

Teaching equality, diversity and health inequalities... with help from imaginary friends

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In 2007 NHS Education Scotland (NES) commissioned an on-line resource to be utilised in pre-registration education, preparing learners to be sensitive to the needs of disadvantaged individuals and groups (promoting equality and diversity). This was in line with current health policy on health inequalities.

Tony Stevenson: Changing mindz created the resource 'Bridging the Gap' in 2008 and then revised it in 2010. This is where the characters were 'born'.

DW: First used Bridging the Gap in teaching in 2009/10 but the course and Bridging the Gap were found to need needed revisions. TS & DW developed characters from lecturer/student perspective. The use of the characters were part of an evaluation of the resource by students.

Inequalities imagination model Hart, Hall and Henwood (2003)

Explanation of the model

Equalities desire: 'caring begins in the heart and not the mouth' If missing then you get 'politically correct' behaviour rather than a genuine respect for clients as people or a commitment to reducing inequalities'.

Equalities awareness: involves examining self and exposing biases and prejudices.

Cultural knowledge: education foundation having knowledge about epidemiological, biological and psychological aspects specific to the client/group.

Equalities skill: collect information about the client to make an assessment and plan/deliver appropriate support/care.

Cultural encounter: exposure to a diverse range of clients, opportunity to examine ones (equalities) awareness/perspective.

Equalities analysis: development of a questioning approach about how disadvantage occurs and the relationship to how health and social care delivery systems reinforce inequalities.

Equalities action: Engagement/actual activity - student, lecturer or practitioner engages in to challenging inequalities. Hart et al say there is flexibility within the model with regard to what such action will consist of and how the components of the model are operationalised.

Characters:

There were different characters used within the course – three were taken from Bridging the Gap and two others were constructed by myself. Within this some of the background characters in Bridging the Gap were also used to highlight inequality issues i.e. Rosie in terms of the double burden of women, Danny prisoner health. Below are the spec taken from Bridging the Gap of two characters that will be used within this discussion:

Sharon the 17 year old mother of Jason, aged 2, is heavily pregnant. Sharon has continued to smoke through her pregnancy. This includes cannabis most nights once Jason is settled, to 'just relax and switch off'. Sharon is close to her mum Rosie, who lives in the next street. But as primary carer Rosie looks after her own elderly mother (Jessie) who has Alzheimer's disease and is increasingly dependent. Rosie feels guilty and she is struggling to cope. Sharon worries about her and tries not to bother her... Sharon has two older brothers; Joe who lives in London, and Danny who is serving a sentence for 'dealing'. Sharon doesn't know her father..

Sharon lives in a 14th floor council flat, and is on welfare benefits, Sharon has borrowed money from local 'loan-sharks' in the past, but paying this off eats too much into her weekly budget, so money often runs out days before Sharon's next 'giro' is due. Because of dampness in the flat, Sharon and Jason have repeated colds. Sharon has occasional flares ups of bronchitis too.

Sharon dropped out of school completely after Jason was born. Superficially confident and outspoken, Sharon conceals embarrassment and shame as her reading, writing and

numeracy skills are poor. Sharon covers it up as best she can by avoiding things like forms. Jason's father Garry visits late most Friday nights, mostly under the influence of drink or drugs. Sometimes Garry stays over, but he can be abusive, and sometimes this gets physical. Sharon doesn't like that, but Garry says it's her fault 'for getting on at me all the time'. Sharon loves him, but knows not to push him on commitment so takes what she can get. Sharon doesn't like 'professionals'. Just like the teachers at school, they 'talk down' to her. She has failed to attend three antenatal appointments with her midwife at the GP surgery.

Alex is a 74 year old widower (and retired postman) whose wife Grace died a year ago. Alex has two sons, John who lives several miles away and is divorced, his son Martin (11 years old) lives with his mum and step-dad in Leicester now. A long-distance lorry driver; John is away for long periods, but visits his dad *'whenever I can...'* Terry, a graduate, lives in England with Maureen his wife, Sarah age 13 and Darren age 11. Terry has tried to persuade Alex to come and stay several times since mum died, but Alex hasn't been up for it. Terry worries and he calls regularly, but all he gets back is *'Sure I'll be fine son, anyway you've got your own to be looking out for now ...'*

Alex enjoys reading and gardening, although the arthritic pain in his hips makes it a slog. Alex is a keen bowler, but hasn't been for a while either. A couple of pals from the club called round in the first few weeks then phoned a few times, but Alex just kept saying *'you guys go ahead without me, I'll be back when my hips sorted out, don't worry about me...'* The calls tailed off as time passed... The pain is bad, but Alex knows he can still walk, he just can't be bothered. He can't even concentrate on reading; Alex just can't put his finger on why...

Alex see Dr Singh, his GP, who reviews the pain medication, recommends gentle exercise and tells Alex to come back if the pain does not improve. Alex gazes out of the window as Dr Singh is talking and he asks. *'So how are things? It looks to me like you have lost some weight, are you eating Alex?'* Alex pauses for a few seconds before responding *'I've not felt myself since Grace passed on. Life feels a bit of an effort, but I'm okay, I can still get out for my messages; and there is plenty of folk with bigger worries than me...'*

Dr Singh looks concerned, *'You've been through a lot this past year Alex, and as you say yourself you aren't getting any younger. But we could try some anti-depressants if you think they might help to elevate your mood?'* *'Sorry Dr Singh, I'm not taking happy pills, what if I get addicted!'* retorts Alex. *'Okay Alex, you're the boss, but if it gets any worse do come and see me again, and please remember to take the painkillers regularly and not just when you get sore - that should help keep the pain at bay.'* Alex assures Dr Singh that he will; and Alex leaves thinking the doctor is probably right enough. Grace has left a hole that can't be filled, and he is getting older. Maybe he does just need to just get on with things...

Usage of the characters

The focus of the talk will be on the characters and how they were used to:

- Explain concepts such racism, discrimination, prejudice, labelling
- Understand health promotion
- The impact of psychological and sociological impacts on health
- Health policy

Ideas of how they were used and how other characters could be used will be discussed – as well as student feedback from a small evaluation.

Main references

- Hart, A.; Hall, V. and Henwood, F. (2003). Helping health and social care professionals to develop an 'inequalities imagination': a model for use in education and practice. *Journal of Advanced Nursing* 41(5), 480–489.
- NHS Education Scotland (2011) Bridging the Gap – available at <http://www.bridgingthegap.scot.nhs.uk/> (accessed April 16th 2013)