Researcher BN: Perfect. So if you could just start with, if you could go through your age, gender and your role at crisis.

SP13: Yeah. So I'm 50 years old, this, this year woohoo, I’m a female and I am a progression coach at crisis, so that, no one understands what that means really. So what, well I'm a social worker, but I don't work in a social worker role. But I do social work in a non-statutory service really.

Researcher BN: Ah okay.

SP13: Erm, so we deal with full assessments on people when they come through the door.

Researcher BN: Great. So can you describe what crisis does, what goes on at crisis?

SP13: Yeah so we’re, we’re the bits in between. So my background is 30 years in statutory services. So, working in statutory services, there's loads of bits that fall in between what statutory service can do, what their remit is, and we pick up everything in between. So what we do is we, because we're well knowledged in the housing law and legislation and social care, that if they, if someone comes to us and they are not receiving the kind of support that they need, or they have been fobbed off, or they have been treated differently or excluded, especially those who are socially excluded, or excluded red carders, the ones who've been barred from all the services, we work with everybody, erm, and we help them to negotiate through the housing services, the homeless services, through the social care systems which are complicated for us as professionals, so they’re like completely mind boggling for somebody who hasn't got that, that background or experience.

Researcher BN: Hmm. Oh, great. And what motivated you to work for crisis initially?

SP13: So, so me background, so 30 years ago I was a homeless officer just by chance. I wanted to do something, I was working for a local authority and I wanted to do something that erm, gave back, that's what I thought it was, and in statutory services, homelessness, does not give back at all. In fact, you literally spend all your time, I felt, as in preventing people from getting housing. But it's like, it’s like a goal was like to not except people, you know, to get as least numbers as possible. Erm, so in my view it’s to fit in with the government figures, the government don't, say like Newcastle or Gateshead or North Tyneside, they’ve got this many people as homeless. They wanna advertise that we, they've got this less amount of people who are homeless, so they're doing a good job. In effect, they just manipulate the numbers. Erm, and the social care side of things as I did erm, children and then adults. So, so I like, I did it like back first, so I did like the homeless bit first, then I did the adults bit, then I did the child bit, so that I learned from people's upbringing and everything, how it can lead them into being, like in the social care system, and then how homelessness affects them. So I’ve very much left the statutory service after all those years with a good career and pension, to work for Crisis which is erm, I didn't know enough about it at the time. But it’s an organisation that, I challenge statutory services on what they do because I know what they don't do, and I know what they can do, and we do a, a hands-on approach, like a holistic view of everything. So, a roof over your head doesn't solve your social care needs, your health needs, you, you know, all those things. And it's just the starting journey for you. So that's why I went and joined crisis.

Researcher BN: Oh, great. So what, can you describe sort of your day to day role, what would typically go on in a day for you at crisis?

SP13: Erm, so yes so, because we’re, people present to us and it's, we are like the triage system of your, of your housing situation. So what we do is, so my day it would be a start, generally we’re on duty, so we would have a team meeting, we'll discuss any cases that might be coming in that we're aware of, if we've been alerted by, say the police or social care or housing or whatever, erm, we also deal with rough sleepers and other few bits and pieces. So, if there's a concern coming in, people thinking we’ve really got to get a hold of this person like a missing person or someone not looking after themselves, erm, they come, present to duty, erm, we will then take them through. We've got like a special 1 to 1 room which is connected to a, a, a duty office. So you have someone working in a duty office. (looks at phone) Sorry, me daughter doesn’t know when not to contact is.

Researcher BN: (laughs) That's alright.

SP13: So we, so we’ve got a duty officer in a duty officer duty room, which, we’ve got a glass in between them, like a glass window, so we can see that the, the staff is safe, as well as have back up if we need it,

Researcher BN: Right.

SP13: ..erm, and then we do a full assessment on their needs. So even though we’re, we are purely housing led and homelessness led, all the issues that make you homeless are what we work with, so we do erm, an assessment of everything, about their wellbeing, their housing situation, the, how they look after themselves, safeguarding, erm, social care issues, drug issues, mental health issues, physical health issues, erm, people trafficking, erm, any person that can come through the door, you know, gang related stuff, erm, sexual offences, er, people who’ve got really violent backgrounds, erm, modern day slavery, female genital mutilation,

Researcher BN: Ah wow.

SP13: erm, female torture. We, we do everything through the door, erm, girls who work the streets as well and boys who work the streets as well. We can deal with everything, erm immigration. We don't give immigration advice, but because we're a non-statutory service, we can support someone to get that. So, for instance at the moment I’m working with a erm, a Chinese national, who hasn't claimed asylum, and their afraid to claim asylum, but we're supporting them with the organisations to get them to make that claim and help them get down to Coventry and erm, sorry it’s the dog n all now. Help them get down to Coventry to make the application and claim asylum to take you. I bet you can't believe this, Beth, you cannot believe this.

Researcher BN: (laughs) I can hear my dog going off downstairs as well.

SP13: (laughs) So, so yes, it's like anybody you would think would come through the door for any reason whatsoever, generally at their lowest ebb. Erm, or just don't know where to go to, and then we give them advice on all of the things that we, we can, if we don't, if we don't know it ourselves, then we pass it on to someone else who does know. But we generally know what we're doing. Thank Christ. So after we do the assessments, say we do four sessions a day, if anyone comes in, there’s like 4 appointments, if anyone comes in after that time who was roofless, we would give them brief intervention advice, we would take their name, their details and a contact number, pass that on to the local authority because they’re the ones with the statutory duty to deal with the homelessness situation, and then ask them to come back and see us the next day. But otherwise, the ones who come to see us, we do a full assessment of their needs. Erm. And then depending on what they tell us, then we work forward from that. So we’re generally on duty one or two days a week.

Researcher BN: Right.

SP13: So, because the cases are so complex, and so there's so many variants to them, and it takes you a long time just to look into what they, what you can do. Because you don't know everything, you’ve got to look into stuff and everything, get advice from different services, getting advice from internal services, and then working with them, hand holding them through situations, regardless of what it is, it could be hospital attendance, it could be a street triage, it could be anything.

Researcher BN: Hmmm, wow, that's a huge remit.

SP13: It is a huge remit, yes (laughs).

Researcher BN: So when you mentioned you do like a wellbeing assessment, what does that involve?

SP13: Everything, so I can give you a copy of our wellbeing assessment if you’d like a copy sent to you as well.

Researcher BN: Oh right. Yeah, that would actually be really useful.

SP13: So I've got one to hand. So I'm just gonna quickly have a, I created it but I’m gonna have to have a look at it, so, so on the wellbeing assessment we ask for, the only information that we ask for is stuff that we absolutely need, because if we're going to contact other services, DWP, hospital, police or whatever, we need things like their National Insurance number, their contact details, immigration status, the language they speak, what their nationality it is, erm, who their GP is, any diagnosis that they have, medication that they take, erm, any dentistry, optician things, we look to see if they’ve got ID, what ID they have. Can they use it? Have they got a bank account? Because we need to know if they've got bank account so we can start with the benefits claim with them, get them set up with an e-mail address so that they can, we can start the process for making a claim for job seekers universal Credit. Erm, finding how much PIP they're getting or how much UC they’re getting, what they’re, then that links in with what their mental health problems are, physical health problems, because we might then help them claim for a PIP, because a lot of people haven't had a PIP, or don't even know what a PIP is. Erm, we look, look at their housing situation, whether their sleeping rough, whether their sofa surfing, whether their squatting, whether it's non-residential, whether it’s a night shelter, hostel, bed and breakfast or whatever. And then we ask them what the situation is, that their at risk of homelessness or homeless. So what's happened, how have you gotten where you are. Erm, we then need to look into their last, like I say their last six months housing history, six months to five year depending on what the situation is, because depending on where they've lived during that period of time, is depending on which local authority we need to say to them, you need to do an assessment on this person, you've got responsibility of this person.

Researcher BN: Right.

SP13: Erm, so we work out with them what their local connection is, which is either 6 out of 12 months, or three out of five years, work out if they have a homeless officer. If they're from prison, have they had the necessary paperwork referred, because they have a thing called duty to refer, that's what probation do, they, when someone’s due to come out of prison, probation have got this duty to refer to statutory services, homeless teams, so say this person’s due out of prison then, you need to do an assessment. Erm, and then we talk about whether they got any physical health problems, mental health, drugs, alcohol, domestic abuse, erm, trafficking, cuckooing with some gangs, physical disabilities, learning disabilities, alcohols problems, autism, er autistic spectrum, and history of involvement, like MAPP, I don’t think you've heard of MAPA and MARAC and things like that?

Researcher BN: No.

SP13: No, MAPP is like multi agency protection, er conference. Those are where you, you, don’t quote is on this, but the really naughty boys and girls, erm, who, there’s like different levels of MAPP it’s when they can be managed by, if they’re a risk to the public, they’re managed by different levels depending on what their risk is, how high their risk is. And a MARAC is er multi-agency, risk assessment conference, and that’s for people who suffer from serious domestic violence, and we can refer into those aswell and get into all the support systems from there.

Researcher BN: Alright.

SP13: So, that’ that’s that bit of it, erm, we do, we do a, part of the assessment is doing an outcome star, you’d be familiar with an outcome star?

Researcher BN: No.

SP13: No. So an outcome star, so, I'm saying this, just say no (SP13). Erm, so an outcome star is like, it's a, people call it different things, I think it's a really positive tool to work with. Erm, so what it does is, even though someone comes in and they’re absolutely focused on like, the’ve got an open wound for instance, they've had no food in their stomach, and they've got nowhere to sleep tonight, you know, they might not, you might nto find out that actually their, they’re on medication they haven't taken for a long time, because they haven’t been able to get to their GP, and they haven't got to their GP because they’re barred from the services, they don't know how to go on the, the violent patients charter, erm, you know so those things, so what we do is we ask them these questions on a scale of 1 to 10. So very specific questions about erm, where they feel they are. So, one would be your worst case ever, and 10 would be listen, as I say, (SP13) I'm champion, I'm sorted, I can do it myself. And those are around, I'll send you a copy of this, so those are around their motivation and taking responsibility, so how motivated do you feel at the moment, what's got you to where you are, what kind of thing, is it because you're lacking motivation, is it lack of motivation because of medication for mental health, I is it for drugs and alcohol, is it any of those things? Erm, and then you get them to score themselves, to see where they are and talk about what score they’ve given them and why they feel that they, you know, what would be, what changes they would need to make to get it to the next, like say if they said they were four, what kind of things will they need to get to a five. You know what, what is it sort of things. Then we ask about their self-care and living skills. So that's basically around your social care stuff. So it's like, you know, are you able to wash and dress yourself appropriately? You can generally make a, a judgment, professional judgment on someone who comes in, whether you think they're able to look after themselves, erm, but you ask them because, because I've, I've seen people who were absolutely engrained in dirt, where they haven't been, you know, teeth are missing, teeth are falling out, and scabs and, and different things like that, and they haven't looked after themselves, but they actually think they're very well, looking at themselves. So we ask about their routine, how they do their healthcare, how they look after those things and sometimes they just say well no, I don't do that, I can't do that. So, and then we’d say like are you really like eight, do you really feel you’re doing this well, because I'm seeing, you know, I’m seeing you've got some issues with your, you've got sores around your mouth or inside your mouth and everything, or you’re missing some teeth or, you know, you, you're struggling to see, do you need, you know, do we need to get you some glasses sorted out, erm, then we do ones on managing money and paperwork. (leaves desk) One second.

Researcher BN: It’s alright.

SP13: So, and that's when you see whether they manage their own money and paperwork, and that's when you get to find out, actually, ah so someone else has got your, your, your cash point card,

Researcher BN: Right.

SP13: ..and they give you money each week do they, and how is it you get that? And how do you know how much you get in your bank, and why do they keep the money for you? So we’re working out safeguarding issues around that, erm, then we go on to social networks and relationships, so your friends, you know, are they a good influence, are they people who you take drugs with, are they people who you, you, you socialise, you know, is it alcohol issues, is it defending things, are they a good circle of friends for you, are they positive for you or do they bring you back down. Have they helped you lose accommodation? You know, all those kind of questions. Erm, and then we do around drugs and alcohol, and because we, so like the start of the conversation is all around, you know, everything you tell me is absolutely confidential unless you’re gonna hurt yourself or someone else, as a safeguarding matter. So, when we say to them, we’re not statutory services, so we're not automatically reporting services. So, if you tell me, if it’s not a safeguarding issue, tell is your issues, because until I know exactly what you're struggling with, I can't give you the proper advice.

Researcher BN: Yeah.

SP13: And whatever you tell is confidential. It's, it's letting them know it's that confidential, building that trust with them. Erm, so we ask them what, what drugs they might take, erm, how they started on drugs, where they are now, how much they’re using, how much it's costing them. Erm, al-, has there been an increase, has there been a decrease? Is there drugs to keep away from? Is there stuff that you’ll just take anything they're offered, because their circumstances are so bad? And then around the alcohol similar questions to that. So, how long you been drinking for, erm, when you don't drink, what happens? Do you, have you had a seizure before, erm, have you had fits, you know, have you ever lost consciousness with it, erm, have you ever blanked out time, you know, and lost all those? Have you ever found yourself in difficult situations because of it? Been arrested, all, all those things that go that, and then we talk about physical health. So, when you’ve got a physical health problem, how is it you would go about treating yourself, do you know how to get to a GP, accident and emergency? Tell me the last physical health problem you had, what did you do when you were bad? Did you access the GP? Why didn't you? You know, all those reasons that go with that. So we’ve got their mortal mental health, and that's about, erm, so if they have, er, if they were gonna rate themselves between one and 10 again, you know, where would you say you were? And it's, generally people say a 5, and we go well, so 5, if five was taken out, would you say a four or a six? And if you said a four or a six, where would it be? Erm, and that's getting a fix on, you know, me mental health was doing really well until six months ago, when I lost me accommodation, I couldn't get my prescription. Erm, I, I haven't seen the GP and I've got, I should see the GP for this, this, and this, but I haven't, and you find out..

Researcher BN: Oh you’ve just paused.

SP13: Sorry?

Researcher BN: Sorry you paused for a second there when you were describing, erm, the mental health rating, erm, and then you paused for a little bit after.

SP13: Sorry.

Researcher BN: No, no.

SP13: So we go with the people with mental health problems in the majority, I'd say 95% of our clients have got mental, I’d say probably higher, but in the side of caution, about 95% have got, erm, mental health problems, and they probably, 70% of those have got serious mental health problems. Something that's needing like third tier involvement. Erm, so we, we talk to them about this, a lot of people have psychosis, you know, they're not aware of the mental health problem they have, or they've been told they have a mental health problem, erm, and sometimes you're gonna have to work out whether the mental health problem is the issue or whether there is a reality in what they're discussing with you, so paranoia, erm, like delusional behavior, a lot, a lot of people have got suicidal ideation, and we have to do a, a triage with them on suicide. So they are all suicide assessed. Erm, we, so we do, like a safety plan with them. Erm, which links into whether we need to get crisis team involved, mental health services, their CPN, is it police matter, and quite a few times we have had to have erm, an ambulance attend and police, if someone needs to be, like placed under a section, even if it's just a police section for the time being, for their safety. So that happens, I wouldn't say quite regularly, but more often than we would like it to happen. So, mebbies once or twice a month that could happen, that's a really uncomfortable situation. Erm, then we go onto meaningful use of time. So, what are they doing during the daytime to occupy themselves, and some of these are like questions that they might say well actually I just drink because I'm, I'm bored, I’ve got nothing else to do and you think, well, you said you had no issues, but alcohol, can we come back to the alcohol thing, and talk to them. Erm, then we talk about managing their tenancy, erm, you know, so you’ve had a tenancy before, it hasn't worked out, tell is why it hasn't worked out, what's been the issues there, tell us what the good points were, what the bad points were, you find out from that if there's been cuckooing that's been involved, whether they’ve been taken advantage of as people using it as a dos house, used a drug den, you know. And they find, those, is it the same friends you've got, the circle of friends who you scored low with, are they the same people who are causing you problems with your tenancy that’s lost it, so how are we going to then find you another social group, find out what your interests are and try and get you away from them, or reduce your time with them, and do some more positive things for you.

Researcher BN: Uhum-hmm.

SP13: Erm, and then we talk about offending, like, you know, where, where they are at offending now, you know, do they feel like they are, because everyone will say no I’ve got no chance, no, I'm not gonna offend again. Then you have more conversation with them say, so that that might not be a possibility because of the way you live. So you might shoplift. You might erm, you might steal from others you know, because sometimes they’ve got no options, benefits haven't been paid, they’ve missed an appointment with the job centre. I mean, just that's a way of life for some people. So, how can we try and resolve that? So there's other things we can do if it's around food, there's health banks, free and cheap eats we can get around Newcastle. We give them food when they come to see us initially, so we'll give them some water or coffee, tea, or erm juice, erm we have like dietary requirements like halal snacks, and non halal snacks, vegetarian snacks, and not, just so when someone's talking to you, if you're belly’s rumbling and you're feeling really unwell, and you haven't slept or whatever, and you feel rotten, you get yourself a cup of coffee down your neck and some, some flap, like we get flapjacks that are really good, so get some flapjacks and we used to do, Greggs gave us a delivery as well.

Researcher BN: (laughs) Ah right.

SP13: So we use Greggs, which is not ideal, but that's their staple diet, sometimes that's all they know if that’s their staple diet. Erm, and we give those things to them so, we, we go through everything and one question can lead on to the next question and then some, they mention something and you double back on. Erm.

Researcher BN: Mmmm.

SP13: Yeah so that's, I'm saying that's basically it, there's other questions as well around, because we know that erm, activities can reduce the boredom, which feeds into the alcohol, the drugs, the offending.

Researcher BN: Uhum-hmm.

SP13: So we do a lot of things at crisis that erm, for instance like learn how to apply for a Council house. So, if you like, you know, so a team helps you apply to your Council house, erm, gets all of your documents with you, gets, erm there’s a team that does a class that do, get the bank account for you, and we link in with some of the banks, I think it's Lloyds Bank we work with, who will do a bank, basic bank account for someone who hasn't got a fixed address, erm,

Researcher BN: Ah right.

SP13: ..or bad credit rating. Erm, we, erm, we look at other things so we do a lot of mindfulness, there's classes they can do, like a one to one session on mindfulness.

Researcher BN: Ah right.

SP13: There's cookery, there's cookery sessions as well. Erm, so that we help, not only can they come down and cook themselves some food, they can also gain like a certificate to cooking like, I don’t know what is it like your health and safety, handling food and all that thing, and preparing things, so you get a qualification as well, as well as coming down and getting your own meal, so we provide everything, and we've got like a kitchen, erm, that's got like er 5, 5 kitchen areas, erm, where you cook it, and there's a teacher who teaches you to cook cheap and easy meals that they can make, and they’re beautiful, absolutely beautiful.

Researcher BN: Ahhh.

SP13: Erm, so they, they do that as well. We do some things with er, we do outward activities so, obviously mental health, improving your mental health and well-being, getting outdoors. So we do Chopwell woods, where we do erm, like bushcraft skills, er, archery, bike riding, walking. Erm, there are other sessions where people do, they do one to one work. So if someone needs to do, just to get, if they're not comfortable in group work, erm, then we will take them out for walks, we will take them to woods, we will, it's, obviously you’re doing risk assessments around these people because not everyone can use the kitchen facilities because of the, the nature of their risk. Not everyone can do group work, you know, and we work around to suit what their needs are.

Researcher BN: Mhmm.

SP13: I’m trying to think what else we do, we’ve got community psychologists as well. So we're a very PIE informed environment, probably one of the best PIE informed environments across the country as far as I'm concerned. So we erm, everything we do has the input of, everything we do, everything we've organised, and how we structure our building, especially the one to ones, is because of member feedback and member involvement. So we have like experts by experience, and they give us feedback on our letters what we send to clients, how, when they come to reception, what they would like reception look like, how they would like to be the interview process, how the room is set out. Erm, er, there’s like an emergency exit room, exit for them for the person, also for staff, if someone's really unwell and needs to leave, or they get too overwhelmed and they haven’t gotta go back through the building, they can just go literally out the door, and it's like, it locks, so it’s safe for them and for us as well. Erm, we have our people on site, so we can speak to our clinical psychologists, we have two, and we can do case studies with them, if we're unsure or want some more ideas or suggestions on how to get someone engage where we know that, if they don't engage, they could die. Erm, that sounds very dramatic, but that's actually what, that's what we're dealing with. So, if someone's got personality issues, if they've got paranoid behaviors, if they have got behavioural issues, just giving us ideas and methods around how we can then work as a team around them, to try and engage them better. Sometimes it’s a bit like suck it and see, see if it works, but at least we're trying everything we can't do that. We can also get, some of our clients will not go to a hospital or doctors and wait to be seen, or wait to be seen by them, or wait to be seen and the waiting times are huge, and we have clinical psychologists who we can link in with, and if appropriate, if their, if this person, for instance, erm, I've been working with this gentleman for a long time, a couple of times he has been in with us, he's been rehoused, he's then thought housing’s the, his issue, you know, like that's it, he's resolved now. Three months he was homeless again because he didn't believe his mental health problems were so bad, stopped taking his medication because he was housed, he was only depressed and these ideas because he was on the streets but actually he wasn't. Then he came full circle again this time, obviously after work with clinical psychologists and our different teams, erm, he now has a really good insight into his mental health and his medication, and that if he doesn't take it, that's the starting point for him relapsing sort of thing. And, the work, that was done with the psychologists, as well as the mindfulness coach. Erm, and we have, we had multidisciplinary team meetings with his CPN. So we might use our psychologist, because the waiting time for them through the CPN is a long time, and by the time it gets to that point, like strike while the iron’s hot, they’re wanting to do something now, so we can do them sessions with them now. Erm, and at this minute now this person who was, he wasn’t looking after his health, he was very underweight at the time, he wasn't taking his medication, erm, he was getting treated really badly by services who were a bit sick, just like the same old same old to them, they don't treat people like individuals, it's more like this homeless guy. You hear them say that and you’re thinking are you kidding, you know, this homeless guy, well actually, he’s a person who hasn’t got a house, but you don't call me this person with a house. I mean, erm.

Researcher BN: (laughs) Yeah, yeah.

SP13: So we, we did a lot of work with him, and now he's stable, in his own accommodation, he's getting his medication, we’ve agreed for him to go on a depo injection, erm, we'll talk with him about that how it involves, CPN was on board with it as well. So he’s, and he's marvellous, he’s absolutely marvellous with it. Erm, so it's, it's working with all the, everybody outside of, it's not obviously insular, and what we do is try and then, when we get someone who has got serious health problems or illnesses, we get them linked into statutory services because we're not statutory, even though we've got ex police officers, we've got probation officers, we've got clinical psychologists, I’m a registered social worker, erm you've got erm, other people with multifaceted trades, working in prison services, working in mental health settings. We've got all those. So, but what we acknowledge is, we're just a charity, and we're funded by people who give us donations. And if the donations stop, we won't be there tomorrow. So what we do is, the work we do is, we do all the handholding to get them along to these appointments, get them linked in, get them, get them the encouragement, the confidence, boosting their confidence. Get them linked in with other services, and then slowly just say well, actually, this is a good sign. You've moved on. So.

Researcher BN: Uhumm. Wow it’s a holistic service. It’s amazing.

SP13: It’s marvellous, it really is.

Researcher BN: Yeah. So it sounds like that initial assessment is both useful in its own right and then links onto a lot in the future. Is that right?

SP13: Yeah so, yeah.

Researcher BN: Ohh amazing. So what do you find the most challenging part of your role?

SP13: Erm, I’d say services, I really would say getting services to do what they should be doing in the first place. I find a struggle with them. I find a struggle with, not so much getting GP appointments because we, we've, we've got a, we've got a health now, have you heard of those?

Researcher BN: No.

SP13: So health now works, so it's part of crisis, but independent as well. So with our health now we have erm, a team of volunteers who are trained to work with individuals who, to link into services where they need help. So, where you have, a lot of people won't go to doctors because, and I've seen it myself, and I'm, I'm not saying everybody's the same, I'm just, there's been bad experiences because sometimes people don't know how to behave as we would call it, in a, in like a constructive way. Like, you know, they’ve been in prison for a long time, or they've been brought up in really poor circumstances. So they are themselves, their behavior can be quite challenging to services. So telling the doctor to go fuck himself or I’ll fucking hit you, that’s a sort of conversation you could have with them, and a lot of GP's are really good at acknowledging that it’s a person’s behavior because of how they've been grown, what have been involved in, but some GPs aren't as good, and any kind of raising of voice or any language used and their immediately removed from the books. And I understand the zero tolerance process, but you’ve got to have zero tolerance when it's not, when it's, when there isn't an issue that's led to that behavior. So if they've got a, erm, a defiance issue or they have, like, a personality disorder, like they’re sort of like, you know, antisocial personality disorder, this person is not gonna behave in the way that we would class as social norms. So then you've gotta have a bit more leeway with that person. So then our volunteers or staff go along to GP's as a health advocate,

Researcher BN: Ah okay.

SP13: ..and they talk to them first, what is it you want from the GP when you go there, or from your health specialist, or if it was like erm, we do a lot of work with people who are transgender as well, so we’ll have deep conversations and, and get information about what the person actually wants from the appointment, and talk in layman's terms to us about what they want, erm, and then the health now team go with them, take them to a GP, erm meet them at the GP's and go in and advocate on their behalf, and also feed back to GP services about the behaviour, like their behaviour sort of thing, like you know,

Researcher BN: Ah okay.

SP13: ..like this is what we found like good practice, bad practice. And we meet with them, there’s like a forum for the GP's and the, the health services which we go to, and feed that information into them, of what we're noticing, what the difficulties are. So.

Researcher BN: Ah great.

SP13: So it's hand holding for that person to get from us, to get any kind of medical health, mental health, physical health, dentistry, visual stuff, I mean, you don't see a lot of people who are homeless who wear glasses. Because they just loose them or if they break them they can't really see anything so, yeah that aswell.

Researcher BN: Yeah, it’s things you don't really think about that I suppose, you don't consider.

SP13: No.

Researcher BN: Yeah. So on the flip side, what do you find the most rewarding, or what's your favorite part of your role?

SP13: Oh my God. So, even the smaller wins, like they're, like the, what we would see, what other people might see as a small win, someone attended a GP appointment. We have a GP on site sorry as well so, every week we have a, a GP on site so, they won't make an appointment for the GP, or their GP or get involved with a GP, but they will see a GP if they can call in at crisis because it's not really a GP place. So erm, if you, you could make 5 appointments for them, but they come on the 6th appointment, like that's like (clutches chest) you know what I mean, it's, it's, that is when you think well, they have never seen GP for five years, but they're gonna see this GP on their 6th appointment, I mean it's like amazing. Erm, get, getting a local authority to, if someone has been difficult to engage, they don't understand the process, I mean, if I didn't do this job, I wouldn't understand the process either, getting the person to win their case, put their case forward, and get someone to actually acknowledge them. And we say to each other like a lot of the times, if it wasn't for us, and I haven't got any God complex here. But if it wasn't for our service, there's no other service does what we do. So if it wasn't for us, like the, the local authority will do, if they can, they do a lot of gatekeeping around accepting applications for homelessness, when they shouldn't do. Gatekeeping is against the law, but they do do that. So we then challenge them. So for instance, like today, erm, because a lot of the authorities aren't very keen on us, they, they like to say to work alongside us, but because we do a lot of challenging, then, it’s like a bit of a love hate relationship with us if that makes sense.

Researcher BN: Yeah.

SP13: Erm, they know why we're there, they know we're good, and we're good when they want us to be good. But then if we're challenging them on something they’ve done, they don't really like that. So for instance, I've got a challenge today, which is started yesterday with a man who presented as homeless. He has no local connection to (name of location), but I couldn't get a hold of the homeless team where he lived, which is just like an hour and half down the road, because I couldn't get a hold of them and he was going to be street homeless, I had to get in touch with our (name of location) office, at link (name of location), our homeless team. Tell them I couldn't get in touch with where he needed to be. And then we managed to make touch with this place where he needed to be. Who then just dismissed it saying well he's in (name of location) now, (name of location) need to make a home assessment, they said he's presented to (name of location), I said he hasn't presented to (name of location), we had to contact (name of location) because you wouldn't answer your phones, we’ve been on all day trying to get a hold of you, and then, erm, (name of location) are saying very clearly he's got no connection with us, he wants to travel back to where he's coming from, which is just like a couple of miles away, er, about 15 miles away. He wants to travel back down there. We could support him to travel back down there. But they’re literally digging their heels in the sand at 4 a clock last night, I said well, this has went on from 11:00 o'clock in the morning, to say, well, as far as we're concerned, there’s like hours in between responses, he's in (name of location), he wants to live in (name of location), and we now have to pick him up. So I've sent, I've worded a very, erm, a very strongly worded e-mail this morning about negating someone’s statutory duty, and regardless of where he was and the circumstances, you failed as, in your responsibilities, so that's where we are at this morning. And then what we would do then is, we would raise it to the next level. So it would go to their managers or a corporate complaint, to try and change the process they're doing.

Researcher BN: Uhumm.

SP13: So getting those wins for people, saying to them, actually acknowledging them, so this gentleman will be put in a taxi and we will send him down to where he needs to be, and he will be housed tonight. Erm, there’s other ones where we change policy as well. So, so crisis itself, we erm, we do a lot of influencing, I really sound like I'm like literally, wooo, you know, crisis is great, but they are a good organisation. So, a lot of the like, so there’s a thing called the Housing Reduction Act, which is a massive piece of legislation which came around in 2017, which is around erm, homelessness and guidance to local authorities, and crisis were the main influencer in helping write the policy in the Housing Reduction Act. Erm, same as the, people who are homeless, you know, it was illegal up to a period of time to be homeless. You could be arrested for being homeless. Vacancy Act, and crisis did a massive campaign on, on having that abolished. So I don't think it's been fully abolished, but they, they're not used that law at the moment, there is more that's going on to it, and currently we are, two seconds, and currently, part of our role is erm, we, so as first, as the first responder, so say the front line, we place people in hostels, erm, and some hostels are better than other ones. But what we decided was, we didn't really know the hostels. Now I knew them from like 30 years ago, but the hostels were there compared to today are completely different, poles apart. So part of our job which we enjoy as well is that we get involved, and we're actively encouraged to get involved in anything with things like wrongdoings or what we think is wrong. So what we did is we decided to visit our hostels, they’re called excluded, erm, excluded, exempt accommodation. So exempt accommodation is hostels or, or supported accommodation that's not provided by the local authority,

Researcher BN: Right.

SP13: ..which are provided by private organisations, non for profit.

Researcher BN: Mm-hmm.

SP13: But what we’re finding out is that some are for profit, well actually they are all for profit, really. But by visiting some of them, we have serious concerns over, erm, some of the staff, some of the training they hadn't had, the, the, the building who was in, that were there, the way the staff spoke to residents who were there, how they behaved in front of the residents. Absolutely appalling things that shouldn't, shouldn't be done and everything, so then what we did is we then contact the local authority, because the local authority were placing people in these places, and said are you aware that there’s these safeguarding concerns, this is behavior concerns by managers, there's erm, there’s very much erm, behaviours and prejudiced that's coming from the, from the actual area managers of these places. So if that's the manager, what's happening with the staff? And inappropriate discussions, sharing confidential information, just because we've come from a, an organisation wanting to file their work, you don't share case stories with your clients, ah ‘this client’s got problems with his kidneys’ or whatever. And ‘have you got problem with your kidneys?’ You don’t ah ‘let is into people's rooms?’ It's just, you don't, you can't do that. So then we raised it with the local authorities, and we got it put in safeguarding concerns. Now as a result of that, and also the fact that crisis are doing erm, rogue erm, social housing via the exempt renting people, we’re erm, trying to draft up regulations, there’s no regulation for these people so they can charge up to £1000 a week if they want to, for a person staying there, if they’re doing social needs, so then part of my work is the rewarding part is like, I do work with the clients, I'm also encouraged to do work with the authorities, and then challenge local authorities for the best for the client, and also looking at the overall picture, the stuff where this comes from. So, and we’ll have a meeting with the local authority and erm, about 20 housing providers, these exempt providers, erm, 12th of January, to discuss how, because crisis want to bring a law around erm, having standardised and minimum rules and expectations for them, and we are putting our penith in of how they want that looking like. So, so we have that, and that's, that's, that's like, so I have like a massive, massive, vast array of things. So it's not just focused on one thing.

