

Tackling Inequalities for Children

Project Showcase ReportAutumn 2023



Foreword



The North East and North Cumbria (NENC) Child Health and Wellbeing Network would like to thank NHS Charities Together for having the courage to invest in what might have seemed like a high-risk, rather unfocused collaborative voluntary sector approach to tackling inequalities in the health of children and young people.

As Chair of this project on behalf of the Network it has been a great delight to see how the voluntary sector partners have collaborated over a wide-ranging approach, have shared the learning, and have successfully managed to build on the initial funding by securing further funding from other sources such as the Arts Council for South Tees Arts Project (STAR) and NHS health inequalities funding for Poverty Proofing© Health Care.

All of this has been done with a real focus on the voice and needs of children and young people, which has been enhanced by the employment of a Digital Marketing apprentice, and by an NENC-wide approach to providing training for Youth Mental Health First Aid (YMHFA) through a wide range of voluntary sector organisations working closely with children and young people.

This final report details the reach and spread, along with the impact, of this work. We hope to use this to secure further funding to sustain and expand on these achievements. There has never been a more important time to invest in our children and young people, particularly those in our more disadvantaged communities who have been disproportionally impacted by Covid and the cost-of-living crisis.

Professor Chris Drinkwater, Project Chair October 2023

Background to the TIC project

Tackling Inequalities for Children (TIC) was made possible thanks to NHS Charities Together and County Durham & Darlington FT Charity, supporting us with funding of £242,650.00 towards this project. Also thanks to Newcastle Hospitals Charity and County Durham Community Foundation for their support through the Community Partnership Grants Programme (North East and North Cumbria).

This generous funding enabled the creation, in 2021, of our unique partnership between the <u>North East and North Cumbria Child Health and Wellbeing Network (CHWN)</u>, <u>NE Youth</u>, <u>Children North East</u> and the collaborative <u>STAR (South Tees ARts) Project</u> led by <u>TIN Arts</u>.

The TIC programme was specifically designed to tackle inequalities in children across the region by:

- Embedding Youth Mental Health First Aid skills to those most in need through VCSE organisations working in local communities
- Delivering a collaborative arts intervention with wrap around support for young people and families attending primary schools in one of our most deprived neighbourhoods
- Tackling barriers that prevent access to health care caused through financial struggles and the impact on mental health in young people
- Working with an apprentice to ensure we engage effectively through social media with our communities















Driven by CHWN, our organisations worked in partnership across sector boundaries, combining skills, knowledge and expertise to tackle health inequalities, limiting the collateral damage that Covid-19 has caused.

CHWN membership across Health, Education, VCSE, and Local Authority, coupled with a robust children and young people voice, defined the most urgent areas of support post-pandemic: Poverty, Mental Health, Family Support and Communication. TIC focused on these 'given' areas of need.

The TIC project aimed to deliver on two core areas:

- 1. A **regionwide focus** on systemic health inequalities
- 2. An innovative cross-sector project offering wrap-around delivery within a **defined locality**.

The project received practical support from the Charity Development Manager at County Durham & Darlington NHS Foundation Trust Charity, who acted as the point of liaison with NHS Charities Together and completed reporting on project progress.

The core aims of the TIC project



Regionwide Tackling Inequalities focus

The Child Health and Wellbeing Network provided a train-the-trainer programme (allocated to 4 geographical areas: Durham, North Cumbria, Northumberland, and Tees Valley) embedding **Youth Mental Health First Aid** (YMHFA) skills into communities that need it most.

Children North East had a specific focus on tackling barriers to engagement within health settings. This innovative, newly designed and piloted 'Poverty Proofing® Health Care' programme includes powerful consultation with those living in poverty to understand the wide and varied barriers to accessing health provision, leading to co-produced solutions and systemic change. Delivery included an offer of training for health setting and partner organisation staff on mental health first aid and the impacts of poverty.

