



Speech and Language Therapy – Poverty Proofing© Case Study with Gillian Vince

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Introduction

“Poverty Proofing® has highlighted that that you can make some small changes that will make a real difference.”

Children North East began the audit with Northumbria Healthcare NHS Foundation Trust’s (NHFT) paediatric Speech and Language Therapy (SLT) service in November 2022. The work was commissioned through the North East and North Cumbria Child Health and Wellbeing Network (CHWBN) as part of a collaboration with NHS Charities Together aimed at Tackling Inequalities for Children (TIC). TIC, as it became known, started in 2021 and NHFT’s SLT team was one of the first eight healthcare settings to undergo a Poverty Proofing intervention from Children North East. Gillian Vince (senior manager for SLT) led the work.

Gillian explained that she wanted to use the audit to find out if the current service model the SLT service were providing was easily accessible for all children, young people, their families and those who support them, and no groups were disadvantaged. She explained that, following the COVID-19 pandemic, the service recognised the compounded impact on the next generation of children, particularly those already facing deprivation who are at higher risk of developing speech, language and/or communication needs. The SLT service had been proactive in planning for this anticipated impact and were excited to take the opportunity to work with Children North East to further analyse accessibility of the service offer for different populations and vulnerable groups.

“I wanted to find out whether we were indirectly disadvantaging any families from a lower income by our service model.”

Children North East has ‘poverty proofed’ 2 services in NHCT, with the paediatric SLT service being followed by the North Tyneside Child and Adolescent Mental Health Service (CAMHS).

Links between Speech and Language Therapy and Poverty

Limited communication skills are strongly associated with social disadvantage. Research indicates that children living in poverty in the UK are disproportionately affected by language delays. Economic hardship can significantly hinder parents’

ability to support their child's early language development and create a home environment that fosters language growth. As a group, children from disadvantaged backgrounds often have reduced developmental opportunities which can restrict their language learning. In areas of high social deprivation in the UK, between 40% and 56% of children start school with language delay (Royal College of Speech and Language Therapists). As of 2023, 1.9 million children in the UK struggle with talking and understanding words, making speech, language and communication (SLC) needs the most common primary special educational need (SEN) among pupils receiving SEN support in England (Speech and Language UK, 2023).

SLC difficulties have a direct impact on a children's developmental and educational outcomes, health and wellbeing. If left unaddressed, SLC difficulties can adversely affect children in adult life, for example, poor communication skills affect employability. Language development gaps between affluent and disadvantaged children emerge by three years old. Enhancing early language skills can help reduce educational and social inequalities. Failure to address these SLC needs can encourage an intergenerational cycle of communication deprivation and poor communication skills passed down from parent to child, which can have a detrimental impact upon the child's life outcomes.

While it is well-known and well-evidenced that children from lower income families are at higher risk of SLC needs, Gillian explained that the training helped to raise awareness of the severity of the issue in the North East compared to other regions, highlighting just how critically bad the situation is.

“While we knew that children from lower-income families are more likely to have speech and language communication needs, it helped to drive home to staff the scale of the issue in the North East.”

SLC needs are a significant concern among children in the North East, mirroring national trends of increasing demand for specialised support. While specific regional statistics are limited, national data and reports provide insight into the challenges faced.

25 staff completed the training and were consulted as to what they saw as potential barriers for the children / young people open to the service. Gillian explained that following the training, there was immediate changes in practice. Communication plays a vital role in Poverty Proofing, particularly when evaluating how information is shared and understood through health literacy, and in ensuring there are reciprocal lines of communication between service and service users, their families and those who support them. Staff became more mindful of the

impact of asking people to return calls when they might not have enough credit and suggesting websites when data access could be a barrier. This increased awareness led to more thoughtful communication, ensuring options for the families were provided. While staff were already skilled at writing reports in plain, non-jargon language, the training encouraged them to reconsider simply sharing website links that might contain large amounts of information. Instead, they reflected on a wider range of options available to ensure those supporting children / young people had access to the information in a variety of cost-neutral formats.

“The training delivered to staff had a real impact and made people think much about what they do and how it could impact the children they care for and their families.”

Gillian commented on the stereotype that people in poverty are from non-working households. She explained that people can sometimes assume families in poverty are not working and therefore may have time to carry out activities at home with their children, but in reality, many families work multiple jobs while still struggling financially. She highlighted the need to challenge stereotypes about poverty, noting that some parents cannot take calls or accept the offer of home visits during regular working hours because doing so would mean losing wages. To address this, the service has introduced virtual groups and evening sessions to better accommodate their needs.

Gillian acknowledged that, while she understood poverty and the barriers to access in theory, experiencing it from the perspective of families provided new insights. Poverty is a complex problem, affecting different people in different ways, which reinforces the need for flexible options rather than a one-size-fits-all approach.

“The word poverty makes people think of obvious impacts and the related barriers it creates, but it affects people in many different ways.”

By gathering patient voice, Poverty Proofing aims to understand the lived experience of those accessing healthcare systems and services.

