**VCSE Interview1**

**Date: 31 Jan 2022**

**Duration: 1:00:00**

Interviewer Preamble

Can I start by asking what does living in poverty mean to you?

VCSEInt1 That's a massive open-ended question, isn't it? I think that there should be an acceptable Standard of living, and I think living with poverty is when people fall below this standard. And that acceptable standard of living, it might be to do with household income, might be housing, the appropriateness of their housing. It might be access to health services, physical or mental health services, community spaces, those kinds of things.

Interviewer So how would you be aware that a family that you're working with or accessing, how would you be aware of whether they're in poverty or not.

VCSEInt1 I don't think it's our responsibility or role to identify whether they are living in poverty or not. So, it's not unlike a process. it's not an analysis that we undertake erm, but the things that we see in [charity name] which alert us to issues quickly are Uhm, people going without food, saying they haven't eaten for a few days, or they fed the kids and not themselves. It's Period poverty. It's people in mental health crisis who have been asking for help and have been unable to get it. Uhm it's loneliness and social isolation, where people haven't got spaces that they could drop into free of charge on a regular basis for those human connections. Those kinds of things, I mean, I could go on.

Interviewer How do you think families living in poverty are judged by other people?

VCSEInt1 I think that's. It's not, it's not straightforward question, I think. [connection breaking up] I think there’s a hidden problem with loan sharks and credit [breaking up] … I think that we see neglect, which is not always necessary. Thanks.

Interviewer I think you're breaking up, it's sorry.

VCSEInt1 Sorry can you hear me?

Interviewer Yes, I can now.

VCSEInt1 We see too much neglect I think, but neglect doesn't always correlate with household income. Uh, it's a different issue so neglect looks like poverty. And I think it often is associated with poverty, but not always. Uh. So, you know [name] will talk about young people that she's had in the Community Centre complaining about foot pain and then she'll look at their shoes and they've got holes that have clearly been there for long time, in their shoes, and sometimes that's about poverty, as in parents can’t afford shoes, but what [name] will often say it's about allocation of resources. So, it's that the shoes are not seen as a priority in the family budgets. Other things are seen as priority and [name] will say, oh look, “there's so in so they're going to the shop for a scratch card”, for instance. What was the question? Again, sorry, it's such a big question.

Interviewer How are people in poverty judged by others?

VCSEInt1 I think that's. so, I’ve spoken a bit about judging poverty and I think it's not always straightforward to judge poverty. Well, I think the other bit of that is that I think communities like [town name], which where everybody knows each other can feel very judgmental. And that so judgmental, kind of nature is a. it's a kind of cultural thing that's grown up whereby there was a narrative that people repeat about families, about certain families, or about certain types of people, whether it's the druggies, so those kids, you know, the whatever, the kids from #52. Or you know that that they'll they will claim to know who has burgled somebody House and well before the police know. And I again I don't know if these are true or whether they're made up, they’re a self-fulfilling narrative, and I know we've spoken about how younger people often feel that they're very judged by older people.

So, I think it can feel like a very unaccepting community sometimes, and although it can also feel like a very helpful community, and I think that there are correlations with poverty, but it's not quite. It's more nuanced than question maybe.

Interviewer Thanks.

Right, so now I'm moving on to understanding how people are living in poverty experience accessing the health care. So, what sort of barriers do you think there are that might make it more difficult for someone living in poverty to access health care?

VCSEInt1 I think that it's difficult anybody to access health care. Of course, I think, UM, we are not good at asking for help when we think we should. For most of us we leave it too late. I think that when you have poverty issues, we you leave it even later, and I think that there's a number of reasons for that. And I think like in the community of [town name]'s, and I know that I've had conversations in the community before where people have said that it's such a resilient community. It seems to bounce back from everything. I remember my previous boss saying, you know the reason why the recession didn't seem to be having much impact in Cumbria when it was visibly having an impact elsewhere, was because Cumbria had been in recession for three for generations. And I think there's that resilience that hides things and it makes it harder for people to, erm, it’s that spirit of just getting on with it. Means that you're less likely to [inaudible] that's not an intelligence thing, Uh, it's a it's a it's a learned thing. And if you're not in your head very much, and you're not thinking about your own shoes, you are less likely to, you're gonna be slower to seek the help that you potentially need.

