Guidance for use of health inequalities fields on the RCSLT Online Outcome Tool (ROOT)

This guidance is for services using ROOT who choose to collect the optional fields relating to patient demographics, for the purposes of monitoring and identifying health inequalities. These fields are:

- *Patient ethnicity*

- *Patient language(s)*

- *Interpreter required?*

- *Deprivation decile*

These fields were developed and tested through a pilot involving a small working group of SLTs from services using ROOT. If you would like to know more about this project, please contact root@rcslt.org.

We are keen to continue to gather feedback about the fields and this guidance. Please do get in touch on root@rcslt.org.

General guidance

Collecting personal data can be complex and sometimes sensitive for patients. It is important that services consult local policies regarding obtaining personal information and are clear on the purposes of collecting and using this data. The RCSLT has a range of resources relating to health inequalities, including advice on use of data.

Although these fields are optional, where services have opted to collect this data about patients, it is important that all possible steps are taken to ensure that the data is obtained for as many patients as possible. This completeness of the data is crucial to ensure useful analysis and confidence in any findings. Some actions that services may find helpful to ensure quality data include:

- Having clear policies for staff about how and when data should be collected and recorded (e.g. at every initial appointment).

- Including information about data collection in staff induction.

- Regular discussions with all staff about findings from service data, so they understand the purpose and value.

- Regular audits of ROOT to check whether records are complete.

The importance of quantity and quality in data analysis has been discussed in *Bulletin*.

Patient ethnicity fields

There are different approaches to recording ethnicity in different parts of the UK, as well as variations within nations/regions. The ROOT can accommodate these local/regional/national variations and we encourage you to follow local guidelines for categorisation and terminology.

It is recommended that there should be an option such as 'refused' or 'not stated' (i.e. patient declined to give this information), as distinguished from 'not known' or 'not recorded' (i.e. patient was not asked for this information).

Self-reporting is the most effective way of asking about an individual's ethnic identity. It should be collected in agreement and collaboration with the patient and if the ethnicity of a patient is unknown, it should not be assumed or inferred by the provider. NHS England has some helpful [guidance](#) about this.

Collecting data on ethnicity can be complex and it is important that services consult local policies and information regarding obtaining advice about patients' ethnicity.

Language profile fields

Speech and language therapists are expected to ask patients and their families detailed questions to form a clear profile of their language background. The revised [Health and Care Profession Council (HCPC) standards of proficiency](#) include Standard 13.20 "assess and plan interventions in the service user's home language with the assistance of professional interpreters." Not only is this crucial to equitable and high-quality care, but it is important for SLTs to recognise and value languages used in the home, even if they are not given high profile by other professionals or even the family themselves.

For more information, see the following RCSLT guidance:

- [bilingualism](#)
- [working with interpreters](#),
- [accessing interpreting services](#)

For the purposes of practical data collection, it is necessary to simplify this detailed information. The solution for ROOT users has been to create two complementary fields relating to this area, but it is important to emphasise that these are only an indication of the much more detailed language profile, which SLTs will obtain as part of care.

Patient language(s)

This field relates specifically to the language use or exposure of the individual themselves. The four options in this field are specified below. Please see Appendix 1 for example scenarios:

English / Welsh only

- Individuals in this group will only ever have used (or been expected to use, if non-speaking) English (and/or Welsh, if they live in Wales).
- Some people in this group may have studied another language to a proficient level, but they do not use it as part of their everyday life.
- Some may be bilingual if they speak Welsh and English, but the vast majority will be monolingual.

English / Welsh and other language(s)

- Individuals in this group can use English (or Welsh, if they live in Wales) or have a high level of exposure to it, but have a background in or ongoing exposure to one or more other languages.

- All the people in this group could be referred to as multilingual, but there will be a wide range of different language profiles within this.

No English / Welsh

- Individuals in this group speak (or are expected to use, if non-speaking) languages other than English (and/or Welsh, if they live in Wales).

- They may have some exposure to English or Welsh or know a few words, but this is limited.

- Some people in this group will be monolingual and some will be multilingual, speaking two or more languages that do not include English or Welsh.

Not known

- This should only be used in exceptional cases, when it has not been possible to gather a language history for the patient (and the field should be updated once this has been achieved).

Interpreter required?

This field will incorporate a more holistic look at the patient's family, context and specific speech and language therapy needs to determine whether an interpreter is needed to ensure equitable and effective assessment and/or intervention at some point in patient care.

Importantly, many individuals fitting into the category 'English / Welsh and other language(s)' will require an interpreter, even if they have a good level of English or Welsh.

In these scenarios, 'yes' should still be selected for 'interpreter required', even if other factors mean that an interpreter is not used consistently or at all. Again, 'not known' should only be used in exceptional circumstances, when the information cannot be obtained.

