Researcher BN: So if we could just start with, if you just state your age, gender, and your role at different, I suppose it might be that you're at different organisations or community groups.

SP10: Oh, yeah. So, erm, I'm 31, I had to think about that, er female, so I’m a PhD student, part-time PhD student but I, I guess that also, so I live in (name of location) and I'm quite involved in community work there.

Researcher BN: Right.

SP10: Erm, and my background, I don't know if it's relevant, but my background is that I trained as a doctor, and then decided that wasn't for me but got really interested in community health, and kind of public health, and I’ve kind of moved through that to be really interested in, so my PhD is all about hardship and how faith groups are responding to hardship. Erm, which I guess comes, I feel like it's interesting to be now in social sciences because really my interest is public health,

Researcher BN: Yeah.

SP10: ..but I've kind of come through public health to be like, well what really matters is poverty do you know what I mean, like that's the driving thing that affects health inequalities isn’t it.

Researcher BN: Yeah.

SP10: So, sorry that wasn’t a very succinct answer.

Researcher BN: No, no that’s perfect, no, that’s interesting to hear your background as well.

SP10: Yeah, yeah, yeah.

Researcher BN: Yeah.

SP10: Because that, probably like frames this conversation do you know what I mean like, yeah.

Researcher BN: Yeah.

SP10: Experiences in (name of location) made me see through a lens of like a, someone who's health trained.

Researcher BN: Yes, yeah. So which community groups are you involved in, have you been involved in?

SP10: So currently I, I would say, I'm kind of taking a step back from quite a lot of things, but I’m still involved in some youth work.

Researcher BN: Right.

SP10: Erm, yeah. At various different little patchy bits of that, erm, and there’s a mutual aid group in (name of location) that kind of started during COVID..

Researcher BN: Right.

SP10: ..but has continued, just very kind of grassroots, erm, community work. Mainly around like food provision, but also kind of stuff related to that. They do like plant giveaways and,

Researcher BN: Aww!

SP10: ..we did a toy swap at Christmas. Just really like embedded in the community, mutual support, I guess. Erm, but I've previously been really involved in youth work since I moved to (name of location). Erm, my husband is a youth worker in (name of location), and we kind of do lots of stuff together

Researcher BN: Ah okay.

SP10: Erm, and I used to help run a community cafe in (name of location), so I guess we had lots of like health conversations there all the time.

Researcher BN: Yeah.

SP10: Erm, yeah.

Researcher BN: Lovely, so, if we kind of focus on one at a time, or all at once, just whatever is easiest to answer.

SP10: Yeah, yeah, okay.

Researcher BN: Erm, so the youth work you do, what does that kind of involve, day to day?

SP10: Er yes, so, currently my, because I've like stripped all my involvement back to be able to do a PhD..

Researcher BN: Yeah.

SP10: I’m just doing like a once a month, we call it like a youth service, I guess it's kind of like trying to be like youth church for young people who are interested in exploring that. That's just getting started

Researcher BN: Yeah.

SP10: Erm, and probably, so we're just about to restart like a youth drop-in that we used to do before COVID. That was just open access to anyone, it used to tend to be a bit mad, but in kinda like a beautiful way. Erm, drop-in like right in the middle, there’s a little like shopping center in the middle of (name of location), erm so that is for like 8 to 11 year olds,

Researcher BN: Right.

SP10: Erm, but there's also just been various bits and bobs over the year like we had a youth club in our house for a while. We used to do lots of detached work, erm, as a like a bubble we call it. We started doing them during COVID so like a smaller youth group,

Researcher BN: Yeah.

SP10: Cos you’d think that was a slightly, maybe like a healthier way of providing a safe space for young people, the drop-in used to be great, but it was just wild 'cause we had like forty young people in a tiny space

Researcher BN: Wow!

SP10: Yeah. It was nuts. And maybe not the most helpful for young people with like a range of needs, you know, to all be on top of each other.

Researcher BN: Yeah.

SP10: So yeah, looked different at different times. I guess we’d kind of try and go with the flow of what we feel like the needs are at anytime, what volunteers are available, that’s always got to be brought in, so yeah.

Researcher BN: Yeah, oh great. And how did you get involved in the mutual aid, what does that involve?

SP10: Ah, so, that was just at the beginning of COVID, I guess I like heard of it like all of the country, there were like those little mutual aid groups popping up weren’t there

Researcher BN: Yeah.

SP10: And like street whatsapps and that kind of thing, and I guess in (name of location), the environment was slightly different 'cause actually, people do tend to know their neighbors, you know, like elsewhere, I heard od people like ah this was so great it brought out street together, I've actually, I think people thought it was a bit nuts at first, like the idea of a street WhatsApp 'cause they were like well I don't need a randomer to do my shopping

Researcher BN: Yeah (laughs).

SP10: But, because it kind of formed into an estate wide thing, that did connect us with other people who are more isolated. And I think we like started off doing people’s shopping for them, to get prescriptions, do dog walks, and then realised really, that actually the core need in (name of location) is that lots of people just couldn't afford food. So people were asking us to do shops but saying well I haven’t got any money, you know like people who were out of work or whatever.

Researcher BN: Yeah.

SP10: Erm, and I think really, that, like COVID was kind of an acute need, but there's also just a chronic need of food insecurity, wider poverty, erm, and so that group’s kind of amazingly, really, like continued. 'cause it is such a, I don’t know, like a ragtag group of people really,

Researcher BN: Yeah.

SP10: ..and it was a really like positive time for us as people who like live in (name of location) and are involved in community stuff because I feel like, we got to know other people who are kind of like minded in that you know,

Researcher BN: Oh yeah.

SP10: ..who are like motivated and just want to get together and do stuff in the community.

Researcher BN: Yeah.

SP10: Erm, so now that mainly looks like food giveaways, but with other little things aswell.

Researcher BN: Oh, okay. Oh great. So does, does faith come into any of these groups?

SP10: Well, so I guess like, we originally connected with (name of location) through church run youth work, so I did like a gap year for the, it’s like a tower church Christian organization. Just like resourcing, the church at the bottom of (name of street)

Researcher BN: Oh okay.

SP10: Erm, and my husband’s employed by the churches so, the, the youth work that we do is like church connected, some of it like the youth church thing I mentioned is obviously like, it's like church you know, it's like overtly Christian I guess.

Researcher BN: Yeah.

SP10: But a lot of the youth work is just, I suppose like driven by like, churchy values, but not expressly. It's not like proselytisey or preachy, do you know what I mean.

Researcher BN: Yeah yeah, of course.

SP10: Erm, and then mutual aid I guess is very like, I don’t know, secular, I guess there's like a lot of it's really interesting to me, the range of like opinions on faith that people have within that group. So, I think there are, there are different, definitely different faiths, but also lots of people who have quite strong opinions faith which isn’t positive.

Researcher BN: Right.

SP20: Erm, which is really helpful for me I guess in like shaping my thinking, and yeah, interesting.

Researcher BN: Yeah. Great, so what motivated you to become so involved with the community?

SP10: I think it's just a gradual journey of like really loving (name of location). So, definitely when I, so when I did like my year out of Uni, doing youth work here. It was just like the best ever spending time with young people like, (name of location) young people are just hilarious. And funny and, I've never like, I've lived in Newcastle for like 20 years and I've never been into (name of location) until I started like going out giving out Flyers to come to the youth club, and I just love it as a place like, colorful and so like friendly. You know, people just chat to you in the street.

Researcher BN: Yeah.

SP10: Erm, and I guess yeah, after that was I was just like this is great, and I wanted to stay involved with youth work because I just found it really, I don’t know, fulfilling, it’s like such a cheesy word.