Uh, and then there's all the practical things like I'm certainly on that on the [name] housing estate in the last census [inaudible) per cent didn’t have cars

Interviewer Sorry, no access to a car?

VCSEInt1. Yeah, so to their own vehicle. Yeah, that's, that's a massive barrier. Then there's all the obvious things whereby most facilities are in the nearest town or further afield. And public transport is really expensive. You know there's one GP surgery for the area and it's you know they've got massive waitlists, wait times, and I think there's something about like people are just not used to advocating for their health or the health of their family or friends. They're not used to championing it and standing up to authority, and there is a cultural thing where people are fearful of authority and defer. So, and if they're told there's nothing wrong with you or you don't need a follow up or whatever, and they're unlikely to challenge or question that.

Interviewer So, what about practical sort of, concrete issues? You described really well, all the emotional issues, but are there structural issues that are restricting access to people in poverty.

VCSEInt1 In terms of accessing healthcare.

Interviewer Yes.

VCSEInt1 As I say, there’s a lack of available resources, on the doorstop, that people can drop into. And those limited resources that are there are very fragile and overstretched. The voluntary sector is fragile and disappearing. The grassroots sector is surviving, I would say, but massively under invested. So, you know, facilities for sports, arts, leisure are, they’re just non-existent. And know places to meet and just socialize. I mean, it's just basic things like you know the on the [name] housing estate there is one bench, and that one bench the (VCS organisation) put in place. But people don't want benches near their house 'cause they don't want antisocial behaviour, clustering around their house? Yeah, it's, I feel its strategic decisions are kind of driven by fear, not positivity and you know, I know that the local Junior School turned off their streetlights because they didn't want drug dealing done under the streetlight. So, you just get this slow decimation of basic services like a lamp post or a bench.

Interviewer So, for the purposes of this interview. Can you describe where people come from [estate name] have to travel it? Say they need mental health appointments or hospital appointments? I mean, I know we know, we know we know but so that I have the information down for you. So, if you could just set that out.

VCSEInt1 Yeah. Yeah, so I mean the, you know, the local residents are very lucky that they haven't and I and outstanding rated GP surgery in the middle of the housing estate of [town name] so it's within Walking distance for a lot of people. It's in walking distance for the most vulnerable I would say. Uh, but anything more complicated and is likely to be travel, a journey away. So young people, pre-COVID, I'm not quite sure I think, uh so in terms of youth mental health pre COVID young people had to go to the Workington surgery for CAMHS. That's awkward to get to, and it's an uncomfortable experience going to another GP surgery to sit in a waiting room to be called into CAMHS. It's not ideal, but I know a lot of that shifted onto the phone during COVID, so I'm not quite sure where that's at now.

Uh, and obviously for anything slightly more complicated, you're likely to either be referred to, umm to [hospital name] or [another hospital name], which is a trek by bus and expensive by bus and you know there's a large majority of people of people with complex cases that are seen in Newcastle or Manchester. And you know, if you're lucky enough to have a car, you're looking at a 5-hour round trip, by the time you've parked and found your clinic. UM, 6 hours from Manchester, and the expense of that and potentially loss of wages. It's not easy and I think that there's a double whammy in that I think during COVID a lot of services have moved on to the phone or online and in a way for people in a rural area that is, that's a real asset, that's a real bonus, that's cutting down all those journey times, but the double whammy is that we know, we absolutely know, that the majority of people in the [town name] area need face to face engagement because they need to build up trust with their caregiver and we're uncertain about digital connectivity. We haven't got good stats to tell us what that looks like, but we do know that a lot of people will avoid digital connection and will only go for face-to-face connection because that's the way that they work. That's the way they've always operated.

Similarly, I know a lot of people won't use a debit card that only you, they'll go to the bank, they'll take their money out and they'll go to the bank, and they'll put their money back in. But these are people that are being disadvantaged by the rapid movement of times where everything is online, and everything is scanned and kind of being left behind.

Interviewer I think I come back to that later on in this schedule about online access.

In a more detail question here about what might be impact on parents, carers earnings be due to the times that appointments are available. So, I know you've just mentioned there about you having to travel long distances and the time it takes so is it having any impact on earnings.

VCSEInt1 Sorry, I didn't quite hear the question.

Interviewer So, it says what might be the impact on earnings due to the times when appointments are available.

VCSEInt1 Yeah. So yeah, I think, obviously there’s a lot of impact [inaudible]. There's a big impact if you're on benefits, and because it's actually very difficult to get financial support for travel to hospital, it's not straightforward and it's expensive to try and travel by public transport to [town name] or [town name], and trying to travel from [town name] to Newcastle or Manchester by public transport, especially if you've got somebody who has got a chronic illness with you with you, or you are that person with a chronic illness, it it's really difficult.

And in terms of, you know if you're an employed person and you know again, it’s difficult, chances are, you have to ask your boss for a day off, all day, and you know, if it's a regular thing it’s. And appointment times, you know, I've been in a situation where you know to get kids to an appointment in Newcastle for 9:00 AM, you know you just factor in a bit of snow or ice or. It is really difficult.

Interviewer Yes, so how long would that journey take?

VCSEInt1 So, to Manchester. I would leave 3 hours. And you might be lucky to get there in 2 1/2 hours first thing, but you might find it takes you four at 4 hours to get back. I have known it takes 4 hours to get back.

Interviewer And then when you get there, what things like parking and, is that expensive?

VCSEInt1 It is expensive. Yeah, yeah, so I think you'd be looking at depending on how long the appointment is, £4 or £5.

Interviewer And have you any ideas about the costs of the public transport journey to Manchester?

VCSEInt1 Uh, yes, so uhm. My kids regularly go [town name] Manchester 'cause they both the older two at uni there so from [town name], you're often looking at about 45 pounds return. So, to, you'd have to go to [town name] and then the [town name] route. It can vary. It can be anything from 13 pounds to 50 and it just it is random. It depends on whether it's the holidays, it depends on whether it’s on peak, off peak, yeah, very varied.

Interviewer Do you agree that it's more difficult for some groups of people to book convenient appointment times? And is that, because of lack of access to the phone, the Internet, and things?

VCSEInt1 I think that if you, if you're travelling further afield, you're going to see a consultant, and you rarely have an option when the exact appointment time, and so I think, sometimes when you get these patient choice appointments through and you phone and you put in the code that they'll give you times. But often those clinic times are very restricted anyway. They'll say it's like it's a Wednesday, once a month between 2:00 and 4:00 o'clock or something like that. Yeah, I think you're entirely at the mercy of what comes through on the letter.

Interviewer And I suspect as well that a lot of people who may be living in poverty at our own lightly to call and ask for a change, they're unlikely to say this is impossible for me and they try and make it happen, or they don't turn up.

VCSEInt1 Yeah. Yep. Absolutely.

Interviewer To what extent do you think provision is made for additional individuals, such as siblings, to attend appointments and do you know if there is any sort of provision, or other cost implications of that as well.

VCSEInt1 And I think that's really difficult one, if you've got a sick child and you've got other responsibilities, it's it is really difficult and and I think particularly during COVID where, the letter will say ‘please only bring one adult with you’ then you are. You are relying on somebody having the other one and I think for when you've got, as I said, when you've got a sick child, so you're back and forth and that really does, sorry I might get a bit upset, it does, it does take a heavy toll. Because then you as a carer, you are trying to do your best by your sick child plus make up for the fact that the other child has, you know, had to be looked after on a regular basis and then you feel guilty for dumping your children on other people. And so yeah it is. It's real problem for people in [area name] with sick children. And potentially, I suppose, you know, if you've got other dependents, it might doesn't have to be a sick child, it could be an elderly relative as well.

