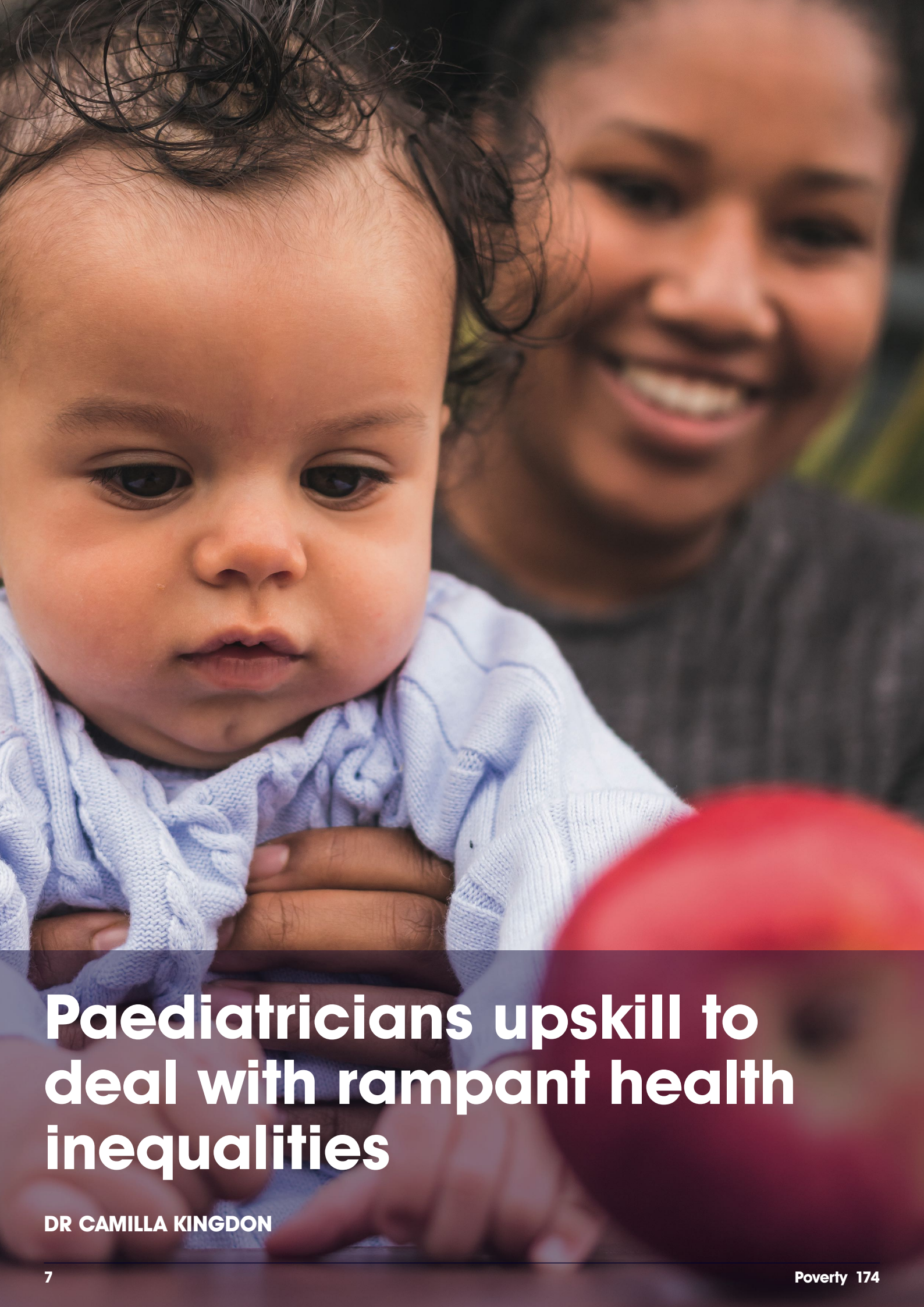


Paediatricians upskill to deal with rampant health inequalities

DR CAMILLA KINGDON

Across the UK, approximately 30 per cent of all children are living in poverty – nearly four million in total. This is already far too high, yet projections indicate this number will rise. What does this mean for children's health? And what can be done to help medical professionals support families facing poverty and health inequalities?

