

Inequalities Sensitive Practice

It is the responsibility of all NHS Greater Glasgow and Clyde staff to ensure that everyone who uses the health service or works for us is treated fairly. The Equality Act (2010) was introduced by the Government to ensure public organisations promote equality and remove discrimination in the delivery of all their functions. Understanding, identifying and addressing inequalities is at the heart of NHS Greater Glasgow and Clyde's approach to providing effective health care to all.

In order that NHSGGC is supported to tackle inequality, the Corporate Inequalities Team has developed a model of **Inequalities Sensitive Practice** which is described as 'ways of working which focus on improving the well-being of patients whose health problems are a direct or indirect result of their position in society.'

Evidence shows that opportunities to improve health and reduce inequalities are increased when social issues that affect the health of a patient or limit their use of health services, are routinely taken into account by the health service. Sensitively enquiring (*insert hyperlink to making the enquiry section below*) about life circumstances and experiences of discrimination as part of core practice **enhances the overall clinical assessment** and enables practitioners to take these issues into account when devising treatment and care.

What is Inequalities Sensitive Practice?

Inequalities Sensitive Practice takes place when the practitioner-

- understands the impact of experiences of inequality on a patient's life and health
- understands power within the practitioner/ patient relationship and is committed to shifting the balance of power towards the patient

- doesn't judge, is empathetic and has good listening skills which supports the individual to tell their story
- challenges low expectations and raises the patient's aspirations in a sensitive way, providing alternative options and acting as an advocate when required to do so
- is pro-active in ensuring their practice consistently promotes equalities and is non-discriminatory
- takes a person-centred approach.

What are the key elements of Inequalities Sensitive Practice?

Inequalities Sensitive Practice should be a natural part of your assessment process and care pathway.

The key elements of **Inequalities Sensitive Practice** are-

1. Preparation
2. Meeting the patient
3. Making the enquiry
4. Responding to what the patient tells you

Each step is explained below.

1. Preparation

The best way for practitioners to feel comfortable and competent about asking patients about their social circumstances is by –

- developing a sound understanding of social inequalities and their health consequences.
- being committed to person-centred care.

- knowing and understanding your role and responsibilities for promoting equality and tackling discrimination
- having knowledge of related NHS GGC good practice, standards and policies and how to access them
- being aware of your own attitudes and values and what influences them
- developing their knowledge and understanding of equality legislation and how this impacts on their role and responsibilities as a healthcare employee. The NHS GGC e-learning platform contains a variety of e-learning modules on equality related topics to support staff development. <https://nhs.learnprouk.com>

Before meeting with your patient you can prepare by-

- Recognising that the session gives an opportunity to discuss and address issues impacting on patient's health and well-being.
- Have high aspirations of what your service can offer.
- Check what is known/ unknown/useful to know about patient;
- Assess risk of patient experiencing discrimination within the service.
- Know how to counter low expectations.
- Be prepared for anything patient might tell you.
- Create a welcoming environment e.g. private space
- Reduce access barriers by providing an interpreter/communications support, information in formats which are accessible to patient, the availability of male/female worker if required.
- Ensure you are familiar with any relevant policies, protocols or guidance in place within your service e.g. on gender-based violence, financial inclusion, employability pathways.

2. Meeting the patient

At the beginning of your time with your patient-

Welcome them and establish a position of trust for inequalities sensitive enquiry.

Explain the process and check that the patient/carer is happy for you to ask them questions (you may be asking difficult and personal questions) Let them know

what information will be recorded and why and inform them of the limits of confidentiality (for example child protection issues). Obtain their permission to share information with other agencies if appropriate.

Invite questions and ask patient if they have any concerns.

3. Making the enquiry

Practitioners are already skilled in asking sensitive questions about physical, psychological and sexual issues. The same skills and sensitivity are applied when asking about social issues and experience of inequalities and discrimination.

To make 'inequalities sensitive enquiry' part of your practice-

- Begin by explaining to the patient why you are asking about social circumstances.
- Ask directly but sensitively about issues that might be worrying patient over and above their immediate health concerns e.g. do they have money worries? are they frightened of anyone? do they need help with information such as understanding forms, letters or medicine instructions? do they have worries about employment issues? is racial abuse an issue etc. More information about what to ask/how to pose the questions is available at- www.equalities.scot.nhs.uk
- Listen. Do not react with surprise or in a negative or judgmental way to anything you are told.
- Reassure them that what they are telling you is useful and you appreciate it may be difficult for them to tell you about it.

- Believe what the person tells you. Check your understanding of what they have told you.
- Don't apologise for asking but instead explain clearly why you are asking.
- Don't pre-judge by assuming person is or is not affected by issue enquired about.
- Don't distance yourself from the enquiry by the your language, facial expressions or body language

It is the patient's decision to respond or disclose; the reason for asking is to ensure that your patients have the opportunity to tell you about any relevant social circumstances and that they feel supported in addressing all the issues affecting their health.

Even if the patient chooses not to disclose, a trusted health worker making the enquiry can in itself reduce stigma associated with the issues. Importantly it can help patients to raise sensitive issues with health staff at any future point.

The patient may disclose information of own their own accord so be ready to listen. There may be information already in notes about previous disclosure that you need to take account of.

4. Responding to what the patient tells you

To respond to what patient may tell you-

- Keep listening
- Reassure them that their issue is common and that they are not alone in experiencing how they feel.
- Repeat the offer of a choice of male/female worker if appropriate to the disclosure.

- Discuss how issues are affecting them or their family's health.
- Is the issue affecting the patient's treatment for their health problems and can you help them with this?
- Is the patient getting support with emotional, legal and practical issues?
- Do they know where to get support?
- Can you help them with referral on to another agency for any specific issues?
- Is there any impact on their mental health and can you assist them with any coping strategies.

If you feel there are any immediate **safety issues**-

- Assess any physical or psychological risk to patient.
- Do they require a place of safety?
- Provide info about safety planning / legal help.
- Do they have a plan in place if things get worse?
- Are there any safety issues for you as a worker?

When you get to the stage of **recording any information and planning the patient's care**-

- Document disclosure, concerns, and discrimination issues, adhering to standards and principles set out in the *NHSGGC Professional Standards for Record Keeping Policy*.¹ Use patient's own words.
- Agree and adjust care plans with your patient taking any new information into account
- Agree who information will be shared with and share in line with the Information sharing protocol
- Facilitate referral into other health services or specialist agencies if appropriate.

¹ Available in clinical areas.

- For future appointments you should consider continuity of worker; timing of future appointments; safe access, expenses and communication arrangements, any other access issues.
- Child protection issues should be recorded in line with the NHS Child Protection Procedures and Guidance. Adult Protection concerns should be reported to your line manager in keeping with Adult Support and Protection procedures.

CASE STUDY 1. Inequalities Sensitive Practice

Identifying and responding to the needs of adult survivors' of sexual abuse within addiction services.

Following Scottish Government Guidance (Chief Executive letter on Gender Based Violence 2008) Addiction Services have been involved in developing routine enquiry (asking service users sensitively about their experience of abuse) as part of the assessment and care process.

We know that Gender Based Violence disproportionately affects women (Bebbington et al 2009) yet despite the health implications we also know that workers are often reluctant to ask women about abuse issues (Nelson S, Hampson S, 2008). Evidence supports that it is good practice to ask women about their experience of abuse when attending addiction services (McKegney N, Neale J, Roberston 2005).

This statement describes how routine enquiry of abuse has positively influenced care and treatment for a female service user. (The service users name has been changed to protect her identity).

Mary is a thirty four year old female. She has been addicted to drugs for many years and has a history of self harm, homelessness and prostitution. As part of a re assessment Mary was asked sensitively but directly about her experience of past or current abuse. Mary disclosed that she had been abused as a child. No one had ever directly asked before. The addiction worker engaged in discussion about how the abuse has affected her life and current circumstances. The worker recognised symptoms of related trauma and discussed how she could help support her now with these issues.

With agreement from Mary the worker arranged a multi disciplinary review and all agencies invited agreed that together they would provide appropriate interventions and coordinate, monitor and review Mary's treatment and care.

Mary is currently

- Stable with drug use through substitute prescribing.
- Illicit drug free
- Exited from prostitution
- Maintaining tenancy
- Refraining from self harm or suicide attempts
- Engaging with appointments
- Attending appointments with a trauma specialist
- Talking positively about her future.

By proactively asking about abuse issues (routine sensitive enquiry) the worker was able to identify trauma related issues and work with Mary to address the underlying cause of her addiction.