Researcher BN: Wow, yeah. And wider scale change as well, yeah.

SP13: Yeah, absolutely.

Researcher BN: Yeah, amazing. So in terms of like everyday conversations you have with people who come into crisis, is it mainly taken up by that initial assessment and working through that?

SP13: So we, the initial assessment we do, what we're trying to do, so it’s a lot of questions on there, but because we're all very well trained and experienced in doing the interviewing process, that we, that, that first initial point of contact is basically getting all the basics of what we need. Then we work with them on everything else. So that will be the first appointment, and we might spend the first appointment talking about safeguarding, if they’ve got a safeguarding concern, and what we need to do around that, or their health needs, or their, erm, drug and alcohol issue or whatever. And then after that we do coaching. So, I've never liked the term coaching. But it's like erm, so, it's like lifestyle coaching, really. So then we have the person come back in, and we do, so they can work towards their goals. What's their, after everything that you’ve told us, what's the main thing you need to work on now? And we'll develop a plan with them on how we're going to make those changes. So if,

Researcher BN: Ah okay.

SP13: ..so if, for instance, I work with them for a four week period, for the emergency bit. Trying to stabilise housing, trying to get them into their healthcare, trying to get their benefits sorted out, erm, trying to get them some food, you know, trying to get them some clothes. Erm, so we do all the, Maslow's hierarchy of needs, from coming through our initial door, and then for the first four weeks we work with them to try and gain their trust, to work with us on longer term things. So right, so we know that, say you can't afford where you're living for the gas and electricity. But we do know that you’re drinking 10 cans a day. However, if you drank one less can, you know, that could pay, that little can could put on electricity for two hours in your house. So, it's a bit of harm reduction, as well as creative thinking.

Researcher BN: Mmm.

SP13: And planning, so they can actively, they can see what's happening as well. Erm, we can work with them, so, like relationship issues, erm, domestic violence, we talk about, you know, at their pace, it's all at their pace. So, out of the things you've told us, we, you know, some things you’re not going to, we don't need to discuss today. What are the things you’re wanting to work on long term, and what are the things you wanna work on from now, the next four weeks. So, it could be if the person’s come in with a, with a partner, or their partner’s in reception, it's a, it's a domestic violence case, serious domestic violence case. And then from there, we will hold the person in the interview room, obviously under their, like their will and their agreement, and we will get them moved if we need to, either by providing them, which is another reason the door is where it's at, so we can get them exit straight away from where it is and get them in a refuge and stuff like that.

Researcher BN: Yeah.

SP13: Erm, I think it's getting the people's confidence up to discuss what the issues are. So it's a bit about, it’s a bit about making those connections with them, knowing that they’re safe and they’re seeing positive changes, even if that's, even from us knowing they’ve got a, they’ve got a meeting with one of our workers who is gonna come and meet them and take them to the GP. Erm, or somebody’s gonna take them to court, they’ve got a court hearing they don’t wanna go to, an eviction notice they’ve got to go to. And we work on any goals that they feel like they, they need to work on. Self-confidence, erm, employment if they, you know, that might be one of their long term goals employment, and we do work with people to get them employment as well. Erm, we discuss with them around, like coach them around like positive relationships, their friendship groups as well, about what they can do differently, if they want to do that, if they want to make changes, what kind of changes would you like to see at the end of it? Let's put the stepping stones into getting there, and we can work up them up with them to, as, up to two year we could work up with them. We try not to do that, because what we don't want to create is dependency, and if we're working with someone up at two years, that's a social care need. So, we’ll recognise that quite early on, and get them linked into the social care side, and a social worker which we need them to support them with that. Erm, so, I'm trying to think, there's so many, there's so many variants of the cases that we work with, so, and it’s their goals, which is to help them not come back into the homeless situation, so learn with them how to do a homeless application, what their rights are as a person, what they can do if they become street homeless next time, who they can go to, erm, tell them what services are available, getting them services inventory, we do like a linking hands, getting them introduced to that service, erm, and still work with them until that service picks them up and takes them forward, who are the statutory services, whether it be like the, the health, the rough sleepers team, anything like that. Erm, and it really is any goal that they feel they really need to work on, it could be, erm, getting back in touch with their family, like reconnecting with them after they've resolved their homeless situation, not wanting their family to know they were homeless, and helping them do that, facilitate that. Erm, they could be making applications for, for, anything for PIP applications, helping them get furniture, erm, helping them with their house feeling secure, getting security measures in place, erm, just giving them someone they can talk to when things are really bad you know, like if things are really bad, never think you’re by yourself, because we’ll be there to help you.

Researcher BN: Yeah.

SP13: Erm, so any of their goals really, and there isn't a remit so say you can't do that, no, we don't do that,

Researcher BN: Yeah.

SP13: ..because we do.

Researcher BN: Wow. So is there any commonalities in the goals that people do prioritise in, is there any that are most common, would you say?

SP13: Yeah. So it's, so it is always getting their own home. That's the, that's the main goal when they come to us because that's what our remit is for people who are homeless, so it’s getting their own home, and a lot of them want to be just normal like everybody else. So then we, we do sessions with them about what this ‘be normally’ is. You know, what like everybody else is, and what is it you think that everybody else is like and then, it's talking to them, discussing with them that, you know, life isn't always rosy, and people do have these issues and we don't know what normal is. You know, and it's having that person believe that whenever they behave and like how they feel, is normal to feel all of those things, unless it’s a serious mental health problem, it's normal to feel those things, but then giving them the confidence, I think confidence is a big issue as well, because they are ashamed, a lot of people are ashamed of how they’ve gotten into the situation they’ve gotten in, and it's, it's about that positive, so even like strength based practice, looking at positive motivational talking in the interview and then because we set little goals with them, to do with them or by them, we then follow those up. So we say right,

Researcher BN: Ah okay.

SP13: ..so this is what we're going to do, next week I want you to have made contact with erm, er let’s see, I’ll give you a food, I’ve got you a food bank voucher, can you, because we know they’ve been fore, can you then go yourself. First of all we took you to get it, next time, do you think you know how to go there now? Do you think you can go yourself there, or mebbies a couple of weeks and build up to going yourself there? Erm, maybe to do, putting gas or electric on a card, so we'll help them when they go in and they’ve never used a card before, they’ve never, they’ve dossed everywhere in their lives, so it ensures that they use that. We have a training flat as well which we do sessions in the training flat which has a gas and electricity meter in there, erm, and it shows you how to read gas and electricity, how to put gas on the on the key cards, the practical things.

Researcher BN: Ohh wow.

SP13: So, so people know, so it's, it's good just telling someone well you read off the meter, you do this. I mean I, every time I’ve got to do a reading off of mine, eee it's a smart thing now, but I don't know what to do, and I've had me house for like 40 year or whatever, 30 year or whatever.

Researcher BN: (laughs) Yeah.

SP13: Ah there’s a dot there, what does the dot do, do I do the number after the dot, so it's showing them, literally going and showing them, this is what you do, take your little photographs and everything if you need to, if there’s something you need to write down, give them some paper to show them what they need to write on that, how we get numbers back in. Erm, it’s, it’s linking in with them about erm, sitting with them and doing advocacy on the phone. So, and it's amazing the conversation you will hear on loudspeaker when the person doesn't know there’s a professional in the room, it's abso-, oh it really is shocking sometimes, to the point where it's, it's a complaints issue, and we have raised complaints because of how someone’s behaved, spoken, or advice they've given, and then we join in at the end of the conversation, and they feel like they've been cheated, you know, because someone's been sitting and listening, no in actual fact, we’re here to advocate across that person, but you are being totally inappropriate with that person, or giving them false information, so yeah.

Researcher BN: Wow.

SP13: There are others, yeah.

Researcher BN: So where did you get that, what training have you received in giving these interventions?

SP13: So I'm, I'm a trained social work, social worker,

Researcher BN: Yeah.

SP13: ..so we did all that in university, and I worked with it, in safeguarding and social care, erm, and it's, we do a lot of training courses, a lot of discussions we have. We do training amongst ourselves, because what we do is we, we like to have each individual person go and do the training, but sometimes it isn't practical, it isn't cost effective sometimes, even though money is not the issue but, you could send 10 people on a training course that really is a bit Billy basic course that we need to, then we'll send mebbies 2 people and come back and then we then, we then do the training with our, the rest of the staff who are our team.

Researcher BN: Yeah.

SP13: Erm, so, everywhere, we, we do training with shelter, we do training with social care, we do training with erm, the local authorities give us free training because we're a charity, erm, we do our own training, internal training. So we, because there's, don’t quote is but there is about, is it 12 or 15 skylets, so we are UK wide.

Researcher BN: Ah right.

SP13: Erm, and we can, we identify training as well so, for instance, my training, erm, so I look a lot at refresher courses because things change. Erm, so when Brexit came about, we had to look to see what was happening, people who had no recourse to public funds, who were previously EU, you know, like leave to remain, er, who needed rehomed, er, what do you call it again sorry, erm so when the people from the EU had to have, ah what was it they had to have?

Researcher BN: Ah I don’t know either.

SP13: You know what I mean erm,

Researcher BN: Yeah (laughs).

SP13: Erm, they had to have, it’s not the residual residency test, but they had to have a thing to say they were able to remain there. So we had learn all the laws, what would apply at that time, new trends, around erm, like if there's drug use and stuff like that, we all get advised on what training there is around, sometimes it’s just a half hour chat at dinner time, on a teams meeting, erm, but we regularly update the training, we're encouraged to, and we're encouraged to find the training ourselves, and then if, that's highlighted to us as well, if, for instance, we’re doing case reviews, erm

Researcher BN: Mm-hmm.

SP13: ..with, with staff, we have a regular case audit. And a couple of managers look into those things, and if they think there’s something we’re missing, not being critical at all, more of a strength based thing that this, you know, I think mebbies you need, mebbies we need as a team more training on this. Sometimes ourselves as staff, we will find something that we didn't know beforehand and we will share it with the team, and we do a lot of stuff between us.

Researcher BN: Uhumm.

SP13: So we found out for instance very recently that someone who's from, who was from the EU, if they’re from this country, in their, settled status, that was what it was,

Researcher BN: Ah (laughs)

SP13: ..and if they haven't got settled status and it's past the point of being able to, it's past the point of being able to apply for settled status or any kind of erm, humanitarian grounds to remain in the country, then we have found out that we can contact the Home Office, and they can then repatriate them with their own country, with I think it's £1500 of start off in their own country.

Researcher BN: Right.

SP13: So, when they go there they can pay for a roof over their head immediately, and get access to the services and the support services at the other end. So up until about four months ago, we didn't even know that was an issue, we didn't even know that they could do that, because even the social worker, for people crossing countries, didn't know that was an issue, that was a thing you could do. And we shared that with the social worker who deals with those, as well as our team. Erm, and this person's going to get a flight back to Poland very soon, and have this support when he gets to the other end, rather than just, as people do at the Council, just put them on a plane and send them back to their own country because they’ve got no help here.

Researcher BN: Yeah.

SP13: Erm, so it's anything really, government papers that come out, erm, guidance that's around new legislation, new law, we have law advisors with us as well, specialists, we have benefits specialists. So if something new comes out on that, or loopholes, they send us regular updates about that, erm, yeah so it's anybody, we sound like an ideal team, we have difficulties don’t get is wrong, but erm, but yeah, we share, we share everything we've got. It's a bit of knowledge, it's not like a case of knowledge is power and I’m keeping it to myself. It's literally, knowledge is power as a team, and we’ll share it with everybody.

Researcher BN: Yeah, which is great. So have you ever received training in like brief health interventions, or, have you ever heard of making every contact count?

SP13: Yeah, we've got a making every, erm, there’s one at (name of location) we used to do that as well. So yes, so we erm, some of us are trained on the condom card, and hepatitis C training, erm, healthcare summit training and the healthcare advice, I both missed those to ill health, the healthcare advice, and giving them.

Researcher BN: Right.

SP13: Erm we, for the interventions we give, because we're not health specialists, we generally know who to go to with their issue, rather than know how to deal with their issue, if that makes sense.

Researcher BN: Uhumm, yeah. So have you, do you ever talk about like smoking and obviously alcohol you mentioned, diet, physical activity, do you ever talk about those with people that come in?

SP13: Yeah, because part of our thing, we’ve got a smoking cessation erm, like, what do you call it? Program, where people who, if they want to stop smoking, they can go and see our specialists and they help them with that, we have got our health and wellbeing coordinator, and fitness one, and he does dietary and lifestyle changes, which links in with the cookery as well, because the cookery, it's it's, it's giving you nutrients in your food, and not high fat and, you know, and good quality food and things that you need, so linking with that as well, erm, the sports and wellbeing does like coaching on changing behaviours, that's where they do a lot of their health walks, they do a lot of things with (name of location) woods,

Researcher BN: Ah right.

SP13: ..which is a massive woods, Erm, they do a lot of things there, erm, do a lot of walking if you want to do walking. They will encourage you, if there's any kind of activity you want to do, either internal in, inside or outdoors, erm, if we can find a place so a lot of things like to do with fishing, people fishing, erm, used to have them there, a bit of a mindfulness, bit of outdoors for a, you know, fresh air and things like that. Erm, as far as erm, anything that someone comes to us and they've got an immediate need, erm, if it’s a hospital job, we’ll send them to hospital. If it's a GP job we can wait until Tuesday to see a GP, otherwise we speak to health now and they can then get them linked in to services straight away, so.

Researcher BN: Yeah. So do they, do those things come out as, when you go through that initial assessment, or how do you assess the need for those and refer them to those different programs that you mentioned?

SP13: A bit of the initial assessment, and a bit of the, and a bit of the observing when the person comes in, so a lot of people have, do have open wounds, erm, or infections, or problems with their feet. Or, have lost a dramatic amount of weight in a very short period of time and we've noticed that. Erm, so some of the conversations, we start those conversations, and because the nature of our, the profession, our like erm, we've got boundaries in place, but we are very, talking as one to one with a person, mirroring their language and stuff like that. So then we seem to get into it straight away like, you know, I think sometimes mirroring someone’s language and how they’re talking, you immediately could get that sense of connection with them how they feel with you. And then they seem to tell you more as well. So they'll show you things as well. I, I don't think this is right, I'll say I'm no doctor but that looks infected to me mind. So, what are we going to do about it you know, are we going to see if we get you’re an appointment at the GP, or are we going to get you up to the walk-in center, we can phone the triage people. Erm, a lot of them is really evident when they come through the door, erm,

Researcher BN: Yeah.

SP13: So, me husband’s shouting through the door if I’m okay, I don't know why he thinks I'm doing. (speaking to husband) Yes, I'm just in a call, I'm just in a call. Erm, so yeah so it’s, sometimes they come into reception and they’re suicidal, erm, and they will openly tell you they’re suicidal. So then, from there, or we have the conversation and we’ll discuss with them the things that people might feel uncomfortable with, because if they don’t discuss it with us, who are they going to discuss it with, you know, who are they going to discuss it with, they might be barred from loads of services. So we'll talk with them around erm, like any safety plan, what the risks are, whether we need to get the police involved, whether we need to get them to hospital, whether we can take them to hospital. Er, so it's a bit of both really. It's a bit of like, the, picking what they've said, listening to what's been said, see what's been said at triage as well when they went through there, because they might have said something to triage when they’re sitting waiting to be, like I see triage, the reception area, they might have said something to reception area, and then not us but the receptionist will make notes and give it to us when they come through, erm.

Researcher BN: Yeah. I’m just jotting that down sorry. So, is there anything that stops you from talking about health and wellbeing with people that come in would you say?

SP13: I think if we failed to not ask those health and wellbeing, then we fail to do our job, so it's a crucial part of our job, erm, there's nothing at all, the only time that we, the only time, and I can count on, on a couple of fingers, the times when we haven't been able to do a full assessment on someone because they've been so unwell, and present a risk to ourselves. Erm, that would be the only thing that we haven't had those conversations. Erm.

Researcher BN: Right.

SP13: But, it's, it's a matter of our, our process that we have to do that.

Researcher BN: Yeah. So is there anything you think would help you including training or resources, to have those conversations, or do you feel like you're already, got everything in place?

SP13: I think we, I don't think we as a team, can do any more on our remit as far as the health things, I think we leave the health specialists to get what they need to do, as long as we know what's available for them to get linked into, we link them in, very much link them into them. So, for us, we would be like crossing into someone else's professional role by doing that,

Researcher BN: Uhumm.

SP13: ..because we cover such a vast amount of everything else.

Researcher BN: Yeah. Yeah. So did you notice any differences pre, during, after COVID, in the types of health and wellbeing issues you were talking about with people?

SP13: Yeah mental health, a tremendous effect on mental health erm, during the COVID times as well, so erm, and it's, it's more, the mental health their presenting with, where could have been, I mean people have got loads of serious mental health problems, but the severity of the mental health now, so left untreated for a long period of time, not engaging with anybody, erm, that has been a massive increase, erm, and some long term illness which haven't been picked up on. So, illnesses that they haven't seen a GP or Doctor for or whatever, or they’ve had phone call appointments, and I think a lot of our clients struggle with the phone call appointments. So then they then don't go to the GP, because it's phone call appointments. SO that’s, I’d say

Researcher BN: Right.

SP13: ..that's been a big issue.

Researcher BN: Mental health. Yeah, and trusting. Erm, so yeah, in terms of any training you would want to receive, do you feel like there's nothing that would help to have, because it’s happening already?

SP13: No, I always love training. We, we always love bits of training, and we do seek it ourselves, but it would be, have to be training which was, be appropriate to our, our role. Erm, so if there was, oh god I’d grab it with both hands, we’ll do training on anything, erm, and if it's within the remit of what we can do, especially with some of our services, the initial assessment services, we have about 45 minutes to an hour to do that, and you gotta be very skilled to get those questions out and done in that period of time, as well as listening, and watching how their reactions are to pick up some things, but anything that we, erm, that could benefit the clients, anything that will benefit the members we’ll do, you know what I mean? It's, it doesn’t matter what it is, we’ll, we'll do, definitely, we link in a lot with all, of all of resources like plum accord, the drug and alcohol services, and do phone calls there and then and stuff like that. But if there was anything, and obviously if you come up with anything, just please just let us know.

Researcher BN: No, it's amazing, it's so holistic what you do, it's amazing. Yeah.

SP13: Yeah.

Researcher BN: Well, that was everything I had to ask you, is there anything you wanted to add, you feel like we're haven't covered?

SP13: Erm no, I think erm, I think you might, you might have a good view of the, the health and the wellness, eee god what’s it called again, health now service, so I think that might be a good idea for you to link in with them. How long do you have on doing this? When when's your ended date for interviews?

Researcher BN: Erm, I've just got like a couple more to go, so probably in the next month or so I’m finishing.

SP13: Right okay. I think what I’ll do is, our health now coordinators off unwell at the moment, but I will erm send your details to him, and if he's able to talk you because, part of our service, that’s who we would link to,

Researcher BN: Yeah.

SP13: ..and he would do a lot of the health and wellbeing stuff. So I think that would be a good idea if you could get to speak to him. But like I say he’s unwell, I don't know when he's due to return to work. But I will send your details to him and ask him to make contact with you.

Researcher BN: Ah thank you, thank you very much.

SP13: No problem at all.

Researcher BN: And thank you so much for your time. I really appreciate it.

SP13: You’re more than welcome. Your ears will be burning I know my throats dry. Thank you very much, Beth.