Researcher BN: No!

SP10: Yeah, I guess that is it, and I, I suppose that's been like a journey over the years of, of living there and, making my home there and like raising my own kids there. Erm, yeah, and obviously like everyone knows that (name of location) has loads of challenges,

Researcher BN: Yeah.

SP10: ..but I think there are lots of things that are really beautiful about it. So that’s what, which is why I stayed.

Researcher BN: Ah that’s lovely, so quite area specific.

SP10: Yeah, totally, totally.

Researcher BN: Yeah.

SP10: Erm, yeah I don't know, like if I moved somewhere else, if I would care about youth work in the same way now, you know?

Researcher BN: Yeah!

SP10: I think there's something specific about the young people here. Yeah.

Researcher BN: Oh wow.

SP10: Yeah.

Researcher BN: Interesting. So what do you find the most challenging part, of all, I suppose that might be different challenges to different groups. What are the challenges?

SP10: Good question. I guess, I don't know, it's interesting. doing a lot of reading about like, poverty for my PhD, I guess like it's quite an encouraging thing to make me realise that, lots of the things that I've gone on a learning journey with, as someone who, I guess comes from like a more middle class background, (name of location)s a predominantly working class area. There's been lots of things that I’ve like wrestled with over time about understanding that community, about having lots of my like presuppositions about, help I guess, 'cause I, that's kind of the lens I came at (name of location) with,

Researcher BN: Yeah.

SP10: ..erm and definitely like in my first, so I did a year doing youth work and then we moved to (name of location) and I was finishing my degree, and the I was like, I'm so frustrated that like (name of location) is always the place in medical school that gets talked about as like where you die 15 years younger than if you live in (name of location).

Researcher BN: Yeah.

SP10: And I felt really frustrated that no one was doing anything on the ground in (name of location). And of course that's not true, people do think about health in (name of location) all the time, but at that time I had a very like, I guess like intervention-y model of what would help people be healthy.

Researcher BN: Yeah.

SP10: So I thought well we could like set up a stop smoking group and, I don’t know, do really like practical things. Have health conversations with people I guess. And I guess I've gone on a journey of realizing, ah it’s not simple is it, it’s like this tangled ball of complexity that makes people’s life hard in places like (name of location). And I think like grappling with that is really challenging, and like trying to understand that, as someone who now like lives there and has ties there, kind of like placing that in like a wider, almost like political narrative and, I guess feeling like a strong sense of the injustice and the fact that (name of location) is full of people who are like friends and neighbors who I love, who are so clearly avers-, adversely affected by bad systems you know like

Researcher BN: Yeah.

SP10: I think that's been quite a journey to go on and to realise, because I guess I probably had like absorbed lots of stuff about the fact that, well, maybe, maybe people are poor, but they also maybe don't make the wisest choices, and all that kind of stuff, and to realise maybe that's not true at all, and that actually, it’s just injustice you know.

Researcher BN: Yeah.

SP10: It’s challenging, good challenging I think it's good to be challenged on it but,

Researcher BN: Yeah.

SP10: ..it's quite a brutal journey to go on I think, to acknowledge it.

Researcher BN: Yeah. So that kind of applies to all of the groups who are involved in that wider background?

SP10: Totally, totally. And I think different, like connecting with different people has highlighted different bits of that, you know, erm.

Researcher BN: Yeah.

SP10: Definitely, erm connecting with mutual aid I think has brought in people with lots of different kind of backgrounds, political perspectives. And that's gonna be good for, like there's quite a lot of, during COVID especially when we were organising by like WhatsApp and zoom, there was just a lot of like healthy conflict I think in that group about,

Researcher BN: Oh right.

SP10: …how we do things, you know, like how we do food giveaways, who we work with, what we put in food parcels, but, that's good challenge, I think what that's about.

Researcher BN: Okay, yeah.

SP10: I don’t know if that makes sense.

Researcher BN: No definitely, yeah. Positive challenges.

SP10: Yeah, totally, positive challenges.

Researcher BN: Yeah.

SP10: Yeah.

Researcher BN: O right, yeah. So what would your day-to-day interactions look like? So it might be easier here to split up for different groups,

SP10: Ah, yeah.

Researcher BN: …and you might want to think retrospectively when you were..

SP10: Looking at different times?

Researcher BN: Yeah.

SP10: It’s like a, yeah I don't know how to like break that down really. I guess I spend a lot of my time, just like existing in (name of location), like existing here, existing in Morrisons, walking around. Erm, yeah I guess during COVID there was lots more involvement going to people’s houses, organising stuff at the center, doing giveaways. I just, I spend a lot of my life in like this small radius of a place, and I guess, kind of want to do that deliberately and connectedly, you know, be, like, I can never walk around (name of location) without bumping into someone, erm, I guess a lot of it is quite, now, is quite informal interaction, which is maybe different from early on, where I felt like, well we should be doing, you know, well we're doing the youth project, or we're running the cafe. I’d say now it's more relational, because I've got to know people really as like friends and neighbors rather than…

Researcher BN: Yeah.

SP10: …as people who I was sort of involved in like service delivery to I suppose, like early on, yeah, youth work was service delivery.

Researcher BN: Yeah.

SP10: So I think that's changed, and it is quite airy fairy like ‘I just hang out in (name of location)’ but that is what life is like, you know.

Researcher BN: Yeah, I know what you mean, yeah. So, is, what would you kind of tend to talk about, so we'll kind of say the, I don't know whether you think the youth club is relevant, it’s up to you (laughs) but what would, what kind of topics would come up within your community activities with people that you speak to? Is there any themes? Or is it just, everything and anything?

SP10: I mean, it probably just anything and everything. I guess there is often common themes about, life being hard for people, you know. Probably, I guess like more so with adults, but also with young people you know who will like never hold back on telling you their opinions on (name of location) or on school or, what’s going on in the community.

Researcher BN: Yeah.

SP10: Yeah I don’t know, I think it's hard to like, obviously like in different settings, you know like in a mutual aid setting I guess if you're supporting people with food that you’d talk about food and, why they’re struggling for food or, I don't know or, or why they want to be more involved in their community. I guess like probably themes are like, wellbeing and money, because it is just always an issue that affects everyone.

Researcher BN: Yeah.

SP10: Erm, health, I think just come up I don't know, maybe because, definitely with people who I know, I have that like legacy of having a medical background. Even though I remember very little of it, people still will come and be like, can I just pick your brains about this thing, and I'm like, I don't know anything anymore it's all gone. Erm, I mean that does come up a lot, and actually with young people because they know that too they’ll always be like, you're a nurse aren't you? And I’m like what, no! Erm.

Researcher BN: Ah okay.

SP10: Yeah, I dunno, I’m trying to think. I mean, young people would just talk about anything with really.

Researcher BN: (laughs) Yeah.

SP10: Yeah. Sorry, that's so vague.

Researcher BN: No no, that’s perfect. So, how long do the interactionists tend to last, conversations with people?

SP10: You mean generally, or you mean talking about specific?

Researcher BN: Yeah, I don't know whether you want to split it into different examples, with the mutual aid, when you were, during COVID?

SP10: I guess there we were often having like short initial little conversations that hopefully, I guess because the focus on that really, well partly is about just providing support to people with no questions asked or, I guess that's the thing that’s, for me has felt significant about mutual aid, is it doesn't have any of that like, almost like surveillance stuff that maybe like a food bank would have,

Researcher BN: Right, yeah.

SP10: …for example of like, getting people to justify their needs. So maybe like, with some people we would literally just drop, drop them a food parcel and that would be it, but I guess gradually over time, that's like, the conversation length increased, do you know what I mean, like in some people, I don't know, people are people aren't they, some people will talk to you for hours about things, and other people don't want to disclose their personal stuff, and that’s fine.