For paediatricians, child health inequalities are impossible to miss. It is in the asthma that won't go away due to poor quality housing, or poor dental health due to a lack of nutritious low sugar food, or low birth weight. Whole families are affected, and so parents often reach out to us as paediatricians in the hope that we can somehow use our influence to help with their poor housing or lack of access to local services, and of course for support with rising mental health concerns.

These inequalities are real, and the costs are high, both socially and economically. For example, infant mortality rates are higher for disadvantaged families and that difference is widening. Between 2015 and 2017, the infant mortality rate in the most deprived areas of England was almost double the rate of those living in the least deprived areas. Children and young people living in poverty are significantly more likely to require hospital admission and were 72 per cent more likely than other children to be diagnosed with a long-term illness. Rates of obesity in children living in the most income deprived areas are also rising, despite rates decreasing in the least income deprived areas. We know that the pandemic and cost of living crisis has made all these poor health outcomes even worse. In our work, it's very clear that there are those who 'have' and those who 'have not'. Paediatricians are making it clear to us that they can no longer ignore what they see and demanding that we shift the dial on health inequalities in the UK.

In response to this crisis, the Royal College of Paediatrics and Child Health (RCPCH) has developed and published a Health inequalities toolkit that will help child health professionals support families who come to their clinics and are suffering from the impact of poverty, low wealth and inequalities. The toolkit contains several resources that aim to give professionals the tools needed to understand the systemic nature of poverty and the skills required to speak openly about poverty in clinical settings. In turn, they can then support the development of more personalised care plans for vulnerable children.

The RCPCH Health inequalities toolkit

Improving understanding of child poverty and health inequalities

The first section of the toolkit helps paediatricians build a foundational knowledge of how poverty acts as a driver of health inequalities and leads to poorer health outcomes for children and young people. The tool details the various physical and mental health effects of poverty, and outlines the factors and issues that families may be facing which could increase their risk of experiencing health inequalities. The tool helps ensure that paediatricians are better able

to identify children and young people who may need tailored support to improve their health and how to provide families direction on accessing services that meet their needs. Importantly, it also brings together key information for paediatricians to create an elevator pitch, for when they come in front of the right people, on why action needs to be taken to reduce child health inequalities.

Developing clinical skills for talking to families

We hear from our paediatrician members that they can find it difficult to raise questions about poverty with the families they see. This tool outlines some tips that aim to make this subject more approachable by providing example sentences to use, in addition to factors to consider when talking about poverty. It draws from the experiences of paediatricians who are more practised in this field on what works well, and the views from children and young people on how they like to be spoken to on this subject. Paediatricians are in a unique position to advocate for meaningful change for children and young people and this tool should enable them to start these conversations with the patients they see, as well as their families.

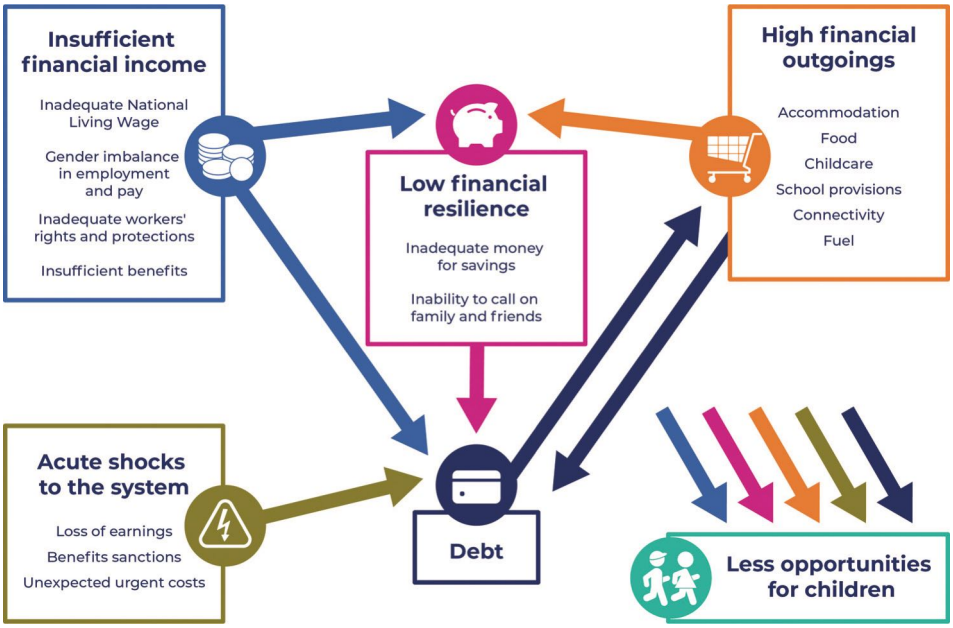
Examples of sentences we use to approach conversations in our respiratory clinic:

"Good nutrition is really important for child development, and fresh fruit is really important too… it can be tricky to get children to eat fruit – what is Max's diet like? Lots of parents tell us that fruit is often really expensive at the moment – has that been your experience?"

"As you can imagine, if Max breathes air that has pollution in it from traffic it can irritate his airways – do you live near a main road or have to walk down one to get to school? Similarly, the air someone breathes indoors can cause problems too sometimes – are there any issues with damp, dust, or mould, as these are really common and are known to cause problems? What is your current living arrangement? Do let us know if we can be of any help writing a letter to the landlord to speed up getting better accommodation – we end up doing that with a lot of our patients."

"Max seems a little anxious at the moment – this can make children have tummy pains and chest problems – is there anything stressful happening at school or at home? Children are pretty good at spotting when adults are worried about things – sometimes it's worth just having a think if there is something stressing you out that they might pick up on – if there is, and we can help, just let us know."

The structural financial drivers of family poverty.



Preparing your own quality improvement project

This tool outlines some factors for paediatricians to consider if they are interested in starting a quality improvement (QI) project, and also includes views from children and young people on how to involve them in these projects. RCPCH supports paediatricians to undertake QI interventions to improve care and outcomes for children and young people. In this context, QI can be used to improve and develop NHS services that aim to reduce child health inequalities. Alongside this tool, we collated some best practice examples as case studies for paediatricians to draw inspiration from and consider how they could implement QI projects locally in their areas.

Influencing and advocating for change

The final three tools are designed to equip paediatricians with the resources to be able to influence policy and advocate for change. Historically, doctors have not been viewed as activists, nor seen themselves in this way. However, paediatricians offer a unique, trusted and powerful perspective on the impact of poverty on children and young people. These tools aim to harness their voice to drive change by offering key principles for advocacy and explaining how data and evidence should be used to support their case to address health inequalities when speaking to decision makers. We also provide a template letter that paediatricians can use to write to those responsible for children's health services locally, to ensure they're designed to best meet children and young people's needs.

RCPCH &Us children and young people tell us 'everyone deserves the world'

RCPCH &Us is the voice of children, young people, parents and carers, created to actively seek and share their views to influence and shape policy and practice. In our work on health inequalities, RCPCH &Us spoke to 500 children and young people across the UK to explore the questions of what might stop them being well, and what can make a positive difference to their health.

The RCPCH &Us team worked with the children and young people to write an open letter based on their responses to the questions, saying 'everyone deserves the world'.

There were 1,718 responses to the question about things that stop all children and young people from staying healthy, happy and well, linked to health inequalities. These included:

- 57 per cent of responses that were linked to a lack of money: impacting on not being able to afford food, transport, school costs (eg, uniform, trips), technology in the home, clothes, being able to do things they enjoy;
- 23 per cent of responses that mentioned those facing hardships – eg, through family circumstances, where they live, not having a job, pollution, being in unsafe places;
- 20 per cent of responses that talked about the impact on different community groups – eg, having disabilities, being from different ethnic backgrounds, being in homes and families that don't keep you safe, having a chronic illness, facing discrimination.

There were also lots of ideas (3,188) about how to make improvements for children and young people facing health inequalities:

- 39 per cent of responses stated that having access to free things to do, free food, being given money, having free public transport, free technology or living essentials will make a difference to those in need;
- 23 per cent of responses noted the differences that charities make in supporting people and that more resources are needed for schools, hospitals, specialised support and research and to provide more jobs;
- 18 per cent of responses looked at how to make sure that it was fair and equal for all, such as in the way people are treated, empowering and involving community members and ensuring that they are kept safe and able to thrive;

'Everyone deserves the world': a letter from RCPCH &Us.

