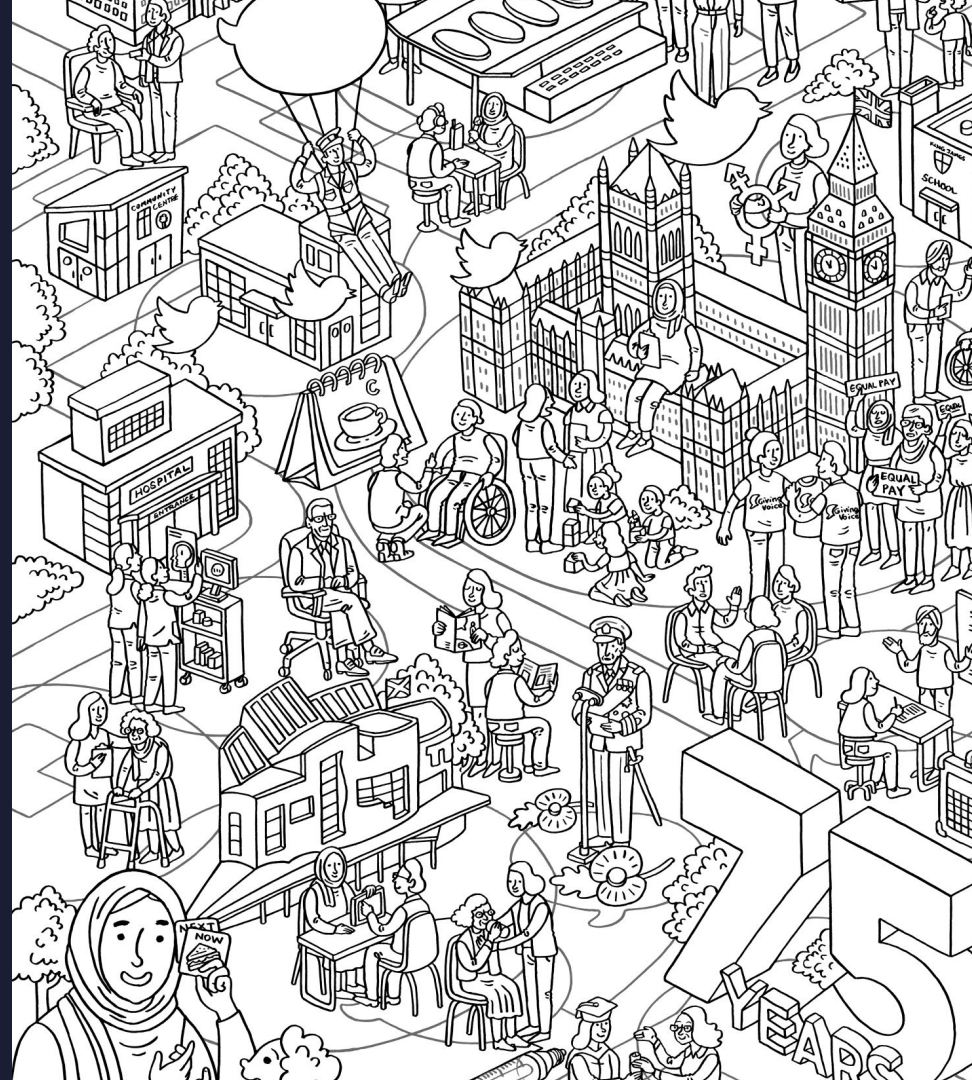




Health Inequalities Webinar

Date: 03 November 2022
12.00-13.00



Housekeeping

- Jazmin Padhiar (RCSLT Host) is on hand to help with any **technical queries**; you can get in touch with her via the **chat button**
- You can send in **questions** to our speakers today by using the **Q&A button**
- This event is being recorded and will be made available on the RCSLT website along with the presentation slides



RCSLT work on *Addressing health inequalities*

Katie Chadd

Research manager, RCSLT



Our Strategic Vision

1. EQUALITY, DIVERSITY AND INCLUSION: We will promote greater equality, diversity and inclusion, and embed anti-racism within the profession and in service provision

Our aspirations:

- A more diverse student population and workforce, at all levels of seniority, who are valued and can bring their whole selves to work.
- Everyone, including those from underrepresented groups such as members from a Black, Asian or minority ethnic background, who are LGBTQ+ or who have a disability, is fully included in the profession.
- Culturally and linguistically inclusive, co-produced services, made accessible to all.
- A profession empowered to tackle racism and discrimination in our services and society.
- A profession that works proactively to reduce health inequalities and the impact of socioeconomic disadvantage on service users.