Researcher BN: Yeah.

SP10: So I think really varied. Erm, yeah.

Researcher BN: Yeah. So what about when you were at the community café, where the interactions different? How long did they last?

SP10: Ah, yeah. So that like ran a while ago, erm, and I think it's hard because when we did that community café, I would say it had more of a, agenda, not like in a bad way, but, definitely it was in our thoughts that we wanted it to be a place, like a place of health promotion really you know, where people could come and have access to good healthy food, affordable food, but also, yeah like open up and chat about health related issues. And that was a really, like a big space of learning for me really, about, you know some of the complexity of, well we can't just, if someone’s not making healthy eating choices it’s probably not just because they don't know what they should be eating, that's probably like a factor in it, but, could be a factor in it, but actually more often, it’s because of all that other wide, complicated ranged issues.

Researcher BN: Yeah.

SP10: So I think we did, we had some people, that cafe was good in lots of ways and challenging in lots of ways because I think, it was something that everyone in (name of location) said they wanted, but actually, I think there were barriers to people accessing it, and I, there are like loads of reasons why I think that was, but there were some people for whom I think it was really significant. So like there was a man who lived just across the road, who had like fibromyalgia and lots of different complicated health things, and I think that café was like a place really for him to just come and, we talked about his health a lot, but we also just talked about silly things, and what was on TV and,

Researcher BN: Yeah.

SP10: I know, like he told us lots of times it was like a significant place like in his recovery I suppose, because he’d just spent years in the house and didn’t really have anywhere to go. Yeah, so there are lots of conversations there about health, but not really, I think the thing that helped his health ultimately was just a warm, friendly place to be

Researcher BN: Yeah.

SP10: As opposed to more like, medical or directed, you know.

Researcher BN: Yeah, that makes sense. So what kind of barriers do you think there were when you said there was barriers?

SP10: Erm, I think maybe people, like it, it's sat in this weird place between being run by people who they recognized from their community, erm, but also being, like I think sometimes people were like this place is like too cheap, do you know what I mean, because we tried to do really affordable food, we got food from fairshare, that kind of thing.

Researcher BN: Yeah.

SP10: The food was, I think it was nice food, but I think we're almost a bit suspicious like, how come you can charge that, £1.50 for a big plate of lasagna? You know, that kind of thing.

Researcher BN: Ah, right.

SP10: You know like, people said to us we don't understand how it can be so, like almost like there was an agenda, you know.

Researcher BN: Right.

SP10: Erm, and I think, I think there were like practical things, like having volunteers who would stay and who could be like trained to make it a space of welcome rather than just, not be very socially competent and hiding in the corner, and like that was a challenge. Yeah, I think there were lots of things, I think maybe also it just, isn’t what people always, so like people like that guy I mentioned, it was exactly what they needed. But, yeah, I dunno, hard to know. Maybe the fact that as well, so it was in the shop that I mentioned, it’s like a little church center, and I don't know if maybe the fact that it was in like a, even though it wasn’t like a churchy based thing really,

Researcher BN: Yeah.

SP10: ..maybe the fact it was a church space

Researcher BN: Yeah.

SP10: ..was a barrier, like it has like, it had a cross on the window and like (name of center) like from years ago

Researcher BN: Yeah.

SP10: And like I always used to feel like, do people feel like they're going to get preached at.

Researcher BN: Yeah.

Researcher BN: So lot’s of things.

SP10: Yeah, yeah (laughs), absolutely.

Researcher BN: So did you notice any differences, kind of, during, before, after COVID in what kind of conversations came up, the themes of conversations?

SP10: Oh. That's interesting. Erm, I feel like people in (name of location) have lots of strong views, in general, like they wear their hearts on their sleeves often which I really like about it as a place,

Researcher BN: Yeah.

SP10: So I suppose during COVID, if one had opinion, everyone had opinions about COVID didn’t they but, yeah I don’t know. I feel like, COVID probably like highlighted some of the hardship that people experience, and there are probably more conversations, I guess could help that it was like always in the news and in conversation. Maybe that stuff comes up more, erm, but I also, I don't know if this is representative of other people, but in some ways I feel like, COVID built some connections in (name of location) you know like the mutual aid thing, and other, like definitely through youth work, I would say before COVID we never connected with families really in (name of location), it was really hard to connect with the kids’ grownups, erm, often the kids who came would be the ones who would be out all day, you know like trying to get them to bring a permission form back was a nightmare, and I think there was just a total shift in the people that we connected with, I think because everything went online really early on, we like delivered packs to people, and so all of these parents suddenly like connected with is on Facebook and are still in connection with us, and now some of them come and volunteer and help out at youth groups. So I feel like it kind of built some community connection.

Researcher BN: Oh wow.

SP10: But I don't know, that might just be from my very like, one particular lens.

Researcher BN: Yeah.

SP10: I feel like there's probably always been community connections in (name of location), and I think that affects the sorts of conversations that you have with people you know, about, just about stuff that’s going on locally

Researcher BN: Yeah.

SP10: Yeah.

Researcher BN: So more interaction if anything.

SP10: Yeah, yeah, totally ironically, when everyone was separated.

Researcher BN: Yeah!

SP10: Yeah, definitely.

Researcher BN: Ah that’s a good thing.

SP10: I definitely don't know, I'm sure there were some people in (name of location) who were very isolated during COVID. But I also don't think people felt the isolation in the same way. Maybe just because lots of people just didn't care about distancing guidance do you know what I mean, like (name of location) was still buzzing during COVID a lot of the time (laughs), but yeah.

Researcher BN: Interesting, so when you say health comes up a lot, in the community café, with the mutual aid. What kind of health topics was it, or is it?

SP10: Largely like wellbeing I suppose, I feel like people are just solely if they’re having a hard time, and that relates to, like either mental health although that’s often something that’s talked about in quite general terms, erm, but also physical health, you know I guess, I don't know. There are just a lot of people in this community who have health issues. Which makes sense, you know I guess like statistically. Erm, and people, yeah, will be quick, quick to tell you about them, quick to discuss them

Researcher BN: Yeah.

SP10: Quick to talk about feeling frustrated with their doctor or yeah, whatever.

Researcher BN: Yeah, so is, when you obviously you've got a medical background, do you think that relates a lot to the health conversations you have with people?

SP10: I think it does in some settings, but I definitely also see that people just talk about their health as a natural thing. I guess like in any conversation someone will tell you how they are

Researcher BN: Yeah.

SP10: Erm, and that, that's what's going on, I guess it dominates life for lots of people like you know, it's like one thing or another.

Researcher BN: Yeah. When you say just mental health in a general sense, what do you mean by that?

SP10: I suppose like references to like finding things hard, feeling low, as opposed to like specific diagnose-, you know what I mean?

Researcher BN: Yeah.

SP10: Almost just like an acceptance that like, life is tough, do you know what I mean, I don't know where that line of like wellbeing fits into mental health, but I guess it does fit somewhere around that area.

Researcher BN: Yeah, uhumm. And who tends to initiate those conversations about mental wellbeing?

SP10: I think people will just bring it up in a place that, I don’t know, I'm trying to think like of the different sort of, I suppose that wouldn't happen with everyone, it would happen with like people, people with who I have a relationship, neighbors or friends or,

Researcher BN: Yeah.

SP10: Erm, I think people are often just willing to be honest about, you know probably way more than I would be. I think I would have to feel quite safe with someone to talk about how..

Researcher BN: Yeah.

SP10: ..my mental health was. Whereas I think lots of people in (name of location) are just really good at being open and honest and transparent.

Researcher BN: Oh yeah?

SP10: Just like acknowledging that is part of life you know.

Researcher BN: Yeah. So when you were in like the Community café for example, did those conversations come up there?

SP10: Totally yeah, like all the time, and I think, there was a lady who worked as a cook in the café who, is a really interesting character 'cause when she like signed up for the role, she said like I don't want to talk to anyone, I just wanna hide in the kitchen, and actually she's just a dream person in making people feel like safe and welcomed.

Researcher BN: Aww.

SP10: She would be very open about her own wellbeing in all sorts of ways, and like I guess she's a classic example of someone who would just always tell you something about her health you know, not, not private and secretive about it at all.

Researcher BN: Yeah.

SP10: And that facilitates other people being able to be like, oh yeah me too, this this and this, you know.

Researcher BN: Yeah.

SP10: Erm, yeah I think it did that and like in the café, I don't know, it's just really, I don't even know if people noticed this, but we did have like, you know, flyers to signpost people, that was one of the things we’d hoped it would do.

Researcher BN: Oh right.

SP10: I don't really know how much it did that because I, I don't know how much people actually needed sign posting do you know what I mean, I, I feel like when I went into that I thought, well people don't know where to connect to these things. And now I think, I, I don't know if they just feel like these, they've tried these things and they don't work or,

Researcher BN: Right.

SP10: ..you know, like it feels like it would have to be a very specific moment. Having flyers out in the café didn't feel effective.

Researcher BN: Right.

SP10: Perhaps if someone opened up about something specifically, and someone then said to them, ah have you heard of this exact thing, and it was the right moment and like the planets aligned, do you know what I mean, then maybe we would signpost them successfully.

Researcher BN: Right.

SP10: But I think that was harder in reality than we maybe anticipated it would be.

Researcher BN: Yeah.

SP10: But maybe if people didn't, maybe if they went to the doctors and they had flyers, they would respond to that, particularly.

Researcher BN: Right, so do you think it was partly because of the, because it wasn’t a medial setting or?

SP10: Yeah, maybe, maybe

Researcher BN: Yeah.

SP10: I don’t know, I hadn’t really thought about that in detail.

Researcher BN: (laughs) So did you, did that kind of conversation ever happen, where you did bring a flyer into it, or, not so much?

SP10: I think I probably did. I'm trying to like think of an example. And we do like, I guess we will still like signpost families occasionally to support services and that kind of thing. But I think I've also become conscious that, often, I think the things that would be easy to signpost people to, are an, almost feel like an oversimplification of a problem, do you know I mean, or like, maybe it would be good for someone to go and, I don't know, go to the gym more, and that would help their mental and physical wellbeing, but actually, there's no one to watch their kids, they don't have the money to go to the gym. Erm, you know like all those other factors. And so I think probably I'm more hesitant about trying to be like here’s this neat solution to your problem now than I used to. Because I recognise..

Researcher BN: Yeah.

SP10: ..I recognise my own situation like well I know I should be healthier and I should probably get more time to exercise, but I'm not doing those things for like a complex range of reasons, right?

Researcher BN: Yeah

SP10: Because life gets in the way. Erm, so yeah so maybe, I don't know. I don't know what it would look like now. I suppose, if I was to set up a community cafe tomorrow, I would maybe be a bit more conscious that I didn't want to just, have a barrage of like, this is what you could be doing, you know.

Researcher BN: Yeah.

SP10: Because I recognise that it's not simple for people to do those things.

Researcher BN: And what's changed in between that period? Is it your academic knowledge of health inequalities, or why would it be different now?

SP10: As in like why my perception..?

Researcher BN: Yeah, like why it might be different if you had the community café now.

SP10: I think, I don’t know, I think it's because of my little experience amongst people, and hundreds of conversations really, and then I feel like I've almost kind of done it backwards, you know, like, because I came with a very like biomedical model of understanding health, and I, like I, I did definitely have an interest in health inequality, like in medical school I did, they called it like an inner city doctor Placement, like I did 60 weeks in Teeside, looking at social determinants of health, so I like was aware of all that stuff as being important, but I guess I still thought like, I thought we could break this down into like you know, like people need to eat healthy so they don't get obesity, we need to not smoke, we need to not drink. Whereas I guess now, I’m probably just, because I've got to know the complexity of so many different people's lives, and seeing how hard it is to like untangle those threads, I think that makes me think, this is sort of way more complicated, and also sort of way more simple. Like ultimately, like I said earlier, like the underlying thing feels like it is poverty. And even if we sort poverty today, I guess there would be that legacy of like, I don't know, often I think it's like trauma from living in poverty that affects people's health choices

Researcher BN: Yeah.

SP10: Erm, and we could still, even if everyone tomorrow in (name of location) had enough money to live on comfortably, there would still be health inequality I'm sure, but it feels like sometimes there's no point doing any of that stuff on the surface, against that baseline of, but they're just struggling to exist, you know.

Researcher BN: Yeah, OK.

SP10: But I don't actually, like rationally thinking about that I still massively respect working people doing stuff for all those individual strands of health inequality, it's just sometimes I feel overwhelmed by thinking, but there’s, it feels so important academically to me, but, the reality is, it's just so messy, I don’t know if I’ve made sense.

Researcher BN: Yeah, ah right, so its actually your lived experience that caused that change in..

SP10: Yeah, I think it is really. Actually, and I guess that's, yeah lived experience and I suppose, so I studied Public health really slowly alongside it, and I found it really helpful there to like, think about a wider range of theories of stuff like, I guess things like behavior change, you know and, psychological theories of wellbeing, I guess like doing that alongside living in (name of location) was really helpful, and really challenging, because I guess I had to like sift through that and be like well, what if this seems to work on the ground as opposed to just academically.

Researcher BN: Yeah. Interesting.

SP10: Yeah.

Researcher BN: Yeah. So what about smoking, diet, exercise? Do those conversations ever come up when you're out in community?

SP10: Oh, yeah. I think they do come up a lot, I think smoking comes up loads. Often initiated by people themselves, acknowledging that they don't want to be smoking, but they are, you know.

Researcher BN: Right.

SP10: And I find those really, definitely early on I guess I used to have like a, I don’t know like how could I be helpful in this conversation? How can I encourage someone one little step along that journey of? Right, so maybe they're mentioning today that they'd like to stop smoking like, do they know about all the options of what support would be available to them?

Researcher BN: Yeah.

SP10: Erm, and I guess I would still probably respond in that way, you know, but with the recognition, I think probably now my instinctive reaction would be, so just wanting to respond empathically, and recognise that again, that thing of like most of the time it feels to me like people, if they could change do you know what I mean, it's not that, everyone knows that smoking is bad for them, right?

Researcher BN: Yeah.

SP10: Like all our young people who used to come to our house and then go outside for a tab used to be like ah sorry I’m going for a tab and I was like, you don’t need to, I don't care, you go and have your tab, but also, yeah, like smoking is really bad for you, like we're not going to pretend otherwise.

Researcher BN: Yeah.

SP10: Erm, but then it's interesting to think about people who I know who have gone on a stop smoking journey and like because people like, the lady who works in the community café with us, she like smoked so much and we used to talk all the time about how it was like her only pleasure in life, erm the classic thing like she used to say like this is my one thing that I love doing I am never going to stop. And then she got diagnosed with COPD and she was like well I’m stopping, overnight, and we had so many conversations about like, (name) you know you don't, COPD’s miserable like, it might be your only pleasure but it won't be your only pleasure if you have to be on an oxygen machine and, yeah, I find it so fascinating that the actual diagnosis was the thing that tipped her into being like, though she could have, to me, she could have anticipated that being the route she went down.

