

Financial Inclusion Referral Pathway Toolkit



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Purpose of the toolkit

This toolkit provides practical support to those developing or improving partnership working between early years services and financial inclusion organisations. It explains the core principles that should underpin these partnerships and uses case studies to illustrate referral pathways and examples of best practice.

Introduction

Poverty remains one of the most serious problems facing children today. Its effects last a lifetime, negatively impacting on health, education, social and physical development and seriously harming future life chances and opportunities.

Tackling child poverty supports the principles of prevention and early intervention, [Getting it Right for Every Child](#), and the [UN Convention on the Rights of the Child](#), priorities for both local government and health services.

In the current climate of austerity together with changes to the social security system, household income is likely to reduce in already low-income families. In addition, evidence shows that many people entitled to benefits still do not take them¹, which suggests that there are potentially a large number of households who would benefit from welfare advice and support to claim benefits that they are entitled to.

Developing good quality, effective referrals between the services parents and carers are already in contact with, and advice services will improve access to quality advice and support which can:

- maximise income into our poorest households
- improve financial capability
- support parents into good quality employment and access good quality early learning and childcare.

The toolkit takes you step by step through the considerations and practical actions necessary to develop an effective financial inclusion referral pathway.

By working through this toolkit you will:

- understand the impact of poverty on children and families' outcomes
- have access to local poverty statistics from your own area
- identify the key components of an effective financial inclusion referral pathway
- understand what outcomes you might achieve
- access information resources to help you plan and implement your programme.

Glossary

Churning – describes the process of moving in and out of low-paid, short-term jobs, zero-hours contracts and on and off social security.

Financial inclusion – ability of an individual, household or group to access appropriate financial services or products. Without this ability people are often referred to as 'financially excluded'.

Health visitor – a nurse who has had extra training in child development and health promotion and who works in the community, either with a specific GP practice (or practices) or within a specific area. Health visitors give support and advice to parents and their children until the age of five and have a role in protecting the health of the whole community. They have experience and knowledge about what's going on in the local area, including breastfeeding support groups. The health visitor meets with parents for an initial visit during pregnancy. Health visitors then make home visits to the family at intervals over the first five years of a child's life.

Income maximisation – to increase income within a household by increasing uptake of benefits an individual is entitled to, thereby reducing the prevalence of poverty, low income and income insecurity. This could also include maximising existing income with advice to more economical credit options/savings and debt advice.

Median household income – divides the population equally in two when ranked by income: one half earns above the median income and one earns below it.

Midwife – the main provider and first point of contact of care for most pregnant women. Midwives are highly skilled, qualified professionals who provide expert care for women during normal pregnancy, childbirth and after birth. Midwives are trained to make sure everything goes as well as possible and to recognise any potential problems for mothers and their babies. A pregnant woman will meet her midwife at the first booking appointment. Midwives work in hospitals and in the community as part of a team. Other members of the team may also care for women during their pregnancy or after the birth of their baby.

Nurseries – early learning and childcare establishments engaging with children and families. This includes both private 'day' nurseries and council run 'preschool' facilities.

Persistent poverty – this is defined as being in relative poverty in at least three out of the last four consecutive years. This measure is designed to detect families which are consistently in poverty over a long period, rather than those which dip in and out of poverty. The persistent poverty target was less than 7 per cent by 2020/21 under The Child Poverty Act 2010 (Persistent Poverty Target) Regulations 2014; however this target has now been removed under the Welfare Reform & Work Act 2016 section 7, which also renames it the Life Chances Act.

Referral pathway – agreed mechanism between services and client for the sharing of client information (with client permission) which allows individual services to directly contact the client for appointment, to improve the client journey between services. Information could be passed, for example, via phone, postal form or email.

Relative poverty – individuals living in households whose income is below 60 per cent of UK median income in the same year. This is a measure of whether those in the lowest income households are keeping pace with the growth of incomes in the population as a whole. In 2013/14 the relative poverty threshold for a couple with no children was an income of £272 per week (income from all sources before housing costs and after income tax, national insurance and so on). For a couple with children the threshold would be higher and for a single person (without children) the threshold would be lower.

Routine enquiry – involves asking all people presenting to a service direct questions in relation to a particular issue – in this context money worries. This can be at a particular point in their use of a service, or on all occasions at which they present.

Understanding the issue of child poverty

What is child poverty?

Children are considered as living in [relative poverty](#) if they live in households with less than 60 per cent of [median household income](#). This is the key measure used by the Scottish Government, and by the EU. Using this measure the latest (2014/15) official data shows:

- a lone-parent family with two children (aged 5 and 14) is living in poverty if they are living on less than £291 per week (after housing costs have been deducted)
- a two-parent family with two children (aged 5 and 14) is living in poverty if they are living on less than £393 a week (after housing costs have been deducted).

As well as being harmful to children and families, child poverty has a wider cost for society. A 2013 study found that the high levels of child poverty in the UK are currently costing the country at least £29 billion a year². This includes the cost of policy interventions, long-term losses to the economy, lower educational attainment and poorer mental and physical health.

What are the levels of child poverty in Scotland?

The UK has some of the highest rates of child poverty in Europe. A recent UNICEF report ranked the UK 22nd out of 35 economically developed countries in relation to relative child poverty, behind such European countries as Hungary, Slovakia and Estonia³. If current trends continue, the Institute of Fiscal Studies (IFS) predicts an increase of 100,000 more children living in poverty in Scotland by 2020⁴.

The relatively high cost of housing in the UK, which continues to rise, has a significant impact on families. In 2014/15, 160,000 of Scotland's children (17%) were in relative poverty before housing costs. This was an increase from 14% the previous year, 20,000 fewer than in 2013/14. However, using the 'after housing costs measure', 220,000 children (22%) were living in [relative poverty](#)⁵. In addition a rise in inflation has meant increasing cost of living for families over this time period.

The impact of poverty is exacerbated by persistence. Findings reported from a 2010 *Growing Up in Scotland* report found that more than a fifth of children were living in [persistent poverty](#)⁶. Children are described as '[persistently poor](#)' if they have lived in a low-income household at three or four of the four annual study interviews. This study suggests that for a large number of children living in [relative poverty](#), the poverty persists.

Local statistics

Overview of child poverty percentages in Scottish local authorities

Please note the figures in this table give an average across the whole local authority; there will be areas within each authority with higher and lower rates.

| Local Authority | % of children in poverty in 2014 after housing costs⁷ |
|------------------------|---|
| Aberdeen City | 18.08% |
| Aberdeenshire | 13.51% |
| Angus | 19.82% |
| Argyll and Bute | 19.24% |
| Clackmannanshire | 26.34% |
| Dumfries and Galloway | 23.00% |
| Dundee City | 27.91% |
| East Ayrshire | 25.70% |
| East Dunbartonshire | 13.20% |
| East Lothian | 18.61% |
| East Renfrewshire | 14.59% |
| Edinburgh | 21.12% |
| Eilean Siar | 18.68% |
| Falkirk | 20.50% |
| Fife | 24.10% |
| Glasgow | 33.13% |
| Highland | 18.92% |
| Inverclyde | 25.56% |
| Midlothian | 21.25% |
| Moray | 18.23% |
| North Ayrshire | 27.23% |
| North Lanarkshire | 24.50% |
| Orkney | 14.31% |
| Perth and Kinross | 16.56% |
| Renfrewshire | 21.00% |
| Scottish Borders | 17.99% |
| Shetland Islands | 10.07% |
| South Ayrshire | 24.27% |
| South Lanarkshire | 20.39% |
| Stirling | 17.46% |
| West Dunbartonshire | 24.63% |
| West Lothian | 21.24% |

What are the effects of child poverty?

The causes and effects of poverty and inequality are complex and multi-dimensional and require a range of interventions and responses. These must address the underlying causes of poverty, not just the symptoms.

