**VCSE Focus Group1**

**Date: 24 Feb 2022**

**Participants: 4 females**

**Duration: 1:20:00**

Interviewer: Preamble

I will make a start because it. There's quite a lot to get through, so thank you for meeting with me today to discuss the sort of barriers to access to health care for families living in poverty. So, can I just start by asking what living in poverty means to you?

VCSEFG2part2 Poor health outcomes, Uhm, having financial difficulties? UM parents not being able to meet the needs of the children um ...

VCSEFG2part3 Children missing out on opportunities because of obviously financial worry as like VCSEFG2part2 said.

VCSEFG2part1 Parents having to make the decision between basic provisions, so a decision between heating and food or decision between transport and heating. So, having to actually make active decisions on things that many of us would take for granted, even though we wouldn't have copious amounts of money to throw at everything we wouldn't, those who aren't in poverty don't necessarily have to make choices between what we would class as basics.

Interviewer: So when you're working with, I'll call them service users. Is that alright? Clients?

VCSEFG2part1 We just tend to refer to them as our families.

Interviewer: Families. When you're working with families, would you necessarily know whether they're living in poverty or not?

VCSEFG2part3 I mean, sometimes there's kind of the obvious factors of when you go into a home and sometimes it's very physically obvious the kind of way that they’re living, and you notice that they don't have a lot in the property, you know, like toys or anything for the children or even, you know, don't even have a TV or anything like that. Sometimes it can be quite obvious, but I’ve found overtime that sometimes families can be quite good at hiding it, but mostly because of just, because they feel embarrassed.

VCSEFG2part2 I would agree with what VCSEFG2part3 said. Sometimes families are quite canny at being able to sort of mask and hide and I think in my other role when I'm in school as a teacher as well, that parents are quite good at sort of, you know, because light VCSEFG2part3 says that, you know, they're embarrassed or feel like they're not providing for their children. And you know what? What? What's needed.

VCSEFG2part1 Yeah, I think the other thing is, we were given a grant last springtime and this one, from different sources, but it was explicitly to pass support to families and last year, it’s not encouragement, but it wasn't easy to make sure we spent it properly. We have to look to make sure the right families were getting it and not just say, oh, let's make sure we spend it because we've got it. This time it took one round of checking in on our families, ‘What do you need?’ And it's been spent immediately, same amount, and I think in terms of what that means is for families who have a broken, what you would see is maybe something that's broken, that came through on these applications, something is broken and needs repaired. So it isn't necessarily obvious as you say you might, families would be good at disguising things and maybe not look as unkempt as you might envisage the family living in poverty, you could say ‘Oh well, you would see it because they would be unkempt’, but as [colleagues] said, you know that that disguise, that that embarrassment, that caution about being judged. But when it comes to things being broken or needing updated, then people are putting up with things that don't work properly or a bit broken or really are beyond their use but can't afford to replace them.

Interviewer: Yeah, I've heard that.

VCSEFG2part2 I would say that there be quite a lot of families that don't necessarily see themselves as living in poverty, because that's how they've always, you know, that's their only experience so they wouldn't necessarily say ‘oh I'm a family in poverty’. Does that make sense? That that's how they've always lived, you know, through their childhood as well, you know, through their own experiences.

VCSEFG2part1 I think one of the other things you can see is, I'm just thinking in particular about the focus of your research, is families who would appear not to engage with certain things and actually they can't afford to. So, school trips. So, if your child's off school, they're not going to be invited to school trips. If something’s happening and you don't engage with it, then you don't have to face the fact you can't afford to do it. And if you don't take your child to an appointment, is that because you don't see the appointment as necessary? You don't feel inclined to go or actually you can't afford to go. So, there might be other ways that it would manifest that we wouldn't necessarily automatically link to an issue of poverty.

Interviewer: So, what sort of barriers do you think make it more difficult for someone living in poverty to access health care?

VCSEFG2part3 I would say, UM, transport is a massive, massive thing. I had a family that mum has different kinds of disability. She's got a vision impairment, she's got MS, she’s incontinent, and so sometimes she has appointment to [town name], which is, you know, it's a really long way and that's something that she has to fund herself. If transport from the hospital itself isn't available, she then has to fund that herself. I would say transport as well if families can't afford their own cars or vehicles or anything like that, they can't afford the fuel to fill, to fill it up, to be able to go to these appointments. So, for me and transport be quite a big one.

VCSEFG2part2 Sorry, some families couldn't afford to take the time off work because it will affect the Universal Credit, or it'll affect you know how much he's being brought in to actually go and access the appointments as well.

VCSEFG2part1 I'm going to speak from a personal experience as opposed to fortunately not a poverty experience, but therefore what it must be like for somebody who always has financial constraints, specifically, our youngest goes to the [tertiary hospital] quite often, so from here to [town name], so it's a good hour and a bit. So, all the things that VCSEFG2part3 just said, absolutely! You know I work full time, hubby had a good job; he's retired on a decent pension, you know, so we're comfortable. We notice when we have a day out because you have a 7-year-old in the car who, you know you want to make sure they've got some snacks because they're bored in the car. They're worried. So, you've got the actual transport, but then you've got the having your child with us. So in terms of impacts, as in there is potentially emotional impact because the strain, if it was a, a difficult decision about well, are we going to make sure we've got some snacks, got some to play with and if you're adding any overnight stays, I was really taken aback at never thought about it, we were very lucky we never had overnight stays before; the first time we did the expense of it! Because unless you're really well prepared and bearing in mind the multiple layers that we often find with our families of other problems as well as poverty, Hi, [VCSEFG2part4], is you then add in the fact that you need to be prepared to have your food with you for your overnight stay because the hospital doesn't pay for your food, so the child will have their food, but then you're either paying Cafe prices for breakfast, lunch, dinner or you’re having to be really, really well organized as well as organizing your child and for affording the transport and the time and the time off work to actually be able to feed yourself. So, as I say, it was, that was a challenge when you haven't got financial constraints. So then add in the financial constraints of that, I think it's huge for anybody who has inpatient experiences.

VCSEFG2part2 Some families haven't got, if it was a medical appointment for an adult, for one of the carers and some of our families don't have support or help to look after the children when if they have to go for a medical appointment. So, for example, if they've got to go over to [town name] and may not be able to drop off their child at the right time or pick up and you know, so that means, you know it's difficult for them to access the, you know, the appointments for their own medical needs, not for their children, but for them, because they haven't, you know, honestly got family members that can help them, but obviously that, you know, they can ask us to help.

VCSEFG2part1 It's a great point that because, yeah, in terms of, just thinking about childcare costs and sort of, you know, and the impact on education may not be the child’s health, but actually what's easier is to have the child not in school, then to try and find something that is not going to be cheap in terms of pay childcare.

VCSEFG2part2 Yeah, well that's happening with one of my families currently and we've come up with a solution that I'll be able to collect [child] from school and then it'll give them enough time to get back, you know, from their appointments so it's, you know, it's we have got a solution but it's you know, the other option was just that they that they go with them you know which isn't ideal for a full day.

VCSEFG2part3 I was just going to say to kind of tie in with what [colleagues] said, kind of about the transport and parents worrying about taking time off. I think when it comes to children, or parents that have maybe ongoing illnesses or medical conditions, which then means that they have to continuously go to and from appointments all the time, I think there again that comes in the concern with costs of transport and like [name] said, staying over and if this is something that they have to do more often than not and then having childcare, again, it kind of obviously, just it's like a vicious circle.

Interviewer: Just to give me an idea, are you across Cumbria are you? Or in on in certain parts?

VCSEFG2part1 We're in the three districts of [town name], Eden and Allerdale, so we’re the top end of Cumbria, well, the current version of Cumbria, we cover the top end of it.

Interviewer: Then so it's north Cumbria, which is good because, it fits him with our footprint as well and.

VCSEFG2part1 Yeah, I would say 90% of what we do is it across [town name] and Eden, we have we have a small percentage of work that we have at present in Allerdale, but it's a very small percentage.

Interviewer: OK, so you're dealing with urban and rural families and obviously there are specific issues I guess around those, but even in terms of GP appointments, are there issues around access to GP appointments for your families?

VCSEFG2part1 Specific to finance or generally.

Interviewer: There are general issues for everyone out there, but we are looking at how are they exacerbated for people living in poverty.

VCSEFG2part4 Yeah, I think particularly in some of the [town name] GPS, it's really, really difficult to get an appointment. And if you're thinking about if you, if you don't have money, you don't therefore necessarily have transport, you don't have the means to get down to the doctor. I know on a number of occasions I've driven down to the doctors for families to make an appointment because it was impossible to get through on the phone, for example, or they didn't have credit on their phone to be able to ring the surgery up or it was only through a patient portal, which meant you had to have data on your phone. So, there's been a number of occasions, particularly over Covid, where either there's not been the access to medical facilities because they weren't able to go to the doctors and just turn up at the door and say I really need an appointment. Or you just weren't able to access them for other reasons. So, I think I think poverty does Uhm does have an impact on all those kinds of things, and that's been really exacerbated by Covid in terms of access to medical care.

VCSEFG2part3 I think I'd agree with [VCSEFG2part4] there, purely with the phone credit situation as well. If it was a phone contract and maybe they haven't been paying the bill and it then gets cut off, they've got no access in or out there in at all. So, there's no kind of, you know, communication going in or out.

VCSEFG2part2 Well, one of my families finds it particularly difficult if they’re unable to get through, but they're actually trying to work at the same time. So that they're trying to work, but then they're having to ring and then it's taken so long to get through and you know, they’re either being left on hold or you know, and they’re trying to work so that they won’t, you know, there won't be a cut with the Universal Credit, but then they're not able to actually physically, you know, get through on the phone. Uhm. They just give up.

VCSEFG2part4 Yeah, I don't know how, because I missed the first part conversation, so I was thinking about, you know, the impacts on people with children with an ongoing illness or disabilities. And I was thinking of a few families that I've worked with where, a couple of single parents where they actually had to give up work because of their children's needs. And so that obviously has a huge impact on both the parent and the wider family. And I can think of a few instances where that's happened where parent has just decided actually, this is too much to be able to juggle all these things and meet my child's needs, and I'm going to have to give up work. And so yeah, that I think that's also an issue for some families.

VCSEFG2part1 I think that's a really good point because, it's looking at it from the other angle that the impact of poverty, on the ability to access health and other services. But actually, the way that health services shape themselves impacts on poverty by making people sometimes have to choose between, you know, working or putting children first because you know the amount of negotiation you have to do to try and get not every single health appointment in the middle of the day. You know, it's, it's impossible. So yeah, it's a really good way to turn it around.

VCSEFG2part4 Yeah. And I know, you know, I could think of a particular parent who was having to do physio and things and she just couldn't physically get herself to work, get to all the appointments, you know, not get in trouble for work. She was sort of self-employed, you know, it was just impossible for her and ended up in her leaving work, as a result of that.

VCSEFG2part1 Especially relying on public transport is not just the cost, then it's the reliance on the timetable and the access of that public transport, layer in a bit of rurality and then yeah, it's even worse.

VCSEFG2part4 Yeah.

VCSEFG2part2 And one of them, one of my families, had had an appointment out [area name] and she just said it was going to be physically impossible because she didn't have a car. And she was going to be relying on public transport to get her and her son out to the appointment. And it wasn't at [town name]. So, then they were based in [town name]. So, they were just going to find it, you know, impossible to get out there. What would the cost of it be and the logistics.

Interviewer: So is that something that happens often? Do you think? The story is that if you live in [area name], you should get (hospital name] and vice versa. But I know from my own family traveling backwards and forwards between the two. So, is that a common occurrence?

VCSEFG2part4 I think it's been more and I'm kind of thinking in relation to my own children and things really, actually, but also other people with whom I work, that I think during COVID because there's been that pressure on services. I think where health authorities are trying to squeeze you in for an appointment and not make you wait, they will offer you say [area name] for example, you know for eye appointments, things like that and it's not, for some families, that's easy enough. You know they've got the day off work and … [all start talking at once]

VCSEFG2part4 Yeah. Well, when we've been offered similar UM and that and then when you ring up, sorry and sorry [VCSEFG2part1]. And then when you ring up, you know often it's a choice of getting yourself over to another hospital, isn't it? Taking the day off work or waiting maybe a month or two, you know, for your child to be seen, which is really difficult decision to make, isn't it so.

VCSEFG2part1 And I that’s what I was going to sort of link in there, that if there was a health representative there they’d say yes. But they say you aren't forced to go there, you can wait. But then that’s another layering up of the impact of poverty that your health care is then delayed, where because of poverty your Healthcare is delayed for no other reason than because you can't get to something, so that while you're not denied healthcare it will be delayed, not through your lack of engagement, not through you're putting your health or your children’s needs first, it’s because of the affordability of the offer of what your appointment looks like.

VCSEFG2part2 It could be seen as well that erm. So for example, if it was in a meeting, you know at CPD or a SIN (?) plan that you, you know, you've got to be meeting these things and if you weren't actually able to access the appointment because of difficulties getting there then you know, people would look at you as ‘oh well you're not meeting what you said you were going to do’, do you know what I mean? It's just like an added difficulty.

Interviewer: So I have a list of questions and as always happens most of them are answered in the first conversation. So, I will go through my questions, and you know if we feel we've answered them just say no, I have nothing else to add to that. So, this is just getting a bit more detailed.

About appointment scheduling. Are appointment times a problem, could they be improved for families living in poverty and how?

VCSEFG2part4 Yeah, I think, I think I think with the current systems where with a lot of doctors, you have to kind of ring up, don't you, in the morning and then you're offered appointment later and the impact is really high on people in poverty because you can't pre-plan appointments like you might have been able to do in previous years. You know, you can't say yes, I'd like an after-school appointment at 3:30. It's usually like it, and I don't know if everybody is the same, but a number of doctors I have come across, it's your ring up at 8:00 and you get an appointment whenever they can fit you. And you have a telephone consultation 1st and for people in poverty that's really, really difficult because of all those issues of work, childcare. You know how they get their kids to and from school, how they get them to and from the appointment. They can't pre-plan within usually what's a very small budget for those kinds of things. You know, it's one of those things on the day they don't know how much it's going to cost them to get there. So.

VCSEFG2part3 Yeah, I think I'd agree with [VCSEFG2part4], what she said previously with the whole parents having to make that choice of if they get offered an appointment somewhere else at a time, that kind of works from them. But then having to make the decision of whether they can afford the transport to actually get there, you know, do they put their child needs kind of first, obviously and then have to think about the financial burden later. So, it's having that, that kind of, you know, having to make that choice.

VCSEFG2part1 I think one of the knock on effects, we touched on it before, but these examples of the kind of things where if you're already feeling judged, if you're already feeling under pressure, then play that out in a child protection or a child need review meeting, you may well be seen to not be engaging and not complying, and which is easier, given the often sort of intergenerational problems, is it more likely to draw out somebody who appears to be disengaged and difficult or to say I can't afford it. Some families will go down the ‘I can't afford it’. Others won't say that because they'll be fearful of ‘Well, if you can't afford to go to health, you know what’s happening there’ and they will come over as disengage and difficult when actually they can't, they cannot, actually manage to get there because of finance.

VCSEFG2part4 In terms of added stress and you know sometimes we're working with a family where there is a parent with mental health difficulty and a child also with illness or disability and the added pressure of that impacts then in other ways as well, doesn't it. It impacts financially, but it also impacts on you know sometimes when people feel overwhelmed, they just actually feel unable to make the appointment at all, because it's just another person they have to see, another stress they have on their plate. And so, and that becomes a bit of a vicious cycle doesn’t, I think, sometimes.

Interviewer: Is there any way they could be improved? Appointment times?

VCSEFG2part4 Absolutely. I think you should be able to pre book, yeah.

VCSEFG2part2 Being able to, you know, I think if they were able to get through, because this system seems quite complex to navigate, sometimes you've got to ring up and then listen to something and then you know and erm, I know my elder, my parents find that really difficult, you know, and, you know, some of my families find that really difficult, and they find it so frustrating. I've actually got a family who more, who are more likely to ring, do a 999, you know, call a blue light, then actually, you know, ring through for, you know, a GP appointment which you know, I think they do know that isn't the way they should be doing it, but that's the way that they've sort of got into the habit of being seen and, you know.

VCSEFG2part1 In terms of improvements, I'm trying to think. Doctors’ surgeries don't have any kind of freeform access because you know it it's taken for granted people can afford to phone well. So yes, people are choosing to have mobile phones, but then you still have to pay for a landline, so you know, whichever way it's a cost and that your monthly payments are higher if you go for free phone calls during the day even on a landline. So, it's stacked, if finances are a problem finding a way to get a free call is stacked because your tariff, you know, you pay more for a contract than relying on pay as you go, so you're able to make unlimited calls. If you can pay enough monthly to get that. If you pay a higher tariff via landline, you can have free calls during the day, so it's all very well that there are systems to allow people to use a phone freely, but you have to be able to pay more to get those systems in the 1st place. So, in terms of the doctors, they should certainly be looking for improvements; should have the ability to interact in the way that the doctor surgery wants you to at no cost. But the way that Dr Surgery asks you to be to interact generally by phone, if not by text because they might have texts that come through, but with no expectation that what impact does that have on you financially about sitting on the phone, making numerous phone calls, but also the cost of texts and phone calls?

VCSEFG2part4 I think going back to pre-bookable appointments as well, which a lot of doctors’ surgeries haven't really properly gone back to yet, it's really important actually in terms of sort of money and being able to fit things around work and other children too. And there's just such a huge disparity in the different doctors’ surgeries. You know, and we live quite rurally, and our doctor’s surgery is fairly good I think in terms of offering sort of face-to-face appointments. But I can think of other doctors, you know, that the children haven't been seen for a long time and need to see, because they just can't get access to appointments. So, I think there just needs to be much more parity and uhm, between the different doctors. Surgeries. Really.

VCSEFG2part3 I think even if they had like an online option because, I know they’re starting to get a bit more technical with things aren't they and you can order prescriptions on the app and stuff like that. And I don't know if it has got to a point, or if some surgeries have got to a point where you can actually choose your appointment time online. I suppose the issues, with kind of, you know, the poorer families is that they might not even be able to afford the Internet, actually then get online or again like [VCSEFG2part4] said the credit on the phone for the data to be able to go online and do that as well.

Interviewer: Yeah, I'm. I'm thinking as well with the telephones it's they've started that where the phones answered immediately and then you're hanging on listening to music. And of course, that's costing. The patient is paying money to listen to music, which always infuriates me, but.

VCSEFG2part1 Yeah, because if it. If it's ringing, it's free and people just assume that people don't want that, and they don't want to be ringing. They want to be in a queue. But like you say, that starts the pennies ticking for people who have to pay for their calls. Absolutely.

VCSEFG2part4 I mean, it's not just Dr surgeries, is it? I was waiting to get some lateral flow tests recently, which I know will be available at all to people soon, but I'm and I'd left my phone in the car and you have to have a code now, don't you? And it was easy enough for me to go back out, get my phone and get the code. But I said to the pharmacist when I got back in, if I was a person who didn't have a phone, who didn't have, we didn't have any money for Internet or phone calls. You're telling me that I couldn't pick up these lateral flow tests? And he said, well, yes, that's what we've been told. You have to have a code. And you know, it's just little things like that as well. it's not just doctors’ surgeries, it's all those other access to health care issues that if you don't have the phone and the Internet, you’re kind of at a disadvantage.

Interviewer: OK. So we've also talked about the difficulties of having to take some family members with you and other children, siblings. It is there any ever any provision made for siblings when it when you have an ill child?

VCSEFG2part1 No. Especially with COVID, but uhm.

VCSEFG2part4 You know you're not supposed to take children with you, are you? Now the other children?

VCSEFG2part3 I suppose that's an issue of then childcare support, isn't it, having someone to care for the other children, and I think, correct me if I'm wrong anyone, but I don't know if [town name] Hospital has a creche, but I don't know if that's for staff.

VCSEFG2part4 I'm yeah, I'm not aware, you know, like when you go in with another child, I'm not aware of any provision for sort of others. In fact, they kind of actively discourage more than one person to go with a child, don't know or another adult. So yeah, that's also difficult.

VCSEFG2part2 One of the families that I was working with, we had erm, sort of an emergency medical appointment for a little one. So Mum is UM single mum to four children, so this was to take the youngest to a GP and I supported her and little one to get to the GP appointment and to access that and get back. But then obviously the other her other three children, she didn't have anybody to have them. But her dad did that but her dad’s quite poorly in himself, you know? So, it's not ideal, but like I couldn't split myself in half to, you know, to do both. So yeah, it it's really difficult for families.

VCSEFG2part4 Yeah, I mean, I have known schools in times of difficulty, certain schools offer kind of free after school provision where they know that there's a real difficulty. But again, that's not across the board. And I know that all schools don't offer that. I think some have been in a position to be able to offer that. So it is, so even though you know a lot of schools have that kind of after school provision, if you managed to get an evening appointment, it's not always the case that you can that you can access sort of provision after school if you can't afford to, so.

VCSEFG2part1 But that's a good point, though, if we were looking at what, what improvements there could be that if schools are offering after school activity that they have a system to be able to waive pay, you know, payments for families that meet certain criteria, like you're on certain level of benefits and you've got other, you know, and there are siblings. So, if you, you know, if you are entitled to free school meals and you've got a sibling of a certain age, you could show you've got an appointment and therefore you can access what would normally be paid after school. That would be, you know, that would be really to improve.

VCSEFG2part2 Yeah, you see something like that, I think is an easy fix with schools and, you know, and I think because we've got pupil premium money coming in, but then obviously you know, if it wasn't a pupil premium child as I said, you know, as a teacher myself, that's not an issue. It's just, you know, if there's a need there where the family needs out support course the school should, you know, try and support the best they can with that wrap around care and like [VCSEFG2part4] said, it's, it's not all schools provide that, but you know, I think that, really strongly that it's something that they can offer and they can help with.

VCSEFG2part4 Yeah. I also think that advocacy role is really important though. because I think for some of those families who want to access, or need to access that sort of support, it's the embarrassment of saying actually, ‘could I have a school place, but I can't afford to pay you’. And I think, you know, services like ours will often step in and advocate and suggest, you know, to the school or wherever, you know, could have a free place be offered. But there's also that, you know, that not wanting to ask because they're so, which is. Yeah.

VCSEFG2part2 But I think that is part of the school role, because I'm thinking with both my hats on that the, you know, teachers and heads and senior leaders or pastoral workers should have that professional curiosity to be thinking, well, actually this is somewhere that, where we could help and support this family because at the end of the day, it's going to have a better outcome for the child and for the family. And if they're feeling that they can, you know, that they're supported within the school community, yeah, they’re more likely to ask for possibly, you know, support in the future or, you know, them open to being signposted to different places as well.

VCSEFG2part4 Yeah.

Interviewer: In terms of, you know, we've already mentioned transport and you know the costs involved and petrol and parking and those sorts of things. But are there any sources of support for families in poverty to access health care? Financial support.

VCSEFG2part4 We were talking about this the other day actually in an EHCP [Education, Health and Care plan] meeting and we were talking about a young person who needed to go to physio and the physio was quite a distance from the school and in kind of the uh, you know, she was in a village school and the appointment was in [town name] and I asked the question, because I knew that the parent couldn't get the child from the school to the physio, and it was for six weeks, and everybody was agreeing that this child would really benefit from this. And I think the initial response from everybody was no, but then one of the Ed Psychs did say that actually patient transport is available. You really, really have to push for it. And I wouldn't have known that even working, you know, with families, I wouldn't have known that that was available for a child. So, I don't know. I presume that service is there, and she said she had to fight a long time, and I think it was a personal thing that she'd been through and had to fight for patient transport. That was the first I'd heard of it. But I don't think families are necessarily aware of that. And so, the parent in this case had said, well, you know, I don't, I don't think I can get her to physio because what will I do with the other little girl? Will I keep her off school for the day? They get free school transport; how do I get them both back to school? And you know, it's really difficult, isn't it?

VCSEFG2part1 It's interesting, patient transport because my, a personal level, my mum has to use that when she got hospital appointments that I can’t facilitate. I mean I’m the only one who's able available and can drive and get her to things because she's not mobile at the moment. And she has used patient transport. I would never have thought.

VCSEFG2part4 No, me neither.

VCSEFG2part1 to suggest it for a family. So, and in terms of improvement and understanding and promotion of what is available through patient transport is definitely needed.

VCSEFG2part4 Yeah.

Interviewer: So even when it's trips to [town name], is there any funds available to help families and especially with overnight stays and?

VCSEFG2part1 There is, I can't even remember what it's called, [name] accessed it for one of the families that we no longer support, and they had a very poorly little boy, girl, I can’t remember, but a very young, baby. So, it wasn't particularly around lots to eat or snacks or anything like that. But they had to go to [Londong hospital] Ormond Street and the [tertiary centre] with him, I think. And she did access something, but she got, it was £20 a trip. Now that's lovely but that's not a lot. When they were going to places like [London hospital]. But I, you know, I couldn't even tell you what it was called, it was.

VCSEFG2part4 Yeah, I'm, going back about five years ago one of my children was in special care in in [town name] and there was a family there from [town name] who didn't have an awful lot of money and he didn't get any support. What they do have is a house that people can stay in, but their problem was they had other children, so it essentially meant mum at that time staying with baby in this special care baby unit. And Dad, you know, not being able to afford to get over. And yeah, it's good to hear that there is now because I'm, you know, that's going back five years, but it's good to hear that there might be some provision for transport now because certainly at that.

VCSEFG2part1 Who's it's very unheard though, not a lot is known about it.

VCSEFG2part3 Does Ronald McDonald Charities isn't there, don't they house families, if they’re like a certain distance away from hospital if their child's in there for a while.

VCSEFG2part2 I think [name] was looking into it for one of her families, but the mum, it was she hadn't had the baby yet, so it was a few months ago I think. And there was quite a lot of sort of complications with the pregnancy. So Mum was having to go over to [town name], but then because the baby hadn't been born there wasn't anywhere for her to stay or, does that make sense that there wasn't accommodation or anything you know that would be funded, but then obviously when baby was born, there would be somewhere that she would be able to be put up and stay. So, it was making it difficult for her to get over and stay over because it was obviously really like costly to be over there for, I think it was maybe twice a week or something. I don't, I don't know, but.

VCSEFG2part1 Well, that's a really relevant point, though for ante natal support, you know we're quick enough to be able to put plans in place and you know pre-birth child protection, for example, pre-birth. So, it’s interesting about sort of putting that kind of provision in. The other thing that struck me when you was talking there int terms of, you know, I've got letters, and letters and letters with the different things that our youngest goes two and a simple solution, is never simple as they say, but a simple solution will be if there was somebody, a body, not an individual body, a body that would research and find out what support is available and it becomes habit that health providers include that in their letters because you know how I help providers have no idea our particular circumstances. And if I added every pound which we spent to and from the [Tertiary hospital], staying over at the [Tertiary hospital], to [area name] to [town name], you know it's a lot of money and only because we don't have a problem. So, turning it from the family having to ask and what we said before about that, that difficulty for some families to reach out and say that they can’t afford it because then they’re having to say well I can't afford to put my child first for health care, which is really hard. Then actually it becomes a default position that health care providers have a template that goes on the back of any letter. It's all on there for what to do about COVID, so it can be done every letter comes with what to do about COVID so why can't every letter come with ‘if you have any financial difficulty because of this appointment, here are different sources of support, here are other things that the hospital offers, yeah.

VCSEFG2part4 Yeah, I think we also need to think about, you know, like that overnight stays in hospitals, you know, if you've got siblings who attend school that can't miss school and can't go with mum or dad or whoever is going to the hospital in, in terms of provision, there doesn't seem to be an awful lot available for siblings does there in, in terms of being able, we've got the Ronald McDonald houses for parents to be able to stay in. But again, things like after school clubs and stuff in that instance would be really useful wouldn’t they in terms of people, you know, getting backwards and forwards to visit and things.

VCSEFG2part1 In terms of solution focused, there is an organization that exists, that part of their offer, now it's not particularly well known, there's a little bit they’ve been doing in [area name], but they’re present in Cumbria, is [charity name]. Now while they do a lot of similar things to us, and we've done some work about where we're different. One of the things they do have is a part of their schema is there something hosts, family hosts I think it’s called because as long as it's less than 28 days, then it doesn't follow that any kind of local authority remit and private foster anything like that they provide short respite care for struggling families. So some kind of project around like what you just said [VCSEFG2part4], not just necessarily the, you know picking up from school kind of thing, but they operate volunteers, that would be a real thing to build on to say that you know focusing on families who have more than one child and have either family circumstances, particularly around poverty, in terms of accessing what ways to get their children to appointments and their other children to school. If they’ve got to stay over, there's an organisation almost ready made that could be explored for that.

Interviewer: I think what's interesting though is that how little awareness there is about money available, and you know it in view of the work that you're doing, one would have thought that you would have been informed of what's out there. What help is available. Yeah. So, they just need to be more. If there is help available and they need to be more open about it, I guess.

There's this question here about diagnosis, diagnostic processes and it's kind of, you know, do you feel that families are communicated with about what will happen and the duration and the possibilities of when appointments ...

VCSEFG2part4 No. And it would be a resounding no.

VCSEFG2part4 And again, I think part of our role in terms of that advocacy part almost is supporting families with that because it can be such a minefield can’t it, you have to chase people over and over again sometimes to find out where a child is in a process in terms of their assessment for all sorts of things and you know it's not just that advocacy role, it's also, again about the money. You know I I've spent hours I think on the phone waiting to speak to consultants and people for families. And unless you have that, unless you have your laptop open and you can Google what's available and you can, you can find out the phone number and you've got the money to phone them on the phone and you've got the time to do that. That's really hard. Yeah. So, I don't, I don't. I mean some services obviously are better than others and it and it really is just about communication, isn't it? About organisations within the health service just having better communication with families about, you know, yes, there might be waiting lists, but telling people where they on that waiting list, telling them where they are in the process and you know, what the next steps are.

VCSEFG2part2 It's like [VCSEFG2part4] is saying, a lot of our families haven't got that. The resilience to keep going because you know it might be that there’ll, you know, there’ll have been a referral to CAMHs or a referral to children, North Cumbria disability team or whatever and you know, those referrals just keep getting fired back but they don't really understand why they're not getting into the system and they might keep trying for a couple more tries and then something might stick. But then they don't really understand why. What's different? Why has something, you know, they've been able to access that? And how long is it going to take because it that now they have been accepted, is it just that now they jump onto a different waiting list and you know, so it's just, it's just complicated the whole logistics of it.

VCSEFG2part4 And I think that word resilience is really good because actually resilience is really affected by poverty, isn't it? Because poverty, we know causes lots of other stresses, you know, it's not just a lack of money. It causes all sorts of other issues within families and that kind of, that's kind of a barrier in a way to resilience, isn't it? Because resilience tends to come from, you know, coping with all those things and juggling all those plates and feeling like you're on top of things. And that's harder, I think.

VCSEFG2part2 They also just feel exhausted that they're having to, it feels like they’re having to jump through the hoops or keep going, keep going all the time and be like, well, why? And I suppose it has got worse with covid, but they might be feeling ‘are we at the bottom of the pile’, or is it just because of COVID, or is it just that, you know, our needs are being ignored or, you know, I don't know.

VCSEFG2part1 I think if you, I was just doing a quick tot up there and there's probably about 30 families across, between the three of you and I bet if we looked at the proportion of your families, how many have children, possibly parents, but children with issues around diagnosis, around learning difficulties and learning disabilities, It's not surprising, you know, it's notable that those families who need support from us, the high proportion where there are issues around diagnosis and those kind of pathways and then as we were saying before layering up the different pressures and like you said, they're either about the impact on resilience if poverty is part of those difficulties. And It's bad enough if you have a child with a physical need and that all the things we talked about. If you add on the fact that if there's poverty and you've got a battle with the health system and actually a child's behaviour is really, really draining, which every one of the three people here who were supporting families have children where their families have children in them who absolutely drain the energy from those parents for nothing about the lack of love and care those parents give them, but for that, the behaviour and the quirkiness, they’re challenging, whatever you want to call it, you know the, children themselves take a lot of energy. So again, you know it's all about those layers, isn't it? And you add poverty into that and it's massive because things get broken, things get smashed, lots of different toys are hard to play with. So, you know, it's just another factor which, not surprisingly we end up then with a high proportion of children who are in families that need extra support because of those different factors.

VCSEFG2part4 Yeah, I think behaviours are really difficult one because it tends to mask things, doesn't it? So obviously it, often it's seen as the presenting need when actually there's an underlying issue causing that behaviour, possibly ADHD or autism or, you know, ODD one of those things. But the presenting need is the thing that becomes the big, you know the biggest thing. And often the thing that we people are focusing on. And so, I think it's some of those things are sometimes missed as well because of the behaviours.

VCSEFG2part1 Yeah.

Interviewer: The next one’s about admission and discharge, you know, to hospital. So, do you know what would happen with out of hours emergency admissions? What would that process be like for families?

VCSEFG2part2 And do you want me to?

Interviewer: Yep.

VCSEFG2part2 One of my families that I work with, because they don't have a car and they don't have, you know if they had a medical need in the middle of the night, they would just ring 999, you know? And it isn't, it's not appropriate, but if they feel that they’ve rang CHOC [Cumbria Health on Call] and CHOC has sort of said Oh well, you need to ring 999 and that's, you know, what they would do, whether it's like a real emergency or just something that could be left until the next day. And part of that I think is possibly a mental health issue that you know, of how they actually deal with things, but because they most like, well, they can't afford, well they couldn't afford to come possibly get a taxi up to A&E or maybe they haven't quite understood what CHOC has said, then they would still do the blue light. And I think because of delays in having to wait for diagnosis of, you know, in letters to and fro from GPs and I think they go down the line of ‘Oh well, if I think I can get an ambulance ride up to the hospital to and that might lead to an X ray or might lead to a scan or something that might quicken things or so, yeah.

VCSEFG2part4 I think uh, I'm just thinking of emergency medical things. You know, if you are blue lighted into hospital with the child, you know, chances are you're not going to have packed your nappies and food and clothes and things like that. And I'm just thinking of times actually, again personal, from personal experience, you know, parents aren't often offered food at the hospital because, you know, that's there for the children. You know, you're often in the clothes that you've been in and, you know, if you're fortunate, you have somebody to bring in clothes and some money and your phone and your phone charger and all those things that you might need for that hospital stay for stay if you’re staying with your child. But if you don't have money, you likely won't have those things. And so, they you then put in a position of either, you know, do I go home and leave my child in hospital to, you know, do I try and get back and get those things or you know do I have to ask? And again, there's that embarrassment factor if you know actually I haven't got any nappies or I haven't. You know I haven't I haven't eaten for 12 hours while I've been waiting in A&E or whatever, there’s that embarrassment factor so I think for people without money in that situation that must be really difficult. I wonder if it almost delays sometimes those kinds of visits to hospitals because you know, because you know you're going to turn up without, you know, those things that you need like your phone and your food and all those things.

VCSEFG2part3 Yep, and I was just going to say there might be the fear of parents actually allowing the child to be admitted to hospital through fear of, UM, kind of maybe doctors or nurses picking up on, I don't know, maybe the child looks a bit malnourished or, you know, her clothes are a little bit dirty or and, you know, the kind of just have that fear that social services might be called coming and kind of investigate. So, it kind of puts them off, allowing the child to be taken into hospital in the 1st place, and I know that I I've had one family recently who their little girl, had a seizure and was taken into hospital. And it was, like you said, it happened all so fast, didn't have anything with her. Luckily there was a, can’t remember what they were called, but there were volunteers from like the church community, sorry if I've got that wrong, where people kind of donated and knitted, you know, even for little babies like little hats, and cardigans and little outfits and things like that, and teddies and this volunteer lady actually gave quite a lot of stuff for this child while she was in hospital, because mum, mum hadn't got anything with her, and obviously she couldn't really afford much either. So that was kind of a big help. But again, I don't know if that's something that's there every day and it probably won't be something that's in place in all healthcare places or hospitals.

VCSEFG2part4 But it is an easy fix, hasn't. It's an easy fix, offering somebody, you know, do you need to use the phone? Did you come without your mobile or a charger? Do you need to use the phone? Would you like a sandwich? Have you had a cup of tea? Do you know where the parent’s room is? And I know that there's a pressure on services, but for those families, those very little, you know, those little things would make such a difference.

VCSEFG2part1 And also the potential to pair up with the services that are in the community that do that kind of thing. So your food banks, your charity shops actually saying, could we have it, you know, can you have arrangements with certain healthcare settings to ensure that there's a constant supply of, you know, non-perishable snacks and non-perishable, you know your pot noodles, anything that will just be something that could sit on the shelf and, you know, and without a stigma of having to go and ask for it. And we know there's always the risk of somebody taking advantage of it and then, you know. Sort of stack of clothing for sort of an age range, just so there's something emergency and there are people in the community and organization in the community do that. So, pairing them up with health care settings might work.

Interviewer: Yeah, the question is, is equipment such as nightwear toiletries available for overnight stays and basically what you're saying is no, but if you're lucky, there might be a third sector volunteer might help you out.

VCSEFG2part4 Yeah, or you might get a member of staff. You know, that’s, you know, and you do, don't you, get a member of stuff that sometimes notices or, you know, ‘we've got extra sandwiches. Would you like a sandwich’ or whatever? But I don't think that's always the case.

Interviewer: I'm aware that we're, the hour is nearly up, are you OK to continue?

VCSEFG2part3 Yep.

VCSEFG2part1 Yep.

Interviewer: Yep. So, I'm just going on to communications, do you feel …

VCSEFG2part1 Can I just say before you got the next one, you said and discharges. And I think one of the things I would say again, I can only draw from personal experience. So you may or families that have been through this, but discharge and again I know hospitals are busy, but my own experience of for our daughter and other people in the close family who have had discharges, it's a lot of hurry up and wait if you've got to try and organize transport around that in terms of a bus or a taxi or anything like that. If you haven't got people who, your car or somebody can pick you up, you get no support to understand when you're actually going to get out there that day, so you could start at 10:00 o'clock in the morning and eventually at 4:00 o'clock you’re discharged and not because of any complications, just because somebody needs to get that appointment letter out and something needs to check that piece of paperwork so that and it probably needs to worry about saying communication, but the discharge part I think is impactful for people who haven't just got everything at their disposal.

VCSEFG2part4 Yeah, as far as I'm aware, you're expected on the most part to make your way home from hospital as well and imagine for those families who've been who've attended in an ambulance, you know that that's again difficult if you haven't got the money to get the bus back, and you have to get hold of somebody to come and pick you up or whatever.

VCSEFG2part3 Yeah, that that was the case with my family. And I think it was kind of lucky in a way that I actually had a scheduled home visit with, with Mum and child that day. But she'd asked me to kind of come and see them in hospital. And I think, I think kind of without, she didn't want to ask and kind of be like, well, I came in the ambulance so can you actually take us home? Would that be OK? And I felt like she almost felt bad for asking, even though obviously that's, that is what I'm there for. But again, a lot of other people and a lot of other families don't have support workers supporting them. So again, unless you know, we have the, I mean, we don't have the capacity to support everybody as much, you know, as that would be great. That again isn't an easy fix, not every family can have their own support worker so.

Interviewer: Yeah. Thank you, [VCSEFG2part1] for reminding me about discharge, because there was a question about what happens if it happens in the middle of that. You know, is it?

VCSEFG2part2 It could. It could be anytime of the day; it could be at any time of the night. And I know that when I've had my three children that, you know, it could be anytime. And like [VCSEFG2part1] says is it isn't just a straightforward process getting discharged, you sort of waiting around for folk. And if you have got a lift then you're alright. But if you're relying on public transport, you're a bit, you can be a bit stuck.

VCSEFG2part4 And again, if you've turned up in a car, you know, in an emergency situation and you haven't, you can't actually, you can't actually get out of the car park anymore, can you? Unless you have the money to pay for it. So.

VCSEFG2part4 I I'm just going to check that my children are being picked up from their school, one second.

VCSEFG2part2 Just going back [interviewer], I don't know whether this is relevant, but one of the families I work with them, they've got one child, but if one parent, one of the adults needed to be blue lighted into hospital. Uh, they were actually, the other adult in the family was needing or wanting to go with them because of their anxiety and the uh, you know that they felt that they couldn't leave them. So that would mean that the child would go as well and it was the whole thing of, you know, that all of them would be there, would go in the ambulance and then be at the hospital and then, you know, they would need to be able to get back as well because they didn't have support at home. Anyone to look after the little one at home and but they felt strongly that they needed to be with their partner during whatever treatment they were getting.

Interviewer: Yeah.

So, I'll rush onto communication. So, is there any particular information that you think should be shared with between professionals about families living in poverty?

VCSEFG2part4 Sorry, repeat that. Could you repeat that question?

Interviewer: So it's, you know, do you think that information about people's economic circumstances should be shared with professionals?

VCSEFG2part4 I think that you would have to have consent to do that wouldn't go and I'm sure that a lot of families would consent to do that as opposed to, you know, having to ask the question about, you know, can we have after school club? But you know, it's but there are issues around confidentiality and consent, aren't they really? I wouldn't agree with those that that information being shared without the family's knowledge and consent.

VCSEFG2part1 But I think asking it's asking for consent to share that as a routine with health professionals isn't something that probably comes up as explicitly. So, we work with consent we, you know, for early help with work about that. But if it's not, uh routinely explicit conversation as if you've got any health care provisions, are you happy for me to share that without coming back and checking you in the in the moment. So, some way of wording it say like, ‘if things happen rather than you having to reach out and say or could you tell them that I'm struggling’ that you've kind of almost already got that. And I don't think we would automatically ask that, so we OK if we had any help, we had explicit health people in that early help plan, but above and beyond that we wouldn't have that. So, it might be a bit might be more about, being more intentional and deliberate about asking for that consent if somebody has health needs.

VCSEFG2part4 Yeah, I know. Yeah, I mean that there are lots of assessments that that go on in help or it would be fairly easy to you don't like, I'm just thinking of the midwife assessments where they ask, you know, explicitly about sort of domestic violence and things. But during those assessments it would be fairly easy to say, you know, to ask about money and to say, do you know, do you want me to note that in the file, you know, in case you need hospital transport in case you need other provision? Because they ask lots of other questions or they, sorry.

VCSEFG2part2 Yeah. One thing I would say though is, because I was on a maternity visions, UM like working Group a while ago and one of the things that came up was you know the, that, when you go in for your antenatal care and they go through that and you'd like your booking in thing, you know where you, you have to have this, that and the other ticked and whatever. The feedback they were getting was that mums, we're getting really anxious about the mental health tick box because they were worrying or, you know, if that is, if that one’s ticked, does it mean that I'm going to be on the radar that people are going to be keeping an eye on me to think that I'm not fit to look after my child. So having a tick box for financial, you know, it may sort of raise anxieties for mums as well, I don't know it's.

VCSEFG2part4 Yeah, yeah, I think there would have to be a lot of context, sorry.

