Community Compass, Edinburgh

Summary

Established in October 2013 with two-year pilot funding from the Health and Social Care Alliance (the ALLIANCE) and Scottish Government, Community Compass supports people aged 16 years and over living in an area of multiple deprivation in Craigmillar, Edinburgh. The project connects people with local sources of non-medical support, using a social prescribing or community referral approach to support self-management. They also help people address non-medical issues such as debt, unemployment, isolation, benefits, relationships, housing and transport. Project/link workers support people to connect with relevant groups and activities, such as community groups, counselling services, volunteering roles, jobs and educational courses.

There is growing evidence to suggest that connecting people with their community makes a significant contribution to their health and wellbeing. Research shows that in areas of deprivation, a high percentage of GP consultations are due to non-medical or social issues, such as anxiety, depression and social isolation. People with long-term physical and mental health problems are more likely to live in deprived areas and are less likely to have access to supportive resources. Therefore identifying and addressing the reasons why people might not make use of these supportive resources is essential.

Project establishment

Carr Gomm is the parent organisation of Community Compass. It acted as a facilitator for partnership development and invested a lot of time and energy in building relationships with other local statutory, voluntary and community organisations in Craigmillar. By mapping local sources of support, identifying gaps and discussing options with identified local partners and the local GP practice, an appropriate self-management and social prescribing model was jointly developed and agreed.

This process was an important first step in testing out the idea for the project. As a result of this ground work, the project workers were able to work alongside Council staff in Craigmillar's East Neighbourhood Office, which aided partnership working. The ground work took several months. This included time to map local sources of support and build links with local partners.

Referral process

One part-time Community Project Leader and two full-time Project Workers take referrals from the local medical practice, other local voluntary agencies (e.g. the Thistle Foundation) and receive self-referrals. The team also offers weekly

community drop-in sessions at the local library. GPs receive a monthly report on referrals made to Community Compass.

Using a person-centred approach to support self-management, project/link worker staff identify challenges and jointly agree solutions to issues with the people they support. Through discussion, people can identify areas of focus for their action plan, sometimes prioritising new focus areas in place of the initial issue they were referred for. Staff have a flexible, responsive approach and the time and skills necessary to work alongside people on a one-to-one basis, to uncover underlying issues and challenges. This results in individually tailored action plans. This approach is proving to be more successful than a 'one size fits all' approach.

Tailored support

Staff support people in achieving their goals and refer them on to other sources of support, such as therapeutic groups, skills development, advice services, employability support and community activities. Agreed support can range from identifying suitable activities or a referral to a food bank, to accompanying clients to their first appointment or more if needed, with gradual withdrawal until they feel confident attending on their own. This staged approach to buddying is agreed in the action plan and it is important to be flexible to people's needs. People that project staff have supported previously can phone them, requesting a little further support. They recognise that small interactions can help people to manage moments of trouble.

By providing a holistic case-managed service, people are more likely to have positive, long term outcomes. Barriers to accessing community support have become apparent, such as low literacy levels, low confidence, lack of knowledge of how to get to appointments, financial barriers for public transport costs, and mental health problems, such as panic attacks, agoraphobia, etc.

Partnership and capacity building

Project staff acknowledge the importance of collaborating with other statutory, voluntary and community sector organisations, in order to provide the most appropriate support available. Staff are very knowledgeable and have built strong relationships with other local specialist and generalist services. This allows staff to make quick referrals or signpost people to other appropriate sources of support in Craigmillar and across Edinburgh. They also play an informal educational role with partners, for example helping to raise awareness with medical practice administrative staff of how welfare benefit payment processes are dependent on the timely release of GP sick notes. This is an important role which can help bridge the gap and prevent people from falling through the net.

Community Catalyst

Acting as a community catalyst, Community Compass has established a number of local groups and activities where the people they support have identified a gap in local support. These include a cooking group, a gardening group, a cycling group and a Men's Shed project to meet local needs. This gives local people the opportunity for social interaction and volunteering in safe, relaxed environments.

For more information, please contact:

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Film clip on this case study available online