Researcher BN: Yeah.

SP10: There was like that key moment, erm, and I guess like diet, I feel like smoking is in some ways like, a more simple thing, because diet is just influenced by so much, isn't it? And, there is such a problem with people having access, financially, but also just in terms of like accessing shops, erm having the means to cook, I feel like that's a really like thorny conversation I have with people, erm, I guess even down to like body image things or weight .

Researcher BN: Yeah.

SP10: I’m probably quite, I'm quite cautious against those conversations, erm.

Researcher BN: Yeah.

SP10: Yeah.

Researcher BN: So would they happen less often?

SP10: I think, I think conversations about food happen a lot. But probably it's not like a, it's not a binary, is it? It's not like you’re smoking or not smoking.

Researcher BN: Yeah.

SP10: It's a like whole complicated range of, erm, I think there is an awareness, I guess just because everyone is aware of like food banks, within mutual aid there's a lot of chatter about, how can we support people holistically with food, you know like, can we provide recipes for the things that we’re giving away? So I think there are conversations about food all the time, but probably, I think the conversations about food happen less in a like health aware setting. You know, like,

Researcher BN: Yeah.

SP10: …what you're eating for nutrition for your body is like way down the list of priorities when it comes to food, I think.

Researcher BN: Right.

SP10: yeah, definitely.

Researcher BN: So did the conversations about food and diet, were they different now to when they were in the community café?

SP10: Erm, maybe, maybe, I feel like I probably have always been a bit conscious that food is complicated, but definitely we had had loads of like, you know change for life that sort of thing.

Researcher BN: Yeah, yeah.

SP10: We used to have loads of their resources. People used to come in and do cooking classes, so I suppose, yeah I suppose maybe like, I think probably yeah they have evolved, because early on I would have said this was more about like education, and promotion of healthy eating. Whereas now I think yeah but, people literally don't have calories to live off, so. Yeah, or like basically healthy calories to live off. So,

Researcher BN: Yeah.

SP10: .. teaching them how to make a really healthy chili con Carne is like way down the list of priorities.

Researcher BN: Yeah.

SP10: Probably that has changed as well. In my perception. Which is not necessarily a good thing I don't know (laughs), it still matters that people have a healthy diet, its just interesting to like reflect on this, yeah.

Researcher BN: Yeah, yeah (laughs). Yeah I’m really picking your brain.

SP10: (laughs) Yeah sorry I’m giving you very waffly answers.

Researcher BN: No, no, not at all!

SP10: (laughs) because I don't have any answers really. I think it's all complicated.

Researcher BN: Yeah. So- go on,

SP10: I was just going to say I think there are, like, there are still something, so like I don't even know if it comes under this sort of thing, but like breastfeeding, I think is an interesting public health thing that comes up a lot, like, when we lived here, I had my baby and I breast fed her and, young people would like come up with all their opinions about that you know, I guess breastfeeding rates in (name of location) are really low, and I feel like that's an easy thing to have those kind of like nudge conversations about, you know. Of like gently suggesting to people this might be, this could be something you can, you could consider, but I guess again that's like a more black and white you do it or you don't do it thing, than food, or alcohol, or exercise.

Researcher BN: Yeah.

SP10: Erm, yeah.

Researcher BN: Yeah. No that makes sense. So is there anything that would help you have conversations about health and wellbeing, in the different community activities you do with people that you see?

SP10: I don’t know is the honest answer that question. Because I think I feel like more convinced now that people are able to make healthy changes, when they feel supported, rather than, guilty, and I don't really know how you like, what would it look like? I guess, I guess I think these things happen best when people come into regular safe spaces, where they can feel like validated for who they are, and then think, almost like imagine a new narrative you know of like, how things could be. Erm, yeah, so I guess maybe like, I don't know, it just, it's not very, it doesn't feel very tangible at all. But I guess, one of the things I like learned about during public health is salutigenensis as a theory, I don’t know if, it’s like a, it’s probably one of many psychological theories. But at the time I was like this makes sense to me as something that makes sense as something that fits into people’s experiences in (name of location) which is all about how like, ultimately, health is dictated more by like your sense of control over, life and, I think it has like manageability, meaningfulness and comprehensibility or something, so like being able to understand that what happens to you is part of a bigger picture, part of like to do with societies’ structures, and to be able to like, have the resources to cope with the things that happen with you, and to find a sense of meaning in it, and I feel like that, in the times where I've seen people make positive, holistic changes in life in (name of location) but especially health changes, those have been the things that had to fall into place, so people had to feel like they had the resources to cope with stuff,

Researcher BN: Yeah.

SP10: …and they had to feel like, I can make some meaning out of this, not just like I'm surviving every day, and which I think is how a lot of people are getting by. Erm, and I think sometimes, we've had these like little safe spaces, so like the cook in the cafe for example, I think went on a, a health journey, even though she was working in that café, because she was supported and validated and people listened to her and, she's gone on to like sit on poverty truth commissions and that kind of thing. Erm, but I think she did that not because, when she switched from a place of feeling like, I should be doing this and I'm failing, to thinking, no I could do this, I could like, build a better life. So I don't know how you produce that to people, other than to give them the, the basics, but also maybe to like, shake that, address that fear that people have that they’ll go to the doctor about a problem and the doctor will be like, well you need to stop smoking. You know?

Researcher BN: Yeah, yeah.

SP10: Which I understand, like, when I was at medical school we used to talk about like, well, I guess it's making every contact count, right? This is your opportunity to say to someone did you know you could give up,

Researcher BN: Yeah.

SP10: ..but I think people often receive that as guilt, and almost like condemnation rather than empowerment.

Researcher BN: Yeah.

SP10: So I guess, maybe having some sort of resource that helps people, but maybe that exists now and I don't know about it. So I just, 'cause I don't know, it might be done totally differently.

Researcher BN: So that kind of empowerment, do you think could be assisted by health conversations or, in place of, for example with the cook in the community café, was that change assisted by conversations as well, or do you think it's a complete change of, switch of tact almost?

SP10: I think it probably, I think the health conversations have their place within it, but I think, almost like they, there had to be like a golden moments of, you know of, like where someone actually, even on that given day, had the capacity to think oh, maybe I could like, maybe I could make a change about this, you know. So I think there is a place for them, because it's clearly, like why do they have health education programs and cookery classes and stuff, if that's not, the evidence must be there somewhere right that that does make change. And I can think, like there's a family who came to cooking classes, that we did in (name of location) and like they engaged with it so much, she'll still like post pictures of her meals of recipes that she did then. But, I think she had that baseline stuff, and I don't really know how you, develop a system where people know the right moment to sort of intervene

Researcher BN: Right.

SP10: ..with those conversations, I think they have to, I think they are part of it, to remind people, here's the opportunity, you know. Here's the resources to stop smoking if you decide that's what you want to do. You don't have to just do it on your own and go cold turkey.

Researcher BN: Yeah.

SP10: Erm, and I guess probably, the secret might be for that stuff to be done through really grassroots organisations. So I think, I think that happens so often in (name of location) is, we have people who want to come and deliver a specific intervention about something like knife crime, or, I don't know,

Researcher BN: Yeah.

SP10: ..stopping, stopping young people smoking, and what they want us to do is like rustle up this like lovely focus group of 20 young people are like sitting and listening to what they have to say, and, it's so hard to explain to them like, you might get three young people or you might get 50. And they probably won't want to listen to what you want to say, but maybe if you got to know them they would because they'd start to like, you know, like that kind of thing.

Researcher BN: Yeah.