The regionwide focus was supported for a year throughout 2022 by a **Digital Marketing Apprentice**, based within **NE Youth**, who worked closely with the teams involved delivering accessible and relevant communications, including social media and campaign planning.

Tackling Inequalities within a defined locality

TIN Arts took the lead in Tees Valley to undertake and test a 'deep dive' initiative centred around an arts-based intervention (South Tees ARts Project – STAR), working with young people and families connected to schools in two severely deprived neighbourhoods. The work utilised further complementary approaches including social prescribing, family support interventions, YMHFA and Poverty Proofing©.

This unique collaborative programme identified new ways of combating the negative impacts on mental health by tackling the consequences of poverty. STAR provides family support utilising community assets and delivers the arts-based intervention to support the community to thrive, whilst simultaneously generating region-wide learning that can be replicated.

Project focus: Youth Mental Health First Aid







What is YMHFA?

Youth Mental Health First Aid (YMHFA) training educates people who may work with children and young people, or parents/carers, to support young people with their wellbeing and signpost them to advice or other sources of support. The training enables individuals to gain the skills and confidence to spot the signs of mental health issues in a young person, offer 'first aid', and guide them towards the support they need. This training can benefit the communities that people in a variety of different roles work with.

Within the TIC project, the Child Health and Wellbeing Network coordinated a 'train the trainer' programme (allocated across four geographical areas: Durham, North Cumbria, Northumberland and Tees Valley), embedding YMHFA skills into communities that need it most.

The Child Health and Wellbeing Network advertised the opportunity to become a Youth Mental Health First Aid 'Strategy Site' in December 2021 to Network members. Over 30 applications were received from VCSE organisations across the North East and North Cumbria. From this overwhelming response 11 charities and one researcher involved with the STAR project were selected to become partners in this project, and each nominated an individual within their organisations to become an Instructor with MHFA England. 10 instructors completed the training in April 2022, with two not attending due to ill health. One has since completed their training and was working towards sign off from MHFA England.

Strategy Sites are now delivering courses across the NENC with future dates planned to target teachers, community groups, and health professionals working with our children and young people.





Project focus: Youth Mental Health First Aid

Key project achievements

- Recruited 12 YMHFA Strategy Sites from across the NENC: two in each ICP, two
 regional, one linked to Poverty Proofing, and one linked to the STAR project
- Held a two-day YMHFA course as pre-requisite for the 12 potential instructors
- 10 instructors attended the training, one had a delayed start due to ill health and one had to withdraw completely due to ill health
- Instructors all co-delivered courses to achieve sign off for solo delivery
- One instructor upskilled to deliver the ½ day awareness course
- Over 30 courses delivered by our Instructors
- Over 500 people trained in YMHFA skills
- Further courses scheduled with up to an additional 400 people receiving the training
- Presentations given to our Young Advisors, System Engagement Group, and a range of meetings held with wellbeing leads to promote the YMHFA work
- Secured an opportunity for the charities to receive training and additional funding to share critical health and wellbeing signposting and resources for their communities









This feedback was shared with our instructors over the past year via Mental Health First Aid England feedback forms.

"This was really good training, probably the best I have ever attended. I am really interested in Youth Mental Health, and I feel more confident and knowledgeable as a result of the course."

"What I have taken from the training is that mental health is often an invisible illness and how important it is to really listen."

"Very useful course in increasing awareness not only of signs of poor mental health, but also how best to support others affected by this."

"The facilitator created a safe space while discussing difficult issues."

"I feel much better prepared to support young people and discuss mental health difficulties they are experiencing." "The facilitator was brilliant - highly engaging and knowledgeable. He also made the group feel comfortable and safe during the course as there is some difficult subject matter included "

"The course was
delivered in a holistic
way that it gave greater
understanding than just
being talked at."

Role focus: Digital Marketing Apprentice





The regionwide tackling inequalities focus of TIC was supported by the funding of a Digital Marketing Apprentice role.

