Health inequality indicator worksheet

# Understanding your local population and service

## The purpose of this worksheet:

This worksheet is to help SLTs with identifying and recording key information that is useful to understand the make-up of the local population that your service supports, and who is coming into contact with your service.

Comparing these two sets of information and examining any disparities may indicate potential inequalities.

It is designed to help you build a snapshot of your service at any one point in time. Ideally this exercise should be repeated for ongoing monitoring.

## Using this worksheet:

* The worksheet guides you through collecting and recording data with respect to your *local population* and *your service.*
* We have included suggestions of some of the kinds of information you may want to record, however there is likely to be lots of different pieces of information that would be helpful for you.
  + For example, we know that broadly, there are health inequalities related to ethnicity, gender, and use/proficiency of English language so we have included rows for these.
  + Select the data/information that seems most relevant for you and your service and use the blank rows to record other information that is helpful.
* As the purpose of the worksheet is to compare two sets of data, we recommend you collect and record the same type of information if you can. However, this may not always be possible, and you may need to compare slightly different information, or use proxies to serve as useful data. Remember, if you are doing this then you will need to be even more cautious of any conclusions you are making as you will not be strictly comparing like-with-like.

For example, the ways in which ethnicity is described can vary depending on datasets – your NHS service may use one set of codes to describe your patients, but this could be coded differently to the Census data. This means that there may be some degree of difference between proportions and groupings even if there is no ‘actual’ inequality.

* Whilst conducting this exercise is useful, it also raises the need to be sensitive to the fact that such high-level analyses by their nature involve the need for grouping, so there is a risk that your specific local population is not accurately represented.

For example, coding ethnicity as ‘Asian’ in some datasets may include people with Chinese heritage, but not in others, so you may need to be cautious in drawing comparisons especially where ‘broader’ groupings are being made and consider more carefully the make-up of your local population.

* Where this happens, you will likely be able to still identify if there is any significant variation, but you should interpret the findings with a degree of caution.
* The template encourages use of proportions rather than total numbers to enable comparisons and easy identification of disparities (You may need to therefore conduct basic calculations to establish proportions prior to completing this, if you only have access to raw numbers).

For example, you may find out that 10% of your local population identified as Asian ethnicity according to the Census data but your patient records indicates only 5% of your caseload as being Asian. Comparing these indicates that your service may have fewer Asian service users than would be expected, and thus there may possibly be an inequality for this population.

* Where services offer universal services and/or do not necessarily depend on referring-in, we appreciate that these might not appear on service/patient records and therefore it may appear that there are disparities when there are not. You may still however be able to use this as a guide and to prompt reflection on any potential inequities or inequalities.
* You may be able to use this information for lobbying for greater resource to ensure you are reducing potential unmet need.

**REMEMBER: This is just a *template* and will need adapting to suit your local service needs. Please use it flexibly, and as a guide only.**

## Additional resources

We suggest you use this worksheet in conjunction with our information on **Using data to help address health inequalities,** in the[**Health inequalities resource pages**](https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/addressing-health-inequalities/resources/)**.**

There is also a worked example to support you with using the template.

## Health inequality indicator worksheet

|  |  |  |  |
| --- | --- | --- | --- |
| **Information** | **Your local population** | **Your service** | **Does this indicate some variation?** |
| **Population** | | | |
| **Total population size**  Total number of people living in the area in which you serve |  |  | - |
| **Specific population size**  (e.g. children or adults within your local population) |  |  | - |
| **Ethnicity (of your specific population, where possible)** | | | |
| White |  |  |  |
| Black |  |  |
| Asian |  |  |
| Mixed or multiple ethnic groups |  |  |
| Other ethnic group |  |  |
| **Gender/ sex (of your specific population, where possible)** | | | |
| Male |  |  |  |
| Female |  |  |
| **English proficiency (of your specific population, where possible)** | | | |
| Main language is English or Can speak English very well/well |  |  |  |
| Main language is not English/ Cannot speak English / well |  |  |  |
| **ADDITIONAL DOMAIN** | | | |
|  |  |  |  |
| **ADDITIONAL DOMAIN** | | | |
|  |  |  |  |

## Evaluation

I have identified that there (is/is not) variation that may indicate inequality.

*If appropriate:*Substantial variation has been identified with respect to (variables). (groups) may face barriers in accessing our services.

## Action plan

My next steps are:

1)

2)

3)

## Worked example

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Information** | **Your local population** | **Your service** | | **Does this indicate some variation?** |
| **Population** | | | | |
| **Population size**  Total number of people living in the area in which you serve | School services covering the whole of Southampton  248,900 population | n/a | | n/a |
| **Specific population size**  (e.g. children or adults within your local population) | 18% are aged between 5-19  44, 802 children |  | |  |
| **Ethnicity (of your specific population, where possible)** | | | | |
| White | 80.7% | 85.2% | | There may be an over-representation of White and Asian children in our service, and an under-representation of Black, mixed/multiple ethnic groups and others. |
| Black | 3.0% | 1.3% | |
| Asian | 10.6% | 12.0% | |
| Mixed or multiple ethnic groups | 3.3% | 0.5% | |
| Other ethnic group | 2.3% | 1.0% | |
| **Gender/sex (of your specific population, where possible)** | | | | |
| Male | 50.2% | 51.5% | | These are very similar |
| Female | 49.8% | 48.5% | |
| **English proficiency (of your specific population, where possible)** | | | | |
| Main language is English or Can speak English very well/well | 85.3% | | Interpreter used in 2% of assessments in last 12 months | There may be under-utilisation of interpreters in our service, or we may not be seeing as many people that would require an interpreter. |
| Main language is not English/ Cannot speak English / well | 14.7% | |

# Evaluation

I have identified that there is a degree of variation.

Variation has been identified with respect to ethnicity and English language use.

People who identify as Black or who do not have English as their first language and/or those who require an interpreter may face barriers in accessing our services. It is also possible that those who do access our services who require an interpreter are not being sufficiently supported.

# Action plan

My next steps are:

1) Complete a thorough audit of referrals into and discharges from our service in last 12 months and calculate representation of children from different backgrounds

2) Discuss findings with team and service manager and ask staff for their opinions about why this may be based on their experiences

3) Task our students with completing the RCSLT health inequalities audit to understand more about potential areas of our service/practice that may contribute to inequalities and identify areas for improvement