and dealt with—they do not go anywhere else and they are not referred to, say, teachers or guidance staff. I guess that, in such cases, self-harm is an emotional outlet for pain that is often a consequence of bullying or emotional distress. That is certainly where we see the bullying element.

The Convener: Does anyone else wish to comment on getting it right for every child?

Michelle McCrindle: Only to say that I think it should be called "getting it right for every person".

The Convener: What could the Scottish Government do to combat social isolation and loneliness? Could it play a role in promoting positive communication and the importance of social interaction?

Sandra Stuart: I think that we alluded to that issue when we highlighted security of funding. It is not all about money, but it is about security. It is also about continuity. A lot of older people have said to us that they want to know that their local club, project, community centre or whatever will still be there.

Pauline Smith: I could go on a huge rant about funding. We need sustainable services for the future, and we need some help to provide those services. I have referred to the geographical locations for funding; the Scottish Government is saying all the right things about community empowerment and locality, but we need those things to happen so that we can access the funding.

The Convener: John Mason will now ask a few questions.

John Mason: Thank you, convener. I am glad that we got to me in the end.

The Convener: Last but not least, John.

John Mason: Well, I was first last week, so it is okay.

Something that we have not talked about but which keeps coming to mind is the question whether suitable housing is a major factor. This morning, the convener and I visited an individual who lived one floor up, which definitely was an issue for them; however, we also visited a couple who lived three floors up, and they were perfectly happy, despite the fact that the gentleman was, I think, toiling to get up the stairs. At lunch time, Glasgow City Council workers told me about young people who were coming out of care, going into a flat on their own and saying, a few weeks later, "I can't cope." How much of this is about providing more support for all these people, and how much of it is about getting more suitable housing?

Stephen McLellan: The issue is not just about having a house, but about being able to equip and furnish that house to make it a home. Kids want a place that they are not embarrassed to bring people back to because all they have is a black-and-white television and a white patio chair.

The other issue is in-work poverty. Someone told me recently that the new face of poverty is young people in their 20s who are in work and in private rented accommodation. They spend all their income on sustaining a house that they probably cannot afford, with associated childcare issues and so on. That becomes a huge challenge for people; they might have a house, but the problem is being able to afford it and afford something that will convert it into a home.

Pauline Smith: I agree with Stephen McLellan. I have worked in the Easterhouse area of the east end for about 12 years and have seen immense changes. However, there is still lots of work to do; it is not all over yet. The housing associations, registered social landlords and GHA elements recognise that people need to make something a home; they need support mechanisms so that they do not close the door and they feel part of the

community. They should feel that they are part of the community, and they need to be encouraged to be part of it, improve it and develop the services in it to make the area successful, otherwise there is a risk that housing will be put in and it will end up deteriorating to the same state as before.

Sandra Stuart: Accessible housing is a hugely important issue for disabled people of all ages. Older people at our most recent event talked a lot about sheltered housing and its availability. They saw sheltered housing as a way of staying at home and being more independent, but having a bit of support. There was a fear that plenty of houses would not be available.

John Mason: Are there not enough houses available currently, in your opinion?

Sandra Stuart: That was the fear of the people who were at the event. In line with thinking that they might end up in care and might not be independent, they thought that they would be able to cope if there was enough sheltered housing.

Anybody could become a disabled person at any point. We do not know what will happen. A person could have a stroke. We have had a few referrals from physiotherapists in hospitals. People have had a stroke and are now in flats that they cannot get out of. They are absolutely stuck. It is about availability.

John Mason: I see that Michelle McCrindle is about to contribute. Do we need to put more emphasis on sheltered housing?

Michelle McCrindle: Scotland's demographic profile says that that is a time bomb in its own right. It is like the statistics for dementia that we talked about 10 years ago. We realise now that they are happening around the frailer 85-plus older population in Scotland. It is about what happens when the person's house is no longer appropriate.

In our 2020 vision, we have the objective of people living at home for as long as possible. How can that happen if the house is not appropriate, the person is struggling to get aids and adaptations, the funding is not available, the person is up three flights of stairs and they cannot get up and down, everything that is available is outside the building, and they have to wait 12 weeks for a community assessment?

It is about availability with the step change in housing needs and something that will see an older person through from being just a bit less able to being even less able to becoming a bit more frail and more disabled. People can go through the whole extra care housing journey. There are great examples of that throughout the country in small pockets, but availability is the critical issue. Older people will sit in their property for as long as they humanly can and then, all of a sudden, their needs

are beyond the property and they have to be removed from it and go into care. It is about what is available before that happens.

John Mason: We touched briefly on the territorialism side of things, which perhaps has more to do with young people. Sometimes people have a very limited group of friends who are all in one area, for example in Wellhouse or Easthall. Is that a bad thing? Is that really isolation or is it okay, because at least they have some friends?

Chris Kerr: I think that that is a form of isolation. Unfortunately, a lot of young people know from a very young age—as young as three, four or five years old—about the gangs in their area more than anything else. If you ask them where they are from, most of them will tell you their gang name—aggro, for example—rather than that they are from Blairtummock. Even if they are not involved in a gang, they are still affected by territorial issues to do with moving about freely; that is true especially for young males. They could cross a road, go into a rival area and be attacked. They know that, even if they have never been involved in a gang fight. They still have that worry. That might never happen, but the worry exists for every young person in the area, especially young males, so it is difficult for them to move.