The apprenticeship was hosted and overseen by NE Youth, which provided independent supervision and enabled Faye to meet the requirements of the qualification. Faye then worked as part of the Child Health and Wellbeing Network team on a day-to-day basis, supporting delivery of communications activity and other project work across the Network to develop her knowledge and skills for her apprenticeship.

Faye completed her studies at the end of 2022 and moved on to her next exciting chapter in Australia, taking her learning and experiences with her.



"I have really enjoyed my role as Digital Marketing Apprentice and working for the North East and North Cumbria Child Health and Wellbeing Network. I have been able to work with a lovely group of people who are always there to support me. I have learned so much and from starting my apprenticeship with very little confidence. I have been given little pushes to things along the way that have really helped me gain some confidence.

It has been great to be a part of the Tackling Inequalities in Children (TIC) project. I have been involved in helping with the comms strategy and tweeted about different topics to do with children and young people. From this project I have enjoyed learning about the different ways the Network has impacted and helped children, families and young people's lives. The Network are such a great organisation; it's been an amazing opportunity to work for them."

Faye Falcus, Digital Marketing Apprentice

About Poverty Proofing® Health Care

Over 13 million people in the UK are living below the poverty line, including 4.2 million children. That is around a third, or nine in a classroom of thirty. Minimising the impact of poverty on healthcare provision is key to breaking the link between an individual's income and their opportunity to live a long and healthy life.

Delivered by the charity Children North East (CNE), **Poverty Proofing**© is a powerful tool designed to listen to the experiences of patients, staff and stakeholders on how poverty impacts them. It seeks to identify key barriers and challenges individuals face when accessing healthcare and then supports healthcare teams to make transformational changes towards more inclusive access.

As part of the TIC project, CNE carried out Poverty Proofing© interventions at **eight healthcare settings** across our 4 Integrated Care Partnerships in the North East. With a focus on reducing health inequalities in both rural and urban areas the following healthcare settings took part: a sexual health clinic, general practice, paediatric diabetes, speech and language therapy, CAMHS, two paediatric outpatient departments and a dentist. As a result CNE:

- Delivered Poverty Proofing© training to 233 NHS staff
- Consulted in interview with 143 NHS staff
- Consulted in interview and questionnaire with 520 patients



"Led to self-realisation of own unconscious bias surrounding poverty."

> "There's more poverty in our cohort of families than I appreciated."

"I feel much more empowered that we may be able to make a difference."





Impact on workforce

These quotes are taken directly from the NHS workforce who took part in the Poverty Proofing training.

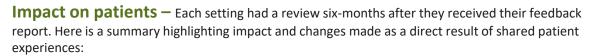
"Really good to highlight Poverty Proofing so it hopefully begins to change. Not talking about it keeps us away from thinking about the reality of its impact."

"This session has completely reframed my understanding of what poverty truly looks like. I now feel more confident speaking to those experiencing poverty and advising them on help available. I also feel more confident in identifying opportunities where help might be required."

"I feel galvanised after this session. I know that we need to do better. It still feels like a huge task but having ideas about where to start is helpful. We will have a team meeting to discuss further." "The statistics were harrowing but important to show how people disproportionately experience poverty."

"This session has made me look at our current caseload with a different view."

"Thinking about what we do, how we do it and can it be changed to suit those affected - but also as a whole for the service."







Support



Lack of awareness about getting help or support around maximising income and financial guidance.	Services creating posters for waiting rooms advertising how to reclaim travel costs and other ways patients can maximise income. The Healthier Together QR code is included in this. Increasing and improving knowledge and understanding of local services that can be helpful for those in poverty and is doing more signposting.
Patients being expected to pay for resources as part of their condition.	Services now providing essential books and audio books for free (previously patients had to buy these).
Staff lacking confidence in opening up conversations about poverty and wider socio-economic circumstances.	Conducting more in-depth triage assessments with harder to reach young people, for example if a 12-year-old is referred who has had 7 referrals, there is more acknowledgement that this is likely because of real barriers, and more conscious effort is made to uncover why this may be and support to overcome barriers Clinicians doing home visits and seeing young people closer to home.
	Teams have started asking about help needed in other areas of life. Using open-ended questions to avoid stigmatisation, rather than explicitly asking.

Travel

One setting had a parking meter that only took cash and whilst there was a cashpoint it was £1.50 to withdraw.	The parking meters have been changed so they are no longer cash only.
Cost of travelling to clinic in terms of bus fare, parking costs, fuel etc. is expensive and at times was given as the cause of missed appointments.	Departments are starting to look at ways to provide clinics in community outreach locations to cut down travel time and cost improving access and awareness.
The NHS has a travel reimbursement scheme, but it is not well known about or understood by patients (or staff).	One setting has assigned a nurse has to train all staff on the NHS Low Income Scheme and the Travel Healthcare Costs Scheme. Other settings are looking at ways to review their process and system to make it easier and to give money up front rather than retrospectively. Clinicians at one setting have been contacting other
	services families are engaged with to try to co-ordinate appointments so less travel is required.





Impact on patients - a selection of changes made by settings as a direct result of shared patient experiences:

Appointments



There are hidden costs and difficulties around appointments that impacted negatively on those with the least resources and support travel, childcare, time off work, less Services reported being more mindful and flexible employment).

Services sending out more text appointment reminders. Where it is possible within the clinic, phone and text reminders have increased.

open to more flexible and accommodating appointment systems.

Additional costs

Food and refreshments on site are expensive, this especially impacts families who have to stay unexpectedly, for example when clinic overruns or there's a follow-up appointment. Offering discounted food for families with extended stays.

Avoiding appointments that run over lunch. Especially where a young person will miss a free school meal.

Referrals



Some of the referral processes and communication surrounding referrals were so convoluted and difficult to navigate that people were travelling to appointments unnecessarily or without a clear understanding of why they were needing to be seen.

Since receiving their reports, clinics have decided a single consultant will triage all referrals to try to improve the process.

Clinic is in the process of reviewing referral templates that GPs use to try to ensure they do not unconsciously discriminate against those in poverty.

The clinic is interested in doing some joined up work with local GPs aimed at better joining up the referral process.

Outpatient letters are in the process of being revamped. The consultant's secretary's number will be included in all appointment letters, to improve communication channels.





The delivery model for Poverty Proofing[©] Healthcare has been improved and enhanced as a result of the learning from this project, the key areas are outlined below:

Project Mobilisation

• CNE now have a greater understanding of mobilising Poverty Proofing© interventions within NHS systems and structures and have been able to refine approaches in areas such as data sharing, participant consent, risk assessments, and getting protected learning time for staff to participate in training. Project mobilisation is now more efficient as a result.

Culture & Awareness

• CNE have been able to raise awareness around the NHS' role and its contribution towards tackling health inequalities. As a result of this project there is now a greater evidence-base about the benefits and impact that Poverty Proofing© can make towards helping the NHS to address them.

Review Timescales

• Poverty Proofing© itself is a relatively short-term intervention, however the implementation phase is continuous and ongoing. The 6-month timeframe from receipt of report to review was considered to be too short a timeframe and has been extended as a result to reflect the long-term nature of Poverty Proofing©.

Staffing and Resource

• Poverty Proofing© training and interventions do require resource from teams to engage with the process and implement change, navigating this and coming up with efficiencies to help has also been fundamental.





Patient Voice

"She's missed loads of appointments, not because she wants to......but she really, really can't afford to take him all the way up there."

"Unless you have credit on your phone it is a nightmare to get in contact with the GP unless you come down to make an appointment but imagine coming down on a morning to be told there is no appointments, would be a waste of time."

"I pay for parking. When he was here all week it was at least £5 a day and the back and forwards to home in the car cost money, and then I found out that you could have a day parking pass, that would have been nice to know beforehand. I have to grab sandwiches from the shop here and it's 3 or 4 quid in the shop."