SP10: I guess maybe if there was a better cohesion between, and support for grassroots organisations so that they don't just feel used I think sometimes by externally agencies who want to come and deliver a message that's valuable, but have way more financial support than the local little struggling groups do.

Researcher BN: Yeah.

SP10: I don't know, I feel like there's an ongoing pattern of that kind of thing happening, erm, and if there could be better cohesion there, I think that would make a difference.

Researcher BN: Okay, so that might help aswell.

SP10: Yeah, yeah yeah. Like messages delivered within the safe spaces that people occupy. Yeah.

Researcher BN: Yeah. So obviously you've touched upon a few, but is there anything that comes to mind, the main things that come to mind that would stop you from having health and wellbeing conversations?

SP10: Yeah, there probably is stuff I’ve touched on. Just,

Researcher BN: Yeah.

SP10: I've not wanted to be judgmental, I think I've also grown really aware of the power dynamic that exists sometimes, like, even just having a medical background or, sounding different, do you know what I mean? Like, as some-, like I think it's been important for us to own the fact that, there are maybe cultural, there are just cultural differences, like the fact that, I mean just having a degree, erm, there are loads of cultural differences erm, and I think early on were like well, those things don't matter. And of course they don't matter, in terms of like value and worth of people. But in terms of power, I think they do matter, and so, I think I'm more conscious now that, it's easier for me to make positive health decisions than it is for lots of people in (name of location), and so I don't want to add to that guilt or shame or whatever, by trying to be like, well, you could do this, you could do this and you’d have a better life. It doesn't feel very like, it doesn't feel very mutual, you know, and I guess

Researcher BN: Yeah.

SP10: ..increasingly I feel like, the places where I see people flourishing is when there's mutual relationship and empowerment, as opposed to, power differentials.

Researcher BN: Right.

SP10: So probably, I'm too hesitant to have those conversations because I’m like I don't want to make you feel bad about this, you know?

Researcher BN: Yeah, yeah.

SP10: Yeah. I think that is the biggest barrier, possibly.

Researcher BN: Okay, power imbalance.

SP10: Yeah, yeah I think so.

Researcher BN: Yeah. Interesting. So what about the social determinants of health, obviously you’ve said that comes up a lot so like employment, finance, housing. Do conversations happen in your different community groups about those topics?

SP10: I think conversations happen about those topics. I don't know if conversations happen relating those things to health. Is that what you mean?

Researcher BN: Yeah. No, just either or.

SP10: Either?

Researcher BN: Yeah.

SP10: Yeah, I think, I mean people are almost 7000 issues, you know? Erm, issues with the job center yeah, issues with employment. So many people, especially at the minute obviously because things are stressful. Just having so many conversations with people about having to take on other jobs, I, yeah, I feel like that stuff is just everyday chat with everyone really. Erm, and that almost is not like, I don’t know, I think sometimes I get super frustrated with those conversations, thinking about things from a health lens because I just think, this just all seems so unfair and it's so bad for, like I can see that it's bad for people’s wellbeing you know to be juggling all of that stuff, but there's often not the headspace for people to think about how that affects people, you know I, I don't know. It's really hard, I think, I think I’ve been quite politically radicalised to think, this is almost like a deliberate decision, you know, to keep people in this place where they don't have the headspace to realise, this system is not fair and it is affecting us really negatively, erm, and we deserve better, you know. But yeah, I don't know, I find it really hard not to just, feel really cross about it,

Researcher BN: Yeah.

SP20: ..and also like, there is just that gap really between the lived reality of people lives, erm, and like an academic understanding of how those things affect... 'cause I just, I understand that like, we can kind of map out can’t you, like well if you have, if you have mold in your house then you're gonna get bad lungs. But I think there's like a, a huge psychological component of all those sorts of determinants that,

Researcher BN: Yeah.

SP10: ..is just so complicated. And trauma as well like, I've only recently started thinking about that really, but the fact that people, I do see that people are traumatised by struggling to survive, erm, and that that is huge. That's almost like the biggest determinant, I think of their wellbeing, because there's no space, there's just no space in life to think about all those other things, you know, smoking and diet and exercise.

Researcher BN: Yeah. Interesting. So, are they, are they always initiated by the other person rather than you those conversations?

SP10: Erm, I suppose it depends on how I know people, I feel like often people will just bring those things up.

Researcher BN: Yeah.

SP10: Erm, if it's someone that I know, I guess I'll ask them you know, how those things are going.

Researcher BN: Yeah.

SP10: But yeah. I guess I am not directly impacted in the same way by loads of those issues like, yeah, like I am impacted by some of them. But hous-, you know like I have a job and enough employment and, I’m in a privately owned home, so instantly some of those conversations are different erm, which is why I guess it can be difficult to talk about with other people.

Researcher BN: yeah. So how do you respond to those conversations?

SP10: Aw, I feel sad, I don’t know, erm, I guess it depends on the person. Sometimes I think, sometimes I think there's just listening and like receiving it and being empathic, because sometimes there isn't, like a lot of the time, there's no way forward, do you know what I mean like, which is frustrating. Sometimes I think, I just have knowledge of systems that can be helpful to people, you know like housing, I feel like it often when issues come up with people’s housing, people don't realise something like e-mail their MP or, you know, or like go to the Housing Office with some evidence to support it. So I think sometimes there is like an advice, I feel like it's easier to like offer suggestions on that kind of thing, because, I think often it is people's knowledge of the system that’s lacking. Same with health services really like people often don’t always understand how to navigate, get an appointment with their GP or, I guess understanding how referrals work, that kind of thing.

Researcher BN: Yeah.

SP10: So I guess there's often kind of like practical advice, maybe sometimes like advocacy, going with people to support them, that kind of thing.

Researcher BN: Yeah.

SP10: Yep.

Researcher BN: So do you think those conversations go well? How do you think they go?

SP10: I don’t know. Really mixed. Because I think sometimes people just need a space to be cross. I think it's hard to work out what people want sometimes, you know like sometimes, I like will ask directly now like, do you just need to rant about this, or do you need like, is there anything we can do? Trying to strike that balance of recognising that, like for all of us, sometimes we just need to process the, sometimes we need an outside perspective that can say, ah have you thought about this, sometimes that’s the opposite of what’s helpful. I don’t know, it’s hard to, I think sometimes there are positive outcomes, definitely, like, yeah, housing particularly I think, sometimes escalating things has led to actual change.

Researcher BN: Yeah.

SP20: Erm, not always.

Researcher BN: So is that something you will explicitly ask, is, if they want kind of just a rant, or if they would like advice?

SP10: Yeah, sometimes, depending on the person.

Researcher BN: Yeah.

SP10: I think, because, yeah again, I guess just informed by all that like power differential stuff or, just in my own experience you know sometimes, there are situations that I know I can't change, but I just need a safe place to, you know, express feelings, and ultimately that is the reality with loads of things that,

Researcher BN: Yeah.

SP10: ..there's not immediate hope of change for people, but stuff is hard and that doesn't feel like, I feel like that’s a hard place to be, you know.

Researcher BN: Yeah, definitely.

SP10: To just like, receive that. Erm, yeah.

Researcher BN: Yeah. So challenging.

SP10: Yeah.

Researcher BN: So in terms of, in terms of what stops you from talking about the social determinants of health, what would be the main things that stop you from talking about those things?