Benefits to Patients:

- Treatment and care outcomes are improved.
- Self worth, esteem and confidence are increased.
- Exit from harmful practices and circumstances.
- Underlying cause of addiction is addressed.
- Focus can be on recovery.

Benefits to Staff:

- Identifying abuse as a root cause, staff can more effectively address addiction needs.
- A Multi agency response can share workload and improve learning together with a range of disciplines.
- Effective care and treatment can reduce repeat presentations at services.
- Work satisfaction, making a positive difference to the lives of patients.

References:

Bebbington et al (2009) Suicide Attempts, Gender and Sexual Abuse: Data from the 2000 British Psychiatric Morbidity Survey. The American Journal of Psychiatry. 166:1135-1140.

Chief Executive letter on Gender Based Violence

www.sehd.scot.nhs.uk/mels/cel2008_41.pdf

McKegney N, Neale J, Roberston M, (2005). Physical and Sexual Abuse Among Drug Users Contacting Drug Services in Scotland. Drug Education, Prevention and Practice. Vol12 No 3. 223-232

Nelson S, Hampson S, (2008). Yes You Can! Working with Survivors of Childhood sexual Abuse. Healthier Scotland. Scottish Government.

Authors:

Frances Rodger Equality Manager, Addiction Services Claremont Centre

Linda Gadia GBV Development Worker South Community Addiction Team

CASE STUDY 2. Inequalities Sensitive Practice

Identifying and responding to the needs of people who have worries about money.

Background

Addressing financial exclusion is a priority for health service providers because it has the potential to reduce health inequalities and tackle the social determinants of ill-health. People living with long term ill-health or disability are more likely to be living in poverty, a key factor in poorer health outcomes. The NHS has contact with people as part of their rehabilitation and self care pathway and therefore an opportunity to support people's wider social needs.

To develop an inequalities sensitive health service NHSGGC wishes to skill health practitioners to understand the social issues and structural inequalities facing their patients, support patients with these and have the capacity to refer them to appropriate services. Current evidence shows that the health inequality gap is widening and the current economic downturn is likely to worsen the situation for our most deprived communities and excluded groups; including women, black and minority ethnic people, disabled people, homeless people, refugees and asylum seekers. Financial exclusion is a growing concern in this context and so more needs to be known about the role of financial inclusion interventions in improving health.

Healthier, Wealthier Children (*HWC*) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.

Case Study

A young couple with 3 children, the youngest 2 are under 5 and each has a disability. Dad works full time in fairly low paid employment with mum at home full time caring for the children. The couple are owner occupiers. Mum finds it very difficult to go out with the children as she is unable to use public transport and

taxis are too expensive. Due to the children's mobility difficulties, Mum and the children spend most of their time at home which means heating the home for most of the day and night. Due to the children's disabilities mum has to do lots of laundry. These factors are having a big impact on the family's energy bills. Debt has been accrued with Brighthouse, a high street weekly payment household goods store, totaling £6000 for a suite and a TV. Weekly payments to Brighthouse are £33 with 2 payments remaining on the suite.

The family Health Visitor suggested a referral to HWC following a diagnosis of significant disability of youngest child. Mum commented she did not think that a child of 2 and half years would be entitled to DLA but was happy for the referrals to be made.

Following referral to HWC the Income Maximiser assisted the family in applying for additional benefits. The family were awarded Middle Rate Disability Living Allowance (DLA) and disabled child element of tax credits. This amounted to an additional £47.80 and £52.21 extra per week respectively. Mum stated that the extra money will help with taxi costs, she can now afford hackney style taxis to get out and about to hospital appointments; this had been a problem in the past with the larger style pram. Mum can also afford taxis to go to clubs and support groups in her area. The extra money will also go towards utilities bills and mum will not have to worry as much about times when she has to heat the house for days at a time, i.e. winter 10/11 was a very worrying time. A benefit check also revealed that the couple were entitled to Council Tax Benefit, they assumed they wouldn't be as they were owner occupiers, this saved the family £943.44 per year.

The couple were also supported to apply for a mentored loan of £500 from their local credit union and Money Matters, the income maximiser also negotiated the return of the TV to Brighthouse. A TV was purchased from a local supermarket for under £500 with repayments on the mentored loan £12 per week, £2 of which is savings with the credit union.

Engagement with the service has clearly brought about significant improvement for this couple and while this may not be the case for everyone it highlights the potential contribution Health Visitors and other key health staff groups can make to reducing child poverty.