VCSEFG2part3 I think we could have the opposite effect though, in that it might save them embarrassment of having to kind of repeat over and over again that well, I might actually struggle to, you know, pay for that and pay for this. So instead of having to, you know, because if they have to go through several different people and services and things, it might actually save that embarrassment of having to explain the situation every time. So, I guess it's kind of obviously pros and cons of ...

VCSEFG2part2 Yeah, yeah, yeah.

VCSEFG2part4 Yeah. And I think I can, I can understand why that mental health one is really difficult, isn't it because you are you know it it's almost about your own parenting capacity, isn't it? Whereas poverty, you know, affects families and communities and is a little bit removed. So, you would hope it would be an easier question, but it would like with anything I think it would need context to it. You know, we're asking you this because you might, you know, you might need to access services possibly if you come into hospital or if staying in hospital and rather than somebody kind of asking you, we could just have this on your file. I think there would, it couldn't just be a tick box, could it? I think it would have to have some context to it.

VCSEFG2part1 Yeah, I think if thought through, it could be very effective, yeah.

VCSEFG2part2 In a roundabout sort of way, when we support our families to go to appointments and you know, whether it's the hospital or GP or wherever, then you know the person behind the desk normally will say, oh, and who you, you know, so then they have an awareness that the family that you're working with is being supported. So, it's, do you know what I to mean, but they wouldn't necessarily know what that level of support was, whether it, you know. But obviously that just that they are a family that is accessing support.

Interviewer: OK. The next question is about relationships between, you know, your families and healthcare professionals. And do you do you feel that people do build trusting relationships with health care stuff?

VCSEFG2part1 And I think the change so much, it's really hard.

VCSEFG2part4 Yeah.

VCSEFG2part1 You know you're always dealing with somebody different would be my experience, but I don't know if you find that with the families you’re supporting.

VCSEFG2part4 I've not seen a link between kind of poverty and relationships. I think the difficulty is communication, but that's often not to do with relationships. It's to do with access to services as opposed to relationships and means. Relationships are often formed, aren't they? Because of a continuation in seeing the same person, and that's less likely to happen nowadays. I think it health services and possibly less likely to happen if you're in poverty, so it may take longer to form that trusting in relationship, but I don't think I've made a sort of specific link between necessarily between poverty and relationships. And I think I think within health, I think in other areas, there's possibly more of a link between the difficulty in relationships, you know we're talking about that mental health one and I think, you know, that often communities where there are issues surrounding poverty and deprivation have a natural kind of, some people have that natural fear of, you know, social workers or, you know, the police or whatever. But haven't I haven't picked that up, particularly in my work surrounding healthcare professionals.

Interviewer: Have you any examples of good practice? Have you got examples from your families where something, some service has gone above and beyond and or has done something differently that that could be emulated?

VCSEFG2part1 I think there was one that [VCSEFG2part2] and I, one where I've been party to some of the child protection, so you'll know which family. I mean there was quite a bit of, but it took a professional health meeting to get to this offer, so it's, I hate to do it but, it's a slightly couched good example. But actually, I think CAMHS were willing to explore different ways to engage a little boy who wouldn't come out of his room, and they were looking at different ways.

VCSEFG2part2 Yeah.

VCSEFG2part1 So I do think there's some good examples emerging of addressing they won't engage, i.e., they won't turn up to the appointment by using some technology, but then I'm not kind of bowled over with examples I don't have anybody else has got any.

VCSEFG2part4 I think there's lots of good examples within early help, but I think it's possibly on an individual level as opposed to an organizational level. I think, you know, I can think of an individual who went above and beyond really to get school transport for a family who are in poverty, who had a child with lots of different health needs. But it was a battle to get there, and it took that person going above and beyond their role really to kind of get that secured. And I think he do find examples of that, you know. Today I was on the phone with Council tax benefit and they said well, you have to come in, our online systems aren't working, you'll have to come in and it was for a mum with a very young baby and the lady on the end of the phone said, you know, actually I'll send out the form, it's not something we normally do, but I'll send out the form. And so, you do on an individual level, I think there's lots of good examples. Organizationally, I think it's more difficult, but I think the early help kind of process that team around the family process really, really helps because like [VCSEFG2part1] was saying, sometimes it takes it a group of professionals actually to advocate for that family and push it forwards. And that's where early help really comes into its own, I think because you know under all those huge pressures in, you know, including poverty and health concerns, you can be those people who write the letters of support, who get on the phone and, you know, badger people for school transport or access to health care services. And see, I think there are good examples that are there.

Interviewer: So my final question is about staff awareness and attitude. So, to what extent do staff understand the issues faced by families living in poverty?

VCSEFG2part1 Do you mean staff generally or staff in healthcare settings?

Interviewer: Healthcare. Healthcare settings, yes, yeah.

VCSEFG2part4 I don't like to generalise. I think it's really difficult, I think, because health care staff are so busy and again, this is probably a personal opinion, not one of the organization or anything like that. It's just my own personal opinion. I think sometimes because hospitals, we know we're so busy, GP surgeries are so busy. I think at times like with any other profession, that's very, very busy, it could be overlooked. Those other issues, you know, because health, you know, health is the prevailing thing, you know, that that they're there for those other things can be overlooked. I think at times. An organization will, erm and then we wouldn’t be talking about it if they weren't, you know we wouldn't be talking about well, actually, how can we ensure that people in poverty who visit A&E you know, are treated, you know, have those access to services. So I think organizationally there are obviously some issues, otherwise, I don't think we'd be having this conversation.

Interviewer: Yeah.

VCSEFG2part1 I think at the systemic level, there isn’t an, there's probably an awareness, but I'm not sure that staff are supported or expected to explicitly think about it. For all the examples we've given, sure when we've noticed solutions, it's been individuals who've done that as opposed to a systemic approach. So, the idea of putting someone letters or finding out about things or having things available, you might get somebody in our department will do something but systemically, I don't think there is an awareness that’s acted on, so there's maybe an awareness, but there's no acting on that awareness of poverty, if that makes sense.

VCSEFG2part4 I think the other thing, and I probably draw this from kind of my years in social work, is I think that sometimes neglect and poverty, erm the issues relating to poverty are put down to neglect, I think, at times and, you know, use the example of, I think [name] said about somebody turning up, looking a bit dishevelled with possibly not the best clothes and you know, that maybe not been able to wash them because the washing machine had broken. And I think that's a really difficult one to unpick, isn't it, when you're just seeing a family for an appointment and you’re not aware of those issues of poverty in, you know, I think people sometimes, you know, naturally make judgments about, you know, why a child is looking a certain way. And I think that's difficult because often healthcare professionals, you know, and I'm not thinking about health visitors who worked with families for a very long time, but other health professionals who may be only see a child, you know, once a year or, you know, just maybe once or altogether I think, uh, I think that's difficult, that issue of poverty and neglect, I think it's hard to unpick.

VCSEFG2part2 You've used that word judged, I think that, yeah, that family, you know, families often feel judged. And you know that's families that I've worked with but.

Interviewer: So have you ever had experiences that, I mean, you're pretty much going there, but where, there's been negative opinions expressed by health care staff?

VCSEFG2part4 I think we sometimes have different thresholds for things up. Yeah, I think I think health sometimes have different thresholds. I think [VCSEFG2part1] will probably be able to explain that a lot more having come from that background as managing in social care. But I think social care does differ in its opinions slightly, I think sometimes to health just generally, and I'm not talking on an individual level, I'm talking it again on an organizational level.

