Child heath inequalities | Case studies

Transcript

Helen Stewart
Welcome to this Royal College of Paediatrics and Child Health podcast. This is the second episode about how paediatricians can tackle child health inequalities. We're focusing on quality improvement, and how to better understand the impact of poverty on children and young people's health, which can help design NHS services to provide targeted support for families.

My name is Helen Stewart, and I'm the College's Officer for Health Improvement. I'm also a consultant in paediatric emergency medicine in Sheffield and a transport doctor in the North West.

First, I speak with two trainee paediatricians in Belfast, Naomi and Anne-Marie. They had noted a real disparity in how children from different socioeconomic backgrounds were impacted by COVID-19 restrictions. Following initial research, they've conducted an observational study to gather information about the effects of the cost of living crisis on the home and social environment and the health of primary school-aged children in Northern Ireland.

Later in this episode you'll hear from a team in Birmingham that has put child health care services right in the heart of the community – to better access the families who need support most. Fran, a GP, and Caroline who leads on innovation and early help at a housing provider, explain how they introduce health promotion at every opportunity, liaising with multidisciplinary health professionals and local community services. It's a fascinating approach to delivering services.

Helen Stewart
I'm here at chatting to Naomi and Marie who are paediatric registrars in Belfast. Hi, guys. Nice to meet you. And I'll let you just introduce ourselves a little bit.

Naomi Kirk
I'm. Hi. Yes. And my name's Naomi Kirk. And I'm a paediatric registrar based in Belfast and currently I'm working in general paediatrics and infectious diseases.

Anne-Marie McLean
Hi, my name is Anne-Marie McLean. I'm a paediatric registrar also based in Belfast. My interests are in general paediatrics, gastroenterology and nutrition. Both myself and Naomi are interested in understanding the impact of child inequality on child health as a whole.

Helen
Great. So can you tell me a little bit about what you've been working on in Belfast?

Naomi
And so as we all know that health inequality exists. But I think the COVID pandemic was really crucial in bringing it to our attention. And for Anne Marie and I, the concerns and we had initially were relation to childhood obesity as we know that that's something affected by socio economic status. So we've been chatting about lockdowns and

restrictions and childhood activity and how we felt this could be adding to those existing inequalities and what impact this might have.

So this was actually our initial focus and idea and off the back of this we carried out a small observational study in 2021 and focused on parental perception of weight and physical activity during lockdown with a comparison of socioeconomic status.

Anne-Marie
And there was also this initial lockdown study, however, highlighted to us that there were so many other wider issues to consider as many parents were reporting that their child had mental health problems and that there had been a change in the food they were able to provide to their families during the lockdown restrictions as well as changes in the family's nutrition and physical activity levels. It really highlighted to us the impact that a child's home environment could have on their health during lockdown restrictions.

For example, whether or not that access to your garden, we could say that there was real disparity in terms of how children were impacted by COVID-19 restrictions, depending on what their socioeconomic background was. And as we were analysing our results from this first lockdown study, and we're entering the current cost of living crisis and we thought it would be more useful to do a comprehensive study to gather information about the effect of the cost of living crisis on the home social environment and the health of primary school aged children in Northern Ireland we really wanted to identify which children and families are most vulnerable to poor health due to financial strain in the hope that we could then raise awareness and offer support.

Naomi
Yeah. So I guess this was the background to this study and off the back of this then we developed a new study and which we named cost and I and completed in partnership with some colleagues and vanilla and Donna and Tom Waterfield, also based in Belfast.

And so this study was a cross-sectional observational study, and we used an online questionnaire and to gather information from parents. And we distributed to primary schools in Northern Ireland and asked them to sort of share the survey via whatever online app they used to communicate with their families. So we wanted to ensure for this study that we captured enough information to understand the socio-economic context of the children. And we felt the primary schools were a good way to do this.

And rather than, say within a healthcare setting which might only capture certain cohort of children, so we used the usual demographic questions, but also included questions and whether they were eligible for free school meals, benefits, weekly household income. And the free school meal question really arose because it's a relatively straightforward way of determining the economic status because we have that clear criteria for who is eligible.

And through this questionnaire we received 199 responses and which encompassed results in about 299 children, because obviously there was more than more than one children in some families.

Helen
What do you think your key learning points were from the study?

Anne-Marie
Well, we're still in the process of writing up our results, but some have really stood out just and one of the biggest ones is that 56% of parents reported that their child or children and were experiencing increased stress or anxiety due to the cost of living crisis. And this increased to 71% in the low income group with a significant difference between the low income and higher income group.

And that test for us was really concerning given the already very long waiting lists and for mental health services for children.

Naomi
Yeah. And I think for the purposes of the study, we'd considered a family to be seriously affected by the cost of living if they reported living in cold or damp homes, fearing homelessness or being unable to provide regular meals. And when we compared across some composite groups. So we looked at single parents, people who were renting, children who were attending clubs less and being of an ethnicity other than white. We found that this doubled the family's likelihood of being seriously affected by the cost of living.

And I think if you asked anyone, including us, if they find it surprising that these groups seem to be most affected, we'd probably have said no. But what has come across through the study is really just the extent of the inequality that we're seeing across these groups.

Helen
I see it sounds like a huge piece of work. What do you think you'll be able to take forward from this? How do you think you'll be able to make a difference based on the results that you've got?

Anne-Marie
We hope to share our results as widely as possible and we want to write up our study, get it published and share it with the schools and the teachers and the families who participated in the study and also with the charitable organisations which helped us shape some of the questions. And we're hoping that we can promote discussion and raise awareness really as our primary aim.

Naomi
Yeah. I think one thing that came across that we weren't really expecting was sort of the signs of poverty that can be a bit more subtle. So one question we asked about was whether children and families were able to continue extracurricular activities such as clubs and sports, and found that those that had reduced their involvement in these activities were significantly more likely to be worried that they would have to use a food bank in the future, more likely to report cold homes and unable to heat and more likely to report damp and mould. So I suppose for us, you know, often we see sort of these things as optional, they're privileged or even maybe associated with pushy parents, but actually, you know, extracurricular activities are a lot more than that, and it's just raising that awareness of maybe that these things can be a bit more subtle than you might first think.

Helen
And did you meet any resistance to this from any of the families, all the schools at all?

Anne-Marie
No, no, we didn't. The schools could opt to participate with us fully and voluntary - so it was entirely up to them whether they wanted to share it and with the families attending their school or not. I think maybe the only barrier we encountered was that there was industrial action at the time. So some of it maybe was perceived as an additional workload for teachers, but the skills could decide whether or not to participate.

Naomi
Yeah, I think we could get some feedback that which schools maybe felt the questions were a bit invasive despite being anonymous, but there was - no one seemed to have any any issue with it. It seemed to be primarily a logistic and time based on the on behalf of t the school, as to whether they agreed to participate or not.

Helen
Let me see. And I'm just wondering if you had a chance to look at where the schools are situated, are they, do you have a widespread of schools in terms of socioeconomic circumstances, or do they tend to conform particular section?

Anne-Marie
That is a limitation to our study as we don't for the to keep it anonymous.

Helen
Of course.

Anne-Marie

We don't have identifiers and in terms of geographical location on the questionnaires. So we don't know the previous lockdown study that we did, we looked at two schools, one from a wealthy area, where they had less than 10% of children receiving free school meals and then a school in more deprived area. There was over 60% of pupils receiving free school meals. But for this particular study we don't know. We just have the information of the parents of the household income. But we don't have any geographical information.

Helen
Fair enough. But you did open it to all, didn't you? So whoever could choose to participate? Yeah. Oh, interesting.

So, how did you guys get interested in health inequalities?

Naomi
Yeah, I think a lot of this, arose, well, Anne Marie has done a lot of work in relation to obesity and that was something we were both kind of interested in, had been discussing about. I've spent a bit of time away. I worked in Malawi for a year where the health inequalities are very obvious.

But I think really just post COVID over the past year - I think they've just been maybe more obvious to everyone involved in healthcare and then it's just something that we've been chatting about.

Anne-Marie
Yes, I would echo that. I think it's something that's becoming more obvious and it's something that you can't really ignore, especially as we're seeing an increased migration

into Northern Ireland as well. And that's something that came through in our study and that if you were of an ethnicity other than white, you're much more likely to be impacted. And I really think it's our duty as paediatricians to understand the wider social context and the home environment.

Of the children and families that are presented to us, especially whenever some of the health problems can be contributed can be due to due to the home environment or the wider social determinants of health.

Helen
That's really interesting. Thank you guys.

And was there any other... if you had to pick one key message from your study to shout out to everybody, what do you think it would be?

Naomi
I think mine would be – and Anne-Marie and I were talking about this last night actually - mine would be just to ask the question. So we were saying it's a bit like when you're in training and you're always told to ask about social work, involvement with families. And at first you find, oh, this is going to be awkward. And then actually, once you get it into your... it becomes a routine part of your questioning. Then it's automatic and you don't discriminate and you ask about it all the time. And we were saying really sort of asking about the socio economic situation and struggles should maybe just become part of your routine questioning and you're building it in so that you're just aware that. It's part of that child's health background.

Helen
Absolutely.

Anne-Marie
Yeah, and that we're not singling out particular families that we're asking. It is standard to all families. So it becomes something that's asked naturally and doesn't come across as the certain families are being targeted.

Helen
Absolutely. I would absolutely echo that and obviously we've got the health inequalities toolkit at the College, which does have a section on how to have those difficult conversations with children, because as you and families, as you say, people can feel quite awkward about it, a bit uncomfortable about it. And I think sometimes also it's what do you do afterwards when you've opened that conversation and you've had those discussions and how can you support the family going forward if you had any particular experience of how you're able to do that locally.

Naomi
I think sort of at the beginning of COVID there was some links established with our local ad and storehouse, which is a local food bank. So it just kind of raised clinicians' awareness that if they there was issues how to signpost people towards that and there's loads of other you know that's just one example of a charity that's linking in. And so I think our you know our hope would be to try and maybe create a resource or something that when

these issues are identified that clinicians have somewhere that they can sign post families to.

Anne-Marie
Yeah, we plan to talk to the social work departments and in our trust as well because another thing that really came out for me is transport to appointments and being aware of that - you know why your families are missing appointments - is transport the issue. And there are resources there to support families. It's just becoming more aware of it.

Helen
Yeah, absolutely. We've done something similar locally, looking at vouchers for buses, et cetera, to try and try and help people with that.

Fantastic. That's great. Thank you so much for taking the time to talk to us about your project guys. It's it's obviously incredibly important to understand your local community to be able to understand how to help them and at best.

If anyone wants to get in touch with you and ask questions about your project, how can they best to contact you?

Naomi
Probably email address. I don't know if that can be linked.

Helen
Yeah, we'll put that on the information for the podcast because people might want to replicate this elsewhere. So if you, if you're happy to share information, that would be fantastic.

Anne-Marie
Yes, of course, we're very happy to share, and also very happy to learn as well if anybody is running similar projects elsewhere in the UK, would be really interested to hear about them and because we're always trying to learn really and improve what we can do.

Helen
Fantastic. That's great. Well, thank you so much guys.

Naomi
Thank you.

Anne-Marie
Thanks very much.

[music]

Helen
I have with me, Frances and Caroline, who are going to introduce themselves, but we're gonna talk about a project that they've been doing locally to them. OK, Frances, you go first.

Fran Dutton
I'm, I'm Fran. I'm a GP. I work in Birmingham and I also work in the emergency department of Birmingham. And as you say, I do a project with Caroline.

Caroline Wolhuter
Hi, I'm Caroline Wolhuter. I work for GreenSquareAccord, which is a national housing and care provider. I'm the Head of Innovation, Impact and Early Help in Birmingham and we manage the early health contract for the voluntary and community sector in the Hall Green constituencies and the project we're going to talk about today lies in the Hall Green locality.

Helen
Brilliant. Thank you. So, obviously Fran, you're a GP and you work in the acute trust. And Caroline, how did you guys come to work together?

Fran
That's a really good question, isn't it? So we've been working together for several years now and it's started off in COVID, COVID. I'm sure you will remember really well with the time of huge change in the emergency department. There was a few months in the beginning where it actually went really quiet and it gave us the space to think we'd been mulling over in the department having a GP stream because the attendances just kept going up and up and up and it gave us space to think.

And it was Chris who is the third part of the trio that we are. So Chris Bird, emergency department consultant in Birmingham, he said. One day, Fran, I think we should do something different. I think we should do, I think we should do a clinic, do a do a project, do something but actually in the area where the children live. So I don't think we should run that GP stream in the hospital.

And then we started developing an idea and ran with it. And then we talked to you later on other people. And very fortuitously, one day we met Caroline. And then we as a trio, kept on talking to a lot of people, and then eventually we got some funding and started to put our talking into action.

Helen
Amazing. Yeah, I know Chris quite well. We trained on the training programme at the same time. And So what actually is the project, what's the end result of all that work?

Caroline
So the project is the Sparkbrook Children's Zone, which is a clinic run out of the Sparkbrook community and medical centre, one day a week. It's a joint clinic between the children's hospital, the local PCN and our early help team in the community . And this is one of the poorest neighbourhoods in England. It's got exceptionally high - I think if it's not the highest - one of the highest infant mortality rates in Europe. It's got lots and lots and lots of health, housing, social challenges. A very rich community of people from all over the world. It's a very diverse community. It's got lots of community activity taking place. Huge challenges. And excessing support at the right time in the right place, with the right language support, cultural access, etc. are all challenges for people. People don't have information about where to go and I think that's why sometimes the hospital seems like the best port of call.

But our job from an early help perspective is ready to connect people to support locally and find solutions to build their resilience, to be able to manage their lives in the way that they want to live. You know. So having the opportunity to work with, with real live doctors,

you know, in a way that you don't have huge waiting lists and times. And with Fran and Chris's complete passion, it has been such a privilege to be able to bring the team into a setting and jointly be looking at cases, case managing and triaging, supporting people, also getting the message out into schools and other community settings.

Helen
Brilliant. And so how do people access the clinic? What are the criteria and the stated aims of the clinic?

Fran
So the children and families access to clinic, usually by the GP making a referral. So we work, as Caroline stated, with a PCN, and that PCN, for those that don't know what that means a group of GP that have been asked to work together and they fulfil some targets. And they also can operate things like some clinics. So we work within the Sparkbrook area and the child or the family will go and see the GP. Or even phone up the receptionist.

And if they're deemed to need a face to face appointment, or even some advice with a virtual review, the GP or the receptionist can book in. They need to do a simple form, just so that we can share information with them. And that's it. So we see anyone under the age of 16 and we see pretty much anything. We probably started off with more restrictions, but now pretty much take everyone.

What we don't see is injuries because we don't have X-ray facilities. We don't do blood tests, so again we wouldn't do those kind of interventions. The typical patients that we see are young children - so like baby problems, infant feeding, things like that. We'll see lots and lots of children with constipation, asthma, eczema, behavioural concerns, lots and lots of different things. And so we also - this the mainstay of the clinic: the children that's booked in for medical needs predominantly.

And then every child that turns up is offered - we've also got our family advice worker in the room next to us. Would you like to go and see them? This is all of the services that they're able to offer on a leaflet. Would that appeal to you? That’s a barrier-free referral, they can just be escorted down the corridor and go and see them.

We've also opened up appointments for GPs to have direct referral into early help. So everybody within Birmingham can access early help. There's no restriction on it, apart from the fact that you need to do a fairly long form.

And actually, as GPs - and you'll know that Helen from your work in emergency department - we've got so little headspace and so little time, that doing a form which requires all the family members, a description of what's going well, what's going badly and what needs to happen and the current support in place, is sufficient barrier that I think it doesn't get done. But what we've said to these GPs is just right click, click on the slot, we'll do the forms, just make it easy for you and we'll do that. So we can access, so that means GPs can access the early help support if they think the medical need isn't actually needing a second opinion or anything at that point.

And so yeah, that that's probably where we are there.

Helen
Perfect. So so basically it's a a clinic where GP's can refer children on for paediatric needs,

but you use that opportunity to offer additional social support and advice. Is that right, Caroline?

Caroline
Yes, I think and I think just for people who are not familiar with the term early help and it's important to to just to clarify that it's, while we sit in that prevention and early help area, we look first and foremost at basic needs. Do people have food? Do they have clothing? Do they have electricity, gas? What is their housing condition? Are there other things going on in the family? Are they safe? Is there a SEND need? Is there a parenting need? Is there any substance misuse issues? Are there any issues around antisocial behaviour or what we call contextual safeguarding, so that could be online challenges? It could be community challenges with any sort of gangs or child criminal sexual exploitation issues. Debt - massive issue around debt and finance, we've got lots of people who are living on, you know, very, very little money with no recourse to public funds sometimes, etc.

So it's looking at firstly, what are your most immediate needs? You know that's, you know, that's the early intervention element. That's the early help and then, you know, the and then asking what, what do you want to happen? It's all about people being, you know, consenting and being an equal partner, and families being equal partners in making decisions about, you know, as a professional, sometimes you think this should be a priority, you know, over something else. But actually it's what the what that family wants in place to support the way that they want to live - as happy and healthy as possible.

So we start off with basic needs, and then we start looking at some of the more complicated interventions that are needed, whether it's housing intervention, domestic abuse intervention, debt management, and family support. You know wider social care. And cases are escalated, but most aren't. I think most of the 37,000 cases that we were dealt with in early help over the last 2 1/2 years, only 6% of cases were escalated to into statutory services.

Helen
OK.

Fran
Can I also add a a little bit? Is that all right, Helen? And it's so the clinic experience is also slightly different. I would say to use your clinics, we've got a heavy focus on health promotion. So we tried to shoehorn in health promotion at every opportunity. And when we when we just when we discover something that maybe we do want to encourage some behavioural change of, we've always got an offer with what that can be and how to make that easy for a family.

So we've got a template that we run down because otherwise I would forget. So presume the other people probably got better memory than me, but I would forget it if I didn't have that. And so you just run through it with the families. So it starts off with all your immunisations up to date.

After that we ask about whether a child is exposed to smoke at home. And then we've got a care plan that we've written which says how they can access smoking cessation support within the local area, what's available to them, what can they expect. Again, we just try and make it as easy as we can.

We give healthy start vitamins to all eligible children, which is all children before their 4th birthday. We ask a question - this is Caroline;s request lately, she said. Can you ask a question about nursery? Because in Birmingham, we're not seeing enough uptake of the statutory early years provision. So we ask all children between the age of two and four if they attend nursery, do they know if they're eligible? If there's any questions on that, we just basically say please go and speak to your family advice down the corridor and they'll be able to help you with eligibility and for applications.

We've got care plans for asthma, eczema and constipation. We've also got toothpaste packs. So we try and look at everyone's teeth. We're not dentists, but I can - I'm pretty good now at seeing holes in people's teeth - but I obviously can't treat or anything like that. But it's mainly to say, look at the teeth - brush your teeth twice a day, modify the sugar and acid intake, but mainly the sugar intake at that age, and go and see the dentist. So we've got really good support with that.

We also measure each child with their height and their weight, and we calculate their BMI centile and we will make onward referrals to bodies who provide a obesity services within our local area. So we really try and shoehorn in as much health promotion as we can.

Helen
Amazing. And so how long is your length of appointment that you have allocated?

20 minutes.

Helen
Yeah. So you mentioned you got funding. Who does fund this? Obviously you've got primary care, secondary care and early help input. How is it all funded?

Caroline
It's funded through a combination of funds. The early help component is currently funded through Birmingham City Council and the early help contract.

Fran
The NHS funding is through a pilot studies called IMOC, integrated models of care, a national pilot. It's just so happened that the stars aligned and this pilot project came up at a time when we were talking to everyone about it. We really didn't expect the funding at that stage. I don't think it came too early, but we were just resigned that it would be years and years before we got funding. But it just popped up and we've got funding.

The funding originally was for three years we've got funding guaranteed for two years. We've just finished our first and so hopefully we'll have another year after that if the original three years can be stuck to, fingers crossed.

Helen
And have you been able to assess the impact of it in any kind of formalized way? I know it's difficult and obviously feels like the right thing to do, but have you been able to evidence that in any way?

