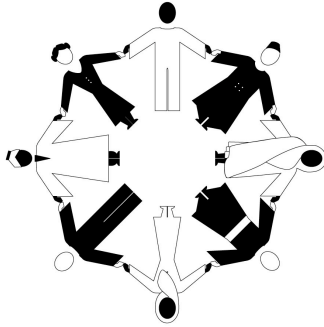


# **Barriers to Healthcare for Low Paid Workers in Hackney, East London**



## **TELCO**

**THE EAST LONDON COMMUNITIES ORGANISATION**

*'acting together for change'*

**Feb 2003**

**Research carried out with a King's Fund Stimulus Grant**

**Authors: Catherine Howarth and Rachel Fell**

## **Executive Summary**

A team of six researchers, including four low paid workers who were trained up for this project, carried out 72 structured interviews with low paid workers who either lived or worked in the borough of Hackney. This was followed up by fifteen in-depth interviews with workers to gain a fuller picture of the health needs, and barriers to good health care, which affect the low paid.

The sample completing the structured interview was a fairly even mix of men and women (32 men; 40 women) doing a very wide range of low paid jobs such as retail, healthcare, cleaning, driving, and hotel work. Most workers were aged between 20 and 35 years of age (60%). Ethnic origin was very mixed as would be expected in this borough and amongst workers earning low wages in London.

Overall, self-reported health was good in the sample, but there was a fairly high level of work-related health problems cited. The most common of these was chronic tiredness, back pain and stress. Given the often physically demanding nature of much low paid work, and the long hours done by many workers, these findings should not be surprising.

The research revealed a variety of barriers to healthcare for this group. Over one quarter of those interviewed had no entitlement to any paid leave from their employer either to attend medical appointments or to take time off when unwell. The research found that even the lowest paid workers are reluctant to apply for Statutory Sick Pay (unless long-term sick) due to their perception of the bureaucracy involved.

Overall, the lack of paid sick leave is a serious deterrent to accessing health services and prevents people taking good care of their health. Whilst this is a problem generated by employers, it probably requires a co-ordinated response by health providers, involving a mixture of adapting services to suit the needs of this deprived group, and encouraging employers in the capital, especially large employers, to provide at least basic paid sick leave.

The long waits experienced by workers when using health services (both at the time of appointments and waiting to get an appointment) was a commonly cited problem, and was reported as a deterrent to accessing services. This was true for primary and secondary services. This frustration was often compounded by the short time period available for the actual consultations. Many workers reported consultations of five minutes or less, which created real difficulties when workers' first language was not English and communication took longer. Waiting times are clearly already a priority area for the NHS, but this study confirmed their importance for low paid workers.

The research confirmed that meeting the costs of maintaining good health is a very real problem for the low paid in London whose budgets are

generally tight with little room for unexpected extras. Dental services are unaffordable for almost all the low paid workers surveyed for this project, with many saying they had not gone to the dentist for three years or more, despite experiencing problems and pain. Prescription charges are also problematic with low paid workers who are often only able to afford one prescribed drug, even if a doctor gives two or three prescriptions.

It would seem that the design of health services is not currently geared towards alleviating or overcoming the barriers facing this group. Low paid workers are a population group whose characteristics and needs are often overlooked by policy makers. In many cases income, after housing costs and council tax, can be very little above, or even less than the incomes of the unemployed who receive the full compliment of benefits. Basic health costs such as prescription charges are paid for in full by low paid workers and this study found good evidence of workers choosing not to pay this cost, even when drugs were prescribed them.

This study has shown that the labour market problems faced by the low paid have significant impacts on health and take up of health services. It is an area that needs to be closely watched by policy makers. We believe there is considerable scope for effective interventions which make a positive impact on the problems raised in this report, and hope that work will be undertaken in the future to put these into place.

## **Background and Purpose of the Research**

The project set out to understand the perceived health status of low paid workers in Hackney, as well as any difficulties or barriers they face in accessing health services and in maintaining good health.