From both patient and staff consultation, barriers identified included:

- Misconceptions about the role of SLT and the offer available
- Some lack of confidence from those supporting children / young people (school staff and parents)
- School staff and parents sometimes feeling that they need to buy additional resources to carry out SLT recommendations
- Limited information about benefits advice or travel guidance

Addressing Barriers

“The report was really comprehensive and pulled everything together.”

To tackle the barriers identified in the report, the service developed a themed action plan. Gillian explained that a key finding from the audit was the difference between family perceptions and the reality of the service offer, particularly regarding access. Despite being an open referral system where anyone could call for help, many families in north Northumberland mistakenly believed they had to travel to Newcastle for support. Addressing this misconception became a priority and the service is now working on creating a video with a QR code and informational leaflets that explain how to access the service and outline what it offers. Gillian noted that whilst this information has always been available on their website and referral guidelines, the audit highlighted the need for multiple communication methods, such as printed leaflets, to ensure written information is accessible in schools. In instances when the service does ask families to come to clinic or if children need to access services in Newcastle, they always signpost to the NHS travel reimbursement scheme. NHCT is carrying out a project to ensure that patients are aware of this scheme and provide easy routes to make their claims.

To raise awareness of the wide range of universal and targeted (free and low-cost) support available within the local area the service has created a directory of groups, drop-in sessions, information and resources that staff can use to signpost families to activities that are focused on supporting children’s communication skills development. This extends beyond speech and language support, helping connect families with local groups where children can socialise. Gillian explained that instead of depending on individuals to be aware of different services, the directory serves as a shared resource for all staff.

The service has worked with the NHCT’s dedicated public health team to look at ensuring the MECC (Making Every Contact Count) training is tailored to paediatric SLT. This training is also built into the preceptorship offer for new SLT staff.

“We’re raising awareness for all new staff in the department on poverty, the North-East context, and then what we do as a service to try to support families beyond a speech and language assessment of their child’s needs.”

The SLT service has embedded Poverty Proofing into their everyday practice. The service has a record of who attended Poverty Proofing training and as part of the induction process for new staff, they direct to Poverty Awareness training which is

available on Boost, a learning and development community hosted by NENC ICB and open to anyone interested in progressing healthcare.

Another finding from the audit was that some teaching assistants, potentially with limited financial means, could be buying their own resources for work. This led to a clear action, and now when SLT staff work in schools, they explicitly state that staff are not expected to purchase materials themselves. Gillian explained that SLT staff are provided with professional skills training to ensure they can confidently negotiate with the senior leadership team within schools and settings about any budgetary implications related to support required for individual children / young people, including making sure time is set aside for teaching assistants to carry out necessary tasks to ensure they are not doing them in their own time or without pay.

Since the audit, the SLT service has successfully secured funding and recruited to a public health SLT lead role. This role focuses on working to improve the overall wellbeing of populations by addressing communication from a community perspective. Public health professionals in this field typically focus on prevention, education, research and policy development to ensure that people have access to services that support their SLC needs. This is quite an innovative role, which continues to grow and develop, focusing on initiatives to reduce disadvantage for those with communication challenges.

Wider Reach

When asked what role she sees healthcare organisations playing in addressing social inequalities, Gillian said:

“It has an absolutely huge role to play. We know how important it is that healthcare professionals understand these inequalities then do what they can to mitigate against those barriers.”

Gillian advocated for other organisations to undergo the Poverty Proofing process, stressing that anyone delivering services to children and young people has a duty to ensure services are accessible.

“We have to continue to look at service offers through a health inequalities lens to make sure we’re not disadvantaging families.”

Gillian was extremely positive about the process and mentioned that NHCT is rolling it out more widely. She actively discusses Poverty Proofing throughout the networks

the SLT service is part of, both regionally and nationally. Gillian highlighted that Poverty Proofing has shown there are easy, quick wins such as signposting families to reimbursement schemes and providing clear information about access criteria, which, while not solving child poverty overnight, can make a significant difference to the ability of families and those working to support a child or young person with communication challenges.

Conclusion

Gillian described the process as a **'great experience and a great opportunity'**.

"The Children North East team was really responsive and really worked hard to understand our service offer."

The Poverty Proofing process has demonstrated the significant impact that small, thoughtful changes can have on reducing barriers to healthcare access for families in poverty. Through the audit, NHCT's paediatric SLT service identified key challenges and took meaningful steps to address them, ensuring that their services are more inclusive and accessible. By fostering awareness, adapting communication methods, and implementing practical solutions, the team has made immediate improvements while laying the groundwork for long-term change.

This initiative highlights the crucial role healthcare organisations play in tackling social inequalities. By continuing to assess services through a health inequalities lens, organisations can work towards eliminating unintentional disadvantages and providing truly equitable support. Northumbria Healthcare's commitment to expanding Poverty Proofing across more services sets a strong example for others to follow, proving that even small changes can make a real difference in the lives of children and families facing hardship.

References:

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