"Pills don't always work, I'd love to try some alternative therapies. But they're expensive and they're not on prescription so I'm stuck, feels like I don't really have a choice in my own health" Here are some quotes and future case studies of reviews with service managers about their experience of being involved in Poverty Proofing©:

"We wanted to say thanks for the support. It was well organised; you came in at a very busy time for our service and we appreciate how patient you were with us. The process has given us an impetus and the process has given us an impetus and our staff team are engaged with it. The our staff team are engaged with it. The Trust knows about it and is keen that Trust knows about it and is keen that everyone has the opportunity to do the training."

"Staff team found training interesting. Anxiety about whether this will land can feel at times like you feel you're being told you're not doing a good job. This can make people bristle. But it was universally well received. Everyone was so positive about it, and it got their attention. We are a practice looking after many people in poverty. It was very relevant. Done in such an engaging way that people could see the value of the meeting, of raising the questions that we asked, and the value of our input into it. Very successful."







Impact at Senior Leadership and Trust Level

We heard across the review process how Poverty Proofing© is gaining traction and wider engagement at Trust level:

- Findings are being presented to the Trust's Health Inequalities Board.
- A steering group and action plan for making changes has been put in place.
- Task and finish groups have been established, each group has been given one theme of the report to reflect on what can be done and develop actions, as well as reflecting on changes already made.
- Many clinicians said that they were aware of the social determinants of health and had learned about them when studying but had forgotten to apply this knowledge to their clinical work. This had jogged their memory and made them think about how they can make changes in their own practice to incorporate a Poverty Proofing lens.
- Previously in corporate meetings, when discussing finances, poverty was not high on the agenda, but now it is on people's radars in a different way and the 'Poverty Proofing lens' is a useful way to help people think about this.
- The Trust considers Poverty Proofing to be a long-term project, they want to make it 'business as usual', e.g. as much as it is normal to ask about developmental history in a mental health assessment, it should be normal to ask about finances. It should become like safeguarding, something at the front of everyone's mind.

Poverty Proofing was shortlisted in the 2023 HSJ Partnership Awards for Most Impactful Project Addressing Health Inequalities



Next steps: Healthier & Fairer North East & North Cumbria

- Poverty Proofing© forms part of the NENC ICB's Healthier & Fairer Programme to address Health Inequalities. As part of the NHS contribution to social and economic inequalities, CNE will deliver Poverty Proofing© as a workstream along with health literacy, digital inclusion and anchor networks. This has secured some next steps funding.
- Watch out for a programme of Poverty Proofing© Studies where access to resources and learning will be available across the NENC ICB workforce.





About South Tees Arts Project (STAR)

In 2020 the Child Health and Wellbeing Network and key regional partners came together to design an innovative locality-based project which aimed to increase access to the arts for those living in deprived areas of South Tees to improve their health and wellbeing. The innovation was developed without funding, and through commitment of the multiple partners, before funding was successfully secured as part of TIC.

Evidence highlights the physical and mental wellbeing benefits of taking part in dance and wider arts activities in particular supporting participants through creative and engaging ways to express themselves and develop self-awareness, identity, social and emotional learning skills.

The project also incorporated the Network's Family Support priority, learning from research to include the 'family' in the experience to further enhance the impact achieved.







The First STAR Programme included:

- A timetabled weekly Universal Dance Class Offer to primary school age children with wrap around family support intervention and two-family Theatre experiences.
- Schools were chosen in partnership with public health colleagues considering levels of deprivation, ethnic mix, and pupil premium to prioritise underserved communities
- In the 2020/21 school year the programme commenced but was interrupted by the pandemic. The team worked with the schools to create an alternative support programme within the national restrictions and a revised programme commenced in September
- In the 2021-22 academic school year, dance artists worked across two schools with pupils in Year 1 and 5 (ages 4-5 and 9-10) through weekly dance sessions exploring creative and engaging ways to develop social, emotional, and physical skills
- These local dance artists worked with Northern Ballet as the programme was framed through their children's ballet Pinocchio preformed locally giving a family theatre experience to all involved.

