Researcher BN: I'll wait for it to record (laughs. So if you could just start with your age, gender, and your role at (name of organisation).

SP15: Yeah yeah, so my name is (SP15) I am 53, er female, and erm yeah, development manager. So I am the founder of the charity, yeah.

Researcher BN: Great. So could you tell us a bit about (name of organisation), and what your role involves within that?

SP15:Yep so er the charity was set up 8 years ago to support young people from across (name of location), between the ages of 18 to 30, erm, who don't meet (name of location)’s council’s adults criteria for support. So that is young people who are deemed that don't have complex needs. Erm, all of the young people have some kind of learning need, and or a mental health concern. And erm, my role is to er, initially, it was to set the charity up and work with young people and find out exactly erm, where the, the barriers to progression were, and to work with the parents, and the role has developed to now looking at more of a business model, how we take the charity on forward, and to look at funding and partnerships and strategic development.

Researcher BN: Great. So what does your day to day involve with the charity?

SP15: Oh I don’t, (laughs) erm well obviously, because I set the charity up, it's still very much erm, make sure everything's, we do have a, a small staff team of, of 5 people. Erm but it is still overseeing erm all of the projects. So most of our staff team are sessional workers, so they come in as erm, professional tutors coming in to deliver a specific topic, and we have a couple of support workers as well. Erm, so my role is overseeing that the projects that we have funding run correctly, and meet the objectives of that particular funding pot. And then obviously looking at erm the Management Committee are happy with what we're doing, making sure that the volunteers are happy. So we have 22 volunteers.

Researcher BN: Oh wow!

SP15: Erm connected with us, yeah, er so it's keeping up with those, making sure that they, any training needs are covered, and erm, that they’re supported and that they are still achieving what they want to get out of their volunteering with us as well. Yeah, so it's quite, quite an, and obviously as well, because my background is in, in teaching, I'm still very much about the focus of the young people and you know, what are they getting out of their attending, and is the aim still what they, what they want to achieve.

Researcher BN: Oh, excellent! So had you worked in kind of the charitable sector before?

SP15: Er no, so previously I'd worked at er (name of location) college for 22 years er, as a, as a lecturing course leader, and then prior to that I had my own business, so I had my own business at the age of 20, erm, and went into teaching when I was 27.

Researcher BN: Oh, wow, excellent! So what's your favourite thing about this role would you say?

SP15: Erm, I think the favourite thing is that, is, is, the most rewarding, without a doubt, is the young people who in, in the main come to us quite disillusioned with mainstream opportunities, erm, they don't feel that they fit into mainstream provision, erm so being able to empower somebody to then recognize that they have a value in their community, and they have a value into progressing into paid employment, and er, we've had 16 new people progress into paid employment,

Researcher BN: Excellent.

SP15: ..erm, as a direct result of the charity, so I think it's the, it's, you know, obviously they are huge milestones for that young person and their family, but also the fact that everybody that comes erm, that's involved in the charity has a routine of structure, and is valued for the contribution they make, which is very important.

Researcher BN: Yeah, it's rewarding.

SP15: Yeah.

Researcher BN: Ah that's good. So on the flip side, what would you say was the most challenging part of your role?

SP15: Er, (laughs) trying to fit the hours in (laughs), and I think just the constant looking for funding, erm, because obviously you know, funders like to see projects change, but if something works, then why do you feel like you have to change it just to meet funding criteria? So er, probably the funding aspect of it, because funding isn't something that erm, I was aware of at all. Erm, so I was on a huge learning curve, and just obviously the logistics of running a charity, making sure that everything meets the charitable objectives, and making sure that you meet erm, all the legalities for the Charity Commission.

Researcher BN: Uhumm, yeah. And so does your role involve interacting with the young people often, and what do those interactions tend to look like?

