Annex B: The role of communities and connections in social welfare legal advice: Social networks of advice-seeking behaviour by case-study area

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Using social networks to seek help and advice in the case-study areas

In the following sections we discuss the problems experienced by interviewees, and their help seeking behaviour with respect to those problems.

A. Social Networks of Advice Seeking Behaviour in Deeplish
1. Problems experienced

42 of interviewees (81%) in Deeplish had experienced at least one problem in the last two years. In common with previous research about problem clusters, most interviewees (roughly two thirds) had experienced more than one problem. The problems most commonly occurring together were related to housing and health, and all interviewees reporting these combined problems lived in social housing. Other problems related to benefits and/or money, with interviewees experiencing these problems also facing problems with housing and/or health.

Where interviewees had experienced at least one problem in the last two years, we asked them to pick one problem (or set of connected problems) to speak further about. In these discussions we found that many interviewees had experienced problems related to social housing and there were also some problems in the private rented sector. There were several instances of social housing properties in poor condition, particularly including damp so severe as to impact the health of adult and child residents. As one interviewee put it: *"...the problems are getting worse...my [partner] started getting sick...the kids all started getting sick and were absent from school. You know there is an impact on children's education..."* Other social housing issues related to the suitability of housing, particularly overcrowding, and challenges securing adaptations for disabled residents.

Several interviewees had faced problems related to benefits, including being subject to errors made by DWP officials. As one put it: *"A day before my payment date they cut off all my benefits...they closed my account down, and told me it was because I didn't attend my maintenance meeting, but my maintenance meeting was the next day...they told me I could make a whole new claim, which could take up to six weeks for them to do anything".* A specific difficulty related to benefits was filling in forms and the challenges posed for people who do not speak, read, or write English as a first language. The complexity and confusing nature of forms themselves was a challenge experienced across all case-study areas, but more specific to Deeplish were problems of limited education around SWL rights and entitlements, and limited education generally for some. Accessing benefits in the first place was challenging, in relation to Personal Independence Payments (PIP) as well as Universal Credit (UC).

Health problems were significant for Deeplish interviewees. These were mainly physical health problems but extended to mental health for some. Problems faced included

accessing appointments with GPs and relevant specialists, and the impacts on NHS provision of a person having been abroad for a period. The problems for other family members when someone is ill and particularly if they are hospitalised were noted. Children's mental health, disabilities, and special educational needs caused problems across all case-study areas.

Interviewees reported having experienced some problems with discrimination, largely related to ethnicity, and several had faced problems with immigration. This was only directly related to legal immigration status in a small number of cases, perhaps reflecting that foreign-born interviewees from Deeplish had been in the UK for on average 32 years. Problems related more to finding housing, accessing benefits, language and literacy challenges.

2. How social networks were used to resolve problems

In Deeplish most interviewees who shared a problem in their network shared it with family. Problems were quite often shared with older male family members such as uncles, but in several other cases with adult (or adolescent) children of both genders, especially where the interviewee had limited or no English. Family members had also provided advice in the general sense - it was very rare in the whole data set of case-study areas for interviewees to say that family had provided SWL advice. A Deeplish interviewee said their family member had advised them *"…to just go out, go [to the] gym, and – anywhere, then you [will] feel better"*. Family members had also been able to give interviewees more practical support, including food and other provisions. Several interviewees without English as a first language had received help from family members reading and translating documents.

Across the whole dataset of case studies, family members had recommended where interviewees should go for advice, such as to the council, the GP, or other services such as a local community centre. For some interviewees in Deeplish this had extended to family members directly communicating with organisations on their behalf and/or supporting them with processes.

In Deeplish fewer interviewees mentioned talking their problems through with friends as compared to family members. However, for several interviewees friends had provided resources such as food and other provisions, as well as making suggestions and recommendations about which organisations/services to turn to, and in some cases contacting organisations on behalf of interviewees.

Several interviewees had shared their problem with neighbours, particularly if it related to social housing conditions and/or anti-social behaviour or community safety locally.

3. Networks of organisations/services and how these were used in help-seeking

Interviewees were asked what organisations or services they were of aware of that help people with problems. Across the Deeplish interviewees, 31 different organisations/services were mentioned. Most people were able to mention three organisations/services, with the most common being local community centres providing culturally sensitive services. The second most mentioned organisations/services were public bodies such as the local council, school, health services and police. Local mosques

were also mentioned. Only 2 organisations mentioned were formal SWL advice providers based on our approach; these were Citizens Advice and the Money and Pensions Service (MaPS).

Of the 42 interviewees experiencing problems, 38 people then discussed a specific problem (or set of connected problems) with the interviewer. Exactly half of these people had contacted at least one organisation/service about their problem, so, notably half had not contacted any organisation/service. The most contacted organisations were local community centres, where people mostly went in person, with some also having telephone

contact. Some interviewees had contacted the local council, largely over the phone. Other organisations contacted included the GP and school (in person), and national organisations such as MaPS and Universal Credit (contacted over the phone, but only by a very small number of people). No Deeplish interviewees had contacted any organisations or services providers online.

As interviews were mainly conducted at Deeplish Community Centre they inevitably reflect the experiences of people already connected to the Centre. Deeplish Community Centre had helped many interviewees. Several received help with forms relating to welfare and other benefits and entitlements. As one said: *"I went there and met them; they filled out my form"*. Another interviewee said they: *"…helped me to do all the papers" and "send the form…I didn't know I had to send the papers as well"*. Other interviewees mentioned receiving help with appeal processes. Deeplish Community Centre had also helped interviewees by phoning the Council or writing to them in relation to housing issues, providing advice relating to pension entitlements, and providing advice and support to those seeking employment. In several cases those initially approaching Deeplish Community Centre were referred to Spotland Community Centre, particularly in relation to benefits advice. Whether local interviewees received benefits advice at Deeplish or Spotland depended on their personal availability and that of the benefits adviser. Of advice at Spotland, an interviewee said: *"He [the adviser] has always helped me like a family member…he has helped me with every problem I have. If there is ever a problem with my form or my letter, they help me immediately because I don't know English"*. KYP, another

local community organisation, had also helped interviewees with benefits claims. Community centres were usually able to resolve benefits problems without the need for referral, such as to Citizens Advice.

Language problems remain an issue, as some long-term residents' English skills may not be sufficient for successfully navigating SWL issues in the absence of help from the younger generation. Language affects which services you know, but also your ability to seek help from the services that you know exist. According to staff at Deeplish Community Centre, South Asians prefer to seek advice at organisations where they know that someone will not only speak their language but also understand the broader cultural context in which their problem is situated. At local community centres people can walk in and speak to someone who won't just understand their language but also their culture immediately. Even the younger generation, despite knowing English and having grown up in the UK, still faces disadvantage because of their parents not knowing the system well enough to help them with things like job seeking. In many cases, local community centres like Deeplish Community Centre are not just the only organisations that people know, but also the only organisations they feel confident to turn to.

B. Social Networks of Advice Seeking Behaviour in Bryngwran
1. Problems experienced

Just under two thirds of interviewees in Bryngwran had experienced at least one problem, making them the least likely across the case-study areas to have experienced problems. Unlike the other case-study areas, where most people had experienced more than one problem, there was an even split here between those experiencing one problem only and those experiencing several. Most of the problems discussed related to money and/or benefits. Several people chose additionally or alternatively to speak about other problems faced in the community, such as lack of accessible public services, especially for younger people, and the consequences of lack of access to services such as youth groups for children and young people, and poor public transport.

A problem for several interviewees, also experienced in other case-study areas, was the waiting period for a first payment of UC. For several interviewees this was especially challenging, particularly when coupled with what they described as feelings of *"shame"* and *"embarrassment"* about applying, despite knowing that the benefit *"is there to help people".* Some of these interviewees fell into the new categories of advice need following the impacts of the Covid-19 pandemic and cost of living crisis (e.g., working aged people in stable full-time employment who own their own home with a mortgage, and have been affected by the pandemic and rising cost of living, particularly fuel bills). Other problems experienced related to the UC sanctioning system, where people can have their benefits stopped for not responding to communication or missing appointments. Such occurrences can often be for reasons beyond an individual's control, as one interviewee said: *"I missed one call from Universal Credit one day",* with the result, despite the interviewee trying to remedy the situation immediately, that they went many months without payments. Another interviewee, whose benefits were cancelled due to an official error, could not pay their

household bills and said it felt as though *"the walls started closing in through no fault of my own"*.

Several interviewees faced challenges with respect to benefits assessment processes, especially around PIP, and particularly due to repeated assessments despite their health conditions being long-term and permanent. As an interviewee said: *"They automatically said no so you had to go through the process"* and *"...I was rejected anyway"*.

The cost-of-living crisis was also impacting interviewees. As one said, due to rising fuel bills: *"...the hot water is only coming on once a day, we're doing all the washing up in one go...We have it on in the morning, and then it stays warm enough to do the tea time dishes, but we don't put the hot water on otherwise...".*

Several interviewees had faced health problems, either of their own or of people they were caring for, or both. Problems with carers allowance and respite for carers were also mentioned, as were the impacts of bereavement. Interviewees discussed the challenges of getting a face-to-face appointment with a GP, and particularly with a Welsh speaking GP, and some had also found accessing social workers especially difficult. There were isolated incidents of people not being able to speak in Welsh when they wanted to, and some evidence of a lack of health and social care provision in Welsh, as well as the impacts of inward migration on the language generally.

Children's mental health, disabilities, and special educational needs caused problems across all case-study areas. Provision for children with special educational needs and/or disabilities was also seen as lacking, with families left in challenging, and sometimes costly situations, whilst waiting for a diagnosis and/or support.

Several interviewees had experienced problems relating to employment, including challenges finding full-time permanent work. Others had experienced redundancy from skilled trades or faced discrimination at work.

2. How social networks were used to resolve problems

As with the other case-study areas, interviewees referred to family members as providing *"moral support, somebody to talk to"* and *"a sounding board, sometimes you just need to get the problem you've got out"*. Another said of family members: *"...they try to get me out of the house...I go to lunch dates, various things, continue with my life"*. Family members had also helped by providing transport, which was particularly valued given the rurality of the location and limited public transport.

Several older interviewees in Bryngwran mentioned that if resolving a problem required them to go online, they would rely on family members for help. Family had provided other forms of support, such as recommending where people could go for help, e.g., to the council, the GP, or to other services such as a local community hub.

Many Bryngrwan interviewees talked about the help and support they had received from friends. Interviewees referred to *"mental support"*, keeping *"mental health on track"*, and friends as *"someone to offload onto"* or *"people to talk to and sound things off with"*.

Several interviewees had been introduced to the Iorwerth Arms (the community-run pub and community hub in Bryngwran) by friends.

Whilst key community members featured in some social networks variously as friends and people who help in the community (and for some they were also relations), interviewees were less likely to have shared their problems with them compared to in other case-study areas.

In Bryngrwan people were likely to say that they had shared problems with those having faced similar experiences, especially friends, and that such people had helped. Of such friends, interviewees said that they would try to *"sort the problem out together"* or that friends could *"share experiences they've had doing the same"*. This extended to others in their networks, such as acquaintances and support groups, often meeting in-person. These were seen as opportunities to hear from others about *"how they'd gone about things"* up to and including tribunal and court experiences. A small number of people mentioned sharing their problems on internet forums, and particularly Facebook groups, either set up by local community groups, or by groups supporting people with specific characteristics or problems. Interviewees had also used Facebook messenger to share problems with others living locally. When social media was used to seek help and support, the connections made were with other people living locally.

Several interviewees noted that sharing would depend on context; some said, for example, they would be more likely to share a work problem with a work colleague and did not want to bring their work problems home (and vice versa they did not want to take their family problems to work). Others said, however, that they would discuss work problems with family to gain a different perspective, or indeed that they would share family problems with work colleagues, especially if this was affecting them at work, and especially where work colleagues were also described as friends. Interviewees referred to sharing problems with and receiving help from friends, colleagues, and other people living locally who were professionals such as nurses, mental health practitioners, or those involved in with legal processes, or working in fields such as housing or planning, or working for various council departments. Those involved with small businesses activity turned to and were helped by their clients in some situations. Several interviewees had turned to local people of faith. Much of this demonstrates the diversity of people's networks, which often included professionals, and people and groups having experienced different types of problems.

3. Networks of organisations/services and how these were used in help-seeking

In total interviewees mentioned 43 different organisations/services that help people with their problems. Seven people were not able to name any organisations/services. There was a fair amount of variability in awareness, with around a quarter of interviewees only able to name two organisations, and another quarter able to mention four. The largest number of organisations/services mentioned was eight. The organisation/service most mentioned was the Iorwerth Arms (we include in this, mentions of Bryngwran Cymunedol and Bryngwran Community Hub, which are synonymous with the Iorwerth Arms from a community perspective). When we consider different aspects of Anglesey Council advice services together, these followed the Iorwerth Arms as the most mentioned set of services (JE O'Toole Centre, the Council, Council Housing Department). The third most mentioned

organisation was Citizens Advice, followed in fourth by the GP Surgery and in fifth by the local community council/community councillors. Of the organisations/services mentioned by interviewees, only three would be classed as formal SWL sector organisations/services (based on our categorisation in section 1.6 of our full report), seven are public sector bodies, such as the Council (excepting the independent welfare rights advice service, which we count as a formal SWL advice provider in this context), healthcare professionals and the police. We would class around two-thirds of the organisations mentioned as informal organisations providing information and support or providing some SWL advice as ancillary to their main activities. Most of these informal organisations were local to the Isle of Anglesey, or for some local to Anglesey and Gwynedd (the neighbouring local authority), with the remainder being national Wales-wide or UK-wide services.

Of the 24 interviewees with problems, 19 then discussed a specific problem (or set of connected problems with us). Most people had contacted at least one organisation/service about their problem(s). A variety of organisations/services were mentioned, several of which had only been contacted by one person – these tended to be organisations/services specialising in particular matters including supporting carers, children's additional learning needs, experiencing or supporting/caring for someone with a particular health problem, or bereavement. Organisations/services mentioned repeatedly were the JE O'Toole Centre specifically and Anglesey Council more generally, as well as Citizens Advice, and the GP or other health practitioner. Most organisations/services were contacted either in person or over the phone, and often through both means. Around one third of interviewees mentioned that someone else (usually a professional) had contacted the organisation/service on their behalf. Organisations/services were only contacted online (email or online form) where this was the only means of contact available, or whether other methods had failed.

Menter Môn (an organisation supporting entrepreneurship and providing advice, support and inspiration around employment) was said to have given good advice on CVs and training courses following redundancy; their help was described as *"really good"* in relation to redundancy that affected several people locally. However, we also found that younger people were less likely to engage with employability organisations such as Menter Môn or the Job Centre and would prefer to research jobs online. There was some stigma attached

to the Job Centre for young people across the research, though this was mainly linked to a feeling that the service would not be able to help them find work matching their qualifications.

Experiences of local healthcare services were mixed. Accessing GP appointments was challenging for some, as one interviewee said: *"Phone them in the morning. And will you ring back after 1pm is what you get...Its difficult to get an appointment. Not just at our surgery..."* Accessing a Welsh speaking GP locally was sometimes difficult, and the lack of sufficient Welsh provision dissuaded some who could travel elsewhere from using the local GP service.

Unlike in other case-study areas, neither the GP surgery nor the small local school were expressly mentioned as having connected people to help or advice relating to SWL problems. Several interviewees talked about the school gates and GP's waiting room as places problems are shared, but noted that people are usually keen to do so discreetly.

It was noted in our workshop with professionals on Anglesey that private sector services are also part of this community-based landscape; specifically, in Bryngwran, the pub itself, where staff will likely notice changes to buying habits, particularly in the context of alcohol consumption. Staff of private services like pubs, shops and cafes can notice changes in the habits of local people which may be evidence that they are struggling with social welfare issues. Professionals then noted that it is also important for the staff of private businesses, especially small local businesses, to have an understanding of how to connect people to help and advice. However, in Bryngwran in particular, the lack of any supermarket or shop in the village is an obvious challenge, and a key reason why the Iorwerth Arms' community transport is so needed and valued.

Citizens Advice was the main source of SWL advice for Bryngwran interviewees, as one said: *"I went there then explained the situation and then they did everything from there. Great. They went to the Universal Credit [appeal]...And I won the case",* the Citizen's Advice adviser *"was amazing, to tell the truth".* Another interviewee said: *"If I hadn't gone through them, I don't know what I'd have done to be honest".* Interviewees were equally positive about help received from the Council Welfare Rights Service, with comments including: *"They gave me guidance on what to tell the DWP, it wasn't plain sailing, but it was straightforward, once everything started pulling together".* Another interviewee said: *"...they're helpful, they're not treating you like you're on the fiddle, they're treating you as a person...and like I say, if you're respectful to them, they're respectful to you".* The formal SWL advice sector on Anglesey is generally well connected, with good local knowledge and close working relationships, and this was reflected in interviewees' experiences. For example, where interviewees reported receiving help *"in Holyhead"* or *"at the JE O'Toole",* it wasn't always clear if the person/people they had been helped by was/were expressly employed by Citizens Advice or by the Council. There were no suggestions that interviewees perceived any lack of independence between these two different services that might impact confidence in the advice given, it was more that they received usually holistic and comparatively seamless help with problems regardless of which service they initially contacted.

C. Social Networks of Advice Seeking Behaviour in Hackney: Older People
1. Problems experienced

In Hackney, two thirds of older interviewees (28 people) had experienced at least one problem in the last two years, with four fifths of these interviewees experiencing more than one problem. The most common problems related to money, housing, and health. Few older interviewees in Hackney spoke at length about their problems, and several mentioned that, although they had faced challenges, they did not perceive these to be more significant than those faced by others locally. Comments included *"I have my family"* and *"this country had been good to me"*. In contrast, younger interviewees in Hackney were more likely to discuss their problems, including how these problems had affected them.
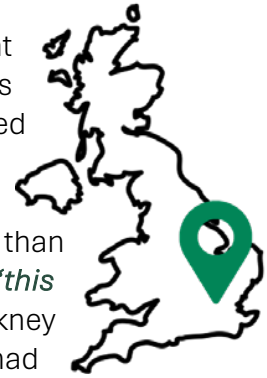
Several older interviewees spoke about experiencing problems with social housing, including difficulties finding suitable housing for people with health conditions and challenges getting repairs done. Some had experienced anti-social behaviour in social housing. Some had faced problems relating to immigration status and resulting difficulties around access to benefits, money and debt issues, and challenges securing stable housing. However, most interviewees no longer experienced such effects, having lived in the UK on average 33 years.

2. How social networks were used to resolve problems

Older interviewees in Hackney were most likely to say they had shared a problem with family, usually their children, who for some interviewees were the only people in their social networks. As in the other case-study areas, family members had recommended where interviewees could go for advice, such as the council, GP, or a local community centre. There were identifiable key individuals within the community who were seen as knowing about what's going on in the area, and as people who help others with their problems. Sharing problems with groups of people that had faced similar experiences was also evident.

3. Networks of organisations/services and how these were used in help-seeking

Overall, older Hackney interviewees were aware of 52 different organisations/services that help people with their problems, the second largest number after Dartmouth where 78 different organisations/services were mentioned. However, around one fifth of interviewees (eight people) were not able to mention any organisations/services (these were more likely to be people who had not experienced problems, though not exclusively) and approximately a further fifth could name only one organisation. In general, knowledge of organisations/services was highly variable. The two equally most mentioned organisations were Hackney Quest and Citizens Advice, followed by Hackney Council, then various churches, including Frampton Church, and Age UK. In contrast to other case-study areas, several formal SWL Advice providers and legal sector providers were mentioned.

Of the 21 people who discussed their problem(s) further with us, just under three quarters had contacted at least one organisation/service about their problems. Hackney Council was the most contacted, and in a variety of ways, the most common of which was over the telephone. Nearly a quarter of contacted organisations were different housing associations. Most participants contacted their housing associations via telephone only. Citizen's Advice was also mentioned and had been contacted in person and/or over the phone. Organisations that had been visited in person tended to be community organisations such as Hackney Quest, Wick Award, and local activity groups. Overall, most contacts were over the phone and/or in person, though as with other case-study areas, online contacts were more common in the case of the local council and housing associations.

One particular community organisation, Hackney Quest, had supported older interviewees with form filling and was seen as an important local hub for helping with a range of problems. As one older interviewee said, *"...no I didn't go anywhere else...because I was introduced to Hackney Quest, if I have any problems, go to Hackney Quest"*.

We also engaged with Hackney Marsh Partnership during their Wednesday local resident's tea and coffee mornings. On one occasion we observed how the residents helped an older resident to call up his energy providers and ask them to change the method of his payments. This was the result of him mentioning his issue in passing one week and other community members enquiring further and finding out that he was being over charged. They asked him to bring some paperwork about his past payments and called up the energy providers to sort out the problem on his behalf. This is indicative of how community hubs can become places where support is provided, even by fellow residents with no specific training.

D. Social Networks of Advice Seeking Behaviour in Hackney: Younger People
1. Problems experienced

Eight of the nine younger Hackney interviewees reported experiencing at least one problem, which is striking, albeit that the overall cohort is small. Housing and employment were the most common problem types, followed by benefits, money and health (particularly mental health). Social housing problems were a particular challenge, and included housing insecurity, interactions between benefits, mental health challenges and accessing suitable social housing, and anti-social behaviour in social housing.

Several interviewees had experienced problems relating to benefits, including UC. As one said of the different UC rates, *"being under 25, it doesn't cost me any less to live, its costs me the same as everyone else"*. On benefits applications another said: *"The process is*

long and difficult...it's really rigid. Again, you have to say things in a certain way to be able to get through...if it's quite objective...[you] still won't get it just because of the application process".

Employment was a particular problem. As one interviewee said, after graduating University and the Covid pandemic: *"...essentially, what happened was I ended up working from home for, like, a year and a half and it was my first role...there was no, sort of, idea what a career is and how it should be worked and things like that. And, things you have to do to keep a balance...So, it ended up affecting my mental health a lot ...".* Another said: *"...it was just hard finding work...There are not many opportunities for people and there's a lack of connectivity in certain things".* Insecure employment and housing had also impacted interviewees' mental health.

Younger Hackney interviewees did not expressly mention discrimination based on ethnicity, but a small number had perceptions of differential treatment due to other characteristics such as immigration status (potentially related to ethnicity), having a criminal record or debt history. Challenges faced by their immigrant parents in regularising their immigration status had resulted in difficulties around access to benefits, money and debt issues, and securing stable housing, which continued to impact younger interviewees themselves born in the UK.

2. How social networks were used to resolve problems

As with other cohorts, younger Hackney interviewees shared their problems mostly with family and friends. They were more likely to speak of family members providing advice, support and advocacy than friends. As one interviewee said with respect to a social housing problem, *"it was my mum that called them"* (the housing agency). As another said also of a social housing process: *"I feel like I was only able to do that because I had a family member advocating for me, because I wasn't able to advocate for myself at that time".* Another said of family helping with benefits processes: *"...so they did everything. I was barely involved in any of these processes. I had to do a tonne of consent forms for them to fully advocate on my behalf..."*

3. Networks of organisations/services and how these were used in help-seeking

In general, younger Hackney interviewees were aware of a more diverse range of organisations/services than older Hackney interviewees, including some identity-based organisations (such as Young Black Lives) as well as formal SWL providers and solicitors. Amongst the younger Hackney interviewees, 18 organisations had been contacted. Most contacts were explicitly in relation to employment (recruiters or Job Centre). Most recruitment organisations were contacted online either by email or through an online form. Some participants had contacted the Job Centre via a form or in person. Interviewees had also been to Hackney Quest in person. Health services tended to be contacted by telephone (GP and NHS). As with the other case-study areas, multiple forms of contact – telephone, email, and visiting in person – were evident with respect to housing associations.

Several younger interviewees had faced problems with employment and received support from Hackney Quest. Younger interviewees made significant use of online resources to search for employment opportunities and to develop their skills, but views were more mixed as to the help provided by the Job Centre, noting the *"stigma"* attached to attending in

person and that support varied based on the individual Job Coaches. As one interviewee said of the Job Centre: *"I used them once when I was younger, never again!"* Interviewees felt that support received from Hackney Quest was more *"holistic"*. As one said: *"Hackney Quest has been a big help to me and my wider circle as well"*. Younger interviewees had received help from Citizens Advice; however, it was more common to have received support from community organisations such as Hackney Quest, the Hackney Marsh Partnership or Frampton Church.

E. Social Networks of Advice Seeking Behaviour in Dartmouth
1. Problems experienced

Almost all interviewees in Dartmouth had experienced at least one problem, and most (84%) had experienced two or more. This high incidence of multiple problems was likely influenced by a cohort of Dartmouth interviewees facing complex and inter-linked challenges, many of whom were experiencing problems with social housing with knock-on effects on their health. Dartmouth interviewees were also the most likely to raise other problems affecting them in their community such as limited public services for younger people including youth clubs and careers support, public transport problems, and some antisocial behaviour. In total there were 35 different combinations of problems people had experienced, disclosing some complex and multi-faceted experiences. There were two especially prominent problem combinations, namely (a) discrimination, benefits, housing and health, and (b) benefits, money, housing and health. Discrimination was reported in relation to age (youth and older age), pregnancy/maternity, disability or health condition, and housing situation/homelessness.
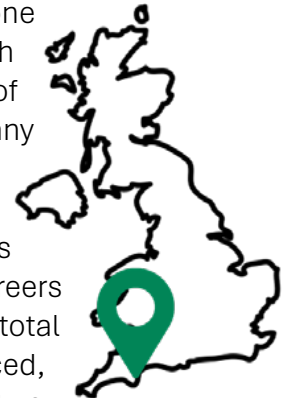
Interviewees in social housing had experienced problems with increases in rent and charges that were *"too expensive"* and impossible to afford, particularly where *"housing benefit won't cover the amount"*. Other issues in social housing related to the condition of properties, with interviewees having mould and damp problems to contend with, and challenges around getting repairs done. Several interviewees had experienced challenges trying to access appropriate social housing and found themselves having to 'sofa surf'. As one put it: *"I was staying on my [family member's] sofa temporarily, but you're only allowed to stay there for a certain amount of days, otherwise you're classed as being housed together and they won't help you"*. Those at risk of, experiencing, or having experienced homelessness, noted of Dartmouth that *"...it's almost harder to be homeless here...there are less homeless people so less services"* and that there is *"more stigma"* because homelessness is less *"socially acceptable"* than in big cities.

Several interviewees in the private rented sector noted the high cost of rent as well as the difficulty of *"finding a deposit, because it's just like, we don't have that kind of money"*. Other interviewees noted the precarity of private renting and reported having been asked by their landlord to do an unreasonable number of repairs, *"[o]therwise [the landlord] would give me notice to leave"*.

Several interviewees had experienced problems with the interaction between UC and housing, especially when being moved from various 'legacy' benefits onto UC. As one

interviewee put it: *"...the guy from Universal was literally phoning like every other day, it was just really, really horrible...And I'm like, I don't really know why you two [UC and landlord] can't talk to each other, like you must know, because my UC goes straight into rent"*. Several interviewees mentioned that moving onto UC, and aspects of the UC system, had led to their being in rent arrears and at risk of eviction. UC had also caused problems for seasonal workers. As one interviewee said: *"...nobody at the UC seemed to be able to distinguish the difference or be able to work out how much money we should be getting...it varies every month"*.

Interviewees discussed the challenges of keeping on top of household bills, including energy, water and Council Tax. As one said: *"My water, my gas and electric. By the time all that's come out, I've got no money left for anything else...A lot of it's putting me into debt, that's the only way I'm managing at the minute"*. Another said: *"They took me to court...and I haven't paid it, because I don't have the money...I wasn't going to do anything, I was just going to leave it, I'll wait for the bailiffs, I've got nothing to take"*.

Some interviewees had experienced severe mental ill health, with several incidences of mental health crises reported across our case-study areas. Though the causes of such issues were varied and complex, and included adverse childhood experiences, family problems, and trauma, a common theme was the impact of waiting times for treatment. As one interviewee put it: *"...the waiting list, I was told at the time, was at least 18 months. And if you're not in the right head space you can do silly things, which I've done"*. Several interviewees faced challenges accessing support with mental health problems, noting it took reaching crisis point to get help.

Children's mental health, disabilities, and special educational needs caused problems across the case-study areas, including in Dartmouth. As one interviewee put it: *"There's no mental health help for children"*. Interviewees said that Child and Adolescent Mental Health Services provision can be patchy and difficult to access.

A small number of interviewees had experienced employment problems, including harassment, redundancy, and unfair dismissal.

2. How social networks were used to resolve problems

As in the other case-study areas, family had provided 'moral support', with one interviewee remarking: *"So [family member] sat with me and we had a good old chat, and I think that really helped"*. Family members had also provided transport, which was especially important given this is a rural area with limited public transport links.

Across the dataset family members had recommended where interviewees could go for advice, and for some interviewees in Dartmouth this had extended to undertaking direct communication with organisations on their behalf, and/or providing support with processes. One interviewee said family members were *"ringing around organisations"*, and another said a family member *"went online and sent out numerous emails explaining the situation"*.

Interviewees noted how they had been able to *"talk things through"* with their friends, and that in some cases friends were able to give advice on which services to contact. This included recommending the Community Café: *"My friend...said to come here [Community Café], because I might be able to get some advice"*; *"my [family member] saw it [the Community Café] on Facebook"*; *"...my [family member] said there was something going on down here [Community Café] about mental health, so I came down"*. In some cases, friends had given urgent support, up to and including calling the emergency services.

It was in Dartmouth that key community members were most likely to appear in individual interviewees' social networks, and where people were most likely to have shared a problem with them. These key individuals included volunteers of the Community Café, a Citizens Advice worker regularly visiting the Community Café, and people with specific roles as community connectors/navigators. Interviewees noted the value of having key community members as someone to talk their problems through with. As one put it: *"...it was a weight being lifted off my chest...[X] is easy to talk to...understands and listens to me. That's what I needed, someone to listen"*. As another said: *"[X] is probably the only person I could go to..."*

Also, more common in Dartmouth than other areas was sharing problems with groups of people having faced similar experiences, such as other parents/carers of children or young people with special educational needs, or other people experiencing mental health problems.

Several interviewees had shared their problem with a person of faith, and variously reported the *"kindness"* and *"understanding"* shown, as well as in some cases having been connected to charities able to provide practical help. In some instances, such charities, e.g., Christians Against Poverty, had also provided a level of SWL advice.

3. Networks of organisations/services and how these were used in help-seeking

Across the interviewees in Dartmouth, 78 different organisations/services were mentioned (including five different South Hams District Council Departments). There was quite a wide range of awareness across the interviewees, with most able to mention five or six organisation/services. The most referred to organisation was Dartmouth Community Chest/Community Café, mentioned by 39 people. This was followed, in order, by Citizens Advice, GPs/local doctors, LiveWest Housing, and Dartmouth Caring. Of the organisations mentioned, around one quarter were informal organisations and local to Dartmouth, with several others being informal organisations outside Dartmouth but local to Devon, and some informal national organisations. Under our classification (at section 1.6 of our main report) these organisations provide information and support and may provide advice generally in relation to specific issues such as health conditions, but providing SWL advice is not part of their main offer. Over 40% of organisations/services mentioned were public sector bodies (such as councils, health providers, schools, and the police). Only two were

formal SWL advice providers (Citizens Advice and Dartmouth Caring); and two were legal sector providers (a solicitors' firm and a legal social enterprise).