Interviewer Do you think there's anything about appointment times that that could be better, could they be arranged better for people who've got limited incomes?

VCSEInt1 Absolutely yes, UM, ideally there would be flexibility there. It just feels like such a big wish. Because at the moment we just feel lucky if you get an appointment. Uhm, it's you know it's such a. It's such a battle. But yes, I mean clearly, if you've got a long journey and you, and especially if you've got other caring responsibilities or employment responsibilities, the more flexibility the better.

Interviewer And that would be about choice. Wouldn't be. It would be enabling people to choose what times good for them?

VCSEInt1 Yeah. Yeah, absolutely yeah. And and you just, you just don't get that at the moment. And I guess, you know, it's another thing you know, like I, I know now to ask for consultant’s secretaries’ details and I know that you can get in touch, and you can ask for things to be changed. It might not be possible, and you can also, you can follow up and you can say you know ‘I haven't had a follow up letter, it's been three months or whatever’. I know that, but that's hidden.

Interviewer I don't know about you but if I if I've got a consultant’s appointment over in Newcastle, I actually try and get the earliest appointment. Because I'm out quicker. And if you are given the 11:00 o'clock appointment, you know you might be there for two or three hours. Which pushes everything up, doesn't it?

VCSEInt1 It does, it does, and I think they the margin for error with appointments at the moment is quite high and obviously, you know, if you're traveling all that way, the impact is much greater. So, I had to take my youngest for an appointment last year and I knew it was going to be a long appointment 'cause he needed a number of tests where you, it was a barium swallow. And so, you have to swallow it and then you have the X rays and then they have to wait and then you have other X rays, but they sent accidentally sent me to the [hospital name], not the [another hospital]. And it said on the letter [hospital name]. So, I went there and and they said, ‘Oh no, I'm really sorry there's a mistake here that you have, you have to go to the [another hospital name]’ and he was nil by mouth. I took him to the [another hospital name], and they said ‘it's entirely our fault, but you've missed your appointment. You're gonna have to wait another three hours for us to be able to fit you in in our lunch break’. So, I had this poor little a lad by this stage, not eaten anything for five hours on this boiling hot day. Had this appointment, but the whole trip, how long was that? 10 hours or something?

So Yeah, margin of error is, you know it's big issue for people around here.

Interviewer Yeah, and so the impacts greater are greater when they’re struggling, the impacts would be greater.

VCSEInt1 Yeah yeah. And the other thing is sorry it just in relation to that is it's really stressful. It's stressful for anybody but I think you know as I was saying before, we know that people in [area name], it is more stressful for them because they've got to factor in the travel, and then they get there and there's a fear of authority. And there's a fear of institutions. And there's a fear of hierarchy and authority. And then you've got to go through all of that, and it is. It's really stressful.

Interviewer The next question is about practical things about transport trouble, but I think you've probably answered most of it.

So, it's just saying about petrol, parking, transport. But I think we discussed. The distance from home he's so sweet issue. I think we've discussed that.

VCSEInt1 Yep.

Interviewer And do you know of any discounts or sources of support with travel costs that families can access?

VCSEInt1 Yeah, I think, UM. You can come if you're on certain benefits, you can apply to, what was the CCG, but now the UM? What do you call it? I think it's a phrase. CCG

Interviewer ICS?

VCSEInt1 What sorry?

Interviewer ICS?.

VCSEInt1 Yeah, ICC.

Interviewer ICC.

VCSEInt1 Yeah, I know, I think you can apply to them, and they will potentially refund you, but it's, it's hidden. It's, it's not straightforward. Uhm, when my youngest was in hospital, regularly, I got the parking refunded but not the travel but again it was only that somebody told me ‘oh you can get it refunded’, it’s all quite hidden. So, it would definitely be a barrier for lots of people.

Interviewer To what extent do you think families know about such support?

VCSEInt1 Not at all I would say.

Interviewer And is that something that comes up at [charity name]? Those sorts of problems?

VCSEInt1 No, no, not on the whole, UM.

Interviewer So people just get on with it then?

VCSEInt1 Yeah, I think. I mean [charity name] is not going to be demonstrable of all of the issues in [town name] because it probably wasn't open long enough, and we probably weren't getting the widest client basis to properly grasp all of those things. But I know from my experience, and I know from [name’s] experience with a, uh, a poorly husband, and I know from like personal anecdotes of people in the community. But we weren't seeing those things on a regular basis, presented in [org name].

And I think, sorry on that, I think it's on, I think because people wouldn't necessarily come to us to raise those issues. And that's another thing is that people tend not to moan about anything or complain 'cause they wouldn't know who to moan to. It comes up when you're chatting to people about something inconsequential.

Interviewer Which groups do you think are less able to benefit from the discounts and exemptions? You know, like the things or access to a phone or the Internet or. Do you think that it is certain groups of people who are most affected by that?

VCSEInt1 To access to a phone.

Interviewer Access to support to get to a hospital, the financial side.

VCSEInt1 So, I mean, I think we've discussed this before that. I think that there's hardly anybody in [area name] that's not disadvantaged. Things, but I think poverty, obviously it makes, it's creates more barriers. I don't know how much more I can add to that, really.

Interviewer OK. That's fine.

VCSEInt1 And I think probably [breaking up] … in that culture as well it's, it's harder for them to access services, I think.

Interviewer Sorry, you're breaking up again. What did you say at the start?

VCSEInt1 Uh, so I think. Everybody is disadvantaged by access to support and services, I think you know, even middle class, middle earning people are squeezed and disadvantaged at the moment. But obviously the more poverty related issues you're facing, the more barriers that are in place. But it's not just about poverty as well, I think that in terms of you know what you might classify as minorities, there are big disadvantages there. You know in terms of kind of like an LGBTQ people who are from an ethnically diverse kind of group or, you know, got language barriers and people with more complex health problems that they might not be in poverty, but they have complex health problems. Whether that's physical or mental. So, I think, yeah, it's, it's, it's. It's all of those people.

Interviewer What could you see as being the solution? What would help with regards to the costs?

VCSEInt1 So, are we talking about the costs in terms of access to health?

Interviewer Yes.

VCSEInt1 Well, I think the starting point would be to make sure that any financial support that's available, people are aware of. And any you know we talked about flexibility of appointments, any flexibility around appointments, people are aware of? And, as we know, through you know, the whole point of [org name] is that if people don't know what support and services are there, so they're not even accessing those support and services. You know they're not asking for the referral. They're not contacting [another org name] for help with benefits because they don't realize they're a carer, there's a big communication issue.

So, I think sorry and answer the question and I think you know something that we could that could be easily done is, and that's what we've been trying to do is invest into communication, but ensuring that the communication isn't about what health services want to tell local people that they have to do to keep them away from health services. It's, it's tipping it on its head and it's like well, what it, what support and services do people in communities like [town name] need to access and what's the language and the mechanisms we need to do to enable that.

Interviewer Moving on, to diagnostic processes and so in what ways do you think that families living in poverty with children who need multiple appointments to reach a diagnosis or have a condition that requires ongoing care. So, in what ways do you think they face specific problems?

VCSEInt1 Well, I would say they're screwed. Uh, because, if you are digitally literate and health literate you can navigate the system to the extent whereby you can advocate for the needs of your dependent. Doesn't mean to say you'll get the support you need, but you can advocate for those needs. But chances are that if you've got a child with complex issue or unusual issue, you're just going to feel overwhelmed. Uh, and it's going to affect the caregivers, it's gonna affect siblings, it's going to affect school and there’ll be an inappropriate response to the needs of those that young person. And it becomes another draw on resources, and that's another young person whose needs are not being met.

Interviewer To what extent are families made aware of the likely sequence of appointments. I mean, are they informed at the start what what's going to transpire over the coming weeks months.

VCSEInt1 I think that the health services are trying to invest in pathways of support, and I think that's a really positive step forward, but I think it's been derailed by COVID. Well derailed is unfair but paused by COVID. I think it's got a long way to go, but I think that that would be a very good way forwards, but I think that there are so many things that don't fit a pathway. And if you don't fit a pathway, the pathway can work with investment and consistency for obvious GP type things, that they can help with, but there are so many things that fit outside that that I I don't, I just yeah, I think in answer to your question. Then in those situations it's really, really unclear.

Interviewer And in what ways are things like pathways, community, sorry, communicated to Families.

VCSEInt1 So, my understanding now is the GP's are growing a Bank of heart health pathways which they share. And so, if you go to see a GP with a certain condition, they have a, a, a, UM series of prompts, of questions to ask, which should gather a more holistic understanding of the issue, and they have a series of pathways that they can refer you to. It might be social prescribing it might be a consultant; it might be physio whatever. So that I think that's good because I think otherwise patients are relying on the individual knowledge of a single GP. And so, I know from my daughter, for example, you know, I, we were going to see the GP for 2 1/2 years and CAMHS and I was saying she's presenting with these problems and I was being told it's anxiety. It's just anxiety and I was going. I, I know my daughter, I really don’t think it's anxiety. It's not anxiety. I think it's creating anxiety, and it wasn't until we happen to hit a GP who said I know exactly what this is. There is a referral pathway. I will refer you to Manchester Children Hospital now. But we could have been stuck in that system for another 2 1/2 years, or still there now.

So, I think those pathways work for common ailments, and I think that's really good. And I think that consistency is good. But I still think there's a, there's a majority of complex issues that fall outside of that.

Interviewer Yeah, so it's a bit arbitrary, is what you're saying?

VCSEInt1 Yeah, yeah, absolutely. And I think you know, I think that GPs are so overwhelmed that previously they could have called multidisciplinary teams, team meetings and you know they could liaise with CAMHS over individual patients. And I just, I think that that isn't happening now unless it's an emergency situation and I can't see when it's going to happen.

Interviewer So, moving on to admissions, discharge. Can you describe what affordable food is available or provided for families attending healthcare appointments or spending long periods of time at hospital due to the treatment they're receiving.

VCSEInt1 Uh, I think the patient is fed, but beyond that I'm not aware of any support.

Interviewer OK. So, you would be reliant on nipping over the road to a bakery or using the hospital canteens.

VCSEInt1 Yeah, yeah and that’s expensive and that adds up.

Interviewer Can you describe what happens when a patient is admitted out of hours? You know what problems might that cause for families in poverty?

VCSEInt1 Uh, so. As we know from our stats, that's likely to be an ambulance admission. So, they're less likely to have what they need with them. They're less likely to have the people that they need with them, and particularly in COVID, you know, I think, unless it's a child or unless it's end of life. And when we're talking child, I think 18 and under, and so even though I, I think yeah anyway. So, you are unlikely to have people with you that you need and stuff with you that you need. Yeah, you’d be lucky if you find a vending machine. You’d be lucky if you've got the right change on you for the vending machine and you’d be lucky if the vending machine’s got anything in it other than tea or coffee. I think you might find that a kind nurse might offer you a cup of tea and a piece of toast if, if they're not rushed off their feet.

Interviewer Uhm, is there like any equipment available such as nightwear and toiletries? And would they help with an overnight stay if you're in that situation, do you think?

VCSEInt1 Uh, not that I'm aware of. I think you'll get a like a theatre gown type thing. I don't know about anything else.

Interviewer What about if you are discharged out of hours? What problems might that create?

VCSEInt1 Your only option for getting home without any transport would be a taxi, and I don't think taxis running nights. I don’t think you could be discharged out of hours.

Interviewer OK, but if you were, it would have to be in the taxi from the hospital to [town name].

VCSEInt1 Yeah. Yeah, yeah.

Interviewer Yeah. And it's unlikely that.

VCSEInt1 I think so, and it and it would be very expensive.

Interviewer I'm aware that time’s getting on now. Still got loads to ask you and so I'll try and race through it. So, is there any particular information that you think should be shared between professionals about families living in poverty?

VCSEInt1 I think it's uh, what we're talking about is procedural. It's not about how care is delivered. So yes, in I think it's the procedural thing that needs reviewing. The resources that are made available and communicated.

Interviewer Yeah, the next question is it is, you know, in what way is information about conditions and diagnoses and treatments communicated to people.

VCSEInt1 I just I don't think it is. I think it relies on people to get onto Google. And I think sometimes you know, particularly moment, just getting follow up notes or results can take months and months and months.

Interviewer Are there is issues about families understanding?

VCSEInt1 I'm sure there is. Yeah, I'm sure I'm absolutely certain. I know, from my point of view, and I've had to become an expert in trying to understand health conditions and diagnoses and fighting for support and care. But it's, that's something that I am able to do at midnight on my phone. But for most people that, I mean for me it's been overwhelming. But for, you know if if if you're in poverty, because poverty is, as you know, as as we know, it's on the whole, it's an overwhelm, isn't it? It's an overwhelm with lots of different factors that eat you away, until you feel like you have few options. So, you know, faced with an ill dependent, you're not gonna feel like you are empowered to become the expert in your, in your dependent’s care.

Interviewer Can you think of ways that information might be better shared?

VCSEInt1 Just shared, for a start! Just, you know, if it was communicated and I don't think [long pause] I feel like erm, there needs to be that kind of [org name] role but incorporated into the health service. So, when you are overwhelmed or you just don't quite understand or you can't cope, or you've got a question, you can go somewhere and ask that and somebody will get you, they'll validate what the experience that you're going through, and they'll care and help if they can. But that doesn't exist at the moment and GPs can't do that, they’re the front line at the moment for those issues, but they can't do that. They can't hold that knowledge and provide that time. And so, it gets left to the third sector to try and do stuff, you know, whether it's patient participation, participation groups, or whatever PALs, that kind of thing, and it's just. It's not high enough profile. It's not scaled up enough. It's not resourced enough. It's not trusted enough.

Interviewer Yeah. What kind of information is shared about families between health care staff? You might not know that. Yeah, so do you think in a referral that somebody might mention the family circumstances?

VCSEInt1 Uhm, I’m not aware of that ever having been asked. I think that safeguarding concerns would be flagged, but I don't think poverty issues are factored into care delivery. Not aware of it.

Interviewer Are there ways in which information about economic circumstances could be shared more effectively?

VCSEInt1 Uhm? I suppose the question is for what purpose?

Interviewer I would say the purpose here would be to facilitate appropriate school for people to access healthcare, so in terms of transport, you know if they were to know that this person was traveling a long way and had little money. Is there a way we can make this easier? So we give them a more appropriate appointment time. We tell them where they can access help for transport.

VCSEInt1 Yeah, but well, maybe that just needs flagging up in access issues. It's and it. It's one of many barriers to access, isn't it? But I think that any support that's available should be transparent. And it should be clear to everybody. And then there should be additional ways of noting barriers to access whereby people can check in and go are you, are you aware of this?

Interviewer It's the next question is how would sharing this type of information influence practice?

VCSEInt1 So, sharing which type of information?

Interviewer Information on the financial circumstances so the lack of finances in certain families.

