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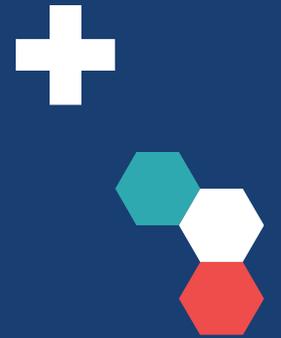
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Equal access for equal need? 'Poverty Proofing'TM healthcare settings



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What is poverty?

Poverty means not being able to heat your home, pay your rent, or buy the essentials for your children.

Poverty means waking up every day facing insecurity, uncertainty, and impossible decisions about money.

Poverty means facing marginalisation – and even discrimination – because of your financial circumstances.

The constant stress – and stigma - of poverty causes can lead to problems that deprive people of the chance to play a full part in society – **to live well.**

What causes poverty?

Unemployment...but
also underemployment,
insecure work & low
pay

High cost of living

Poor physical or mental
health

An ineffective social
security system

Discrimination

Abuse, violence and
trauma

Poverty Proofing[®]

- Poverty Proofing the School Day:
 - toolkit of practical actions to help children access the school day
 - nearly 300 schools
- Poverty Proofing in action



Children going on school trips need to bring a packed lunch...



...children on free schools meals get lunch in a brown bag...



...their classmates bring their lunch in cool lunchboxes.



Everyone knows who needs free school meals.

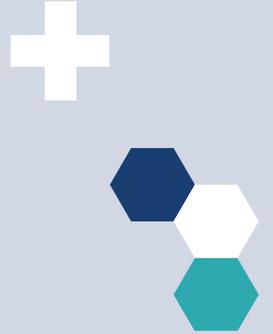


So...the school bought cool lunchboxes to replace the brown bags.



Now EVERYONE has a cool lunchbox!

What people have told us about the impacts of poverty



“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 going to feel like you are empowered to become the expert in your, in your dependent's care” (VCSE).

“It's very, very hard. It's a big struggle on a day-to-day basis ... It's like this week it's my poor week as I call it, I get like £63 today to last me a week and out of that I've got my bills to pay, my food to pay. You know, I've got a teenage daughter, it's just impossible to live on it” (Parent).

Overwhelm

“It's just stressful trying to get; wait for appointments to come through. Getting to the appointments. Having the money to get to the appointments and it's it's, it just goes on and on and on. You know there's just one thing after another, and that's not just one thing, there's a whole list of things. So yeah, completely stresses you out” (Parent).

“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” (VCSE).

Accessing healthcare – booking appointments

“you pay more for a contract than relying on pay as you go, so you're able to make unlimited calls ... But the way that Dr's Surgery asks you to interact ... what impact does that have on you financially? Sitting on the phone, making numerous phone calls?” (VCSE).

“they bring apps out all the time saying access this online, access that online, but it's still not easy” (Parent).

“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” (Parent).

“I suffer with depression as well, on top of everything else ... It would be easier if I could go and talk to somebody or just go and talk to the doctor, you just can't! Like I say, I put off ringing them purely because it's too much like hard work.” (Parent).

“Some of my families find that really difficult, and they find it so frustrating. I've actually got a family who are more likely to ring, do a 999, you know, call a blue light, than actually, you know, ring through for ... 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” (VCSE).

Accessing healthcare – getting to appointments

“to get to Carlisle, you’ve either got to get a taxi [to town] and then a train ... For a taxi into [town] its £15 each way ... The train, I think it's about £7 or £8 return now ... so that would be for both of us. So, you’re looking, by the time you got taxis and that, you're looking at 50 odd pound before you even get to the appointment” (Parent interview)

“One of my families had an appointment out West Cumbria 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 ... they were based in Carlisle. 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?” (VCSE).

“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 ... 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 not putting your health or your children’s needs first, it’s because of the affordability of the offer of what your appointment looks like” (VCSE).

Manifestations of poverty often misunderstood

“I think that sometimes neglect and poverty, erm the issues relating to poverty are put down to neglect” (VCSE).

“Families who would appear not to engage with certain things and actually they can't afford to. ... 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” (VCSE).

“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 disengaged and difficult when actually they can't, they cannot, actually manage to get there because of finance” (VCSE).

A systemic problem?

“There is an expectation that people will just follow the path that's been given to them, and it's them 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 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” (VCSE).

“I think they do care; I never came across a single staff member who's not caring and wants to do the best for their patients. They always do. I think sometimes it's just the, it is such a big job sometimes that it can be overwhelming and if they take it, all these stories on, all these things on personally, or aim to look after each individual person, it can be a lot of work but, I do think they are aware. I think it's sometimes, it's more of a general system thing” (VCSE).

So what can be done?

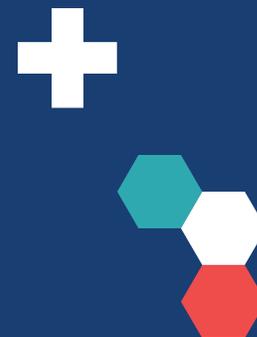
1. How does poverty manifest in your practice?
 - Are you able to respond to challenges?
 - Are you able to be equity focussed?
2. What training about poverty have you had?
 - What training about poverty would you like?
3. What systemic changes in your practice area would help those in poverty?

Thank you

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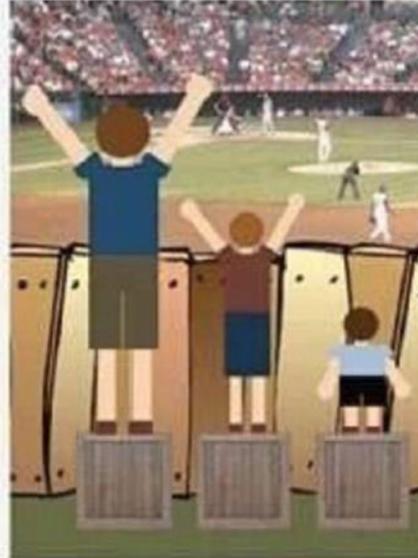


Equity focussed

Recognising that outcomes, resources and opportunities are not equally available to everyone and that some groups may need more support to access them than others.

Proportionate Universalism: actions universal, but at a scale and intensity that is proportionate to the level of disadvantage (Marmott, 2010)

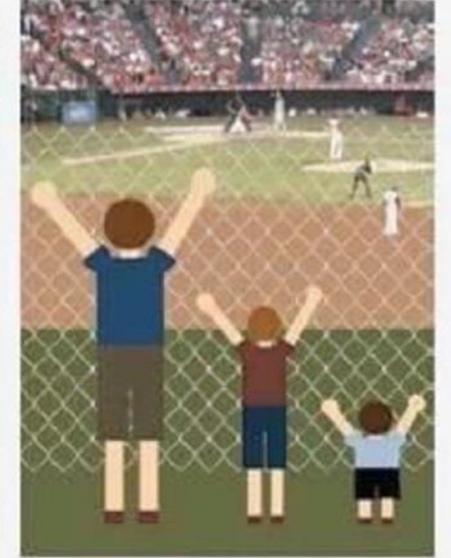
EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.