- Although the original face to face engagement programme with families was affected by the pandemic, throughout the project families were offered supportive interventions tailored to their wider family needs through experienced, school-based link workers
- Researchers from Teesside, Northumbria, Huddersfield, and Newcastle Universities came together to evaluate the programme to capture and understand better the children, their parents, teachers, and dance artists' views on the development and implementation of the STAR project
- The research team used qualitative methods, such as interviews and focus groups with dance artists, teachers, and parents, combined with innovate data collection methods (graffiti walls, Vox pops, songs and surveys) with children
- STAR was a finalist in the 2022 Health Service Journal Partnership Awards as Most Impactful Project Addressing Health Inequalities.







Outcomes

Anecdotal stories and observations (outside of the formal research process) give a **positive and engaging** response to STAR

Teachers highlighted the **positive impact** the children felt in an outlet for expression and a buzz regarding the performance

Families' pride in seeing their child in the celebratory performance and the awe of the theatre trip, often a **new experience** to many families

Schools noted the **benefit of family link workers** and the trust the local community had in this 'school' based resource, enabling access into homes where support was beneficial

The children put it simply as 'amazing', 'cool' and 'awesome!'



HSJ PARTNERSHIP
AWARDS 2022

WE ARE PROUD TO BE A FINALIST

Most Impactful Project
Addressing Health Inequalities

STAR was shortlisted in the 2022 HSJ Partnership Awards for Most Impactful Project Addressing Health Inequalities

"With dance you get a break from reality, and you get to relax and let yourself be yourself." Year 5 pupil

STAR has been shortlisted in the 2023 North East Culture Awards for Best Arts & Education Partnership

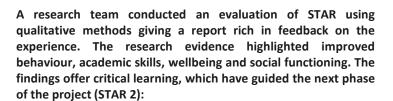


Word cloud of children's one-word summaries of the STAR project









- The children noted: contributed to our emotional and physical wellbeing: 'Feeling more confident', 'More fit and well' and 'Full of energy'
- The teachers noted: children more engaged in class, better listening, less disruptive behaviour, improved creativity, social & literacy skills
- The parents noted: proud to celebrate the achievement of their children
- The artists noted: activity contributes to children's creative, social, cognitive and physical skills, as well as increasing their confidence
- The link worker noted: support enabled improved behaviour in the home, increased social networks for families and families were better able to meet the children's emotional needs.









































Family Support findings were also positive with 20 families receiving home support from a family practitioner and two student social workers. The Outcome Star data collected demonstrated progress in all eight areas of family support.





STAR Films and Research Report

In the Network's role to share good practice resources on this work are freely available to promote learning and spread.

These include:

- Overview (Primary Film)
- Focus on families (Supplemental short film)
- Teachers Perspective (Supplemental short film)
- Full Research Report

All of these can be found here: https://www.tinarts.co.uk/current-projects/star/s-t-a-r-resources-for-sharing

STAR 2

The second iteration of STAR began in November 2022 embedding the findings from the STAR 1 research. STAR 2 seeks to broaden the universal offer by working with all pupils in host schools.

Engaging families continues to be of great importance for all partners involved in STAR so Children North East are piloting and testing new ways to connect with and support families in the context of a shorter, more condensed delivery dance programme.

Whilst some next steps funding has been secured, further funding will be needed to ensure the project can continue to spread and develop.





Get involved

The Child Health and Wellbeing Network is keen to explore further avenues to progress these pieces of work to build on the outcomes already achieved. Poverty Proofing© and STAR have already developed into further iterations of their respective projects, and delivery of Youth Mental Health First Aid courses is continuing across the region.

In order to make these initiatives sustainable, and enable increased reach across the system, we are actively seeking new collaborative partners and sources of funding to embed the work established through the *Tackling Inequalities in Children* programme.

Contact the Child Health and Wellbeing Network team today to express your interest in any of the projects included in this showcase: england.northernchildnetwork@nhs.net