SP15: Ah yes. Very much so. So I mean obviously erm, up until a few years ago I was doing all of the delivery, erm so every topic I was doing the delivery and, and coordinating the work placement program, erm and since we've brought staff in, erm but yes, I think it's really important that I’m very much aware and approachable for the young people. So I’d still do one to one sessions with young people, because I’m a qualified counsellor.

Researcher BN: Ah okay.

SP15: Erm, and also just the opportunity that it's an open door, you know so, the young people are always welcome to come in, give any concerns, and we also have a monthly members voice meeting. So if young people have any concerns about any of the subjects, or any of the sessions, or the staff, erm, it's a very transparent opportunity for people to voice any concerns, so that's within there. But also er, we do have a group Facebook page where young people can post on there all of the time.

Researcher BN: Oh great.

SP15: Yeah, so it's very much open communication, you know, and, and young people are involved in every aspect. So we have erm, a young person who has now progressed into paid employment is one of our trustees, erm, we have 2 young people on our management committee, we have 3 young people who are ambassadors for us, so they tend to go to meetings and things, instead of me now. And as I say, everybody that's involved in the charity has a, has a voice.

Researcher BN: Yeah, ah excellent. So what are the, you mentioned the different subjects of the sessions, are they all related to employability or not?

SP15: No no, so initially it was very much employment focused, but now we have erm, it’s a dual prong approach. So we have employability, so we have a weekly employment session, and all of the young people are on a weekly work placement as well, and that's matched to what they want to do. Erm, so that's on, on a weekly basis, and then running alongside that is wellbeing sessions. So we have erm, so we have a, a walking group, er, we have a gardening group, but obviously that's not happening at the moment because of the weather, so that's been replaced by photography. Erm, we do social action projects. So we have a weekly community lunch, and that runs in 3 different venues erm across (name of location), and then as I say, the young people are all on work plecament every week as well.

Researcher BN: Ah excellent.

SP15: So it's very much kind of employment and wellbeing, erm so some people take part in all of the programs, some just come along because they want to progress into employment, and some just come along to erm, to, for the wellbeing aspect.

Researcher BN: Uhumm. So do you tend to see the same people a number of times, or is there..?

SP15: Yeah yeah, so generally speaking we, a lot of the young people will come along to all sessions. Er, but we do have some who, you know, might be working at other organisations, so we do have some young people who work part time. So they just come along to the sessions when they're not working. So it's very much bespoke to them. Yeah.

Researcher BN: Right. Yeah. And so obviously I saw you at the MECC showcase, so when did you receive MECC training, can you tell is a bit about how that was?

SP15: Erm, so we've been involved with the MECC training since (name of location) set it up, which is about 5 or 6 years ago now, erm, so that was erm, myself getting involved and becoming a MECC trainer, and then erm, a couple of our staff became trained as MECC trainers, and then 5 of the young people.

Researcher BN: Ah okay.

SP15: Erm so yeah, so that was very much so the young people could be peer mentors for each other, so the idea was that the young people who had been with us for longer, or had had training erm, on health related aspects could support other young people. So that's gone really well.

Researcher BN: Oh amazing. So can you remember what the training consisted of when you first were trained?

SP15: Erm oh gosh (laughs) I think, I think we done it, I think we’ve done all of the program actually, you know so all of the brief intervention, erm, alcohol awareness, erm, addiction, erm healthy lifestyle. So I think we’ve done most of the training, I think, and we were kind of used as good practice for, for other organizations as well, so we’ve done some sessions as peer mentors with other organizations as well.

Researcher BN: Ah okay, excellent. And was it online, face to face?

SP15: Er face to face when it was very first set up it was all face to face yeah.

Researcher BN: Hmm. And can you remember any specifically useful parts, or I suppose things that you now carry over when you deliver training?

SP15: Erm I think it was er, I think it was all helpful in different ways, you know, because obviously we erm, from, from my viewpoint, because obviously I've done a delivery of all different levels. So I've done health and nutrition and erm weight management and lifestyle choices and things like that. So I, I’ve done all of that erm, in pastoral care erm, as a course leader, erm, but obviously from a staff’s perspective, erm so we've got staff members who are trained youth workers. So they'd done a lot of that, so a lot of it was kind of a more a refresher for them, but certainly for the young people, er it was very helpful because they had never done training, and I think because it was very much face to face and relaxed, erm, and (name) comes with a breath of knowledge when she's delivering these things, erm, it was excellent, really really good quality training.

Researcher BN: Oh great. So can you, do these health and wellbeing conversations come up much day to day when you speak to the young people?

SP15: Yeah. Yeah. So erm yeah we, because a lot of the people we work with have quite complex home lives, so they might not necessarily have those discussions at home. So you know, we'll, if we, if there's a topic of concern, we might just kind of do a case study which will then open up conversations, erm, so we tend to, to come at it from that approach, you know, so yeah, we tend to look for a case study and say okay, so how, how do you think the group would deal with this? And then that normally draws down specific things that somebody will say well, if somebody had this issue, and you know that it’s kind of them, but they’ll not necessarily say that, so it’s in the third party. And yeah, it works well.

Researcher BN: Oh okay, so that's in a group setting form,

SP15: Yeah, yeah.

Researcher BN: ..that you'll bring up a case study, and then will you all talk about it as a group, or will then they become one to one?

SP15: Yeah, yeah, we'll talk about it as a group, and then obviously the young people know that they've got that opportunity to discuss with staff one to one. So we often have like a, we'll, we'll leave like a 15 minute break at the end of the session, and then if anybody wants to have a quick chat, and then if we feel that that that needs to have further discussion, then they'll build in some time with me to have a further discussion about it, yeah.

Researcher BN: Right. And do you find that happens often that people then pick it up after?

SP15: Gosh yes.

Researcher BN: Ah okay.

SP15: Every week. (laughs) Every week, every week.

Researcher BN: And is there a theme of what that tends to be about, whether it's mental or a specific behavior or anything like that?

SP15: Yeah it’s erm mental health issues in the main, you know so it might be, so at the moment we’ve got a lot of young people concerned about mum and dad struggling with bills and things, erm them feeling that they're not contributing to that. Erm, so it's just having those conversations about what the bigger picture is, that you know you do as best you can in the house. So we were talking about, we've been talking about energy efficiency, erm so you know like what, what you can do by you know, not leaving all the lights on in the house, and you know, do you need to have your radiator on full in your bedroom and things like that, erm, and just being a bit more mindful of, you know, the, the cost of everything going up, and how that impacts on the, the whole family. Yeah. So just kind of little things to make a difference.

Researcher BN: Yeah. Oh excellent. And so, what was I gonna ask, how do you think those conversations go when they do come up?

SP15: Erm, very well, because I think the thing is we've got such experienced staff that they able to erm, know when to ask the difficult questions, and when to kind of leave it and let the young person kind of come forward with stuff, you know, but we do have, you know, that's, that's quite like an easy thing, but we’ve had one person who they’ve committed suicide recently, so we've had, you know, a lot of one to one talks about, you know erm, to reach out and ask for help and support, and signposting people when necessary, and signposting to counselling and things like that. So, so yeah, it's, it's very varied you know. No two weeks are the same, no two questions are the same. Erm, we're all different, and we're all living different, you know, different lifestyles don't we, you know.

Researcher BN: Yeah.

SP15: So, it's very much kind of delivered to, to the individual, and because we only work with 12 young people at any one time, we tend to know them and their families very well. So we’ve got a good understanding of what the bigger picture is. Yeah.

Researcher BN: Yeah. And have you noticed a difference before, during, after Covid in these kind of health and wellbeing conversations, maybe in the content?

SP15: Yeah yeah yeah, I think erm, obviously we had erm,

Researcher BN: Oh you’ve just frozen.

SP15: Er yeah, I've seen a difference in the young people, because obviously during Covid I was quite concerned that people's mental health was deteriorating quite rapidly, erm, you okay?

Researcher BN: Yeah. It’s fine now.

SP15: So yeah, I mean obviously during Covid we, we switched to online within 3 days, which was, you know, which was very impressive. I think we just recognized as a staff team that erm, it wasn't an option, we had to just make sure that we still engaged with the young people. So it was a case of none of us had used zoom before, so we quickly kind of brought ourselves up to speed, we cut people off quite regularly, er when we were first starting (laughs), erm but yeah, we recognised that it was really important that the people still have that routine and structure. So we switched to online, and we actually delivered more sessions during Covid because there was a need. So every, for six days a week at 11 o'clock in the morning we started sessions, so it was kind of structured for two hours every day, erm, and it went on longer than that, if somebody had a concern, it was a case of right okay, come off the group chat, and we'll, we'll have a one to one, you know.

Researcher BN: Right.

SP15: Erm so yeah, so it, and it was great actually, because obviously so we have limited finances, so some of the young people actually took the sessions themselves, er, which was great.

Researcher BN: Ah wow.

SP15: So they created a quiz and bits and pieces just to keep people occupied, you know.

Researcher BN: Yeah.

SP15: So yeah, it was great, it was great. They really came together, and I think that was the strength of the charity, that the young people recognise that, you know, they needed to help each other as well. So it was really positive. So it was a really good experience actually.

Researcher BN: Ah lively. Great. And have you noticed kind of a legacy of Covid after, in what’s getting talked about?

SP15: Erm yeah, I, I think the, well, just my personal opinion is maybe that the young people aren’t talking as much as they were before. Erm, they're not socialising as much. And I think that's probably because people kind of got into a routine of not going out, and I think that's stayed a little bit, and I think it's erm, it's easier for people to say ah it doesn't matter, erm and I’m like saying no it does matter, you still need to get out and meet your friends, or get out for a walk, get out into nature, you know, erm and obviously the likes of this time of year when it's, you know it's, it's quite easy to stay indoors. Erm, so you know, it's very much a conscious effort to say you will feel better once you get your coat on and get out, you know er, like this morning the weather was awful wasn't it, and I said you know, please make every attempt to get to your session, but I understand the weather's pants outside. So you know, if it's, if it's dangerous for you, then stay at home, er and there was a couple of people who said oh I’m unwell, and I said really (laughs), see you tomorrow!

Researcher BN: (laughs) Coincidence.

SP15: Don't believe that for a minute, but I’ll let you off because the weather is rubbish, see you tomorrow you know, but actually, you know, out of the group it was only two that didn't get there, so it just, just gives value the fact that you know, they really do care about being part the groups, and they don't want to let each other down, which is great.

Researcher BN: Yeah. So do you notice it is a social thing for them as well, being in a group?

SP15: Definitely. Yeah. For most, for most young people, if they're not taking part in our sessions, they don't engage with anybody, erm, you know, and er, which is a huge concern. Erm, and that's why we make sure that the routine and structure and you know, as much as possible the sessions always happen.

Researcher BN: Yeah.

SP15: So you know, if there’s a staff member off, then somebody else will step in rather than cancelling that session.

Researcher BN: Yeah. Oh great. And so you mentioned obviously the two pronged approach with wellbeing as well, has it always been that way, or was there something that encouraged you to bring that in?

SP15: No so, yeah so when we first started it was just erm employability, because in the main that was my background. So er I was very much involved in looking at young people progressing into employment. Erm, so when I set the charity up, it was very much about oh you know, these young people that come along to us, they will go into paid employment. Erm, and then actually I thought, you know, well life's more important than just work, you know. Erm, so it is important that we look at the wellbeing aspect, and obviously young people who come into us, who are quite disillusioned with things. So they maybes hadn't been engaged in anything for 5 or 6 years. So it was more important for them to feel recognized and valued, than actually putting them straight on to improving their CV and things like that. Erm so, then we started to introduce the wellbeing aspect, and, and searching for funding to make that happen, you know. So, it's not necessarily as easy to get funding for wellbeing. It's, it's easier for a funder to recognise what you're doing in employment, and obviously that's what, you know, funders would love to see, it's a great story if their money’s helped somebody to press into paid employment, erm and you know, it's harder to quantify erm, somebody's improvement in their wellbeing. You know it's, it's harder to just, you know, to, because it's very much kind of soft, soft skills development rather than hard outcomes, you know. But erm, from the nature of the people we work with that’s more important I think, you know, if somebody moves into paid employment well that’s the cherry on the cake, but I think there's a long way for, for young people who join us before they’re work ready, you know.

Researcher BN: Yeah, yeah. So does housing and finance ever come up as conversations, topics?

SP15: Erm, finance very much so, finance very much so you know people are aware that erm, they are claiming benefits, and they have money in their own right. Erm, sometimes that's not necessarily, it's, becomes more the family income. So there’s frustration connected with that. You know, erm, housing not so much. I mean, we do have young people who have the aspiration to have their own flat. You know, whether that be through social housing or through a private landlord, erm, but in the main, young people are more about their finances, about their own personal budget and things like that, which can be a little bit frustrating for them because they want to manage their own money, but it's in the main control by mam.

Researcher BN: Right. And those conversations, would they initiate those, or would you?

SP15: Erm well, no, it's, it's normally, it's normally if we do something along like financial wellbeing, and then obviously personal budgets always comes up, and then we talk about erm, you know, what do you spend your money on, and sometimes people don't know what they spend their money on, and it's like should I know what I spend my money on?, you know. And I’ll say, well, yeah, you should really, because you’re 25, you should know what you spend your money on, erm, and then it's being a bit of an advocate for the young person and having those conversations with Mum. Erm, because obviously financial understanding is, is a huge thing, and it can be a huge barrier, if somebody’s then, you know, trying to identify that they can be independent, moving forward, you know. And I always think that, erm, it's not for me to say where their money should be spent. But the young person should certainly know what it's being spent on, you know.

Researcher BN: Yeah, yeah. Definitely. And so, obviously you've had your MECC training, is there any other training you would like to receive to help have conversations about health and wellbeing, and the wider determinants of health, like housing and finance?

SP15: Erm, yeah yeah, I think it’s, you know go back, back to my time when I was at the college, you'd be able to take the phone up, and get training on sexual health, and erm various different things. Now those support isn't there, you know, it might, somebody might send you a website, but you know, what most people need is that face to face conversation. You know, and that opportunity to build that relationship up to ask those difficult questions. And so you know, and really I don't think a website does it, you know.

Researcher BN: Yeah.

SP15:Erm, especially with young people who might not necessarily have good Literacy Skills. Or actually, you know, not be able to navigate around a website, and I think that, so as much as possible I'll always try and get guest speakers to come along, especially for difficult conversations. Erm, where they might not necessarily want to ask me questions. They might be a little bit embarrassed or what have you. Erm, but that's quite, it's hard, it's getting harder to get people to come along without a cost involved, and obviously for small charities, erm, you know, you might not necessarily have that budget to be able to pay that, you know.

Researcher BN: Yeah.

SP15: So just to give you an example, we've just put 5 of our young people through erm, Level 3 first aid. Now that costs the charity £500. Erm, we didn't necessarily need everybody qualified, but because of the community lunches that we run, they needed to have a, a greater understanding of first aid, you know. So erm, if there was somebody that could come along and do that, without a £500 price tag, then that would have been great, you know.

Researcher BN: Yeah.

SP15: But legally wise, and morally, you know, if we're running community lunches and they’re for predominantly older residents, then we should have, you know, volunteers and staff, erm the young people who could step in if they needed to, if there was an issue.

Researcher BN: Yeah, yeah. And so is there any further resources that you might need to have those kind of MECC conversations, or do you think they’re happening any way?

SP15: Yeah, I think they’re happening anyway to be honest, you know, I mean obviously, it would be great to have erm, you know the likes of (name), who used to be able to come out and talk to groups about brief intervention and things like that, erm, you know that, well as far as MECC’s concerned, it was (name), you know, er, that that was it, you know. And I think it's really start that a large organization like the Council relies on one person basically to do that. Erm, and therefore obviously, you know, that's why everything went to online, because obviously she can reach more people online. Erm, but you still, personally speaking you cannot beat face to face training.

Researcher BN: Hmm. Yeah. What do you think it is about the face-to-face training would you say?

SP15: I think it just gives you an opportunity to build that relationship up doesn't it, you know, and to ask questions and, I mean you know zoom like this has its place. But personally, I, I don't like it. It's just the same as I don’t like erm Powerpoint. You know, when I was delivering I never used to use Powerpoint, because I used to think my goodness me, you know, especially if it, if at the start it was like slide one of 52, I’d fall asleep before they even got to the third one you know (laughs) I’d much rather somebody just stands there and talks about life, or starts a subject off, and then you know, opens it up to conversation, you know, you learn so much more that way don't you, erm and I think that's the same in delivery, you know, when it's face to face you build that relationship up, erm, you’re hoping that people will ask the more difficult questions, you know, once you've delivered, you know, the standard of what you have to, you know, because, especially in health, it's not one size fits is it, you know, so people need to be given that opportunity to say, how would I deal with this situation? You know, which you don't do over zoom, very rarely do people do that.

Researcher BN: Yeah, so did you have kind of a, a role-play aspect of the training, about how it might play out, can you remember?

SP15: Yeah, yeah, so a lot of it was kind of case studies, you know the, erm, you know it was right, okay, we're gonna do some exercises get up, you know, (laughs) I mean, erm you know. But I think it's, it's really important, I think it's really important that you can get view points from different people, you know, which is, which is, you know, it gives you the opportunity to explore different things, oh I never thought about doing it that way, erm, which you, you lose, and you certainly don't get that by looking at it on a website really, do you?

Researcher BN: Yeah. Yeah, definitely. And so can you remember if you picked up any skills or techniques from the MECC training that you now use, that you didn't have before?

SP15: Erm, not really no, just because I've been teaching for 22 years, erm, so, not really because it's it's, this is the subject areas that I've worked in, you know, and because I’ve worked with such a vast array of young people, but I also used to deliver on the certED, so obviously delivering training techniques to, to adults as well.

Researcher BN: Yeah.

SP15: Erm, and I've worked in a secure unit. So I’ve worked with quite challenging young people. Erm, so personally I kind of, kind of reviewed topics. Erm, but it was very helpful to, to staff, and certainly very helpful to the young people, without a doubt.

Researcher BN: Right. Yeah. And so ultimately, do you think if people did receive training such as making every contact count, so for having those health and wellbeing conversations, do you think it would have an effect on the young people that you see?

SP15: Uhumm, definitely, without a doubt. I think that erm, you know, sometimes people maybe don't want to have them conversations, because they think oh I’m not a specialist, or I’m not this qualified, or blah blah blah, but you know, brief intervention could just be, you know, a couple of minutes really isn't it, you know? Erm, and were you aware of this?, you know. And it's funny because I was just saying to somebody today, er, when I was making her a cup of coffee and we got talking about a spartan, you know, and like she was like oh right I have that all the time, I was like oh no, you shouldn't be having that, you know, and blah blah blah, and off I went. So once again, it's just that erm, health message isn’t it, you know, and so it's just having that opportunity of sharing knowledge really isn't it, you know, erm, for the benefit of other people, and it's not a case of oh you know, it’s a case of oh I’ll not be using that any more then. And it was kind of, she says oh do you have honey in your tea, and then I went down the reason why I have honey in my tea, you know, so.

Researcher BN: Okay, well excellent, that was everything I had to ask you, I've raced through so you’ve got a bit more time. Thank you very much.

SP15: That’s lovely, ah you’re very welcome.