Using quality improvement to fight child poverty in clinical practice

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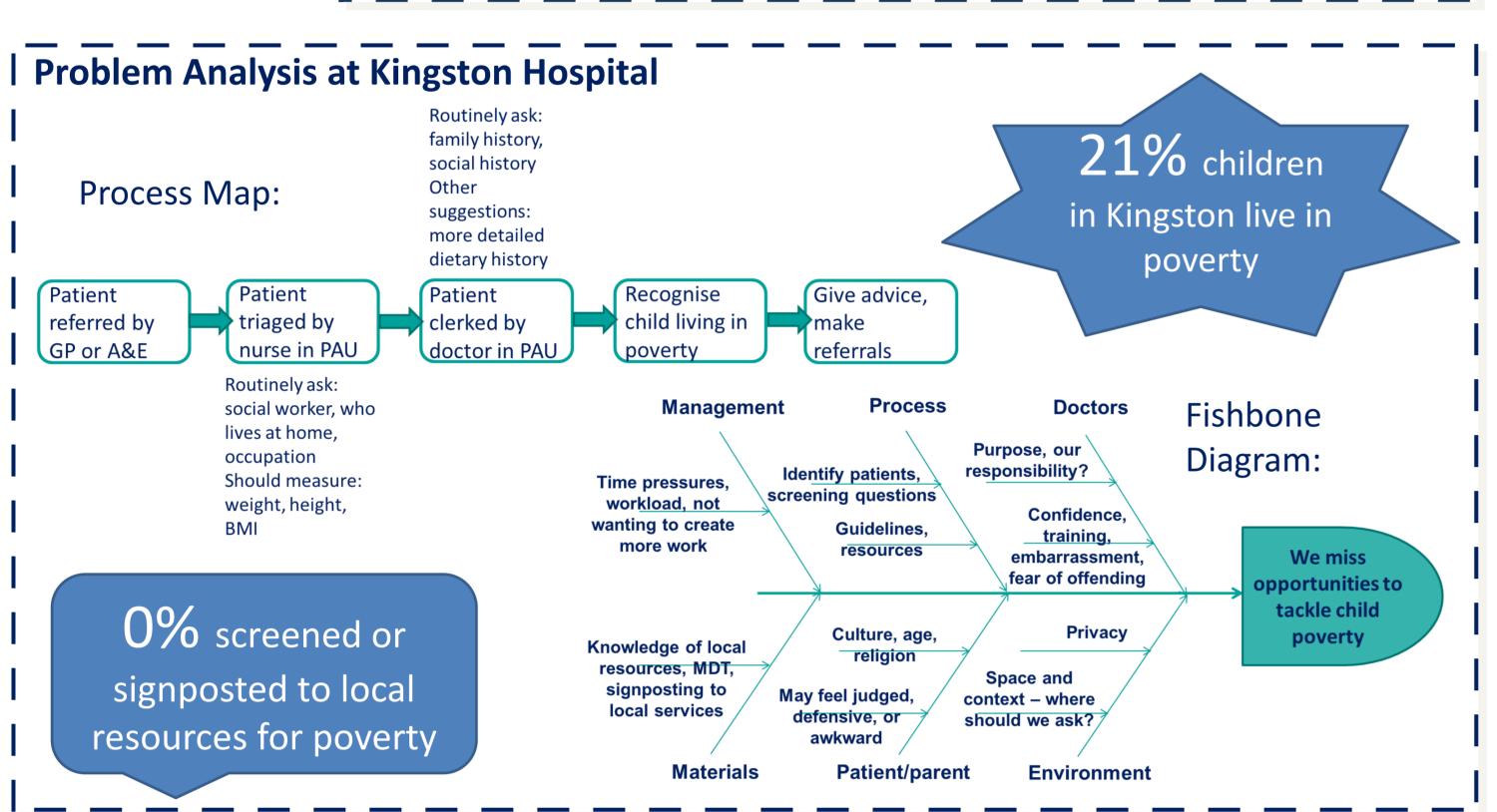






PROBLEM STATEMENT

Poverty is the most important determinant of child health in the UK, associated with adverse health, developmental, educational and long-term social outcomes¹. Paediatric nurses and doctors feel powerless when faced with child poverty, with training gaps and underdeveloped pathways leading to missed opportunities to help these families².



EXAMPLE CASE:

Dad brought 5 month old baby to A&E at 3am with URTI Dad stressed about getting home – has to take 2 buses Family history: mum has postnatal depression, has not touched baby for 1 week, 2 other children under 5 Social history: dad gave up work to look after mum and baby, no income or family support nearby, no holidays

Signposted to: Citizen's Advice, HomeStart, Welcare, Relate Additional referrals: health visitor, social services, GP

Discussing poverty: HEADS (adapted from AHC)³

Consider poverty cues:

- Chronic poor health
- Housing concerns Multiple children
- Unemployment
- Low wages/part time
- Poor school attendance
- Social isolation
- Poor diet/insufficient food Social worker
- Drugs, domestic violence
- Home
- **E**mployment/Education
- Activities
- **D**iet
- **S**afeguarding

CONCLUSIONS

Our project shows a dramatic improvement, from zero to >80%, in screening and resource awareness for child poverty amongst paediatricians. We can all play a role in helping families fight poverty in our clinical practice.

Model for Improvement

AIMS

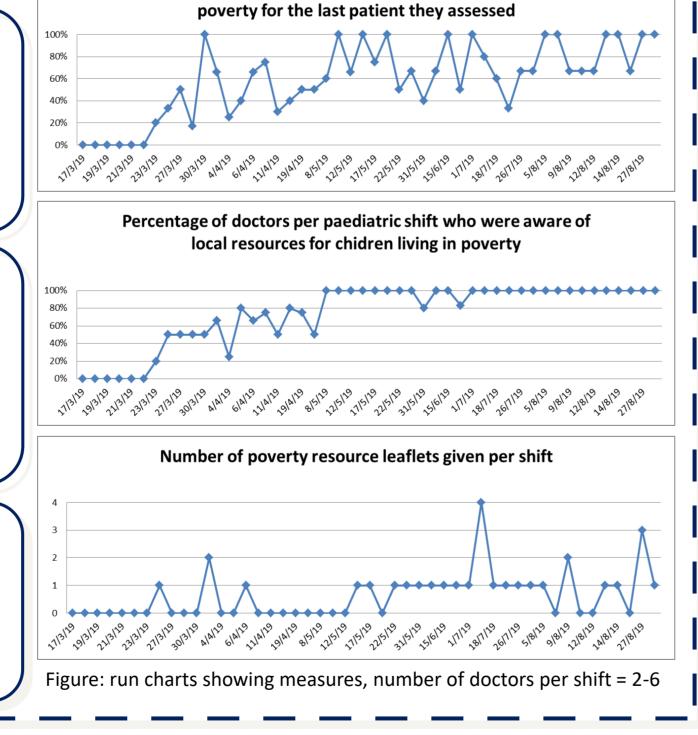
By August 2019, >80% of paediatricians in the paediatric assessment unit (PAU) to screen for child poverty and offer local resources when appropriate.

MEASURES

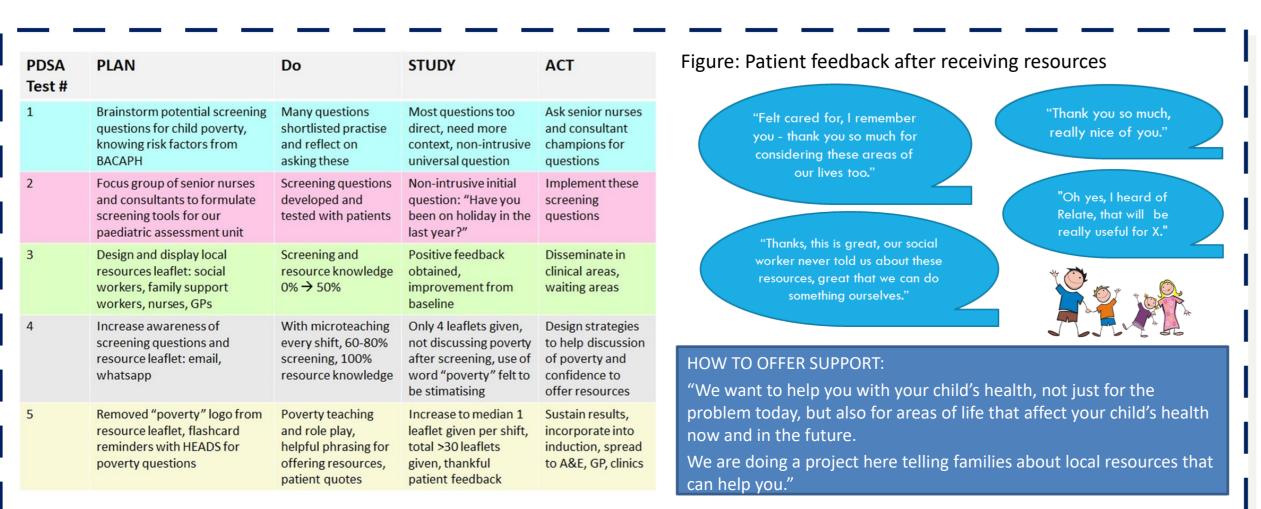
- Percentage of paediatricians who screened for child poverty
- Percentage of paediatricians who were aware of local poverty resources
- Resources given and patient feedback

CHANGE IDEAS

1-2-3 approach, MDT resource leaflets, handouts, display in waiting and parents' rooms, triage, emails, microteaching, induction, guidelines, flashcards, HEADS



Percentage of doctors per paediatric shift who screened for







For benefits/ universal credit advice: Kingston Citizens Advice, Neville House 55 Eden Street, Kingston, KT1 1BW www.citizensadvicekingston.org.uk Tel: 020 3166 0953







www.stepchange.org

Tel: 0800 138 1111

www.buttleuk.org



Tel: 020 8974 5931 Free fruit & veg,

milk and vitamins www.healthystart. Tel: 0345 607 6823 Support and friendship for families

Baby essentials, parenting: HomeStart Richmond, Kingston, Hounslow info@homestartrkh.org.uk Tel: 020 8487 8500



PHONE 020 8391 1100





services for people struggling with poor housing or homelessness www.england.shelter.org.uk

trussell

Stop UK Hunger

trust



Youth clubs and other free activities: YMCA Surbiton, 49 Victoria Road, KT6 4NG | Tel: 020 8390 0148 | www.ymcastpaulsgroup.org

Kingston Domestic Violence Hub: provides free, confidential, nonjudgmental and independent support to KINGSTON anyone who is experiencing domestic

violence. Tel: 020 8547 6046



health, relationships. www.themix.org Tel: 0808 808 4994

Relationship support for families (free for children) Tel: 0333 320 2206 felate www.relate.org.uk Kingston Relate 4th Floor, Neville House, 55 Eden Street, KT1 1BW

WelCare **Making Families Stronger** Charity No: 206286 Local families meeting, drop-in,

—Kingston—

playgroups, support groups, workshops. 53-55 Canbury Park Road Kingston, KT2 6LQ. Tel: 020 8546 3258 www.welcarekingston.org.uk

www.allsaintskingston.co.uk

1. RCPCH Health Policy Team, State of Child Health Report 2017: www.rcpch.ac.uk/resources/state-child-health-2017-full-report

2. RCPCH and Child Poverty Action Group, Poverty and Child Health: Views from the Frontline 2017: www.rcpch.ac.uk/resources/poverty-child-health-views-frontline 3. The Accountable Health Communities Health-Related Social Needs Screening Tool: https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf