

# Using the ART Framework

## The Health Equity Toolkit



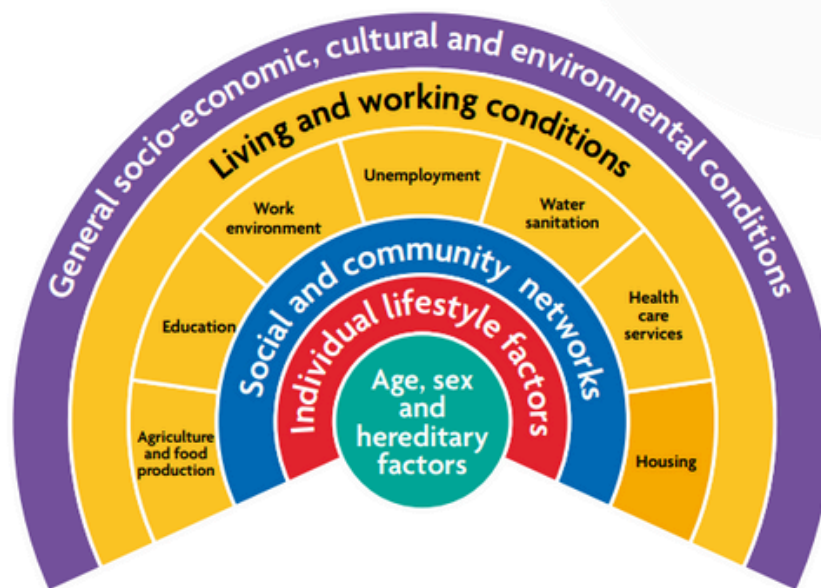
Creating Accessible, Relevant and Trusted Services

Part of the [Newham Health Equity Toolkit](#)

# The ART Framework

The ART (Accessibility, Relevance and Trust) Framework forms part of the [Newham Health Equity Toolkit](#). The toolkit supports people to embed equity into the design, delivery and commissioning of services.

Fundamentally, this framework and the [Newham Health Equity Programme](#) are built on the principle that health is basic human right, yet health inequalities are widespread. Health inequalities are linked to the wider determinants of health, which include social, economic, environmental, and structural factors that affect health and well-being.



Source: Dahlgren and Whitehead (1991)

Discrimination, stereotyping, and prejudice based on sex, gender, age, race, ethnicity, or disability can worsen living conditions, and inequalities are multiplied for those who experience more than one type of disadvantage. Disadvantage and discrimination are embedded in institutional and system processes, impacting a person's access to, experience of and outcomes from the health and care system ([Kings Fund](#)).

The [CORE20PLUS5](#) approach of the NHS identifies target groups to support in tackling health inequalities, including the most deprived 20% of the population, global majority groups and those with protected characteristics defined in the Equality Act 2010.

As argued by Michael Marmot in the landmark [Fair Society, Healthy Lives \(The Marmot review\)](#) 'Social and economic differences in health status reflect, and are caused by, social and economic inequalities in society'. Due to health inequalities being systematic and rooted in societal structures the aim of the ART framework is to shift agency for accessing and using health promoting services from current/potential service users to providers.

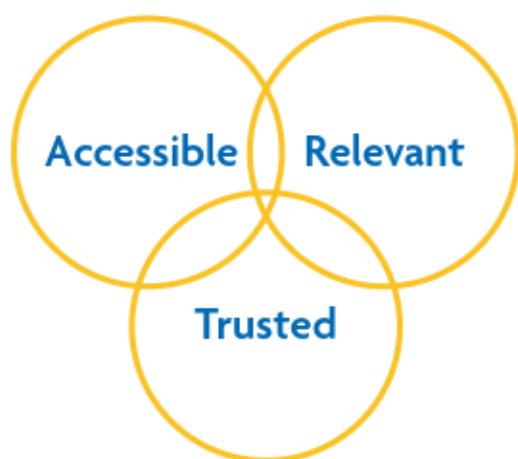


# Methods

ART recognises that Accessibility, Relevance and Trust are three key elements that encourage people to use our services, and that the absence of these elements can create a barrier to uptake. Through these three simple yet powerful principles the framework aims to embed equity in service design and quality improvement methodology, creating the conditions for people to access services and improve their health.

ART was developed from learning gained through observing NHS Diabetes prevention programme assessment meetings and the community conversations around COVID-19 vaccine uptake that took place during Newham's COVID 19 vaccination campaign. It has also been informed by the Sage 2014 vaccine hesitancy framework - the 3 C's of Confidence, Complacency and Convenience. We have re-titled these Accessibility, Relevance and Trust to reduce othering of potential service users.

## The ART Framework



**What are the barriers to uptake within our control as service providers?**

Similar to the “5 Why’s” QI Methodology, ART aims to identify the root causes for low service uptake, or for understanding best practice, by encouraging curiosity and reflexive practice. Looking beyond the action of non-attendance, ART encourages service to ask why an individual might attend/not attend a service. As with the 11 universal barriers of service design, ART reframes service challenges to uncover barriers to access and empowers service providers to think differently about how to improve service uptake.

Our ‘Service Design for ART’ guide provides further resources to support this. Further along a service pathway, ART can also be used to explore non retention or attrition from a service by applying the same principles, tools and questions.



# Using this workbook

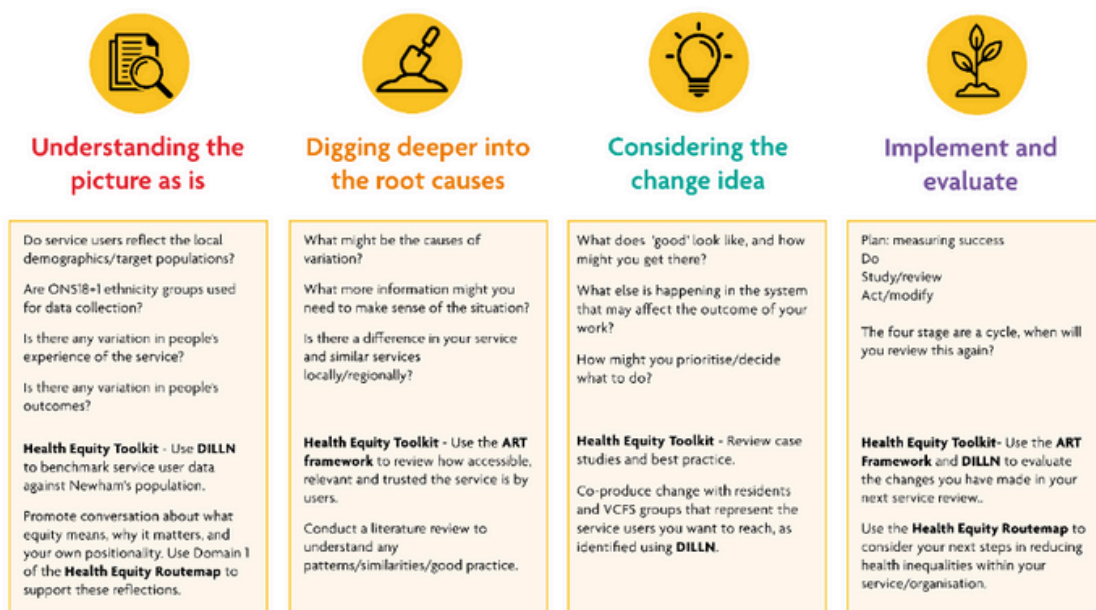
This workbook helps provide ideas of how to embed the **ART Framework** principles of **Accessibility, Relevance and Trust** in the design, delivery and commissioning of services.

Taking time to map and understand inequity is fundamental to design accurate and needed service improvement for communities. ART can be used to categorise qualitative insights to highlight barriers to service access, and works best when these insights are for disaggregated groups. You can use the 'Does it Look Like Newham (DILLN)' tool to identify target groups before gathering and analysing qualitative data, to understand which groups are underrepresented within a service.

After categorising your insights, ART can be used to design interventions. The prompt questions in this workbook are built from existing insights in Newham, as a starting point for improving the accessibility, relevance and trust for services. These, alongside service specific insights from your qualitative data, can be used to identify change ideas. ART focuses on barriers to access within our circle of control as service providers, and solutions should be prioritised within this sphere of influence. These improvement interventions should be co-produced with communities, identify impact measurements and be reviewed and adapted as learning develops.

We suggest using the Newham Health Equity Programme's 'Four Stages to Improving Equity Framework' to identify service inequalities and develop solutions to improve equity.

## Four steps to improving equity



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# Using ART to categorise insights

ART is a helpful tool to analyse qualitative insights. By categorising whether the insight related to access, relevance or trust you can use ART to break down a large pool of data into manageable action areas.

**A - Accessible:** If I wanted to use the service, could I? Can I read the invite/poster? Afford/have the time to get there? Attend at a time that works with my other responsibilities?

**R - Relevant:** Do I understand what the service is for, and why it's for me? How important is it to me compared to other priorities in my life e.g. working, raising kids?

**T - Trusted:** Do I trust the people/place/institution offering the service? Do the people delivering the service have lived experience? Have I had a negative experience in the past?

You can use ART to categorise insights by creating a simple table. You and your team should assess if these suggest a barrier to **access, relevance or trust**, and tick the relevant box. Insights do not need to be restricted to one category, and can relate to all three if relevant.

Insight	A- Access	R- Relevance	T- Trust
<i>'I have to take care of my family before I take care of myself – and once I've done that I don't have the time/money/energy to do more'</i>		X	
<i>'BMI is not for people like me and from my community'</i>		X	X
<i>'My zero-hours contract means it's very hard to do anything on a regular basis (cooking, exercise, classes etc)'</i>	X	X	

These examples are from an ART review of barriers to accessing weight management service for mothers in Black and Brown communities. This was facilitated by the Mummy's day out community group. Please [view the full case study on the Newham Health Equity website](#).



# Case Study - Understanding barriers to access in cancer screening

The Community Links team held focus groups to identify the barriers to accessing cancer screening services for Romanian and Bengali women with low levels of English. The focus group insights were framed using the ART Framework to break down the barriers to access.

Insight	A- Access	R- Relevance	T- Trust	Screening affected
Language barriers	X	X		Cervical, Breast
Lack of information on screenings and signs and symptoms	X		X	Cervical, Breast
Lack of childcare support	X	X		Cervical
Appointments unavailable at suitable location/time	X	X		Cervical, Breast
Fear of screening outcome		X	X	Cervical, Breast
Difficulty in reaching the GP	X	X	X	Cervical
Knowledge about what services are available to them	X	X		Cervical, Breast



# Using ART to design equity improvements

Alongside categorising insights, ART can be used to design equity focused improvement interventions in services. The following suggestions and potential solutions are built from insights gathered by the Newham Public Health team in partnership with VCFS and NHS colleagues on “what works” in creating accessible, relevant and trusted services.

## A - Accessible

If I wanted to use the service, could I? Can I read the invite/poster? Afford/have the time to get there? Attend at a time that works with my other responsibilities?

A - Accessible	Currently doing	Actions to take
<b>Supporting self-service and digital inclusion</b>		
Are services, activities and community groups listed on the <a href="#">Well Newham Directory of Services (Joy)</a> , with up-to-date contact information?		
Is online information updated regularly?		
Do you add QR codes and/or clickable hyperlinks to the resident-facing assets (leaflets, posters, infographics, etc.) you create?		
Is the information available accessible and easy to read? (reading age 9) The <a href="#">NHS Document Readability Tool</a> can help you check this.		
Do you have a non-digital means for residents to access information and provide feedback?		
<b>Time</b>		
Are you able to accommodate an "open door"/drop in policy? This enables residents to choose a time that suits them.		
Are you able to offer a broad range of times, to accommodate for competing needs e.g. school pick-up, working unsociable hours.		



A - Accessible	Currently doing	Actions to take
<b>Tailored outreach</b>		
Think creatively about how you conduct engagement and outreach. Can you go to places such as supermarkets, leisure centres, places of worship - locations where people naturally spend their time?		
Is your communication sensitive to the group you are trying to reach? Does it take into account religious and cultural norms?		
Have you identified a specific group you'd like to work with e.g. LGBTQ+ residents, young mothers, South Asian elders? This enables you to design an intervention/outreach session tailored to their needs.		
Is your communication sensitive to the group you are trying to reach? Does it take into account religious and cultural norms?		
Can you think creatively about how to communicate with residents e.g. WhatsApp, social media, YouTube?		
<b>Translation and Communication</b>		
Can you include translation information on printed materials?		
Can you create a simple infographic to communicate your message, and enable it to be shared across informal channels e.g. WhatsApp? Ensuring this is in JPEG format will enhance shareability.		
Think about different ways of conducting communications. For some residents videos/voice notes from trusted community leaders or professionals may work better. This also enables translation into common spoken languages, such as Bengali, where the written script is not commonly used.		





A - Accessible	Currently doing	Actions to take
<p>Ensure communications are accessible for d/Deaf residents.</p> <p>This could include ensuring email support is available, booking BSL language translation services for in person services/events, or recording BSL video instructions/health promotion materials.</p>		
<b>Location and travel costs</b>		
Are you able to support residents with travel costs to enable them to attend the service?		
Can the service be co-delivered at a place frequented by residents e.g. schools, children's centers, places of worship.		
Are services offered and delivered across the Borough, close to public transport, and at accessible hours?		
Have you reviewed the <a href="#">Adults Social Care Accessible Events</a> checklist? This contains more advice on how to ensure events are accessible.		
<b>Workforce</b>		
<p>Do you have an inclusive recruitment policy that enables opportunities for local residents, people who speak local languages, and have skills needed for working in resident facing services in Newham?</p> <p>Individuals might not have formal degree qualifications, or English as a first language.</p>		
Can you provide training opportunities for residents/VCFS to support with service delivery?		
When working with partner organisations, such as schools and VCFS, can you create opportunities to understand their needs and priorities alongside the programme you are delivering?		



# ART in practice - The Welcome Newham one-stop-shop



The Welcome Newham One-Stop Shop is for refugees staying in Newham. It brings services together in one place to reduce barriers to access. The service is offered weekly at a local library, 10am until 3pm. No appointment needed. Since it started there have been over 3,700 visitors (as of June 2025).

The team employ people with lived experience. Having shared experience, language and culture enables Welcome Newham staff to develop positive relationships and trust and helps them deliver a more trauma informed approach. Staff speak 16 different languages.

The One-Stop Shop has adapted to remain relevant. Responding to rising housing needs, the team deliver housing workshops and have introduced the NASS leavers Move On grant which supports applicants who move into properties outside London with a one-off grant.



# R- Relevant

Do I understand what the service is for, and why it's for me? How important is it to me compared to other priorities in my life e.g. working, raising kids?

R - Relevant	Currently doing	Actions to take
<b>Holistic understanding of residents priorities and needs</b>		
Are you able to allow children to attend with the parent to a service, or provide support for the cost of childcare?		
Are there any religious holidays taking place at the time you want to deliver a service/send out communications? Be sensitive about when it is appropriate to engage.		
Do your qualitative insights reveal service gaps that you can address? This could be by creating new/adapted service that address this need, via signposting or pop-up events for other relevant services.		
Explore the wider determinants of health and think of broader community concerns that may prevent an individual from engaging. Can you provide any signposting or support for this through the <a href="#">Well Newham Directory of Services</a> ?		
<b>Ensure comms is relevant and adaptable</b>		
Can you build relationships with community members on a long-term basis? This will enable you to understand the impact of your communications, how this needs to be adjusted, and what is working/isn't working for residents.  The <a href="#">COVID-19 Community Champions campaign</a> is a great example to learn from.		
Does your comms clearly explain what the specific service is, who it's for, and what the benefit of attending will be?		



R - Relevant	Currently doing	Actions to take
Can you anticipate what questions residents might have, and answer this in your comms?		
Is your communications strategy varied? Can you improve diversity by conducting opportunistic, in person engagement in high traffic areas such as supermarkets?		
<b>Learning from research and practice</b>		
Have you looked at the evaluation from previous pilots of similar programmes, or work undertaken with the same community? How have you learnt from these?		
Is your intervention/service informed by policy, best practice, VCFS work or other evidence?		
Are you recording demographic information for service users, including postcode and ethnicity data (Using ONS20 categories)? Have you undertaken a DILLN analysis (part of the <a href="#">Newham Health Equity Toolkit</a> ) to understand if the service is representative of the target population?		
<b>Working in partnership</b>		
To improve cultural relevance, how can you co-design or review services with VCFS or residents from the target community? Have a look at the workforce advice in the 'Accessible' section to address this.		
If your project is long term, when is the last time you reviewed the conditions, principles and aims? Are these still relevant?		
Can you support academic research in the community, via partnership with the <a href="#">Newham Centre for Health and Care Equity</a> ?		



# ART in practice - Working with community leaders to deliver vaccine messaging



Following all pupils at a Newham school being assessed as coming in contact with an index case of Hepatitis A, system partners came together to organise a post exposure vaccination clinic. The team took an ART approach to ensure this intervention was as effective as possible.

The vaccination clinic was happening during Ramadan at a school with a high number of Muslim students. To ensure the messaging was culturally relevant Public Health liaised with a trusted local Imam to record a video encouraging vaccine uptake and explain that receiving a muscle vaccine during Ramadan is not breaking fast. The team sent the Imam speaking notes based on messaging from British Islamic Medical Association.

The school commented that the culturally relevant video was effective in helping pupils make informed decisions and help achieve a nearly 80% vaccine uptake.



# T- Trusted

Do I trust the people/place/institution offering the service? Do the people delivering the service have lived experience? Have I had a negative experience in the past?

T - Trusted	Currently doing	Actions to take
<b>Working with the VCFS sector and maintaining strong relationships</b>		
Can you build long-term relationships with trusted community leaders? How can you provide the tools and resources for the community to lead on work themselves?		
How can you work with community leaders to deliver comms? Can you work with them to create resources e.g. videos, voicenotes?		
How can you ensure working with VCFS and Community Leaders brings benefit to both parties?		
<b>Working as one system</b>		
Can you work with trusted organisations e.g. NHS, schools, VCFS to deliver outreach? Which organisations are trusted might be different for different people/communities, so it's beneficial to work with service users/community leaders to identify these.		
Are you connected to services that deliver similar work? Have you explored any opportunities to collaborate?		
<b>Honesty, transparency and consistency</b>		
Be honest about what we are able to give and the limitations. Signpost to other resources where possible.		



T - Trusted	Currently doing	Actions to take
Ensure communications are consistent and contact information is accurate.		
<p>Offer opportunities for feedback from residents across the design, delivery and review stages of implementing a service.</p> <p>If residents have taken the time to engage, make sure you keep in contact about the results and next steps e.g. 'You said, we did'.</p>		
<b>Workforce with lived experience</b>		
Do your workforce represent the community? If not, can you bring in new team members or volunteers who do?		
Can you employ or work with residents with lived experience, so residents can relate to the service journey?		
<b>Patience and openness</b>		
Residents with complex needs may take longer to trust a service and want to engage. How can you support their needs e.g. multiple opportunities for engagement, delivering services in trusted environments, providing information ahead of time.		
Can you build long term relationships to conduct codesign? This will allow trust to develop as the relationship builds naturally.		
Residents may have had a bad experience with services before and be reluctant to trust. Ensure your approach is trauma informed.		



# ART in practice - Inclusive recruitment in the LBN Infant Feeding team

The Infant Feeding Team support Newham parents throughout their infant feeding journeys. As a team of specialists including lactation consultants and accredited breastfeeding counsellors, they work in partnership with midwives and health visitors at drop-in sessions around the borough, online workshops and via the Newham Baby Feeding Helpline.

To enhance inclusivity and community representation within the Infant Feeding Team, value has been placed on additional languages and culturally competent care in recruitment criteria. This approach prioritises lived experience and community insight, enabling the recruitment of candidates who reflect the diverse communities the team supports. For example, it has facilitated the development of an infant feeding workshop to be delivered in Bengali, which is one of the most commonly spoken languages in Newham.

By ensuring representation, the team has been established as a source of infant feeding advice that is culturally responsive and trusted by families. The result is a more equitable service, strengthened by voices that represents all parents and families in Newham.





# Further resources to support ART ways of working

Resources to support ART working	How they can help your work
Ongoing work to enable ART working in Newham	
<a href="#">Well Newham Website</a>	Accessible information on health services in Newham .
<a href="#">Social Welfare Alliance Training</a> -	Training sessions on issues related to improving social welfare delivered for free to the VCFS sector.
<a href="#">Community Health Champions network</a>	Resident volunteer group who share information in the community about staying health and well and improving access to health services.
<a href="#">Joy_(Directory of Services)</a>	Directory of services being delivered in Newham, across the NHS, Public Health and VCFS sector. This can be used to find and refer residents to services.
<a href="#">The Language Shop</a>	Written, video and face to face translation service for the London Borough of Newham.
Tools you can use to help embed equity in services	
<a href="#">Newham Health Equity Toolkit</a>	Resources to support you to embed equity in the design, delivery and commissioning of services.
Heath Promotion Toolkit	<b>Currently only on PH Sharepoint, not public access</b>
Co-produced <a href="#">accessible events checklist</a>	A practical guide on how to deliver accessible events, coproduced with residents.
<a href="#">NHS Document readability tool</a>	This practical tool enables you to copy and paste text to check it is appropriate for a 9–11-year-old reading age, and therefore easy to understand for the majority of residents.
<a href="#">UKHSA Migrant Health guide</a>	Guidance on the health needs of migrants