Deprivation Decile fields

Each nation of the UK has a multiple deprivation index which looks at a combination of factors within a small geographical area to create a score related to deprivation:

- English Index of Multiple Deprivation 2019 (IMD2019)

- Northern Ireland Multiple Deprivation Measure 2017 (NIMDM2017)

- Scottish Index of Multiple Deprivation 2020 (SIMD 2020v2)

- Welsh Index of Multiple Deprivation (WIMD) 2019

See Appendix 2 for look up tools and further details.

Most services will see patients primarily from one nation and will use the corresponding indices. If a patient has a postcode from a different nation, their decile should **not** be obtained, as the

indices cannot be directly compared. The decile should be recorded as 'Not known'.

A deprivation decile (number between 1 and 10) can be obtained using these indices based on patient postcode. However, it is vital to remember that the score relates only to the deprivation of the small area where the person lives, in relation to other areas of that nation. It cannot be used to say how deprived a person or household is.

Services looking at poverty in their local population are likely to want to consider a number of other factors e.g. car ownership, public transport access, digital access, free school meals, looked after children.

For the purposes of obtaining the deprivation decile, the postcode of the 'patient's usual address' should be used. This is defined as the place where the patient 'usually' lives.

- It is unlikely that a hospital or rehabilitation setting would be considered a person's 'usual' address, even if they are expected to stay or have stayed in this establishment for a long period of time.

- It is recognised that in some cases, people will be discharged from hospital to a different place from where they were living before hospitalisation. In general, it would be most appropriate to use the previous address and it is not necessary for this to be changed if at the end of the episode of care they are discharged to a different postcode.

- For patients in nursing homes, residential schools or prison, this establishment would typically be considered a person's 'usual' address, even though in the cases of school and prisons the period of residence may have a defined end point. It will be much less likely that previous or other 'home' addresses are held by the SLT service. It is recognised that the postcode of residential establishments may not be the most relevant in terms of looking at data on deprivation, but a pragmatic and consistent approach is needed to the data collection. Services should be aware that if they see a large number of patients in one of these establishments, it may affect the distribution of their caseload across deprivation deciles.

- The option 'no fixed address' should be used for people experiencing homelessness or who have a travelling lifestyle, moving regularly across different postcode areas.

Appendix 1 – Language profile scenarios

English / Welsh only

- Brian, 46, grew up solely English-speaking. In his 20s he studied Russian, spent 2 years living in Russia and became quite fluent in Russian. Since moving back to the UK he has only occasionally used his Russian when speaking to a friend he met there.

English / Welsh and other language(s)

- Rashid, 35, grew up in a bilingual household that spoke English and Urdu. His wife and children are English-only speakers and he rarely uses Urdu now, unless speaking with older relatives.

- Aleksander, 6, lives with his parents who speak Polish exclusively at home. He has been attending a Welsh-speaking school for a year and is showing understanding and some use of Welsh.
  *Even though Aleksander is beginning to learn Welsh and his parents may also have a good level of Welsh for conducting speech and language therapy appointments, **an interpreter is required** to assess Aleksander's language skills in his first language of Polish.*

No English / Welsh

- Roberto, 3, is non-verbal and lives with his parents, who exclusively speak Italian to him at home. He has just started attending an English nursery.

- Bilan, 64, speaks Somali and some Arabic, but only knows a small number of English words. She lives with her son and his family who speak English and Somali and support her with daily living,
  *Bilan's family members are bilingual English and Somali speakers, but they should not be used in place of a formal **interpreter** to provide speech and language therapy input that she can access independently.*

Appendix 2 – Indices of multiple deprivation

English Index of Multiple Deprivation 2019 (IMD2019)

https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

- Suggested online search tool for decile for individual postcodes: https://alasdairrae.github.io/postcodez/
- Postcode search (for lists of up to 10,000 postcodes): https://imd-by-postcode.opendatacommunities.org/imd/2019

Northern Ireland Multiple Deprivation Measure 2017 (NIMDM2017)

https://www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2017-nimdm2017

- Postcode search: https://deprivation.nisra.gov.uk/

Scottish Index of Multiple Deprivation 2020 (SIMD 2020v2)

https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/

- Suggested online search tool for decile for individual postcodes: https://alasdairrae.github.io/postcodez/
- Spreadsheet look-up (e.g. for multiple postcodes): https://www.gov.scot/publications/scottish-index-of-multiple-deprivation-2020v2-postcode-look-up/

Welsh Index of Multiple Deprivation 2019 (WIMD 2019)

https://www.gov.wales/welsh-index-multiple-deprivation

- Suggested online search tool for decile for individual postcodes: https://alasdairrae.github.io/postcodez/
- Alternative postcode search: https://wimd.gov.wales/
- 'Postcode to WIMD rank lookup ' can be downloaded for converting lists of postcodes: https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation