

# Equality, Diversity, Inclusion: a golden thread in quality Initial Health Assessments

Dr Lynn Snow

Dr Vicki Walker

# Equality Diversity Inclusion

“We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their colour.”

Maya Angelou, Poet & Civil Rights Activist

“Inclusion is not a strategy to help people fit into the systems and structures which exist in our societies. It is about transforming those systems and structures to make it better for everyone. Inclusion is about creating a better world for everyone.”

Diane Richler, disability activist

“These men ask for just the same thing, fairness and fairness only; this, so far as in my power, they, and all others shall have.”

Abraham Lincoln

“Diversity is being invited to the party; inclusion is being asked to dance.”

Verna Myers, diversity consultant

# Protected characteristics

Protected characteristics refer to specific attributes that are safeguarded by law against discrimination. Recognising their importance is crucial for fostering an inclusive society where everyone has equal opportunities.

Age

Sex

Race

Disability

Religion or belief

Marriage or civil partnership

Sexual orientation

Gender reassignment

Pregnancy and maternity

# Protected characteristics

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## Why

- Evolution of social attitudes
- Legislative changes
- Combatting discrimination

## How

- Equality Act 2010
- Promotion and training
- Law/criminality

# Children in care and care leavers as a protected characteristic

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Benefits v drawbacks

[Should care experience be a protected characteristic? | Children's Commissioner for England](#)

[Care Experience as a Protected Characteristic | Children's Legal Centre Wales](#)

The Independent Review of Children's Social Care headed by Josh McCallister published in May 2022 had a final report and recommendations that included: **“Government should make care experience a protected characteristic”**

# Children in care and care leavers as a protected characteristic

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- Care experience has a life-long impact
- It could bring change and give care experienced people a voice
- It could prevent discrimination, spark conversations and empower people who have experienced discrimination or trauma.

One care experienced person wrote: *"I have experienced a lot of discrimination as someone who is care experienced. There is a negative stigma and judgement. I've even experienced this in my role as professional & in the past it's made me feel I have to be quiet like I should be ashamed of my care experience. At work there's been incidences where I've been treated differently."*

- Could result in more discrimination and stigmatisation
- Being in care is a positive rather than a negative
- People want separation from being care experienced.
- The system should be improved rather than politicised
- People might feel pressured to reveal their experiences in care, and that discrimination by existing protected characteristics is still prevalent.

One person wrote: *"For some young people I believe this may be beneficial, however, many of the looked after children I have worked with (and indeed fostered myself) would see this as a negative acknowledgement of their disadvantage – not only in terms of stigma but also a self-fulfilling prophecy which may prohibit their achievement of their full potential."*

# IHA Standards Project

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- RCPCH and CoramBAAF
- 3 lead clinicians
- Multiagency steering group
- Multiagency writing groups
- EDI embedded
- Publish Autumn 25

# IHA & EDI

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- **NHSE : EDI for employer responsibilities and employee rights – eg Reverse Mentoring**
- **EDI Trust Lead – “its what you always do for your patients...”**
- **NHS Constitution : 7 principles**

## **1. The NHS provides a comprehensive service, available to all**

It is available to all irrespective of **gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.** The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. **At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.**



# ETHNIC HEALTH INEQUALITIES IN THE UK



BLACK WOMEN ARE

**4x** MORE LIKELY THAN WHITE

women to **DIE** in **PREGNANCY** or childbirth in the UK.

Ref: <https://bit.ly/3thDwcN>



SOUTH ASIAN & BLACK PEOPLE ARE

**2-4x** MORE LIKELY TO DEVELOP

Type 2 diabetes than white people.

Ref: <https://bit.ly/3uDY68>



IN BRITAIN, SOUTH ASIANS HAVE A

**40%** HIGHER DEATH RATE

from **CHD** than the general population.

Ref: <https://bit.ly/3lfo9V>



IN THE UK, AFRICAN-CARIBBEAN

MEN ARE UP TO **3x** more likely to **DEVELOP PROSTATE CANCER** than white men of the same age.

Ref: <https://bit.ly/39KWgEs>



ACROSS THE COUNTRY, FEWER THAN

**5%** OF BLOOD DONORS

are from **BLACK AND MINORITY ETHNIC** communities.

Ref: <https://bit.ly/3uq17r>



BLACK AND MINORITY ETHNIC PEOPLE

HAVE UP TO **2x** the mortality risk from **COVID-19** than people from a **WHITE BRITISH BACKGROUND**.