Growing up in poverty can have a profound and lasting impact on a child's outcomes. This is not simply an issue of exclusion experienced as a direct result of a lack of material resources, but is due to a link with a range of issues, such as stress, home environment and poor health. The presence and accumulation of these disadvantages can have a negative impact on outcomes for young children⁷. For example:

- Three-year-olds in households with incomes below £10,000 are two and a half times more likely to suffer chronic illness than children in households with incomes above £52,000⁸.
- There are strong links between the experience of child poverty and poor mental health. One study shows that children living in low-income households are nearly three times more likely to suffer mental health problems than their more affluent peers⁹.
- Children from poorer circumstances experience increased exposure to risk factors including: prolonged exposure to maternal smoking, long-term maternal general and mental health problems, poorer diet and lower physical activity levels.

The quality of a child's home learning environment and their family relationships have a strong and direct impact on their later life chances. The Scottish cohort study *Growing Up in Scotland* (GUS) 2015 report on health inequalities in the early years¹⁰ found that:

- Problems with behaviour, psychosocial health and language were unequally distributed. Children in the most disadvantaged groups were at greatest risk, with these difficulties demonstrating a strong association with deprivation.
- At the age of five, children from higher income families are 13 months ahead in their knowledge of vocabulary and 10 months ahead in their problem solving compared to those children from lower income families.

While many of these factors are strongly associated with poverty, income poverty is not an impossible challenge and many children from deprived backgrounds go on to have positive futures.

What factors influence levels of child poverty in Scotland?

Poverty is unevenly distributed through Scotland. Child poverty levels are influenced by a range of wider factors which work together and result in inadequate household resources. NHS Health Scotland has adapted the 'Theory of Causation' model to demonstrate the factors which contribute to inequality which can be found in Appendix A.

Specific factors which contribute to insufficient income include:

- **Low wages and underemployment:** Employment is by no means a guaranteed route out of poverty. In 2014/15, 66 per cent of children in relative poverty after housing costs in Scotland were living in households with at least one adult in employment.⁵ While rates of employment in Scotland are growing, changes to the quality and nature of work¹² have also driven up in-work poverty¹³. In 2014/15, those in low-income households have predominantly moved into part-time employment, meaning households remain in poverty.⁵ There is evidence that the health impact of moving from unemployment to a low pay / low quality job and back (known as '[churning](#)') is worse than staying unemployed. The nature and extent of [churning](#) is difficult to capture from official statistics. However, local analysis broadly supports the existence of [churning](#) in Scotland. In early 2012, the number of short-term Job Seekers Allowance claimants in Scotland (84,750 individuals) was tenfold the number of long-term claimants (8,210 individuals)¹⁴.
- **Worklessness:** Households in which no one is in paid employment are most likely to experience poverty¹⁵. Common barriers to work include a lack of suitable employment opportunities, a lack of suitable childcare, caring responsibilities, ill health/disability and employer discrimination¹³.
- **The design and operation of the social security system:** The issues here reflect: out of work benefit levels set at levels which leave more than 90 per cent of out-of-work families with children unable to achieve socially adequate levels of income; changes to in-work benefits which have eroded their value to families, especially lone parents³⁶; increasing conditionality (including sanctions) for working-age claimants in and out of employment³⁷, including families with children; and errors and delays in making benefit payments and rectifying mistakes where these occur³⁸.

A [factsheet by Child Poverty Action Group](#) sets out a summary of the cuts announced so far, and their impact on families in Scotland.

In addition to these there are certain characteristics which increase individuals' and families' risk of experiencing poverty. Below gives information on particularly at-risk groups which impact on child poverty levels.

Women: More women than men live in poverty and are more likely to work in part-time and low-paid jobs. As well as caring for children, women are also much more likely to have other caring responsibilities which may limit their capacity for paid work.¹⁷

Lone parents: A high percentage of lone parents are in poverty, the vast majority of whom are women. Lone parents face multiple barriers to the labour market, such as lack of affordable and flexible childcare, which pushes them into part-time work, with part-time employment more likely to be low paid than full-time employment. Research at the UK level has shown single mothers are more likely to take insecure low-paid employment which fits around their caring responsibilities.¹⁸ A quarter of single-parent households report that they do not manage well financially. Over half (59 per cent) of single-parent households reported having no savings, more than double the overall Scotland figure of 25 per cent¹⁹.