The idea for the project emerged from the Living Wage campaign organised by TELCO in East London. A previous research project undertaken by TELCO had revealed the extent of low pay amongst workers in East London, including Hackney.<sup>1</sup> Earlier research by the Family Budget Unit had shown that set against costs of living in the East London area, wages of £6.50 per hour would allow working families in local authority accommodation to maintain a healthy diet and a low cost but acceptable living standard.<sup>2</sup>

Talking with workers in the course of the campaign, we became aware that many had no access to sick pay, and would often have to struggle into work when unwell in order to avoid losing pay. In addition, workers were often working very long hours in two or even three jobs (or shifts) in order to make up an adequate income, with a consequent strain on their health and well-being. We were also aware that this could have an impact on the health and well-being of dependants.

The project aimed to gain a greater understanding of how widespread these problems were and how workers felt about them, and coped with them.

In the spirit of the campaign, which has involved workers as active participants through-out, we wanted this research project to involve workers as researchers. The project was therefore designed with a participatory research approach, so that a small number of workers would be trained to administer the questionnaires as structured interviews and some of the in-depth interviews as well.

We were aware that research has been undertaken into access to health services of various sub-groups of the population within London, for example ethnic sub-groups. However, examining the structural barriers to access of low paid workers is a relatively under-researched area, and one which could prove valuable in increasing the access of this deprived group. The low paid face a variety of structural barriers relating to income and working conditions which may not be well understood or taken into account by health providers. This research aimed to make a start at filling this research gap, and certainly aimed at raising the profile of this problem.

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<sup>1</sup> *Mapping Low Pay in East London*, Dr Jane Wills, Queen Mary University of London. September 2001.

<sup>2</sup> *Low Cost but Acceptable: A Minimum Income Standard for Households with Children in London's East End*, Family Budget Unit. April 2001.

## Methodology

We chose to carry out this research using both quantitative (phase 1) and qualitative (phase 2) methods. Questionnaires were used for structured interviews in order to obtain a broad overview of the health status, and use of health services, of low paid workers living and working in the borough of Hackney. This phase lasted between September and November 2002, which allowed us to develop a framework of questions and subject areas explored further through the in-depth interviews. See appendix.

### Phase 1: Questionnaires

The questionnaire itself was developed with the advice of Dr Jane Wills and Dr Michaela Benzeval of Queen Mary, University of London.

In order to achieve the research objective of placing workers as researchers, a team of four low paid workers was commissioned by TELCO to work as interviewers in the questionnaire phase of the research project.

These individuals were Simeon Saspo-Koroma (security guard); Juliet Enemchukwu (hospital cleaner); Jessica Nwora (shop assistant); and Alfie Amalia (hotel receptionist and sociology student). They were all known to the organisation through their activities in the Living Wage campaign.

One of them had carried out research for TELCO on a previous project investigating the pay and conditions of contracted-out workers in East London's public services. In addition a PhD student, Lina Jamoul, from Queen Mary, University of London joined the team.

We held two training sessions at the TELCO office in September 2002, where the team were trained in the research process: approaching workers; requesting their time and co-operation; completing the questionnaire within a fifteen minute period; and reassuring interviewees regarding confidentiality and the purpose of the research.

Members of the team were initially accompanied by Catherine Howarth for their first few questionnaires. On-going support was provided to team members through the whole process. We met as a team twice during the period when the questionnaires were completed to talk through the positives and negatives of working as an interviewer. Some members of the team found the task easier than others, and these meetings proved to be an important opportunity to build morale, and increase confidence and motivation.

Questionnaires were administered at worksites (supermarkets, hospital, hotels) where access could be obtained without creating problems for the workers and their managers. They were also obtained in shopping centres

around the Hackney area: Dalston Market, the Narrow Way, and Wells Street. Individuals were approached, asked a couple of opening questions to establish their suitability for the study, and then invited to go through the questions.

When the questionnaires were completed, patterns and frequencies were pulled out of the data by Catherine Howarth, Alfie Amalia and Rachel Fell, all of whom have a good knowledge of research methods and data analysis techniques.

Information obtained by the questionnaires included:

- ✓ Occupation
- ✓ Rate of pay
- ✓ Hours per week
- ✓ Availability of paid leave from work for health reasons
- ✓ Number of dependants
- ✓ Self-reported state of health
- ✓ Work-related health problems
- ✓ GP registration and use of a variety of NHS services
- ✓ Use, and frequency of use, of dental and optician services

People's attitudes and experiences around these topics were explored in more depth in phase 2.

### Phase 2: In-depth interviews

The original intention when designing this project was to carry out focus groups in order to ascertain more detailed information on issues raised by the data gathered in the questionnaires. Due to the stretched nature of life for low paid workers, in particular their long working hours combined with caring responsibilities, it proved impractical to gather together enough workers in one room at the same time to do focus group sessions.

Instead it was decided to undertake a series of in-depth interviews with individual workers who had completed the questionnaire, were willing to participate in follow up research, and whom the team members identified as having useful insights, experiences and stories. Fifteen in-depth interviews were undertaken with the framework of questioning for those interviews having emerged from the data collected in the questionnaires. (See appendix for this framework).

## **Characteristics of the Sample**

In total, 72 questionnaires, were completed. Although the workers were interviewed in Hackney<sup>3</sup>, at least half lived outside the borough. Their reflections and comments on health services are therefore not confined to Hackney services. The tables below shows the basic characteristics of the quantitative sample:

### Gender

Male	Female
32	40

### Age Ranges

18-19	20-25	26-35	36-45	46-60	60+
8	17	23	12	8	2

### Ethnic origins

British	British Asian	Asian	Irish	Other European	African-British	Caribbean	African
16	4	5	3	18	3	7	16

### Number of years living in the UK

Under 1	1-5	6-10	11-15	16-20	21-25	25+	Non-responding
6	12	1	5	5	2	11	30

### Occupations

The sample was drawn from a diverse range of low paid occupations including: hotel receptionists, porters, cleaners, sales assistants, catering staff, fast food servers, a traffic warden, a factory worker, a children's supervisor and a driver. Low paid workers in London predominantly come from two groups: those employed directly by shops, bars, factories, nurseries, hotels and restaurants; and those employed by contract service firms. The workers interviewed in this research project come from both these types, in more or less equal numbers.

### Pay Rates

Two thirds of the workers completing a questionnaire earned between £4.20-£5.50 per hour. One young worker earned £3.80. Two of the sample group earned between £7 and £8 per hour. The sample interviewed therefore almost all met the basic criteria of being paid less than £6.30 per hour based on TELCO's Living Wage for London figure.

Within the sample group we looked at, only 10% said they were claiming Working Families Tax Credit. This was mainly because they did not have dependant children, but also because many overseas workers either

<sup>3</sup> It is worth noting that the borough of Hackney is ranked at number 370 out of 8414, where a ranking of 1 means the most deprived and a ranking of 8414 means the least [source: the DETR indices for deprivation 2000].

choose not to claim or are actually ineligible for benefits. Within London non-claiming of benefits is significantly higher than in other parts of the county.<sup>4</sup>

### **Hours Worked**

Just over 65% of those interviewed worked between 35 and 40 hours per week. There were however 18% working between 40 and 50 hours per week. 7% worked less than thirty hours, and the remaining 10% worked over 60 hours per week.

The in-depth interviews were carried out with nine women and six men drawn from the sample above.

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<sup>4</sup> *London Divided: Income Inequality and Poverty in the Capital*, Greater London Authority Nov 2002

## **Principal Research Findings**

The key areas which we aimed to explore with this research covered: the general self-reported health status of the sample; work-related health problems; barriers to health services relating to cost, to the availability of paid leave from work, and to the length of time involved in accessing services.

### **Health Status and Health Problems**

As would be expected from an overwhelmingly able-bodied sample of people aged mainly between twenty and thirty-five, self-reported health over the previous 12 month period was either 'good' or 'fairly good' with few exceptions.

When asked about the link between work and health there was a greater range of responses. The questionnaires revealed that amongst low paid workers the following work-related health problems are common. Listed here in descending order of commonality are problems that were cited.

- Back strain
- Stress and anxiety
- Chronic tiredness
- Pain, particularly in feet and toes, associated with long hours standing or moving around on foot
- Respiratory problems associated with working with chemicals
- Migraines and headaches

Tiredness was a problem cited in particular by workers with an irregular combination of shifts and hours.

Quite a number of workers appeared to handle aches, pains and feeling unwell by taking pain-killers to get them through. It became clear that in some cases this was an avoidance tactic for accessing proper medical care, and the payments relating to that.

*"Today I was feeling bad with a headache and stomach ache, but one Nolutil, and here I am at work."* [Hotel Porter, male, aged 19, £4.20 per hour]

*"I'm my own doctor. I think of it as DIY. When I'm sick, I usually just take paracetamol until the pain subsides. This avoids more expensive drugs which I can't honestly afford."* [African woman aged 25, in full time work and a student]

### **Registration with a GP**

Respondents were asked if they were registered with a GP. Perhaps the most significant finding of this part of the research was that 23% of the sample were not currently registered with a GP. When reasons for this

were offered these included living in the area for a short period of time, not being bothered to register, preferring to use NHS drop-in clinics or non-traditional therapies.

### **Cost-related Barriers to Maintaining Good Health**

Forty five percent of those surveyed complained of the costs involved in paying for prescriptions and other health related items of expenditure. In some cases this appears to put people off going to the GP on the grounds that they will be unable to afford the prescription charges arising from their visit. One GP interviewed for the project working in Dalston, Hackney, admitted that he often has to advise low paid workers which drugs they should prioritise when they are prescribed two or three, but could only afford to pay for one of these.

*°∞The amount I have to pay for prescriptions and drugs is ridiculous! I might as well not be working- I°Ød get more out of it [financially] and get less stress! I work long hours and have backache and pains as a result.°±* [22 year old female carer, °Å5.25 per hour]

*°∞I have to pay for all my prescriptions and it°Øs proving to be too expensive°±* [29 year old Brazilian, switchboard operator, °Å5 per hour]

### **Dental Services and other services**

A further revealing finding of the research is that use of dental services was extremely low amongst our sample. The overwhelming reason offered was the costs of dental care (as opposed to the normal fear and loathing of visiting the dentist!).

*°∞Haven°Øt been to the dentist for years and years, and not sure when I can next go, as it°Øs too expensive for me to afford°±* [male senior porter, age 47, °Å6.00 per hour]

*°∞Lack of funds means I have to wait to get my teeth fixed°±* [female, aged 22, Ghanaian]

*°∞I avoid the dentist at all costs°±because of the cost!°±* [last visit over 2 years ago, driver, works 40 hr week, male, °Å6-°Å7 p/hr wage bracket]

*°∞My last visit cost me °Å60, even though I haggled down. I would only go now if in very serious pain°±* [Fast food server, aged 28, Pakistani, °Å5.20 per hour]

Some of the same problems were reported for opticians but less frequently.

*°∞I haven°Øt been for three years, but I am short-sighted and ought to get it seen to.°±* [Pakistani male, aged 25]

*°∞It was too expensive so I didn°Øt get another pair of glasses°±* [Kenyan female, age 24, switchboard operator, °Å5.75 per hour]

### **Availability of Paid Leave from Work for Health Reasons or for Caring**

Most workers in the UK take it for granted that if they fall sick or need to attend a medical appointment, they can do so without fear of losing earnings. Indeed 90% of UK employees are covered by an occupational health scheme which supplements Statutory Sick Pay.<sup>5</sup> This is not true for many low paid workers whose contract of employment, if they have one at all, means that hours away from the worksite are not paid. The sample included 28% who had no paid leave if they were unwell or had to attend an appointment. 28% got fully paid leave, and a large bulk of 44% got partly paid leave, or leave at the discretion of their immediate manager.

One result of this problem is a lot of missed appointments.

*°°A couple of weeks ago I missed an appointment completely as I couldn't get the time paid°± [Shop assistant, British, aged 36]*

The in-depth interviews showed us that the consequence for many workers of not getting paid leave, is that they go into work when unwell, and sometime even when seriously unwell.

*°°The job is very hard because I feel pain in my back all the time°° I go to work with flu as I need the money for my child°± [age 26, 1 dependent, cleaner in a hotel, works a 60 hour week]*

*°°If you don't go to work [for a medical appt] you get nothing, so I'm looking to move on from this job°± [hospital cleaner, 32 year old woman on °Å4.43 per hour]*

*°°One day I called in sick but they made me come in due to the fact that they were short staffed, when I did go in they didn't even want to know the extent of my illness or offer to give me the next day, or another day, off as an incentive to stay°± [hotel worker, aged 27, woman, °Å4.70 per hour]*

Respondents were aware of barriers to healthcare not only for themselves but their dependants also: -

*°°I'd either lose pay or have to make up the time if I take time off when my child gets sick°± [Ghanian sales assistant, aged 22, °Å7.20 per hour]*

*°°Yes, my children sometimes get sick and I can't stay with them or take them to the GP°± [Ugandan male, 38 years, °Å4.50 per hour]*

This suggests that the new rights to parental leave are not helping many low paid workers because the time off is not paid.

## Waiting for Care

Overall, respondents reported a generally satisfactory experience of health services. However 36% complained of the waiting involved in using health services. This factor goes beyond being inconvenient for those workers who get unpaid leave. It can cost them dearly to wait for several hours in a doctor's surgery or A&E.

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<sup>5</sup> Department of Work and Pensions statistic cited in the 2002 UNISON pay claim to contractors in East London hospitals.

*°∞Sometimes I try not to get sick as the prospect of waiting for the appointment, and the attitude on the phone when making the appointment alone just makes me sick.°±[Female supermarket check-out assistant, °Å5.40 per hour].*

The problem of long waits in doctor°Øs surgeries and to get an appointment seems to be compounded by the quick turnaround time of the consultations. For workers whose first language is not English it will often take longer to put across the symptoms. A number of workers expressed their frustration with the speed at which they were seen.

*°∞The speed in which people are seen is atrocious°±[Waitress, 22, Ghana]*

*°∞ I had stomach pains, and when I visited the doctor he did not touch my stomach to find out where the pain was coming from. The consultation was just a few minutes long, and I left the practice with no diagnosis°∞The lack of adequate and genuine healthcare is a huge worry to me.°±[Hotel worker, aged 24, female]*

## **Opening Hours of Services**

Respondents were asked if their use of services would differ if opening hours were longer or different. This question provoked a very positive response. Respondents stated, for example, that GP services available between 5 and 8pm on weekdays and on Saturday mornings would be very helpful, and would prevent them having to lose pay in order to attend.

*°∞I had an appointment with GP to register at the NHS but as I had to start work at 10am, I couldn°Øt attend.°±[Asian, hotel worker, aged 23, °Å5.20 per hour]*

In some cases workers can get around the restricted opening hours of GP surgeries by using alternative NHS services, as the quote below illustrates.

*°∞The opening hours are not enough for me to be able to get there°∞6 hours 4 days a week is not sufficient°∞as a result I use the walk-in clinic°± [British, 28 years, male with Hackney Council]*

## **Conclusions and Implications**

In conclusion, the research has confirmed that low paid workers in Hackney face a range of barriers in taking good care of their health, and accessing the services they need. This research has identified and clarified this problem but it has not been within the scope of the study to examine solutions or policy proposals. Such work needs to be undertaken, probably led by Primary Care Trusts in London.

We suggest that the problems uncovered here by our sample of workers in Hackney are the same for low paid workers in other parts of the capital, and even beyond. The sample of workers in Hackney interviewed actually live in a range of boroughs. The research findings regarding services accordingly relate to areas beyond Hackney.

It would seem that the design of health services is not currently geared towards alleviating or overcoming the barriers facing this group. Low paid workers are a population group whose characteristics and needs are often overlooked by policy makers. In many cases income, after housing costs and council tax, can be very little above, or even less than the incomes of the unemployed who receive the full compliment of benefits. Basic health costs such as prescription charges are paid for in full by low paid workers and this study found good evidence of workers choosing not to pay this cost, even when drugs were prescribed them.

As reported earlier, this research revealed a very high proportion of workers not registered with a GP. This study is unable to put forward all the reasons why this is the case, or how this impacts on the health status and health seeking behaviours of low paid workers but these are important areas for further investigation.

Earnings inequality across the UK has widened over the last twenty-five years, but in no part of the country is this more extreme than in London. Patterns and trends in the nature of low paid work are not improving the situation. This study has shown that these labour market problems do have impacts on health and take up of health services. It is an area that needs to be closely watched by policy makers. We believe there is considerable scope for effective interventions which make a positive impact on the problems raised in this report, and hope that work will be undertaken in the future to put these into place.

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## **Appendices**

Contents:

References to related literature

Questionnaire

In-depth interview guide

### Related Literature

There exists very little comparative research on this subject area. Consequently, the research findings cannot be put in context alongside other such studies.

Extensive literature is readily available, however, based on primary care professionals and their views on the GP role in fulfilling patients needs in their catchment area. Please see the following literature for more details:

Cave, B et al (2001) *Health Impact Assessment for Regeneration Projects*, Queen Mary University of London and East London and City Health Action Zone

Bellaby, P (1999) *Sick from Work: The Body in Employment*. Aldershot: Ashgate

Enterline, P E (1996) *Social causes of sick absence*. Arch Environ Health 12: 467-473

Rutle O (1983) *Patients in General Practice*. Oslo: SIFF

Ryan M, Yule B, Bond C, Taylor RJ (1996) *Do physicians' perceptions of drug costs influence their prescribing?* Pharmacoeconomics April 9 (4): 321-31

Leigh JP (1991) *Employee and job attributes as predictors of absenteeism in a national sample of workers: the importance of health and dangerous working conditions*. Social Science and Medicine. 33, 127-137

**ACCESS TO HEALTH CARE FOR WORKERS IN HACKNEY**

**This research is being funded by a King’s Fund Stimulus Grant and undertaken by the East London Communities Organisation (TELCO). All answers will be treated in the strictest confidence and the full results of the research will be publicly available in late 2002. For further information, please contact: Catherine Howarth, TELCO, 3 Merchant Street, London E3 4UJ Tel: 0208 983 9808**

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**A. EMPLOYMENT**

1. Where do you work? How many hours do you work each week?

**If you have more than one employer, name them all and the hours you work for them**

Name of Employer	Location	Average Hours per Week

2. What do you do at work?

\_\_\_\_\_

3. What area do you live in? (street name, borough or town)?

\_\_\_\_\_

4. How long does your journey to work usually take (mins/hours for main job)?

\_\_\_\_\_

5. How do you usually travel to work? (again, to your main job, please tick the box that describes the longest part of your journey by distance)

On foot	<input type="checkbox"/>	Passenger in a car or van	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
Train	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>
Bus	<input type="checkbox"/>	Work mainly at or from home	<input type="checkbox"/>
Motor cycle, scooter or moped	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Driving a car or van	<input type="checkbox"/>		<input type="checkbox"/>

6. What shifts do you work during a week? (please give the hours, eg. 9am-5pm 5 days a week, and if they vary each week, how do they change?)

\_\_\_\_\_

7. What is your **hourly** (or weekly/monthly) rate of pay? (is this *before* or *after* tax and NI)

\_\_\_\_\_

8. In the last three years, have you ever been injured at work or become unwell as a result of work? If so, please give details of what happened

\_\_\_\_\_

\_\_\_\_\_

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9. In your opinion, how does your work affect your health, does it have positive and/or negative effects, please specify?

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10. Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do (*including problems which are due to old age*)? Yes / No

11. Over the last twelve months would you say your own health has on the whole been good, fairly good, or not good (please circle)?                      Good                      Fairly Good                      Not Good

## B. YOU, YOUR HOUSEHOLD AND HEALTH

1. Do you look after or give regular support to any family members, friends or neighbours because of:

a) long-term physical or mental ill-health or disability (*please state who this is and their relationship to you, do not count anything you do as part of your paid employment*)

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b) problems related to old age? (*please state who this is and their relationship to you, do not count anything you do as part of your paid employment*)

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Give brief details of the physical/mental problems involved:

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And the time you spend caring for them in a typical week:

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2. Are you and your household registered with a GP (please circle)?                      Yes                      No

If not, have you tried to register (please circle)?                      Yes                      No

If you have tried, why were you not able to register?

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3. When did you last use any of the following services?

GP	Hospital out-patient
Walk-in NHS Clinic	Hospital in-patient
Hospital A&E	Others (please specify:)

4. When did you last visit:

Dentist \_\_\_\_\_

Optician \_\_\_\_\_

Does the cost of using a dentist or optician affect your use of these services?      Yes      No

If yes, how?

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5. Do you or your household, or those you care for have health problems that are not being adequately addressed by services where you live? please specify:

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6. Do you have any other comments about the costs of taking care of your health or difficulties getting services that you need?

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**Questions about you and sick pay:**

7. If you are sick or need to attend a medical appointment, can you get either

Fully Paid Leave	Unpaid Leave
Partly Paid Leave	No Leave is available

8. Does the lack of paid leave, mean you sometimes miss your medical appointments or go to work unwell?      Yes      No

If yes, please can you tell us when this last happened, and include details

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**Questions about your children and/or those who you regularly care for**

9. If your dependents are sick or need taking to a medical appointment, can you get either

Fully Paid Leave	Unpaid Leave
Partly Paid Leave	No Leave is available

10. Does the lack of paid time off, mean appointments are missed or dependents are left unattended when sick?      Yes      No

If yes, please can you tell us what happened

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11. Are there any other problems associated with not having paid sick pay/leave to attend medical appointments and look after your dependants that you would like to tell us about?

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**ALTERNATIVE HEALTH CARE ARRANGEMENTS?**

Would you be more likely to go to a GP or attend a medical appointment if these services were available outside normal working hours?      Yes      No

If so, please specify the hours which would be most convenient (eg. Sunday mornings, evenings from 6-9pm etc):

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**OTHER DETAILS**

Are you (please circle):    male                      female. How old are you? \_\_\_\_\_ years

What is your country of origin? \_\_\_\_\_

If not the UK, how long have you lived in the UK? \_\_\_\_\_ months/years

What is your ethnic group (please tick the relevant box, or specify at the end)?

White:

British	
Irish	
Any other white background	

Mixed

White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed background	

Black or Black British

Caribbean (please specify)	
African (please specify)	
Any other black background	

Chinese, Asian or other ethnic group

Chinese	
Indian	
Pakistani	
Bangladeshi	
Other, please specify:	

If none of the above, please specify

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Would you be prepared to take part in further research discussions about these issues?

Yes      No

If so, please give us your name and telephone number below:

## **Barriers to Healthcare, and Health needs, of Low paid workers in**

### **Hackney**

Use these areas below as prompts but be ready to allow workers to tell their own stories and make unprompted observations as well.

Questions/prompts for the in- depth interviews.

1. The cost of looking after your health
  - a. cost of time off for appointments
  - b. cost of healthy foods
  - c. cost of prescriptions/drugs
  - d. dental charges
  - e. other charges
  
2. Understanding the system (NHS)
  - a. Do you know where to go for what it is you are looking for?
  
3. Experience of health professionals/health service
  - a. Waiting times
  - b. How were you treated
  - c. Were you listened to carefully
  - d. Open hours sufficient?
  
4. Work
  - a. Did you get time off work?
  - b. What is the impact of work on your health?
  
5. What improvements/changes would make a positive difference?