Ref: <https://bit.ly/3E2S20d>



BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER

**8x** more likely to be subjected to **COMMUNITY TREATMENT ORDERS** than White people.

Ref: <https://bit.ly/3zK5jL>



ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE

**10 YEARS**

LOWER FOR **BANGLADESHI MEN** living in England compared to their White British counterparts.

Ref: <https://bit.ly/3urjmit>



**24%** OF ALL DEATHS IN ENGLAND & WALES, IN 2019,

were caused by **CARDIOVASCULAR DISEASE** in Black and minority ethnic groups.

Ref: <https://bit.ly/3CYz22P>



CONSENT RATES FOR ORGAN DONATION ARE AT

**42%** for Black and minority ethnic communities and 71% FOR **WHITE ELIGIBLE DONORS**.

Ref: <https://bit.ly/3ogR3bm>

24% of all deaths in UK are from CVD in black and minority ethnic groups

For more information and sources for above statistics please visit:

[www.nhsrho.org](http://www.nhsrho.org)

October 2021

## Learning Disability - Health Inequalities Research | Mencap

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People with a learning disability have worse physical and mental health than people without a learning disability.

On average, women with a learning disability die **23 years younger** than women in the general population.

On average, men with a learning disability die **19 years younger** than men in the general population (LeDeR, 2023; ONS, 2022).

# REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

**CORE20**  
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

**PLUS**  
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



## CORE20 PLUS 5

Key clinical areas of health inequalities

1



### ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks

2



### DIABETES

Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



### EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



### ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s

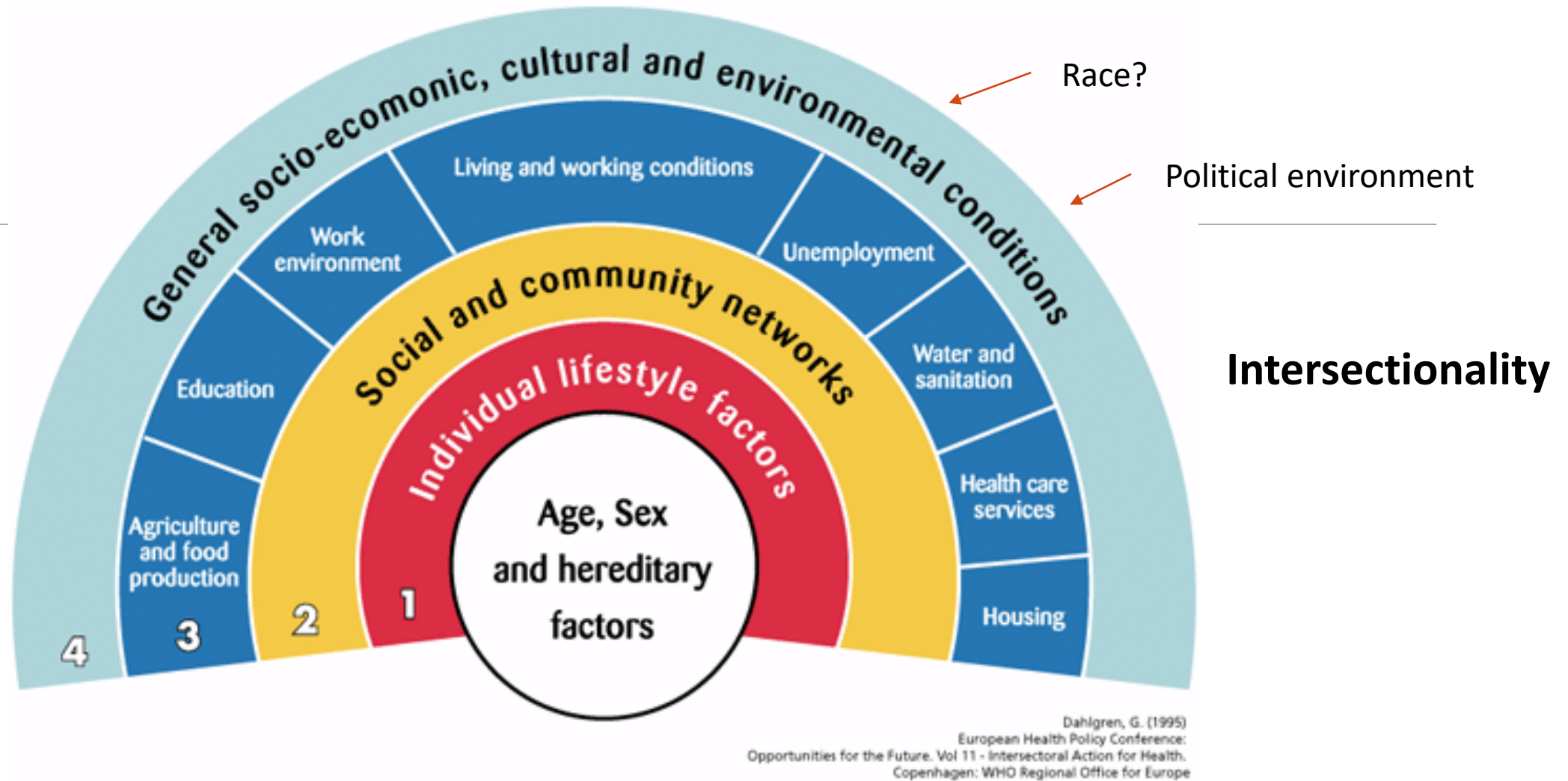
5



### MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation



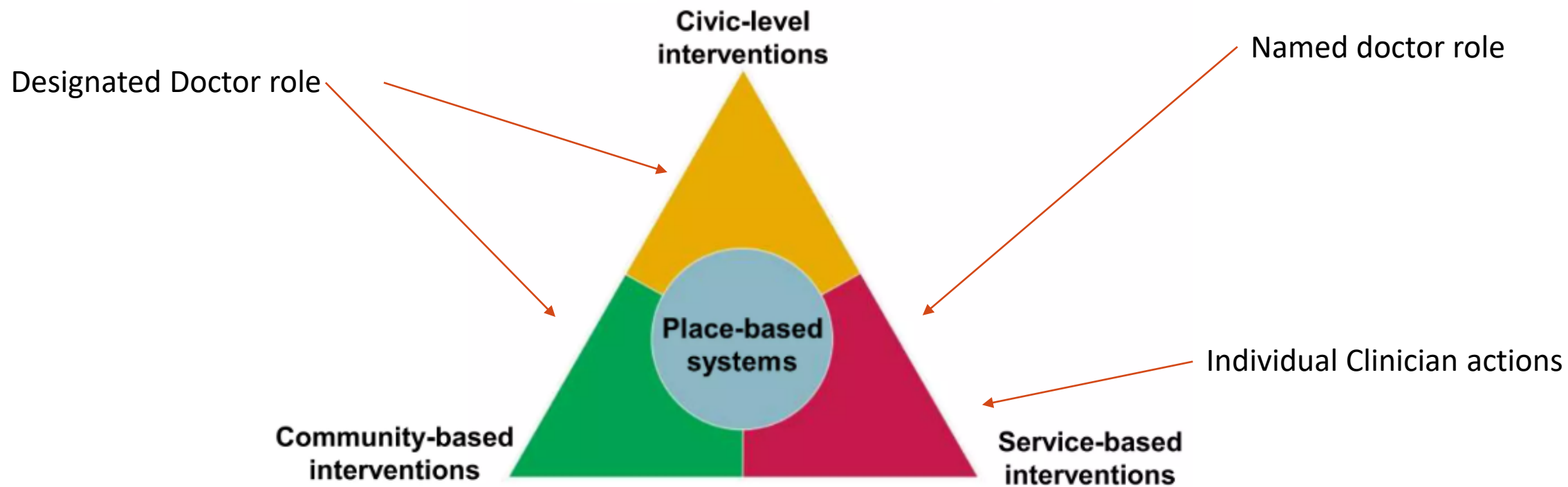


How seriously are we considering the impact of intergenerational trauma? |  
CoramBAAF – blog



Public Health  
England

# Population Intervention Triangle



# IHA standards & EDI

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## How do we include principles of EDI In our IHAs:

### Service:

- Accessibility, environment, easy read information, inclusive pictures, interpreters, use of communication aids, use of hospital passports, time allowance for extra needs.....

### Clinician:

- Language ( complexity , pronouns, cultural ), compassion, openness , flexibility, avoiding preconceptions, reasonable adjustment flags on records
- Health plan- think about wider determinants of health that need addressing – holistic, intersectionality
- In our conversations with carers, prospective parents/carers and parents – challenging bias/discrimination
- Unconscious bias - <https://www.bmj.com/content/371/bmj.m4152>
- Cultural Humility – *not* cultural competency - [https://media.churchillfellowship.org/documents/Michelle\\_Cutland\\_Report\\_Final.pdf](https://media.churchillfellowship.org/documents/Michelle_Cutland_Report_Final.pdf)

# The R.A.C.E. Worksheet

## Routine Anti-racist Conversations for Early childhood.

developed by Kimara Gustafson, MD, MPH (2021)—University of MN Department of Pediatrics

AGE	DEVELOPMENTAL STAGE	PARENT/CAREGIVER ACTION
 <b>3 MONTHS</b>	<p>At birth, babies look equally at faces of all races. At 3 months, babies look more at faces that match the race of their caregivers.</p> <p>(Kelly, et al., 2005)</p>	<p>Start with yourself—take a “diversity inventory” for yourself, your family, and your community. Try to identify where you may not feel as well-resourced, and use this time to add to your “library.”</p>
 <b>2 YEARS</b>	<p>Children as young as two years use race to reason about peoples’ behaviors.</p> <p>(Hirschfeld, 2008)</p>	<p>Expose your child to different cultures —media, friends, community events.</p> <p>“Start early, start right.” Introduce kids to correct terminology related to racial literacy when they are learning to speak.</p>
 <b>30 MONTHS</b>	<p>By 30 months, most children use race to choose playmates.</p> <p>(Katz &amp; Kofkin, 1997)</p>	<p>This is the beginning of the age of “fairness and justice,” recognizing patterns and pointing out physical differences.</p> <p>If your child starts making comments that are prejudiced/biased (associating good and bad to certain groups/people), ask non-judgmentally, “Can you tell me more about why you think that?”</p>
 <b>4 YEARS</b>	<p>Expressions of racial prejudice often peak at ages 4 and 5.</p> <p>(Aboud, 1997)</p>	<p>If your child works to categorize their playmates/classmates and larger environment, help them discuss ways in which people may appear different from each other (skin color, eye shape, hair color, clothing, language, food, disability).</p>

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AGE	DEVELOPMENTAL STAGE	PARENT/CAREGIVER ACTION
 <b>5 YEARS</b>	<p>By five, Black and Latinx children in research settings show no preference toward their own groups compared to whites: white children at this age remain strongly biased in favor of whiteness.</p> <p>(Durham, et al., 2008)</p>	<p>Try to refrain from letting your own discomfort or embarrassment related to race and racism teach your child a negative relationship in pointing out physical differences. Refrain from behaviors like the following:</p> <ul style="list-style-type: none"> <li>• “Shushing” if they point out a Black person.</li> <li>• Changing the topic if they are obviously staring at a person who looks different from them.</li> </ul>
 <b>6 YEARS</b>	<p>By kindergarten, children show many of the same racial attitudes that adults in our culture hold—they have already learned to associate some groups with higher status than others.</p> <p>(Kinzler, 2006)</p>	<p>Model your own growth related to bias. When you have a moment of bias, share with your child how you identified it and what work you are doing to overcome it.</p>
 <b>7+ YEARS</b>	<p>Explicit conversations with 5–7 year olds about interracial friendship can dramatically improve their attitudes in as little as a single week.</p> <p>(Bronson &amp; Merryman, 2009)</p>	<p>Be honest with your child about bigotry and oppression, as well as structural racism.</p> <p>Silence and assumptions can do more harm &gt;&gt; It requires the child to try to make sense of the world around them on their own: through observation, their peers, media.</p>

### SOURCES

<https://www.kiddevelopment.com/earlychildhood/social-pedagogy-research/>  
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**Routine Anti-Racist Conversations for Early Childhood (R.A.C.E.) Worksheet available from Technology Commercialization**

# Considerations – Gender

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Debate some potentially provocative statements:

- CYP can refuse to discuss gender specific health screening if they identify with a different gender e.g. breast screening in transmen
- Reports should be written with birth pronouns to prevent missing important health impacts of birth gender
- As there are no services to offer, we should recommend waiting to over 18 years referral for gender reassignment
- We should recognise the impact of past trauma and the higher incidence of neurodevelopmental conditions and question whether CYP are 'sure' about gender ideas, discouraging any permanent changes until they are adults in a more stable environment



# Considerations - Race

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Debate some potentially provocative statements...

- “ I wont talk to *her* – she’s not even British” A white female CYP at IHA talking about her Black British SW
- CYPSAR/UASC are all a safety risk to the IHA clinicians
- A Muslim CYP from Somali background has their cultural needs met if placed with a Muslim Bangladeshi family