# Further resources to support ART ways of working

Reports/examples of best practice to learn from	
<a href="#">ASC co-production in Newham</a> guidance and best practice	Case studies of brilliant co-production in the Adult Social Care team, alongside guidance and best practice to implement in your own work.
<a href="#">Newham Centre for Health and Care Equity - Outputs</a>	Reports on best practice work to reduce health inequalities, created in partnership with academia, London Borough of Newham and the Newham VCFS sector.
<a href="#">NHS Healthcare Inequalities Improvement Network (NHIIN)</a>	Health improvement network to share best practice across the health and care sector.
<a href="#">Anti-Racism in co-production spaces</a>	Research to highlight the need for an anti-racist approach to co-production, and guidance on how to achieve this.
<a href="#">Guide to high quality community engagement (ADPH)</a>	Report on how to conduct high quality community engagement, learning from the London wide Community Health Champions programme.
Tools to support systems change	
<a href="#">NICE Public Health guidelines</a>	Recommendations on policies, activities and strategies to improve health.
<a href="#">Health Equity Assessment Tool (HEAT)</a>	Government guidance on a systematic approach to reducing health inequalities in a system or service.
<a href="#">London Anti-Racist Collaboration for Health (LARCH)</a>	Resources to support an anti-racist approach to tackling health inequalities, including training for managers.



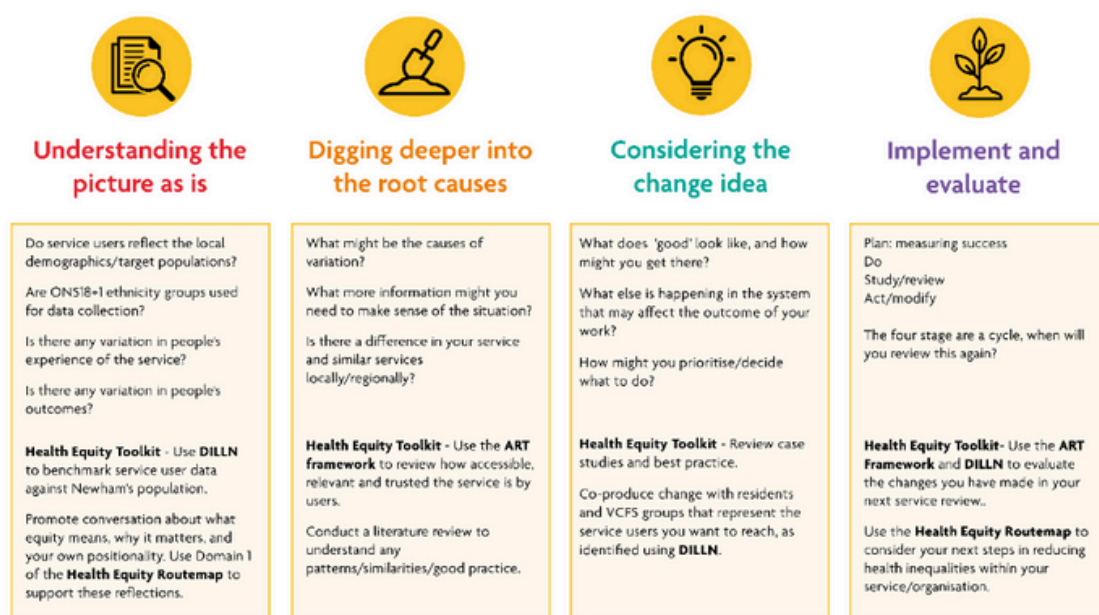
# Implementing ART service improvements

After identifying barriers to Accessibility, Relevance and Trust, and evaluating evidence of “what works” in delivering ART service in Newham, you should have a list of improvements/potential change interventions for your service.

Prioritise these in partnership with the service users, alongside service providers and VCFS groups. Ensure any interventions are time specific, and establish impact measures to understand if/how these have reduced inequities.

Importantly, improvements should be reviewed, adapted, changed or abandoned depending on their efficacy. The ‘Four Stages to Improving Equity’ process is a cycle, and should be continuously reviewed to improve equity in services.

## Four steps to improving equity



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More information, learning and support can be found on the [Newham Health Equity Programme website](#).