In Dartmouth, of the 48 interviewees with problems, 44 had contacted at least one organisation or service about their problem. Most had contacted either two or three organisations. Two people had each contacted nine organisations about various aspects of a complex set of problems. Most interviewees had contacted Dartmouth Community Café/Dartmouth Community Chest, primarily in person only, with some making contact through other means such as phone, email or Facebook messenger. Around one quarter had contacted LiveWest Housing, again most commonly in person, sometimes coupled with phone or email. Around one quarter of interviewees seeking help had contacted Citizens Advice. Again, in person was the most common means, sometimes coupled with telephone contact, and several interviewees had been referred by others (primarily by community navigators/connectors). Around one quarter of people had contacted South Dartmoor Community Energy. Again, in person was the most common method, sometimes as well as the phone. Just over a quarter of interviewees had contacted a GP or other health professional. Overall, bearing in mind that people contacted multiple organisations for help and advice, sometimes in multiple ways, 91 of all contacts made in Dartmouth were in person, 68 over the telephone, 31 by email, and 15 through an online form. Most people sought help from community-based organisations and did so largely in person, whereas phone contacts tended to be with regional or national organisations and services and with more specialist services relating to the specific problem faced. The small number of organisations contacted by an online form were primarily providers of social housing. Interviewees used email to contact a range of organisations, including South Hams and Devon Councils, social workers, and social housing officials.

Dartmouth Community Chest (DCC) was the most mentioned organisation. A consistent theme was that DCC/the Community Café had provided holistic support for the range of problems a person might be facing, as well as genuine ongoing support within the community. For example, DCC had helped one interviewee *"...by giving advice, and telling me things to do, and where to do them".*

The practical nature of the support given at the Café and by DCC generally, was emphasised, including help with getting furniture and white goods, as well as the food pantry and meals. The following comments are indicative:

> *"[X at the Community Café] spoke to me personally, and what organisations I could get in contact with...and what I had to do, because at that time my mind was all over the place. And [X] put me in the right direction of who I should see and contact...[X] wrote all the numbers down as well, so I've still got them to this day".*

> *"...they put me on the right tracks, hopefully, to get all this sorted".*

> *"...food, communication and form filling, things like that..."*

> *"If I get in any trouble [X] can help me with, 'where do I go with this?'"*

The value of groups organised with or through DCC for providing support and sharing experiences was also noted: *"I go to the same groups and they're very much the same, everyone going through the same kind of stuff, so it's good".* Most people helped by DCC / Community Café were very satisfied with the help they had been given. As one said: *"...normally what I expect is you tell someone the problems that you face... and they sort of take it in, and yeah, we'll help you with this, and we'll help you with that. But then they forget about it. But here, I come back here, and I don't have to explain my problems again".* The only less positive comment was that, while DCC can give practical help, it sometimes lacks the *"power"* or *"standing"* to get this followed up through enforcement of rights and entitlements; this was seen as a gap where more formal SWL services and/or legal services were needed.

In addition to DCC, various community connectors are an important part of the local advice landscape in Dartmouth. For example, community connectors for South Dartmoor

Community Energy were said to have helped, as one interviewee put it: *"In the first place [they] actually got me through to [the energy company] properly"*. The community connector from LiveWest Housing (who often based themselves at the Community Café) was said to have sign-posted people to employment and skills courses, helped people apply for hardship funding, and generally escalated issues. As one interviewee put it: *"[the community connector] comes here [Community Café] and since I spoke to [them] about it, it's been chased up"*.

Some interviewees said that local GPs and other health professionals (i.e., nurses and midwives) had helped, including by writing letters to the council or housing association where the condition of rental properties was impacting health. However, other interviewees were dissatisfied. As one said: *"They say they'll do this, and do that, but they don't bother. They say they've sent the form in, but I don't hear anything back"*. Getting appointments in the first place could be challenging. The local school had helped several interviewees by connecting them to advice, including in relation to benefits, though some interviewees felt it could have done more.

A local church had provided support, including by referring people to a national charity, Christians Against Poverty (CAP). CAP then helped people with, as one interviewee explained, *"...practical help around day to day dealing with debt"* and *"...learning how to budget"*.

Citizens Advice South Hams had helped several interviewees, including, for example, with the practicalities of dealing with bereavement. They had also helped with debt problems, including by *"getting things moving", "getting forms and starting the process"*, conducting benefits checks, and form-filling. Citizens Advice had also helped by identifying issues that could only be fully resolved with more specialist legal advice. An interviewee said: *"I actually went to CAB...they were very helpful and pointed me in the right direction...they were able to do a free consultation, to give me information and let me know what I needed to do"* [with respect to a legal issue]. Another interviewee said: *"CA told me not to sign the form and get it checked by a lawyer beforehand"*. Citizens Advice were credited as being able to explain to people what their rights were in relation to issues such as housing and homelessness. Most interviewees who had contacted Citizens Advice were satisfied, though some noted what they felt to be the limits of the service received, especially as regards progressing legal claims.