VCSEInt1 I think, there's something that just feels makes me feel a bit uncomfortable about the last two questions because I think there's a huge amount of pride in most people, and I think a lot of people would not want to be asked questions in a health care setting about their personal finances. I know that I probably wouldn't. [inaudible] There just needs to be a transparent process of communicating [breaking up]

Interviewer Sorry. I'm losing you again next week.

VCSEInt1 I think. I think it just comes back to transparency, doesn't it like? So, It's standard now, an appointment letter, it will say this letter could be provided in different languages whatever. It's yeah, but it's that there's more access information provided in medical information.

Interviewer But I'm thinking that you know in terms of practice, for example, if the consultant or whoever it may be recommends what you need is this diet, or you need this form of exercise or you know, you need to get yourself and an ankle strap or, And in in many ways, that's just the expectation that you can send some on away with a diet sheet. So, I suppose, would awareness make people think twice about some of the recommendations or make them sense check that these things are affordable people?

It makes absolute sense to do that, but it's whether there's any resource to help those people with that issue. Because if there isn't there, you’re just putting up a problem. Uhm, with no solution. So, I think it comes down to communicating the support that's available rather than asking questions about what support you need, which is potentially just a can of worms.

Interviewer So, to what extent do families build trusting relationships with staff?

VCSEInt1 Medical staff?

Interviewer Yeah.

VCSEInt1 I think it's entirely possible, but I just think it takes a bit of time, I don't think it's immediate.

Interviewer What do you think the issues there are, because I know you've previously mentioned lack of trust, so they're going in, in a position of not trusting. What do you feel the reasons are for that?

VCSEInt1 I think that you know, as we said before, you know if you're in poverty, you're likely to feel oppressed and overwhelmed and that puts you immediately in a, on the on the back foot and in a position where you don't feel like you've got power or options. Uhm, I think that there's a lot of people that I work with who are naturally fearful or naturally suspicious of people in uniform, or wearing lanyards, or in any position of authority over them. They're suspicious about what records are shared where, and even if you were to say this is confidential or whatever there would still be a fear. Uhm. Yeah.

Interviewer Hey, I'm aware it's three o'clock you love to go, won't you?

VCSEInt1 I'm alright for about 3 minutes.

Interviewer OK, so the last the last few questions 'cause there is still quite a few, so it's about they're asking why are you aware of any good practice? And are you aware that staff understand the issues that are faced by people living in poverty and whether they look out for it? And you know also have you ever any experience of negative opinions, or positive, coming from stock in the health sector.

VCSEInt1 I think that most people would say that most of their experiences working with health professionals have been positive, that most people go into the job for the right reasons and are kind, caring and helpful. But the system as we've just talked about, doesn't come, it's not resourced to overcome those poverty barriers that we've just discussed. So, I think that's less about relationships with individuals and more about understanding the barriers.

Interviewer Sorry, I've lost you again.

VCSEInt1 Yeah, think I made my point there, I don't know. And I, I think you know there is, there are GPS and consultants that will, you know, classic, kind of authoritative, don't really listen and you know, and I’ve met a lot of those. But that's a whole kind of like, that's a whole issue, isn't it? That can't be addressed here. That's partly about empathy and recruitment, and you know what is it? Something like 90% of medical students are from private school? So, you know, there's potentially training issues and recruitment issues in medical school, which is about empathy toward the barriers and understanding barriers that are a lot of practices in healthcare.

Interviewer I guess it's wireless dot think about placements. So right GPs tend not to do their placements in deprived areas.

VCSEInt1 Yep.

Interviewer And that's a really important factor, I think.

VCSEInt1 Yeah, and as we've you know we've talked about places like [town name] might be equivalent in their deprivation statistics to somewhere in Manchester, for example, but if you can get a 90P bus ride to Manchester Hospital then that's a different kind of barrier, isn't it, to, as ones we've just discussed.

Interviewer Yes, that marginalised community just because of the geography.

VCSEInt1 Yeah.

OK I'm gonna stop recording.

END AUDIO