RCSLT work on health inequalities - *current resources*

01

Guidance

- What are health inequalities and what causes them?
- Role of SLTs in mitigating health inequalities
- Evidence and research

02

Audit tool

- Prompt questions for SLTs, managers, students...
- Is your service doing what it *could* and *should* be doing to ensure equity and equality

03

Case studies

- SLT's projects that have supported minimising health inequalities
- Whole services and individual service users

RCSLT work on health inequalities - *upcoming developments*

04

ROOT development

- Agreeing upon which characteristics we should be recording for our service users, and how
- Developing the ROOT to include these
- Enabling prospective, high-powered data analysis of equity and equality

05

New resources

- Current prevalence and incidence statistics
- Understanding how to obtain and use data to understand the community you serve

03

Indicator tool

- Piloting a tool to help monitor inequities and inequalities based on your service data, your local population and the latest research

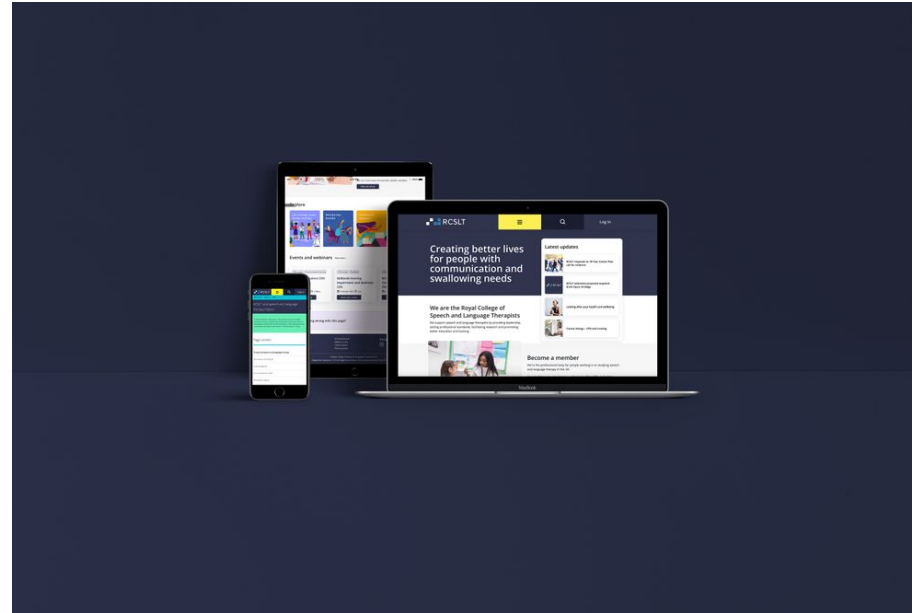
Find out more

Web pages

<https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/addressing-health-inequalities/>

Audit tool

<https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/addressing-health-inequalities/health-inequalities-self-audit-tool/>



Podcast

<https://soundcloud.com/rcslt/health-inequalities-and-their-impact-on-speech-and-language-therapy>

Session outline

Janet Cooper - Tackling health inequality in a paediatric speech and language therapy service

Sahar Nashir - Understanding and addressing inequalities in Paediatric Acquired Brain Injury rehabilitation

Katherine Pritchard - Involving students in using the RCSLT Health Inequalities audit tool to drive service improvements

Q&A

Tackling health inequality in a paediatric speech and language therapy service

Janet Cooper

Clinical Lead Speech and Language Therapist

MPFT Paediatric Service

Knowing your service population

- The world is a fast changing place and often the Services we provide do not move at the same rate- they are often out of date from the population they are serving
- We need to continually audit and scrutinise what we provide, know who we are providing to and be able to adapt, adjust and change to ensure the resources we have are used to maximum effect and impact
- There is a lot of rich information about the local population that you can tap into and some basic good practice that is recommended for all services
- This presentation will share some of the actions we have taken in our paediatric Service in North Staffordshire and Stoke on Trent as part of Midlands Partnership NHS Foundation Trust

Targeting health inequality work

- It is important to know where to start
- The [Health inequalities self-audit tool | RCSLT](#) helps you work out what you are doing well and where you need to find out more or address gaps
- We complete this with our senior team annually to ensure we have a plan for any gaps or areas of need
- In addition we gather data from our colleagues in the Local Authority on ethnicity and languages in schools and settings, know the local population size, where the main deprivation lies and link with planned projects to tackle some of these issues
- The LA data analyst in learning services is a very useful resource!

Connecting with projects and developments

- Make sure you know the key players in other Services whose work will affect/compliment the work you are doing
- **Strategic leaders** in the Local Authority- Learning Services/ Children in Care/ Virtual Head/ Head of SEND/ Early Years Inclusion Services
- **Health and Well-being Board** members
- **Local Projects** (Opportunity Area/Early Outcomes Funding/Children's centres/ Thrive at 5/ Family Hubs)
- **Early Years leaders**
- **Childcare and efficiency managers**

Project funding to tackle inequality often comes through the Local Authority rather than Health so it is important they know who you are and what you can provide



Deprivation- knowing your 'hot spots'

Indices of multiple deprivation data

- National database based on income, employment, health, disability, education, skills and training deprivation, barriers to housing and Services, living environment, crime [English indices of deprivation 2019 - GOV.UK](https://www.gov.uk/government/collections/english-indices-of-deprivation-2019) (www.gov.uk)
- Super output areas (SOAs) were **designed to improve the reporting of small area statistics**. SOAs are made up of smaller output areas which are the lowest geographical level at which census estimates are provided- data available on the internet
- Alongside this the census information can give you a valuable insight into population changes in your area [Census 2021 results - Census 2021](https://www.census.gov.uk)
- There is also the Local Joint Strategic Needs Assessment (JSNA) which is easily accessible on line for your area

SLCN and deprivation

*‘Poor communication skills are closely linked with social disadvantage. Research shows children living in poverty in the UK suffer disproportionately from language delay. **Poverty can strongly reduce parents’ ability to respond to their child’s early language needs and offer a home learning environment that enhances language skills in the early years.** As a group, children from disadvantaged backgrounds more commonly have reduced developmental opportunities that can limit their learning of language’ RCSLT*

ICAN cost to the nation:

As many as 50% of children in some areas of social disadvantage start school without the language they need for learning.

In areas of social disadvantage children and young people are more than twice as likely to have SLCN (this study found that the likelihood of being identified as having SLCN is 2.3 times greater for children eligible for free school meals and living in areas of deprivation).

[MCM Report 4 -1 \(speechandlanguage.org.uk\)](https://speechandlanguage.org.uk)

Our Service

- The MPFT North paediatric Service covers Stoke on Trent, North Staffordshire and more recently South West Staffordshire.
- Large geographical footprint encompassing affluent rural areas neighbouring urban areas of deprivation
- There are pockets of **rural deprivation** with limited access to Services
- There are areas that get levelling up funding and areas that get overlooked
- Be mindful of the inequality for the rural areas- travel is often not possible, limited or no bus routes etc.
- Video or phone contacts has made appointments more accessible for some of these families
- Where **computer literacy or digital poverty** is an issue we have been able to set this up via schools or settings
- This additional remote model has also enabled us to use locum therapists to tackle increased referral numbers



Gathering data

- The Indices of Multiple Deprivation 2019 rank Stoke-on-Trent as the 13th most deprived local authority (out of 317) in England.
- Over half of areas in Stoke-on-Trent (51%) are classified among the most deprived 20% in England, and approximately one-third of areas fall in the most deprived 10%
- We have used this information to target project work specifically, enhance training opportunities for practitioners and parents in targeted areas and to work more closely with the wider children's workforce to minimise the impact of deprivation on their SLCN

Identifying issues early for everyone

- Project work has enabled us to develop a screening tool for early identification 2-5 years [ECS A5 flier print version.pdf - Google Drive](#)
- This has been rolled out to EVERY school and setting in Stoke on Trent and currently across Staffordshire
- A training package goes along with the tool to ensure, once identified, many children's needs can be met by their setting
- This ensures children who just need a communication enhancing environment are all getting access to this- equity for all
- We link with the Childcare and efficiency team to make sure families know they can access free childcare

Ethnicity

- Ethnicity is ever changing-over 101 languages spoken locally
- Population census captures ethnicity data- this is not always a true picture
- Information can also be gained from Equality and Diversity Services about range of language spoken/use of interpreters in the Services etc
- LA's also hold information on the child population ethnicity and language
- We have used these to make a case for a bilingual SLTAP post and to identify key languages for translation
- All children accessing more than one language are assessed in both languages via interpreters.
- We have developed a specialist post within the Service to support the team with bilingual children via resources/ second opinions etc and is a link to keep the team up to date in new developments
- Currently interviewing parents from a variety of ethnic backgrounds to capture their experience of accessing our Services and the use of interpreters
- Also checking population data against Service data via Trust audit team to see if any groups are under or over represented

Literacy

- Low literacy levels often accompany areas of deprivation
- We have gathered literacy information from the Adult and Community Learning team in the Local Authority who identified that in the City area around 60% of adults have a literacy level of age 11 or under
- This will impact on their ability to read appointment letters and follow programmes and will affect attendance and outcomes
- To address this we have introduced text messages, phone reminders where needed and a section on the referral form to notify us if adaptations are needed for the family to access us
- We copy referrers into appointment letters where needed as prompts for families

Health Literacy

- Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- All our handouts and letters are checked for 'readability' – lots of free sites [Readability Calculator \(wordcalc.com\)](#) [Making Reading Easier Feb 09 \(dyslexiaoutreach.co.uk\)](#)
- This is general good practice for all Services
- We have regular CPD on Health Literacy
- Team discussions on keeping it simple/check back techniques etc
- All our team have Health Literacy Awareness training and we have **'Health Literacy Ambassadors'** who review written materials as well as regularly audit the service practice. Find out more for your service on:
[Health-literacy-how-to-guide.pdf \(library.nhs.uk\)](#)

Example of good health Literacy

Readability

How *to*
produce
clear written
materials *for*
a range of readers

- White space

- Line spacing

- Font choice and size

font

font

font

- Upper and Lower Case

- Use of images

n iace

[Readability-How-to-produce-clear-written-materials-for-a-range-of-readers.pdf](#)





Public Health Role

- We have embedded public health messaging into all of our work
- We deliver a wide range of messaging through our www.stokespeaks.org website and social media. Our Stoke Speaks Out programme also delivers training to a wide range of practitioners sharing tools and tips to enable them to support the wider SLCN in the community
- If you don't have capacity for a website think about linking in with your Trust or Wider service sites
- We regularly have public health as our main agenda on team development days- make sure you access your Trust Public Health Advisor, Local Authority PH data, Making Every Contact Count champion as well as national policies and documents such as New AHP strategy for England [NHS England » The Allied Health Professions strategy for England: AHPs Deliver](#)

Next steps

- Health Inequality can apply to a wide range of clients in our Services
- Some of these inequalities can be hidden
- We need to ensure that the Service we provide is accessible to the populations we serve- not just those who turn up
- These populations are constantly changing and we need to ensure that we keep our eye on those changes
- There is rich data all around us and easily accessible but this relies on someone taking responsibility to gather this and interpret what this means for our Service
- Make sure someone in your team takes on that responsibility and that you are constantly adapting and changing with your population needs

Understanding & addressing inequalities in Paediatric Acquired Brain Injury rehabilitation

Sahar Nashir

Specialist Speech & Language Therapist

Cambridge Centre for Paediatric Neuropsychological Rehabilitation (CCPNR)

CPFT & CUH NHS Trust

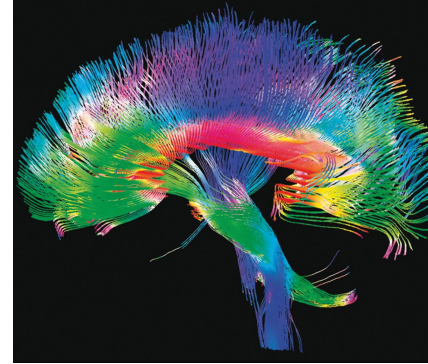
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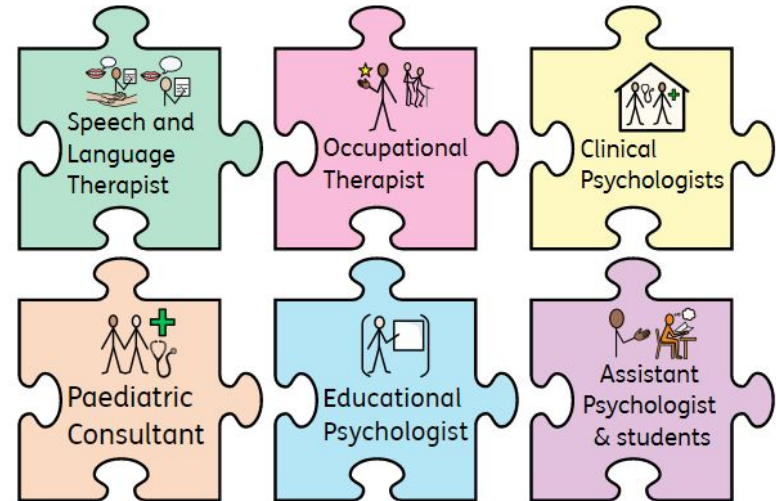
@SaztheSpeechie

Cambridge Centre for Paediatric Neuropsychological Rehabilitation:

what we do



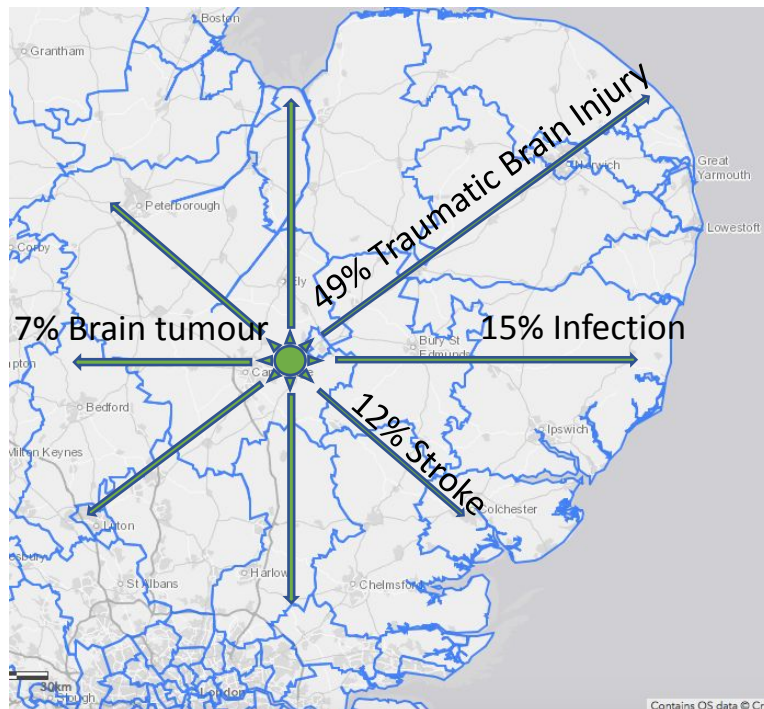
- ❑ Interdisciplinary team - working with children and young people with an Acquired Brain Injury (ABI), up to the age of 19
- ❑ Specialist neuro assessment and guidance to families, health, social care & education services. Rehabilitation (1:1 and groups), joint working with community teams
- ❑ Conducting on-going research – contributing to evidence base for paediatric ABI



Children and Young People with ABI in the East of England: A scoping review

Differences in the
access to funding and
local
services/charities

Collecting and using
this data along with
the feedback of our
families and YP to
address inequality
and inequity

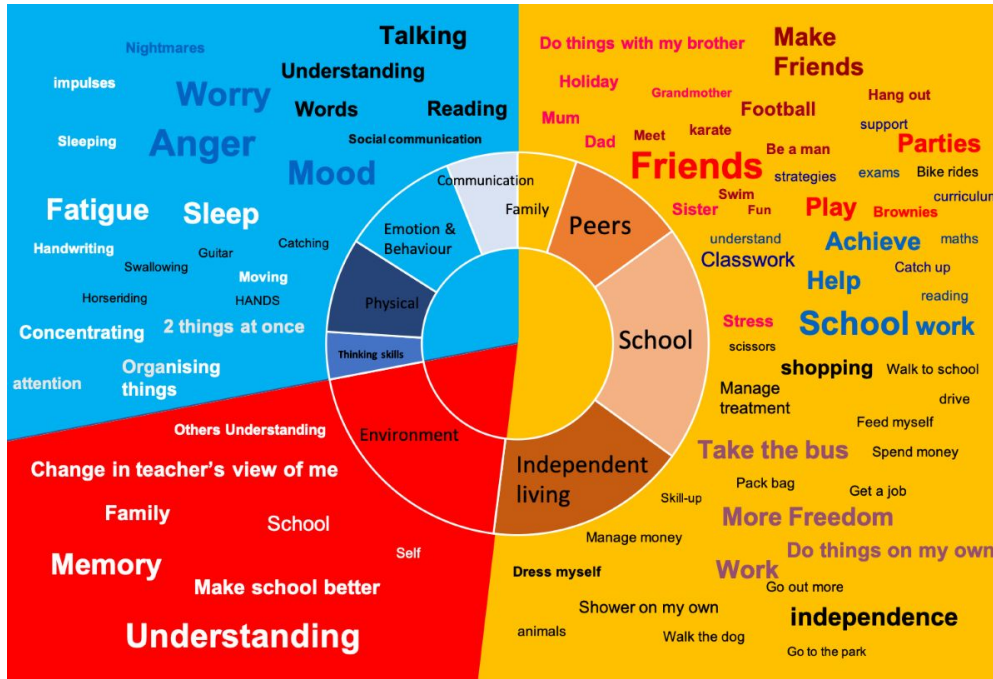


CCPNR receives referrals
from across the East of
England and wider:

*Norfolk, Suffolk,
Bedfordshire, London,
Hertfordshire,
Leicestershire, Essex,
Cambridgeshire,
Peterborough, Berkshire*

*Importance of
understanding local data*

Some of the goals our young people with an ABI have:



McCarron, Watson & Gracey (2019)



Credit for illustration:

Juliet Young ('creative clinical

psychologist')

Social GRRRAAACCEESSS

(Burnham, 2012)

The visible vs
invisible

Privilege = power

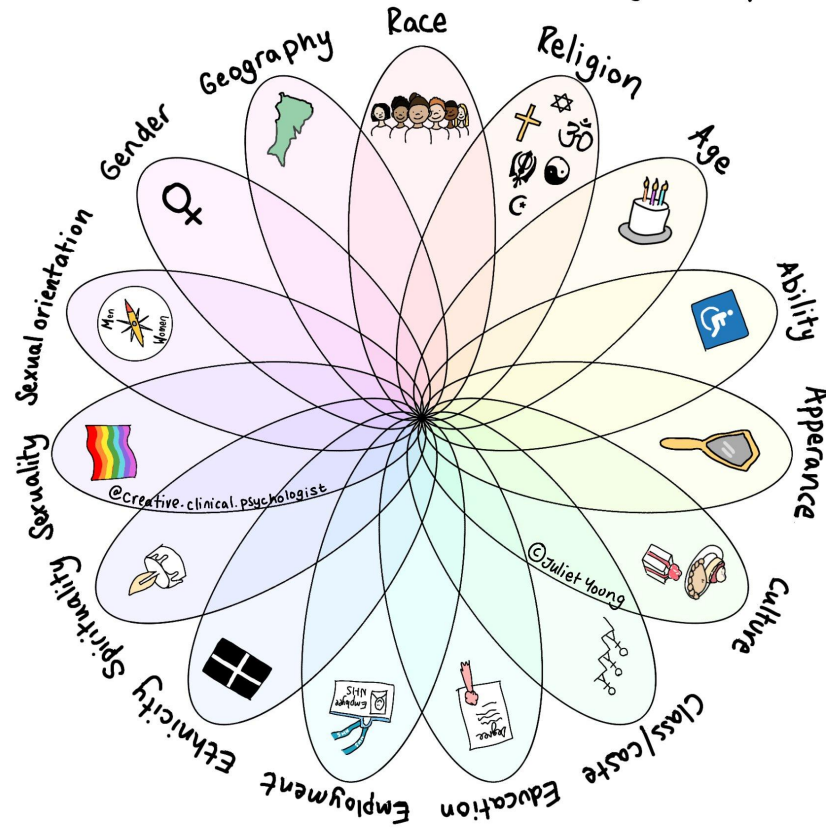
The voiced vs
unvoiced

Positionality

The Graces in practice:

"What is meaningful for you?"

"How would you like your
family involved in care?"



Consistent, regular clinician and team reflection – assessing how our beliefs, bias & judgements may influence service delivery

Name:	DOB:	Date of discharge:
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Background (to include pregnancy, birth, developmental milestones, early attachment)
--

Acquired brain injury & ideas as to their impact & prognosis

Family (to include genogram, family strengths & resources and family risk)

School (to include pre-injury Schooling and current school feedback)

Personality, Identity & Insight- what matters to me? Who am I? What are my interests, values, hopes?

Social, Spiritual, Cultural beliefs and values
- GRACES

Participation, Leisure interests, Family life
- GRACES

Proposed goals (to include goals from CYP, Clinicians, Parents)
--

IDT Actions

EXAMPLES OF SUPPORTING ACCESS IN THE SERVICE

"driving there will be hard. Getting into the car is difficult for us all"

Potentially re-traumatising due to the nature of injury.
Adjusting our processes: i.e., travel to family at home/school/hospital appt and jointly work

"I can't fill in these forms - struggling to read this"

Translation services, easy read reports and letters, using bilingual resources, meeting 1:1 to talk through, read aloud and answer questions

"I want to know before what I'll be doing and where I'm going. I feel anxious"



Hexagon room

9:45	10:05	10:15	11:15	11:25	11:35	12:15	13:30
Arrive at group	Icebreaker	Outline of day	Share a Tree	10 min break	Create trees	Share with group	Lunch
Complete forms	Get to know	What is Tree of Life?	Peer helper to lead				Lunch



Park in the car park.





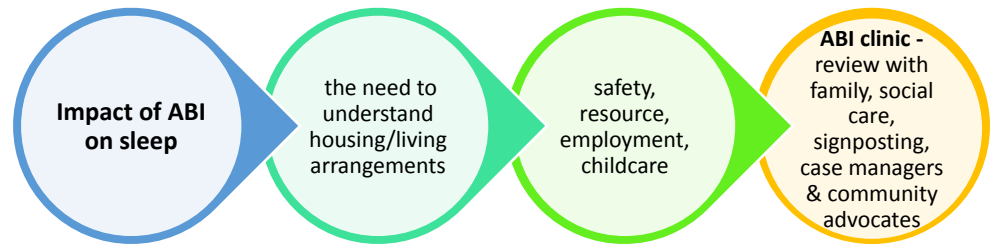
Our language

- The **words** of our young people and families
- **Culturally sensitive questions**
- Medical **terminology/theory and accessibility:**
who are we writing reports, recommendations & leaflets for? Are we consistently translating written materials?
- Understanding the **cultural differences in how people express pain, emotions and in story-telling:**
how does the vocabulary we have influence the way we talk about distress and joy? Differences in how YP with an ABI express distress, fatigue (cultural idioms)
- **‘Chunking’:** what communication style may the YP and family want and need from us?
“is this a threat?” “do I have the resources to cope with this?”

Part two: access and equity

using the RCSLT audit tool to think about housing & sleep

“Do you reflect on any planned advice/intervention to ensure there are no assumed prerequisites on resources to be provided by a family (e.g., a fixed address, money to purchase telephone credit, data for telehealth appointments, living space to carry out intervention)?”



Continued service actions

Celebrating and respecting norms & identities –

learning from each other, acknowledging the influence of Western ableist approaches to neurorehabilitation & SLT

Co production –

SU panel, honest words and quotes from our YP, feedback re adjustments, inviting YP & parents to present at conferences/events