VCSEFG2part1 Yeah, I think I know what you mean in terms of combining those comments you made in terms of potential feeling judged that there does feel, trying to sort of playthrough appointments and experience with families, there is an expectation that people will just follow the path that's been given to them, and it's then being difficult if they don't follow that path or turn up to that appointment. So I do think in terms of that threshold of what is driving those apparent disengagement or difficulties, it's probably, is probably an issue within health, but you break it down to individuals, it's not that they're uncaring, but they have a system that works certain pathways, and if you don't follow it, you're not playing ball rather than actually thinking what's getting in the way. But that that's a fairly big generalization, but I do think it does permeate through a number of experiences.

VCSEFG2part2 And I've got an example. So Uhm, family, same family of, its single mum with four children. She was asked to attend an appointment with the little one to get something checked out urgently. She didn't attend it up because she didn't have anybody to look after the children. So, then school were onto a saying ‘why didn’t you take, you know, little one to this appointment when you've been told to take her, and it's like, well, I haven't got anybody to look after my other children. You know, I can't take them all down. So, then the next day, she’d rang, I'd supported her to access the appointment the following day. And then she had her dad to look after the other three. So, she felt judged that, you know, she wasn't able to get to that particular appointment at the correct time. That she done it. And she had made that decision that actually I can't leave my children alone, and I'm going to have to stay with them. And then, you know, she got the appointment. Now initially they said the little one was going to have to be admitted to hospital, but then that wasn't the case when the paediatric nurse rang the hospital, they said, ‘Oh, actually, there's no space’. So it was, uh, you know, eventually she got medication to apply at home. She knew what the care plan was and if anything changed, she knew to ring 999. But then, you know, we took her and little one back home and then it was, you know, she was, that was it sorted in. Luckily she didn't deteriorate. She, you know, she. Yeah.

Interviewer: So just to close then is there things we could do to support staff to better understand the issues faced by many of your families who are struggling financially to support their children through their illnesses.

VCSEFG2part4 I just think training is really important, isn't it? You know, training uh specifically about poverty and how that affects families. And I don't know how much training doctors, for example, get about that, or nurses or other healthcare professionals, but I guess that's, you know there are, because some health care professionals who out based out in the community who were seeing those issues all the time and really aware of that and well trained in you know spotting those things related to poverty. I guess in hospitals, I don't know how much that happens. But I think training is just really key isn't it?

VCSEFG2part3 I think I think maybe advertisement as well within health care settings like GP surgeries, hospitals, even just kind of having leaflets, so it's not kind of in your face, its discrete enough and it's there but not obvious, but it's, you know, so someone doesn't feel embarrassed going up to it and pulling that certain leaflet you know, out of the box and you know because I've seen, like in Morrisons ladies’ toilets they have posters up let's say uh if you struggle to pay for sanitary products just go to customer service and ask for Sandy or something like that. It's quite a simple fix and possibly saves more embarrassment of having to actually go and ask someone and speak to someone about it. Instead, they can just kind of go up and, you know, take a leaflet or just go and say, you know, can I ask this Sandy? And then it's quite a quick a quick thing.

VCSEFG2part1 It's a great example because, if you think about domestic abuse services there, you know they’re on the back of toilet doors everywhere, in schools you go, there's bullying advice on the back of toilet doors, so the back of toilet doors is a is a very simple, but it has been a very, very effective tool. So something like that Sandy or for domestic abuse, if you put that in terms of ‘if you're struggling for food or child you know or children’s provisions or clothes or anything because of your contact with this health service, lease go to’, like you say there's the example of you know ask for Sandy at the shop, so something like that would be, I think would be very simple, it really good idea there so

VCSEFG2part4 Yeah. And they do that in things like Asdas don't they, you know, with the nappies, you know, if you need nappies or baby wipes just coming and ask us for some and you know, because it's somewhere that you go all the time isn't it, the toilets, you know, it just becomes, you know, very normal to kind of, you know, to be able to know that you can ask for them.

VCSEFG2part2 I think what [VCSEFG2part4] was saying about training and awareness, that's really important and you know, I mean me working in an education setting and we have very little training or information fed through to teachers and support staff about poverty proofing. It's only just coming on our radar. And I think we've had what, half an hour in a staff meeting? It's just not good enough. You know, it's not enough. Uh, so you know if that's education and sort of healthcare are in comparison, then definitely more training, more awareness.

VCSEFG2part4 I thought that I'd be a big thing in school, I thought that.

VCSEFG2part2 No, I think it might be a big thing in some schools, but not all schools I'm afraid. Sorry. But yeah, I think it's. Yeah, it's a, I see just differences in practice, and it shouldn't be, whichever school you go to, or you know, whichever health care provision you you're accessing it, it should be the same. You know, people should be, you know, non-judgmental and, you know, open to offering help because it can make just a massive difference.

Interviewer: Yeah, I think as well, you know like thank you ever so much for your input today. It's been really, really valuable, and I do feel that that, our area compared to more urban areas, things are so much more difficult just because of the distances involved. It's, you know it really is a problematic thing

VCSEFG2part2 Yeah, but yeah, it is. I suppose it is because I know when we lived in Liverpool and Nottingham it was just so easy. Like, you know, just to like get to the hospital or it's like on a bus route and it was easy, and it do you know what I mean? It's just quick and everything. So yeah.

VCSEFG2part4 But just a little. So sorry, sorry, just a little thing like come, [VCSEFG2part3] was saying, you know, just something up in the A&E waiting room saying if you've come here by ambulance, you know you can ring hospital transport on this number or you know you can you know, please tell us if you aren't able to get home. You know just things like that. People don't like to ask did they you know none of us really want to bother anybody when we’re in Hospital, they're also busy just little things like that would make a huge difference.

VCSEFG2part1 And even more so because people probably even feel more like that because of COVID and the stretch on the NHS. So, you're more like people who try and sort it out and not necessary successfully because they don't want to bother somebody.

VCSEFG2part4 Yeah.

And again, if there was just, because health records generally are shared, aren't they, you know, when you go to doctors generally, you know, ambulance people and whatever can access your health care record and just a little marker that says, you know, this family may be struggling financially. You know it would again it would be such an easy thing to do wouldn't it for those people who you knew were going to find it difficult maybe to fit things around work and other children because of money worries were able to be offered kind of appointments at a time that suited the family. You know, even if it can't be done across the board, I think it would. It would make things feel more equitable I think.

Interviewer: Yeah. And I know that sometimes with end-of-life care, something you can make an appointment anytime and you know, once the receptionists are aware of, you've had this tick against you. So maybe there's something for families where their children have got long term illnesses. You know, you don't know first thing in the morning that they might be on, well, at 3:00 o'clock do you?

VCSEFG2part2 The I suppose with Covid as well there's more families in this situation because of, you know, loss of job or, you know and bereavements and you know, through corvid so there's obviously more families out there that need our support that like [VCSEFG2part3] said we, you know we can't, we can't offer it to everybody. We can only offer to what we have you know our capacity.

Interviewer: Right. I'm finished my questions. Is there anything anyone else would like to work with any of you would like to add? Is that any important things you think I may have missed?

VCSEFG2part4 Now I'm slightly worried about my broad generalization. Compare it health to social care so you could cut that bit out in case of my colleagues from health shoot me.

END AUDIO.