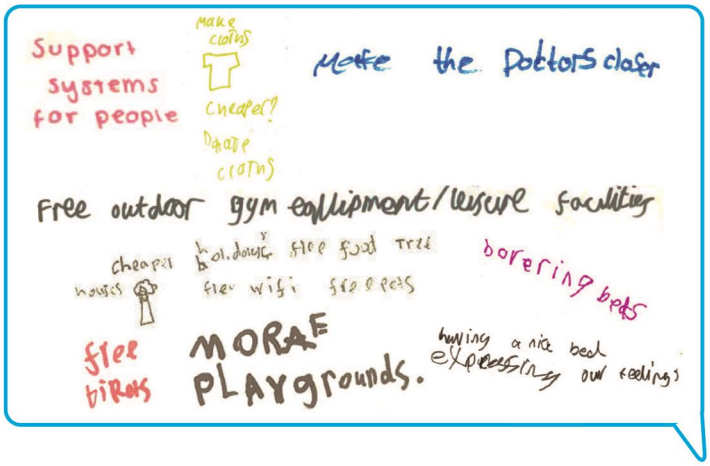
- 12 per cent of responses talked about the things that bring joy to children and young people's lives, such as parks, sports, friends, youth clubs and being able to have face to face medical appointments;
- 8 per cent of responses talked about having access to vouchers for everyday essentials or to support holidays and doing social activities.

The response from paediatricians to these resources has been overwhelmingly positive. It's clear that the rising child health inequalities had been at the forefront of our members' minds.

Following the launch of the toolkit, over a thousand child health professionals across the UK wrote to their governments seeking a clear commitment to reduce poverty and tackle widening child health inequalities. We are awaiting responses on how each UK nation's leaders will act on health inequalities driven by poverty.

It's a real testament to the commitment that child health professionals have not only to their patients, but also to the communities in which they serve. As an organisation, we know that our work around poverty and health inequalities is just beginning. We will continue to tackle child health inequalities head on, and we only ask that the UK government does the same.

Below: Ideas to support children and young people facing health inequalities.
Left: What can prevent all children and young people from being healthy, happy and well.
Above: Hope from children and young people that everyone can make a difference to reduce health inequalities.



How are child health teams making a difference?

Social and economic inequalities have a significant impact on children's health outcomes. These projects are working to address health inequalities. They are best practice examples of initiatives that child health professionals might be able to replicate or implement in their local area.

RESPOND Project – University College London Hospital NHS Foundation Trust

RESPOND is a community-based integrated health service for asylum seekers.

Aim: Refugee migration to the UK shows little sign of diminishing. Many asylum-seeking children and families arrive with complex profiles of health and wellbeing needs for which traditional NHS healthcare systems struggle to offer appropriate, joined-up and trauma-informed care.

The RESPOND service aims to unite practitioners from across multiple agencies (including but not limited to primary care, NHS and third sector mental health services, social care and safeguarding, general and community paediatric and infection specialists) to support holistic health screening and care planning for recently arrived asylum-seeking children, adults and families. Specialist nurse-led screening takes place in the community at or near temporary accommodation sites, using a trauma-informed approach and language interpretation. Each health assessment explores physical and mental health needs and includes infection screening as well as inquiring about safeguarding, social and developmental needs. Signposting and referrals to relevant NHS services are made and close partnerships with local authority 'Early Help' teams, education services and the voluntary sector provide support with housing, schooling and welfare.

An individualised, integrated healthcare plan is created, with input from a tertiary-level, multi-disciplinary refugee health team for the most complex cases. Each child and family receives a written health plan, outlining key health issues identified and specific actions needed to address these. This health plan travels with the family on relocation, avoiding a 'back to square one' situation with each short-notice move between temporary accommodation sites.

Impact: The team have screened more than 900 patients, more than a third of which are families with young children. Issues identified are wide-ranging and include undiagnosed or unmanaged conditions such as epilepsy, diabetes and genetic syndromes, as well as significant safeguarding concerns related to domestic violence, human trafficking and separated children. They have seen patients with shrapnel wounds and evidence of torture, and provided a space for the first disclosures of sexual violence. Out of every 10 families seen, nine require onward referral for further assessment and support of mental health needs. Infections have been found and treated in a third of those screened, including latent tuberculosis, strongyloidiasis and schistosomiasis.