Fran
So we write in the GP notes which is called EMIS and we extract data from that monthly

into a big spreadsheet which says number of children seen, the interventions given. So for instance in January – it was a quiet month, we only saw 34 children. However, 14 were referred to early help. In terms of the percentages getting on a social prescribing type route, that's quite a high percentage that we're getting. So I think we're describing the offer and encouraging families in a positive way to take up that offer.

We've got plans for a through evaluation with University of Birmingham. That is afoot, that is going to be some time away, isn't it Caroline?

Caroline
There's some great haste studies about how we've impacted on individual children and their families, you know, a child's coming in with - he isn't sleeping very well, and actually you start unpicking what's going on in that family, why she's not sleeping well? Well, the house is massively overcrowded. They've got a disabled child sleeping in the room with her who needs to be carried up and down the stairs because there's no access within the property. The parents both have muscular, skeletal problems as a result of this, there's another child also sharing the room, who also has problems, and no wonder this child's not sleeping very well. We can't solve every problem, but we can solve many, you know, and we can support people to find alternative solutions to many, many of the challenges that they facing.

Helen
Amazing. Uh, fantastic. So if someone, um, heard this and obviously thought it was a fantastic idea and wanted to implement locally, what would be your top tips?

Fran
Think about health promotion in whichever department you're in, be that the community or in the hospital. Think about the experience for the family. You weigh children all the time in A&E. What do you do with that information? Do you tell families when they're overweight? Do you offer them a solution? Because, again, frankly, it's not good enough to tell the child. I mean, not the child themselves, but to tell the child and the family that their child's overweight and not offer anything because we know the links with poverty are so strong. You're just telling a family in a really hard situation that they're doing a really bad job. I mean, that's not gonna make anything any better. Is it? You need to be able to provide support with that.

So things like smoking weights... nursery - how often do you ask two and three and four year olds whether they're in nursery? We don't. I didn't think about it much until Caroline pointed it out. Yet in Birmingham, they do promote health a huge amount through nurseries. We need to be helping families access the support that is there for them.

Helen
Yeah, brilliant. And is there an advantage, because this sounds it's about having all the right people in the right place at the right time, isn't it? So that you can people can easily access those people. And is there advantage of having that in a primary care practice over having it in say an paediatric outpatient department of a big children's hospital?

Caroline
I think there's advantages in having joined up working in all sorts of settings. People don't necessarily need to be accessing a whole wider wraparound service of support at that

point. What they need at that point is a contact to be facilitated, whether that is through a signposting or referral. If there is someone to speak to, that's great, but there are, I think you know and in COVID we learned there's all sorts of ways to provide services and outreach to people if they're not immediately there.

But I think that context really important. I think the most important thing is to be open to partnership working. And when we are talking about integrated health and social care, too many of the discussions are focused around the integration between primary and secondary care, and between services within the health service. It is really, really difficult to say, you know, with the best will in the world, you know some of the problems that you're trying to solve are not going to be addressed by you just improving the communication and efficiencies within the NHS.

You need to be reaching out to the communities and they are all there. Every single community that we work in has a voluntary and community sector that is doing amazing work, and is meeting people's basic needs.

Fran
And I think from my perspective again, we need to be advocating for Caroline and for everyone that works in prevention. And it's so important. We've got as much as I say that we've got a lot of traction with families. Still, we surely have got some traction with policymakers. We have got to be working much, much more. Like Caroline said, fairly, not being the medics in the room that talk the loudest and that the most important of the university for the longest and all of that, we've got to really share the platform and advocate the people that probably do a great deal more for child health than we do.

Helen
Very possibly. Oh, thank you so much guys. It's been it's been really interesting and I've now got lots of things I need to pester my trust about. Thanks very much!

Helen

If you're interested in learning more about child health inequalities, please do take a look at the College's toolkit on our website. This includes advice on how to run your own quality improvement project around the topic, as well as speaking with families about poverty and doing advocacy at a local level. You'll also find more written case studies. Visit www.rcpch.ac.uk/HealthInequalities.

And to find out more about Naomi and Anne-Marie's research study in Northern Ireland, and about Fran and Caroline's work in Birmingham, there are links in the shownotes.

Thanks!