SP10: I mean, I think the conversation does come up so often that, it doesn't really stop me. I think I am mindful of the fact that, while I have lots of shared experience people, obviously everyone's experience is different and, (name of location) is made-up of loads of different people. But, like for example, I think a lot of people end up, some people live in (name of location) because they love it, there are lots of things they love about it, but for lots of people they haven't chosen to live there. And if they could move away, probably they would, whereas like for me, it's a deliberate choice. I like living there and I could, I have the means to move probably tomorrow if I wanted to. And I think again, that's just, sometimes uncomfortable, do you know what I mean to, I have enough space in my house, I have the right number of rooms for my family and loads of people don't. I don't have, I have some shared experience, but not perfect shared experience, and that's a kind of like funny, it's almost like it sits, some of my interactions sit between just totally personal friendship based interactions, and some of them, because I’m involved in youth work, because I’m involved in mutual aid, are like somewhere between personal and professional, you know,

Researcher BN: Yeah.

SP10: …and I think just being mindful of those boundaries, probably, stops me from.

Researcher BN: Yeah.

SP10: Or is just a barrier to having those conversations, I don’t know, yeah.

Researcher BN: So again kind of that power imbalance as well?

SP10: Totally, totally yeah.

Researcher BN: Yeah. And anything that would help you have conversations about the social determinants of health?

SP10: Erm, I think, I don't know. I guess maybe, I don’t know what this would look like. I think about like how mutual aid is so refreshing for me because I think there's space within that group to talk about some of the like injustices again of these things you know, and to, to name and recognise that some of this stuff is very structural and systemic and, that it’s not fair, and to acknowledge that lots of people in the country are not grappling with these things to the same degree as people in (name of location) are, you know, and to talk about the fact that these things impact. And I especially feel like, for some of our young people who've like come through youth groups have gone on to like do youth work training with us, and become youth leaders. And, for lots of them there's been a point I guess, where they’ve realised like, my experiences of growing up have been really hard. Erm, and, almost like they need to like process that and come to, I don't know it, I guess when they like connect with other people from like the wider world,

Researcher BN: Yeah.

SP10: ..they recognise that not everyone’s experiences are the same. And that's really useful for tapping into that space to say, maybe this isn’t how it has to be, how it should be. What does inequality look like? How are you impacted by inequality? How can you like recognise that, and how can we amplify your voice so that other people hear the reality? So I guess like, somehow creating space for those conversations, but I don't know how you’d do that, often it just arises spontaneously, you know.

Researcher BN: Yeah.

SP10: I don't, I don't really think I'm articulating that very well. I guess sometimes it's just assumed like this is how life is, and occasionally there's a space to be like well it doesn’t, maybe it doesn't have to be this way like, maybe this is political choice or, structural issues or.

Researcher BN: Right.

SP10: Does that make sense?

Researcher BN: Yeah, yeah. So kind of identifying that opportunity, the right time I guess again.

SP10: Yeah, yeah, yeah totally.

Researcher BN: Okay. So have you notice any differences, pre, post, during COVID, of the types of health and wellbeing conversations you had with people? Including the social determinants of health.

SP10: Erm, I feel like maybe, COVID made it made it easier for people to acknowledge that things were hard because, there was this sense that everyone was having a hard time. I think people have always been open about like not hiding their difficulties, lots of people are not, but some people are really proud of it, but while I don't at all like buy that thing of like, well COVID affected us all, clearly it didn't affect us all equally. And some people were disproportionately affected. Psychologically I think people are able to think well it was hard for everyone, and I feel like we haven't come out of that like, we’re kind of still in that phase of being like well it's hard and it just keeps getting harder, do you know I mean like?

Researcher BN: Yeah.

SP10: It feels relentless.

Researcher BN: Uhumm.

SP10: So I think that does mean those conversations are close to the surface

Researcher BN: Yeah.

SP10: ..all the time, yeah. But it's also hard to know how much my like circles, so I think being involved with mutual aid frees people up to be honest, because we're all there saying like we're just neighbors, you know we're in this together, you have something to contribute here as well as receiving,

Researcher BN: Yeah.

SP10: ..and I think that helps people to be more open. Because they don't feel like they're being watched or judged, they just feel like ah, these are my neighbors and,

Researcher BN: Yeah.

SP10: …this is a place of care, you know, so I don't know how much of that is to do with COVID, and how much of it is just to do with my change in circles, in (name of location) like I can’t decide

Researcher BN: Yeah.

SP20: which one of those things are.

Researcher BN: (laughs) Yeah, fair enough. So if we go on to training now, any training that you've had, have you heard of brief health conversations or brief health interventions before, have you ever had training in that?

SP10: No, I haven't, I've never had training in it. I guess it was so long ago since has I was at Uni, like I guess we talked about like, I don't even know if it's the same thing, like theories of behavior change, or like models, you know of like the different stages of contemplation, I don't even know, I can't even remember but I remember like talking about the value of, geting those little moments of conversation in, but not in more detail than that, you know.

Researcher BN: Right.

SP10: And definitely not in the community have I had training like that.

Researcher BN: So that was part of your medical training just?

SP10: Yeah I think so

Researcher BN: Was it a whole lecture, was it quite brief?

SP10: Oh, I don’t know. Erm, I feel like we probably had like a lecture on theories of behavior change or something,

Researcher BN: Yeah.

SP10: ..maybe as part of public health. Definitely not loads of detail, and maybe like also discussed in like GP, I guess it's mainly like a general practice thing right? Like maybe we would see a GP model that and then talk about it after. But that's like as far as it, it definitely was not a lot of detail. I don’t know how I remembered that it was so long ago.

Researcher BN: And what about making every contact count? Is that familiar phrase?

SP10: It is a familiar, familiar phrase. But I don't know loads. I was gonna say I looked it up for your thing,

Researcher BN: Yeah (laughs)

SP10: Because it was a familiar phrase, and I guess just that, I don't know it must have liked tapped, I don't even know how long that's been a thing for, or if that, if I would've heard about that at Uni or if it's more recent,

Researcher BN: Yeah.

SP10: ..but I guess it like tapped into memories I had of like, oh well evidence shows that like each individual conversation might take someone closer to, I don’t know, is that what it is or am I making this up?

Researcher BN: Yeah, yeah, yeah.

SP10: Yeah. Erm, but in terms of having it like, I'm trying to think like I used to be part of, I think it was the change for life network in the (name of location), I don't even know if that's a thing anymore, and I feel like that was the sort of thing that they would talk about, and that existed that I suppose to like resource charity, third sector organisations to be a bit public health minded in what they were doing.

Researcher BN: Right.

SP10: But I couldn't say that I specifically remembered anything specifically. You know, about making every contract count.

Researcher BN: Yeah.

SP10: Other than it was like the general Bible, of like you can use all these opportunities like, and a recognition that charities, and the voluntary sector have a role to play I guess in,

Researcher BN: Yeah.

SP10: ..those, having those conversations.

Researcher BN: So you think that might be where it, where you’ve heard of t from?

SP10: Yeah maybe

Researcher BN: Through change for life?

SP10: Yeah, maybe.

Researcher BN: Yeah. So,

SP10: How long has it been a thing?

Researcher BN: I’m trying to think now, I think at least 10 years.

SP10: Oh, so maybe I would have heard about it from uni.

Researcher BN: I was definitely around 2010.

SP10: Okay, okay, ah yeah so maybe I did.

Researcher BN: Within health care.

SP10: Yeah. Yeah, yeah, yeah, ah probably then.

Researcher BN: But just quite brief memories of,

SP10: (laughs) Yeah totally.

Researcher BN: (laughs) Yeah. So in terms of, is there any training you would want to receive in terms of having these health and wellbeing conversations?

SP10: It's hard 'cause I guess then, (long pause) would I go on training if it was offered. I don't, I don't know, like maybe I would, I guess I would maybe see it not as my current role, because, because I almost prefer, it feels more comfortable for my role to be a relational role, one that is involved in like community activity, but one that is respectful of that power thing. I'm mindful of the weird boundary, you know, like if I was clearly in, if I was a paid youth worker, then maybe I would think this would be really valuable.

Researcher BN: Yeah.

SP10: I feel like I can do some of it informally, probably not as effectively, but informally as a volunteer. But to do it more formally, almost, I don't know, it just reintroduces that power thing, doesn't it? Or maybe it doesn't have to, maybe there's a way to do it that is very relational, erm, and I guess my approach would be, current approach would be to sound out what someone knew, do you know what I mean, like if someone doesn't know how to eat healthily or, that smoking is bad, then of course we can have a conversation about that. But if they do know that, then, I probably wouldn't personally want to do more.

Researcher BN: Yeah.

SP10: But I can, can see that it's valuable. I don’t know, is your, I don’t even know if I’m allowed to ask this, I guess I want to know like, what your research, is it evaluating how it’s worked, like?

Researcher BN: Yeah so, I wanted to make it clear that I'm definitely a neutral person. They don't have to say nice things (laughs)

SP10: Okay so, no, no, no.

Researcher BN: But yeah, I'm not affiliated with making every contact count, it’s looking at the application of it, the feasibility within voluntary and community settings.

SP10: OK, yeah, yeah, yeah, okay.

Researcher BN: Yeah.

SP10: That's interesting.

Researcher BN: So yeah I’m a neutral person (laughs)

SP10: No, I definitely don't feel like I have to say nice things to you about it, but I also feel like, it makes sense to me as a thing that's really, I don't know, presumably evidence based. I don’t know, I guess I, it's hard for me to separate out how much of this, how much of my reservation about some of the power stuff is just where I'm personally at with very recent experience in my community, and how much of it is, ah actually, maybe there is like a legit challenge here of recognising that, I don't know, like it’s not the core issue, do you know what I mean, I think that's, I think that I’ve thought about this so much since moving to (name of location), there were so many things that I was taught that were quite like black and white about what makes people poorly. And now I think, I don't think it is black and white at all, and it felt like some of those things were just like finding a neat solution to something that was really complicated, you know.

Researcher BN: Yeah, yeah.

SP10: But also, I recognise that there's so much subtlety and nuance within that, and so for some people having these little nudge conversations probably is really important, yeah I don’t know.

Researcher BN: Yeah.

SP10: What's, what's your overall research vibe on, what its, can you tell is that?

Researcher BN: Well it’s (laughs), well, not fully, don’t fully have the whole picture yet.

SP10: Okay sorry (laughs).

Researcher BN: So, if you were ultimately offered the training, you would probably say no at this point, would be your ultimate answer?

SP10: I think so if I’m being totally honest,

Researcher BN: Yeah.

SP10: ..not because I don't think it's valuable as a thing. But because I don't, yeah, I don't think I'm the right person. I think I want to be more integrated, relationally rather than stepping back toward that, more of like here’s my professional opinion.

Researcher BN: Yeah, okay.

SP10: But I might be misunderstanding.

Researcher BN: No, no.

SP10: Or it could be implemented in like a gently way, you know.

Researcher BN: Yeah, interesting. So yeah, would this, is there any, so there's no specific topics or anything that you would want to receive training in?

SP10: Oh, that's a good question. I don’t know. Can you like give me an idea of what topics might be?

Researcher BN: So like just the topics we’ve covered so like physical activity, diet, is there any of those specifically, or do you think it's just a no in general?

SP10: Erm, I don’t know. I think it's, I think it's hard 'cause often I'll go on training and be like ah well I didn't anticipate that this would be a good thing that came out of that training, and it was actually useful, do you know what I mean, and probably I could do with a refresher of some of those things. I suppose, if there was a way that like, was very focused on, not just education, but like actually facilitating ways to make healthy choices more accessible for people, given the massive limitations of the social determinants, I would be interested in that.

Researcher BN: Right.

SP10: Erm, and I think like, my memory is that like change for life, for example, tried quite hard to do some of that stuff you know like, to make, to do little games about how to get your family moving, that kind of thing. And like I, I could see that, it was really good, but sometimes it just wasn't quite enough to actually be implemented do you know what I mean like, you’d give the flyer to the kid and they’d be like, this is crap, you know like, that, that's my brutal experience of it, but I, like it was in the right direction do you know what I mean of like accessibility and, bright colors and, didn't feel too medical.

Researcher BN: Right, yeah.

SP10: It felt like holistic.

Researcher BN: Yeah, yeah.

SP10: So if there was something like that, then I would, yeah, I think that would be interesting.

Researcher BN: OK.

SP10: Yep

Researcher BN: So more holistic?

SP10: Yeah I think so.

Researcher BN: Yeah.

SP10: And like something that really acknowledged, it's hard, it's really hard for people to make these healthy choices when life is hard. Erm, yeah that’s what I would say.

Researcher BN: Yeah OK, great. So is there any other resources that you think would be helpful in initiating health and wellbeing conversations?

SP10: I think because it comes up so naturally, like I don't, I don't know, it's really hard to know how it comes, I guess, I could imagine that if I was in, like (name of location), maybe it wouldn't come up so easily, because if I think about how, how easy I find it talking about those things, with someone I didn't know, not very like, the answer is not very easy, but I think, yeah I don’t know, I think my experience is that people naturally open up about those things in situations where they feel safe and not judged, and supported. So I don't really know like, what resources would support that to happen better do you know what I mean, I feel like, yeah, apart from maybe, it's hard to like, you know like for example, if there was funding to run like a community conversation in (name of location) around accessing, how easy is it to like access healthy food, and like, maybe that's something that people would like come along to, and just having that structure that would facilitate conversation about it, but I guess we're mainly talking about one to one conversations and I think that just, it does just happen naturally.

Researcher BN: Yeah.

SP10: I don’t really know what we could do that could, yeah, other than I think sometimes like structures do give people the space to be more open, but I'm struggling to think about what specific context that would happen in.

Researcher BN: Yeah.

SP10: Maybe in young people to be fair. Accessible resources might help us bring that stuff up with them. But, my experience is you can't guarantee when they're gonna want to talk about something, like a lot of things have to be very spontaneous

Researcher BN: Yeah.

SP10: ..and that's where I struggle to think of how resources would work.

Researcher BN: Yeah, that makes sense.

SP10: Yeah.

Researcher BN: So do you think ultimately if you did end up going along to the training, to talk about health and wellbeing, do you think it would have an impact on the health and wellbeing of the people that you subsequently talked to?

SP10: I could see how like, at a big picture level, opportunistically, like I suppose if I was like, I guess a lot of things are to do with like being primed and ready to take a moment, right, I guess that's like the biggest thing, so I suppose if I went on training that was like a refresher and an update on how to intervene meaningfully, then yes, probably like eventually over time, I would have a few incidental conversations with people, where it might be a tiny picture of their journey of change, do you know what I mean but,.

Researcher BN: Yeah.

SP10: ...to what degree that would actually affect, I don’t know, like meaningful change in the big picture, like would it be worth it, do you know what I mean, like is there resource to run training, for me to go and do that, I don't know if it would be. But maybe it would work.

Researcher BN: Yeah.

SP10: I think it, I think it could have an impact, but I think it's like a tiny bit of, a tiny jigsaw puzzle piece of like a much bigger picture of, what effects people’s health, do you know what I mean?

Researcher BN: Yeah, know what you mean. Well, that was everything I had to ask. Is there anything else you wanted to add?

SP10: No I don’t think so.

Researcher BN: You feel like we haven’t covered? Or?

SP10: No, no.

Researcher BN: No? Well that was perfect, thank you very much, I’ll er, switch this off.