You Matter Project – Sheffield Children's NHS Foundation Trust

Sheffield Children's NHS Foundation Trust's You Matter project has three packages: You matter care package, You matter food pledge and You matter support.

Aim: The project aims to provide parents with resources to allow them to maintain basic hygiene from the point of admission, ensure that no families go hungry by developing a food pledge, and support families by signposting them to resources to support them financially alongside the development of access to Citizens Advice booths.

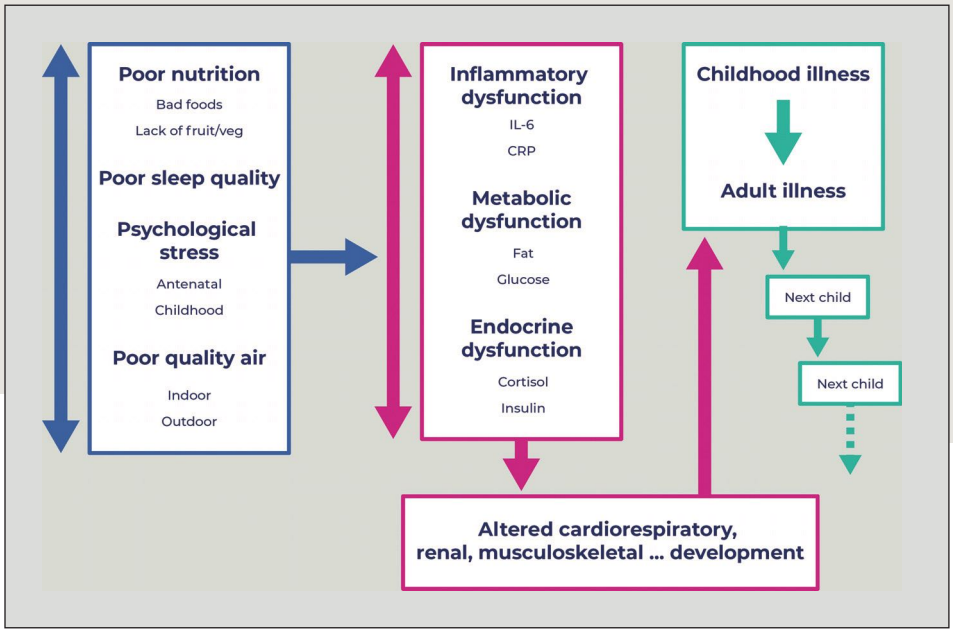
Aim 1 (You matter care package)
The team have installed shower gel and shampoo in all parent showers and provide towels to allow parents to wash. All parents are given a postcard on admission to tick what other resources they may need, such as toothbrushes and sanitary products.

Aim 2 (You matter food pledge)
The team have introduced a £1.50 hot meal of the day and a 20 per cent discount on all hot food in the canteen for families facing longer stays. They are working with Food Works Sheffield, a social enterprise which upcycles quality surplus food and locally grown ingredients to make healthy meals. They plan to introduce these as a 'pay what you can' option for families and provide freezers to store and microwaves to re-heat, allowing families to have autonomy and choice.

Aim 3 (You matter support)
The team have developed a signposting leaflet to be available to all families, in inpatient, outpatient and emergency department settings, to highlight local organisations that can provide guidance related to increasing income and accessing support – eg, housing, Citizens Advice and mental health resources for children and young people. They are in the process of applying for funding for a Citizens Advice booth to allow families to have access to one-to-one advice while visiting the trust.

Impact: The team have already received positive feedback from families on the provision of basic care resources, particularly sanitary products. Staff members have found that families are less stressed about how they will look after themselves when they are inpatients. The project has also been positive for staff wellbeing in taking care of families.

Socioeconomic deprivation in childhood has pathobiological effects that can lead to worse health in adulthood and can impact families down the generations.



Dr Camilla Kingdon is President of the Royal College of Paediatrics and Child Health (RCPCH).

You can read more about the RCPCH's work on child health inequalities and access the Health inequalities toolkit at rcpch.ac.uk/key-topics/child-health-inequalities