We have been trying to educate young people for years with other community projects in the area. Those young people have loads of commonality with other young people from different areas, and they do not know why they hate and want to attack each other. It is history, and we are trying to change that. There were no amenities when Easterhouse was built in the 1950s, and gangs evolved very quickly. That is still going on. It is about trying to turn that image. Getting rid of those young people's attitudes will be a long process.

John Mason: Can you give us any examples of what you have tried to do? Were the games that took place at the Emirates on Friday part of dealing with that kind of thing?

Chris Kerr: They were one part of it. We do loads of different things. A couple of our main projects have been running for 12 years. One of them is StreetwYze with FARE, which used to be called the territorial history project. We went back and looked at the history of Easterhouse and how gangs evolved. That is an eight-week project in which we use DVDs and ex-gang members. The police and the schools are involved, as is the fire service, because over the years it has been attacked.

16:00

The project is about educating primary 7 pupils. Each year, we send between 850 and 1,000 pupils

through the programme. In primary 7, the pupils are at the top of the tree and in their comfort zone. They have possibly been friends with around 80 per cent of the class from primary 1. However, after the summer, they go to secondary schools in different areas, and they are vulnerable. They are back at the bottom of the tree; they are the small fish. They are scared and they are quickly pulled into gangs for safety in numbers, because they have not got all their mates from their previous class. That is one of our programmes; it is hard hitting.

You asked about the games. Last Friday, we held the FARE legacy games. At an event like that, the pupils all get to meet each other in the Emirates arena in a fun environment. Everyone gets a certificate and more than 80 medals for sportsmanship are given out. There is a commonality, so when they get to secondary school, it is hoped that they will know the faces of some other young people, because they have raced against each other and taken part in events together.

We hope that that will break down some of the barriers. The young people find that they have loads of things in common; they like football or other sports and perhaps they support the same team. However, because of the history of Easterhouse, which has been passed down from generation to generation, they think that they should know all about the gangs, that they are a badge of honour and that they should be proud of their area for its gangs.

John Mason: Is it an issue if disabled people are friends only with other disabled people? Is that a bit isolating? I realise that we are quite white here today, but if anyone has experience of dealing with ethnic minority groups, perhaps they could say whether, for example, it is a problem if all Pakistani folk's friends are from their community. Should that be counted as being isolated or is that okay?

Sandra Stuart: Glasgow Disability Alliance sees itself as a community of interest. People have got together because they want to improve things for and support each other and to challenge the status quo. There is the strength of the support that comes from that.

It is absolutely not the case that two people would necessarily have something in common simply because they are both disabled. When we organise our courses and workshops, people can choose what they are interested in—that is the basis on which they get together. There might be a generational thing, too. I am well over 50, but I would not go to a tea dance, for example.

John Mason: Do you mean that the danger is that people socialise only with their own age group?

Sandra Stuart: There are good things in doing that, but there are also dangers. Most older people's services are for the 50-plus group, but that is a huge range.

We have made the point that it is about recognising the person first. Disabled people may get together for a specific purpose and older people may get together for a specific purpose. However, that does not mean that that approach must be stuck to. There must be a variety of events and programmes going on, including intergenerational things, so that people can dip in and out of them.

Pauline Smith: From our experience, it is not a problem that people have friends from their own groups. I have ruined a tea dance before by inviting the kids along every week. I thought that that would be great, but the guys just wanted to sit and have a cup of tea and then have a dance. Sometimes you can force things too much.

Where there is aggression and stand-offishness that leads to trouble for a community, perhaps the issues have to be addressed. Like Chris Kerr's experience, we have different groups of young people in all our youth clubs that we bring together in football leagues and other things. There is no reason why they cannot be friends. There is no aggression; it is just literally that they are friends in different groups. We bring them together and they have fun together. As I said, we can force things too much and try to make everyone integrate all the time. Some people just want to have a cup of tea and a dance. They do not want to integrate, but that is not a problem.

Annabel Goldie: I want to wind back a bit to something that Chris Kerr said about gangs in Easterhouse. I gather from what you have been telling the committee that it is a generational issue. Is a father who has been in a gang likely to have a son who will then go into the same gang?

Chris Kerr: Definitely. I know some people who that applies to, including my brothers. My dad was involved in the gangs here; he was in one of the first families to move into Easterhouse and he very quickly became involved in gangs. His best friend was murdered through the gangs—he was stabbed. A couple of my brothers ended up being involved in the gangs.

When we were younger, the community projects and the support were not the same as they are now. On a Friday and Saturday evening, the gang fighting was the entertainment. Whether or not people were involved, they went to watch. Hundreds of people would be on the pitches fighting, and hundreds would be standing about

watching. That is changing over the generations, but it is still there. It is nowhere near as bad as it was, but it takes just one incident in a school, for instance, for everyone to get together and arrange a fight through social media. That has happened before. That shows some of the dangers. It is extremely difficult.

Annabel Goldie: Do gangs tend to be all male, or are they male and female?

Chris Kerr: They are predominantly male, but females have their input. Females can usually move from scheme to scheme without any issue. From time to time, some girls will be involved in fighting with other girls but, predominantly, they are just the girlfriends. Sometimes they fall out, and they might go to another scheme and spread stories by saying that someone is going to do X, Y and Z. They are the instigators of a lot of conflict. Girls are involved but, when it comes to the aggression side, it is mostly young males.

Annabel Goldie: You are saying that gangs, in themselves, create social isolation.

Chris Kerr: Some young people do not know at first that they are in a gang, or they do not know how they got there. FARE has recruited a number of ex-gang members. People like us can sit here and tell people not to do this or that because it is not good for them. That is okay, but what hits home to young people is hearing from ex-gang members who have been in prison as a result of their involvement in gangs, who have been left for dead for being in gangs, or who have almost killed people. When they go into schools and tell their story, that works better than anything else.

Sandra Stuart: I am reminded about a recent initiative that we tried. There is an on-going effort to engage with older isolated men in particular. We were contacted by a minister from a parish church. She was aware, having officiated at funerals, that there were a number of men who had been widowed in the past six months to a year and who were lost. They did not know how to cook. Clearly it is a generational thing, but they really did not know how to look after themselves. The minister was quite concerned about them.

We are trying different things. There is a balance between just assuming that people have something in common because they happen to be male, and trying to tailor something that might attract guys in and might reduce their isolation.

I do not have the answer, but when we were speaking about grouping people together, it came together in my head that there is definitely an issue. That is where the men's shed idea came from. We invited a few guys from there along to the church to discuss the matter. They are super, and it is a really good idea, but there is a

generational thing with men who feel completely lost when they are alone.

Sandra White: The discussion has been interesting. Social isolation applies to men in general and is not just a generational thing, but we need to look at the issue of social media suggesting that men should be strong and should not talk about their feelings. We need to look at that, because it is isolating a whole section of society.

We have talked about social isolation among ethnic minorities and others. From your organisations' experience, are lesbian, gay, bisexual and transgender people socially isolated more than others? We have had evidence that young and older LGBT people find it difficult to go out and that they are isolated. Will you comment on that?

Sandra Stuart: I recently came across the LGBT age project, which exists for that reason. As a disabled persons organisation, we are a diverse group, ethnically and in terms of culture and sexuality. We are concerned to ensure that everybody feels that they can contribute and that they are part of everything. I was pleased to see the LGBT age project, which is specifically for people who might find it more difficult to socialise.

Christian Allard: Michelle McCrindle said that there is good awareness of her organisation's services, but I did not hear a lot on that from other participants. Should we have a national awareness campaign about social isolation and loneliness? If so, who would have the main role in that and should it be targeted at those who are difficult to reach, such as men?

Stephen McLellan: There is a huge taboo about loneliness. Nobody wants to own up to or acknowledge being lonely, because that is almost an admission of failure or defeat and of the fact that people have become detached from families. As each generation becomes increasingly older and longevity increases, there is an increasing risk that more people will become isolated and lonely. In five years, more people will be affected.

Perhaps the issue could be built into the see me, choose life or breathing space campaigns, or there could be a separate entity. From a mental health perspective, it is absolutely fundamental that people are aware that they can seek support for loneliness and that they have the opportunity to do so. There could be a national campaign or the issue could be devolved to local areas. Alternatively, rather than use new money, existing funding could be rejigged and refocused. To be honest, it is a bit of a no-brainer because, if we do not do something about the issue, in future generations, we will have increasing isolation and

loneliness, with all the consequences that that brings.

Michelle McCrindle: As Stephen McLellan says, there is an awful lot of work out there already, such as the campaign to end loneliness, the work of Age Scotland and the Silver Line Helpline. We need to address loneliness as something that can be tackled and accept that it is as prevalent among older people as things such as dementia and malnutrition. We need to build the issue into our strategies and vision for looking after people. Loneliness happens to people, but it can be tackled and there are ways and means of doing that, but we must start by building it in and acknowledging that it exists.

The Convener: That concludes the meeting. I thank the witnesses for coming and for their contributions. I thank everybody for welcoming us here today. Our next meeting will take place on Thursday 26 March back at the Scottish Parliament, when the committee will continue taking evidence in its inquiry into age and social isolation.

This evening from 5.30, the Presiding Officer along with local MSPs will be in this room to welcome the public and for a question-and-answer session—I hope that some of the people who are here will come along.

I thank all the staff who have been involved, including the committee clerks and other staff from the Parliament, for all the work that they have done to organise the event.

Meeting closed at 16:13.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice to SPICe.

Available in e-format only. Printed Scottish Parliament documentation is published in Edinburgh by APS Group Scotland.

All documents are available on
the Scottish Parliament website at:

www.scottish.parliament.uk

For details of documents available to
order in hard copy format, please contact:
APS Scottish Parliament Publications on 0131 629 9941.

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@scottish.parliament.uk

e-format first available
ISBN 978-1-78568-200-1

Revised e-format available
ISBN 978-1-78568-216-2