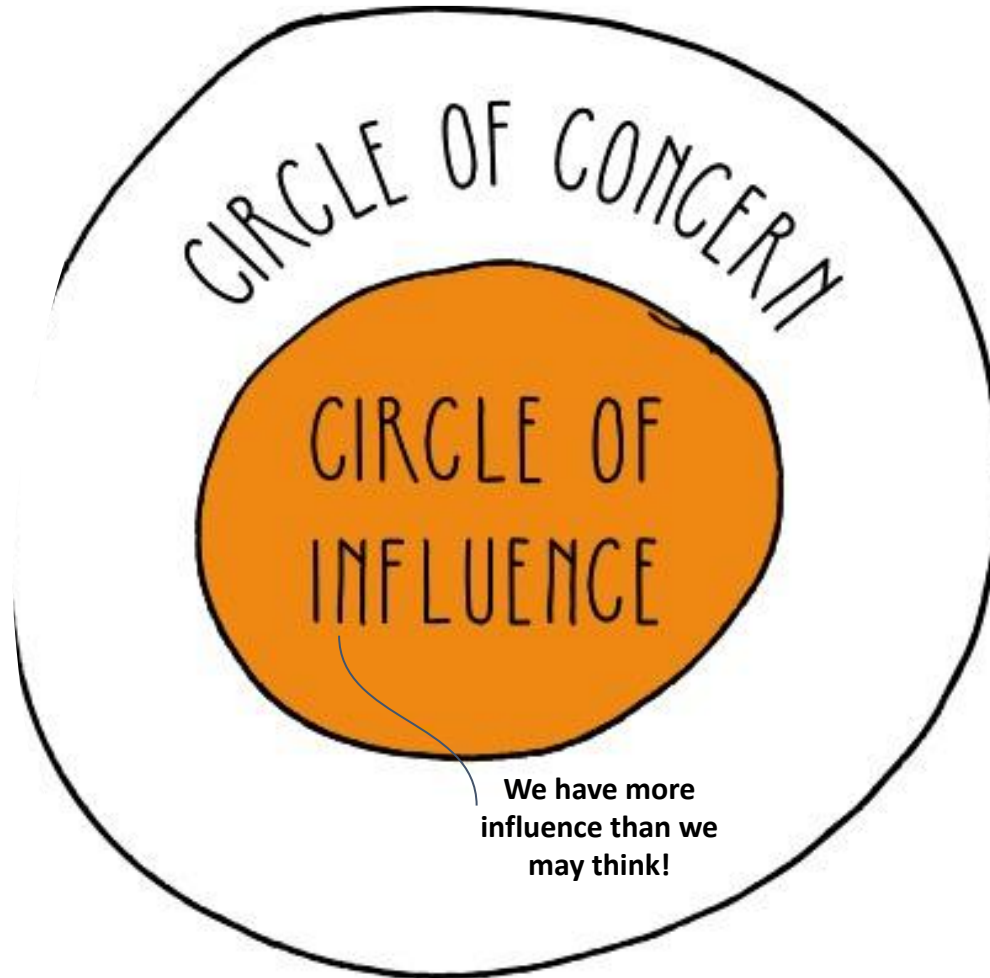
Talking to members within NHS Trusts, charities, equality networks, Allied Health Professionals and our commissioners about the **issues within intersectionality and promoting equity**

Continue delivering training to settings and services –

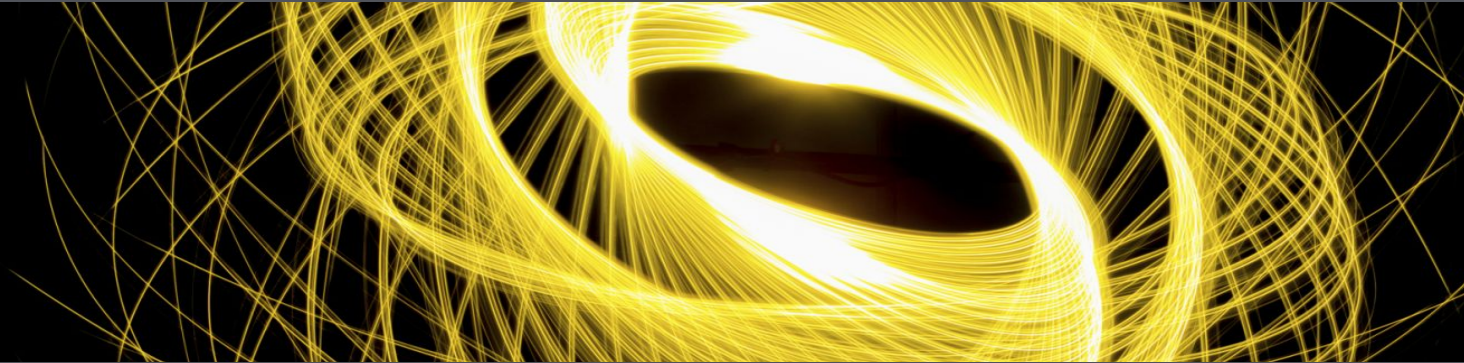
additional opportunity for us to raise awareness and work alongside professionals who see families often

Some reflections..

- ★ The 'invisible' nature of an ABI can often lead to additional barriers; therefore an increased need to raise awareness
- ★ Anti Racism work - core part of addressing inequality
- ★ Understanding the impact of a need on all wider systems (and differences in knowing how to navigate the systems)
- ★ The Graces has allowed for more open conversations, whilst establishing connection. The self-audit tool has been beneficial for considering practical ways as a wider service in reducing inequality



Involving students in using the RCSLT Health Inequalities audit tool to drive service improvements



Katherine Pritchard – Paediatric SLT and Clinical Lecturer

Overview

- Context of setting
- SLT curriculum and EDI
- Involving students in EDI work - using the RCSLT audit tool
- Our progress so far
- Reflections/learning points
- Challenges and limitations of using the tool
- What next

Context



SLT Curriculum and EDI

- Clinic as one way to embed EDI work across the whole curriculum
- HCPC – SOPs (2014)
- RCSLT – curriculum guidance (2021)

Involving students in EDI work

- using the RCSLT audit tool

- Understanding local population
- Understanding caseload/case note audit
- Resources audit
- Identifying gaps and researching inclusive resources



Involving students in EDI work

- on placement/in preparation clinic

- Visibility within student induction pack, conversations encouraged and space made for these within clinical teaching.
- Piloting new resources
- Encouraged to think critically when resource making

Other work in the clinic/progress

- Information gathering now allows us to capture more relevant data
- Recurring theme and discussion point at all teaching and clinic meetings
- Successful business case to properly fund interpreter service

Reflections

- Pilot changes
- Make work visible to all stakeholders
- Location
- Getting started is the hardest part

Tips to get started

- Remind yourself of all protected characteristics (equality act 2010)
- Offer a clinical placement to a student
- Attend refresher training
- Make EDI a priority at all meetings
- Audit your assessments and resources
- Consider your caseload and the local population



What next for us...

- Involving service users – focus groups to consult on work on resources – lead to service improvements that support clients
- Continuing to involve students – increasing visibility of work, seeking out discussions and encouraging students to examine critically.

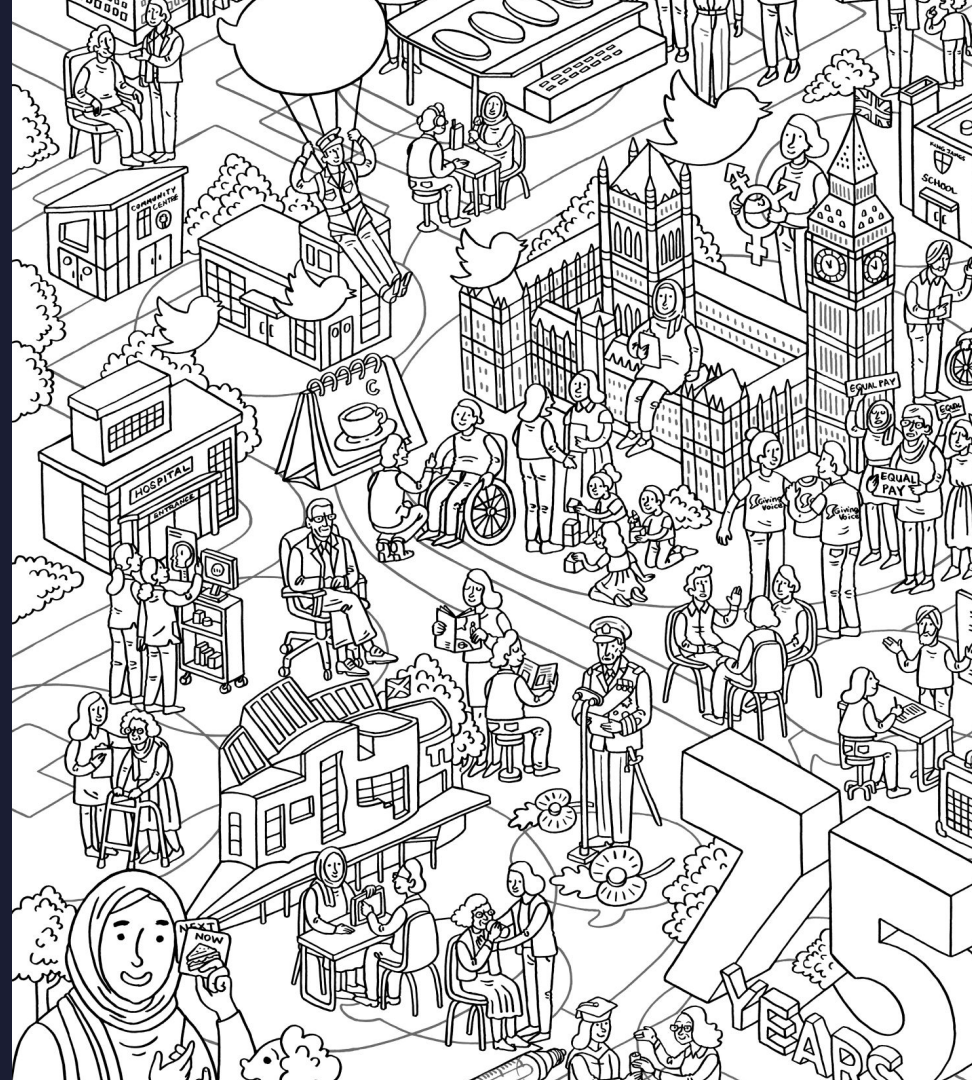
Acknowledgements



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Questions





RCSLT

Horizon – Member Profile project

We want to know more about your career journey and where you work so that we can better support the profession. Our Horizon project will help us make sure we're meeting our members needs now and in the future.

To do this, we're asking all our members to **complete a short, online member profile**.

Find out more here <https://www.rcslt.org/news/horizon-our-member-profile-project/>



Thank you

Health Inequalities Webinar 2022



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