Families affected by disability and/or ill health: The risk of poverty is also higher for children in families affected by disability¹⁷. Households which include a disabled adult have a higher risk of [relative poverty](#) than those that do not. One in five people living in households with a disabled adult are in [relative poverty](#), compared with one in seven for households that do not have a disabled adult.²⁰ Mental ill health is the largest single cause of disability in the UK, contributing to almost 23 per cent of the overall burden of disease. Debt is prevalent in households affected by mental ill health, with around half of these households reporting being in debt.

Young mothers: The risk of [relative poverty](#) where the mother is aged under 25 is nearly double that for any other age group.²⁰ Younger mothers have had less time to gain progression in their education and/or employment, and are also more likely to have younger children, which impacts on their ability to take up employment opportunities.

Minority ethnic groups: Some minority ethnic groups have a higher risk of severe and extreme poverty than the white British population. However, the risks of extreme poverty vary across groups. Individuals from Mixed, Black, Chinese and other ethnic backgrounds have the highest risk of [relative poverty](#) (27%), while the White British group has the lowest risk (14%)²⁰. Even where individuals from minority ethnic groups were in employment, evidence suggests this is more likely to be low paid, and while the rates of low-paid employment vary between minority ethnic groups, all were higher than the white ethnic group. For those in work, the greater prevalence of low pay means families in employment remain in poverty²¹.

What can be done to reduce the impact of poverty?

It is vitally important to invest in eradicating child poverty and reducing inequality, including income inequality. Not only due to the cost to individuals, but also of the great cost to society caused by child poverty. Shifting resources into early intervention and prevention has a strong economic case, especially in respect to the first few years of life.

Shifting the Curve (2016)²², the report from the Scottish Government's Independent Adviser on Poverty and Inequality, highlights the following two groups to focus on in terms of action to reduce poverty in Scotland:

- Those in in-work poverty, who make up a large group of those in poverty. In the most recent year (2013/14), 50 per cent of the working age adults who were in relative poverty after housing costs, and 56 per cent of the children, lived in a household with at least one person in paid employment.
- The life chances of young people (16–24) whose increasing dependence on financial support from parents increases the likelihood of intergenerational poverty.

Shifting the Curve makes 15 recommendations in actions which may have the greatest impact, which fall into four main areas: tackling in-work poverty; young people's life chances; housing affordability issues; and cross-cutting issues. These include:

- Do more to ensure that people claim the benefits to which they are entitled.
- Ensure that public service delivery is respectful, person-centred and preserves the dignity of people in poverty: pre-employment and in-service training should include the importance of avoiding stigma and developing understanding of the challenges of living on a very low income.

The Child Poverty Strategy for Scotland (2014) sets out an approach that includes three main elements:

- A focus on ensuring that families who are in work are supported to work themselves out of poverty; families that are unable to work are able to live with dignity and not entrenched in [persistent poverty](#); and that those who can work but are not in work are provided with services that will address their particular needs and help them overcome barriers to work.
- A focus on improving children's future life chances, by intervening early to improve development and attainment of disadvantaged children and young people throughout their progression to adulthood.
- A focus on place and delivering services as close to the family as possible, by empowering local partners and ensuring the local diversity can be recognised, and by developing strong local accountability frameworks²³.

These three elements identify that addressing underlying societal inequalities is key to eradicating poverty and the negative consequences associated with it. Policies more likely to be effective in reducing inequalities include: structural changes in the environment, legislative controls, fiscal policies (for example on the price of alcohol and tobacco), income support, reducing price barriers, improving accessibility of services and prioritising disadvantaged groups, offering intensive support to the most vulnerable, and starting young (such as pre- and postnatal support and interventions, home visiting in infancy, preschool day care)²⁴.

While many of the powers required to tackle poverty lie at UK policy level, there are actions that can be taken locally to try and relieve poverty by bringing more money into a child's household.

'If low socioeconomic status is the pre-eminent condition impacting health, then perhaps poverty should be considered a disease or at least a risk factor to be treated with income' ²⁵

These local actions include increasing families' access to high quality person-centred advice services. Despite a well-established welfare programme in the UK, there is evidence of widespread under-claiming of social security entitlements for those eligible for them.

Routinely published statistics for the UK show that between 11 per cent and 40 per cent of those entitled to benefits (by caseload) do not claim them¹. Lowest percentage of uptake is for Jobseeker's Allowance, Pension Credit, and Council Tax benefits, with highest percentage of uptake for Income Support and Employment and Support Allowance, and Housing Benefit. This under-claiming of social security entitlements suggests that there are potentially a large number of households who would benefit from welfare advice and support to claim benefits to which they are entitled.

These interventions promote [financial inclusion](#) and aim to break the cycle of poverty by increasing family income and improving financial literacy. [Financial inclusion](#) interventions encompass a broad range of services including [income maximisation](#) (entitlement to and claims for social security and other income), money and debt advice, financial capability and management support, and awareness-raising and service provision around banking, insurance and affordable credit.³²

Getting started

Promoting access to [financial inclusion](#) services through early years services

This toolkit seeks to support local areas in developing quality referral pathways between advice services²⁷ and the services in which people are already engaging – such as [midwifery](#), [health visiting](#), and early learning and childcare establishments – in order to improve access to these services for families at risk of or experiencing poverty.

There are potential financial and non-financial benefits to providing referrals to services that encourage [income maximisation](#) and [financial inclusion](#) from early years settings²⁸. There is systematic review-level evidence to suggest that the main benefits to participating families are financial gain through increased income, largely from welfare benefits²⁹.

This enables families to:

- afford necessities such as good quality food and household bills
- manage occasional expenses such as clothes and furniture
- have extra income to allow for potential emergencies or savings.

Other potential benefits include:

- improved financial knowledge and capability
- improved social and mental wellbeing.²⁸

A number of studies present evidence of a positive impact of advice services in improving health, including reduced stress and anxiety, better sleeping patterns, reversal of weight loss, changes in medication, reduced contact with the primary care team, reduction or cessation of smoking, improved diet and physical activity.^{26, 28}

Potential benefits to the health service include:

- more empathetic relationship with their [health visitor](#)
- improved staff performance through releasing consultation time previously taken up with dealing with issues underpinned by financial hardship
- better service engagement, particularly with 'hard-to-reach' groups
- improved service delivery through partnership working and collaboration³¹
- reducing inpatient lengths of stay
- preventing relapse for severe mental illness.

Core principles of effective programme

Based on the Child Poverty Action Group (CPAG) Guidance 2015 the 'gold standard' of referral to a money/benefits adviser would likely have the following characteristics:³²

- it would be universal or near universal, allowing referrals for anyone who had a low income or who has 'money worries' of any kind
- it would be opt-out for those identified as in need (i.e. low income or worried about money)
- it would not rely on action from the parent – rather, the appointment with the advice service would be made as part of the referral, and if this is not possible the parent would be contacted directly by the advice service to make an appointment)
- it would build on learning from similar initiatives by, for example, sending a text message in advance of the phone call from the adviser for parents reluctant to answer calls from unknown numbers.

Effective programmes all share the following core principles:

Universal approach

In order to reduce the stigma of accessing services seen as for 'poor people' and to ensure that services support women and families not only experiencing, but also at risk of, child poverty, it is important that all parents/families accessing services are offered a referral to advice services through routine enquiry.

Routine enquiry

This ensures that every person using a service is asked about money worries. This approach helps mitigate against potential stigma of being assessed by a professional as needing advice on money. It also protects against individuals being missed who might benefit from the service but who are not assessed as in need.

Displaying posters in the waiting area provides information about advice services and lets people know that they will be asked about 'money worries'. This can reduce potential barriers, making it easier for staff to talk to people, as the issue is already raised. Posters should be literacy proofed to ensure they can be read and understood.

Using positive language, and telling people this is a service available for all, can also help reduce stigma and increase uptake of advice services.

Case study

The Midlothian Area Resource Coordination for Hardship (MARCH) project

The MARCH project is a Midlothian Financial Inclusion Network (MFIN) initiative. The project aims to coordinate and improve the resources available for hardship in Midlothian. With funding from Scottish Government there was a health focus that developed a holistic needs assessment to identify money and other worries. The Money Matters Health Check Toolkit sets out routine enquiry questions to be asked to all clients, to identify and refer clients experiencing or at risk of poverty for referral. The toolkit is used by a wide range of professional groups including Health Visitors, Midwives, and professionals working in mental health, rapid response, physical rehabilitation, substance misuse, and learning disability. Download this and other resources from the [MARCH project website](#).

Referral pathway

A high quality referral pathway that referring staff have confidence in can help ensure that routine enquiry takes place as staff feel confident there is a service in place to support the need identified.

To achieve this, the advice service must be visible to the referring professionals, which might be achieved through activities such as regular communications or co-locating services. The advice service must also offer a timely and appropriate response to the referred clients.

Quality person-centred service

In order to develop a service that will be person-centred and continues to meet the needs of its target population, it is important to build a flexible delivery approach and adapt this approach as needs develop.

Rather than a 'traditional' drop-in advice service, which may not be accessible to vulnerable parents and families nor meet their needs, projects have sought ways to make their services accessible and engaging to vulnerable people, including:

- Accessible advice points – home visits, telephone appointments, outreach services in local settings.
- Advice workers attending community groups – allows the person to be a 'trusted person' who people are more likely to engage with.
- Tailored one-to-one support maintained over time – to help develop skills.

Case Study

Early years money support service, Clackmannanshire Council

This service was set up to serve vulnerable families in the Clackmannanshire area. At first the project tried to run 'financial capability workshops' in the family centre but found that families did not attend a 'class setting'. In order to make the service more visible to families, the worker now attends 'tea and talk' and 'play together' sessions, where families are already engaging, to make informal contact. They also found that traditional debt advice did not work well with most vulnerable families and the project has adapted to provide personalised support and direct contact over a longer period of time. This may involve active personalised support including attending meetings with clients, or visiting a client's house to help with weekly budgeting. By taking a flexible approach and using reflective practice, the project has adapted in real time to the needs of its target group. This in turn impacts positively on referring professionals, who report that their time is being freed to deal with other issues now that the project is meeting clients' individual needs.

By routinely enquiring and creating referral pathways between the early years workforce and money/welfare advice services for all families using their services, it is envisaged that staff – including midwives, health visitors, and nursery staff – will increase the identification of need for, and access to, advice among families, thereby mitigating the impact of child poverty.³³

Case Study

Life Matters, West Lothian Council

The project has been developed to provide bespoke training and support to a wide range of multi-agency staff in front-line services within West Lothian CPP, in order to enable them to better support their patients/clients experiencing hardship as a result of welfare reform. The project utilises the tailor-made Life Matters training course, with the aim of rolling it out across both NHS and social policy, housing, homelessness and voluntary sector agencies.

Where appropriate, professionals in contact with clients use referral pathways to support people access specialist services, including Citizens Advice Bureau who have advice staff located within health settings to facilitate referrals.

Child Poverty Action Group (CPAG) has developed an information sheet called [Reducing child poverty before and after birth: information for midwives](#) and a timeline for midwives highlighting some of the practical steps they can take to maximise a family's income and increase financial security.

[Health Inequalities Impact assessment \(HIIA\)](#) is a tool which can help planners think through the impact of their services on the lives of different client groups and their needs. The findings can inform the development and implementation of plans and policies, helping organisations to ensure that no one is disadvantaged by what they do.

Because people are not defined by any single characteristic, a narrow focus on one aspect of individual or group identity may hinder understanding of the impact which a proposal may have. HIIA therefore encourages consideration of many different potential impacts on individuals and communities, as well as how such impacts might interact with each other.

Case Study

Financial Inclusion Partnership specialist sub-groups, Glasgow City Council

Two specialist sub-groups have been established within the Financial Inclusion Partnership – one to focus on the financial inclusion and legal advice needs of single parents, and the other for people who experience gender-based violence – although given that the majority of single parents have experienced domestic abuse, there is significant crossover between the two. The aims of the groups are to ensure that the needs of the specialist group are fully recognised and integrated into service planning and delivery.

Mapping exercises and workshops have identified how services could be improved, as well as gaps in provision, and action plans developed. A range of activities will encourage closer partnership working between third sector organisations which provide services for the specialist groups, and financial inclusion services provided by the Glasgow Advice and Information Network (GAIN).

Components in the development and implementation of effective programmes

This section highlights core components in the development and implementation of effective programmes and illustrates key considerations and how existing projects have developed these.

The following factors are associated with the effective delivery of referral pathways between early years services and advice services:

- [Strategic engagement](#) – effective commitment to the project among partners
- [Leadership](#) – from project leads and from within professional groups
- [Strong partnership working](#) – clear roles and contributions
- [Staff engagement](#) – staff highly value the work and understand their role.

Are you already involved in a project? [See page 42](#) for questions to consider how you can increase your impact.

Strategic engagement

In order to ensure the resource required is in place to support the development and delivery of a successful referral pathway project, it is essential to secure strategic buy-in from the organisations and departments involved in the project.

[See page 42](#) for starter questions to help you and other strategic partners understand your contribution.

The [information and statistics](#) in 'Understanding the issue' will help you demonstrate the need for your project to your stakeholders.

Case Study

Healthier Wealthier Children, NHS Greater Glasgow and Clyde

Healthier Wealthier Children (HWC) is a collaborative project between NHS Greater Glasgow and Clyde, local authorities, Glasgow Centre for Population Health, and voluntary sector money advice services. The project offers income maximisation advice for families experiencing child poverty and aims to prevent families from falling into child poverty by working with health and early years services to identify and refer at-risk families at an early stage.

The project board secured strategic support from the Scottish Government, NHS GGC Corporate Services and Department of Public Health, CHCP's through Head of Planning and Health Improvement, Children and Families Leads, Health Improvement and Inequalities Managers, Council Financial Inclusion services, and Child Poverty Action Group, in order to develop the project.

Successful strategic engagement by the Healthier Wealthier Children Project was based on the following key stages:

- Completion of a needs assessment
- Development of a strategy to meet the needs identified, involving the same individuals that participated in the needs assessment in the development of the strategy
- Ensuring that any actions proposed were explicitly linked to the needs identified
- Ensuring that both the needs assessment and the strategy were considered 'live' and therefore under regular/constant review and amendment.

These actions ensured that the child poverty agenda was viewed by local stakeholders as a 'cross-cutting' issue – that it involved and was relevant to staff within adult as well as children's services. This enabled the development of key success ingredients, including partnership commitment to a common goal and cross-sector engagement.

The HWC project was designed to run for one to two years. Thereafter the service was mainstreamed with services and referral pathways in place, including the monitoring of the numbers of referrals and the financial gain for clients. See the [Healthier Wealthier Children](#) website for more details.

Leadership

Leadership has been identified as an important element of all the projects identified as case studies in this toolkit. Leadership takes different forms throughout the lifetime of the project. From initiation a strong champion is required to champion the project and gain the strategic buy-in essential to the development of the project. Further along in the process a distributive leadership approach involving the sharing of leadership roles among individuals with different remits is important in mitigating local tensions, supporting critical transition periods, and ensuring subsequent project development and implementation. Leadership is required across the partnership and within each partner organisation.

Case Study

Healthy Start Project, NHS Lothian

The Healthy Start Project, in NHS Lothian, has been set up to increase the timely access to Healthy Start vouchers and vitamins for pregnant women and families with children under five. Through increasing access to Healthy Start vouchers the project aims to improve the health of low-income pregnant women and families on benefits and tax credits.

The project used high-impact leadership behaviours to initiate and develop their work.

Person-centredness: the project worked closely with families from the start, first through one-to-one work with midwives and women, then in producing and sharing a [film](#) about the work. Identifying and overcoming obstacles for individuals, and testing emerging approaches more generally, has identified real but surmountable challenges, such as addressing women's initial suspicion or time pressures in accepting appointment with adviser.

Frontline engagement and transparency: project staff raised awareness with midwives and health visitors across NHS Lothian. Email cascades of key findings did not bring about improvement. In contrast, meeting the ten community midwifery teams individually and sharing ideas and knowledge built trust and awareness. Now team and practitioner data are shared regularly and discussed with the team to plan next steps.

Relentless focus: the model for improvement involved testing predictions at a small level. Simple tests can lead to multiple subsequent ideas, further hypothesis and testing. Ideas initially focused on pregnant women, families and healthcare professionals. However, it was soon realised other influences were just as important to success so the approach was extended to:

- work with welfare rights advisers to support women's application completion
- work with retailers to increase signage about Healthy Start vouchers and awareness of the scheme
- develop culturally appropriate resources.

Partnership working

It is important to ensure the right local partners are involved – for instance NHS, local authorities, and the third sector.

Considering who the 'right' partners are needs to take account of the scale of child poverty (Orkney 8%; Glasgow 33%); local infrastructure and capacity among partners; geography (rural, urban and mixed local authorities) and delivery emphasis (NHS, early years, or education such as nurseries).

Key components of successful partnerships include:

- clear understanding of roles and responsibilities
- shared commitment to a common goal
- focus on outcomes for children and families
- good leadership
- the right mix of people in the partnership.

The Healthier Wealthier Children project used the commissioning process for the advice provision to strengthen partnership bonds. The project benefited from input from the local authority to provide expert advice on financial inclusion services. This included developing the contract in partnership to allow clarity for each partner on the specifics of what the project would be providing and to agree inclusions of the services to be provided – for example debt management, financial capability, benefits uptake, and support for benefit appeals.

Throughout the project the investment in developing partnerships is essential to the continued success. Involving all partners in shaping the strategic decision-making process and maintaining regular contact can help keep the profile of the project high with all partners and can improve buy-in. In addition, practical actions to enhance partnership working such as co-locating services, honorary NHS contracts and advice professionals holding NHS email accounts helps information sharing between partners.

Case study

Prevention and Intervention Money Advice Project (PIMAP), West Lothian Citizens Advice Bureau

This project, led by the West Lothian Citizens Advice Bureau, aims to provide support and advice to improve the financial and life circumstances of families with children under one through working with midwives and health visitors. In developing strong partnership working with NHS Lothian it was useful for the advice service staff to attend midwifery team meetings every month, to discuss which people they had not been able to contact so the midwives could investigate. They also use the opportunity to discuss any problems or improvements to the referral stream or other areas of the project. Providing advice once a week from within the midwifery settings allows additional contact and allows referrals to be picked up directly, saving the midwives time in phoning the referrals across and helping to build rapport and trust.

Case study

Recovery Essentials project: Edinburgh Voluntary Services Council

The Recovery Essentials financial inclusion project targets clients who are in recovery from substance misuse, homelessness or mental health issues. A key element in the success of this project has been the development of partnerships and the co-location of advisers who are embedded in services that people are already accessing, such as Circle (a Scottish charity working to support the most disadvantaged and difficult-to-engage children and families) and Edinburgh Young Carers.

These partnerships enable straightforward referrals between services, which allows the relationship of trust already built with vulnerable clients to be retained and enhanced. The project takes a person-centred approach, tailoring support to the individual's needs. The co-location of the service allows the advice worker to liaise closely with the specialist service in order to better understand the client need and tailor support accordingly.

Staff engagement

An essential element of a successful project is that the staff making referrals highly value the work and understand their role. In addition, advice sector staff must really understand the issues and challenges facing vulnerable families.

Successful programmes have built capacity in frontline staff to understand the circumstances and impact of child poverty on health and development, and the impact of actions that increase the household income for vulnerable families.

E-learning can have benefits in providing accessible training, but a blended approach – including a face-to-face element and tools such as case studies – is also essential to provide opportunities to embed learning.

NHS Health Scotland is developing an e-learning resource called '[Child poverty, health and wellbeing](#)' which will be available in autumn 2016.

In addition to the above-mentioned training, regular contact between services referring and the advice service is essential in order to ensure that the advice service is visible and to strengthen staff confidence in the referral pathway. This also provides an opportunity to share the outcomes for families who have received advice, helping to highlight to staff the significant impact their referrals can make to families' lives.

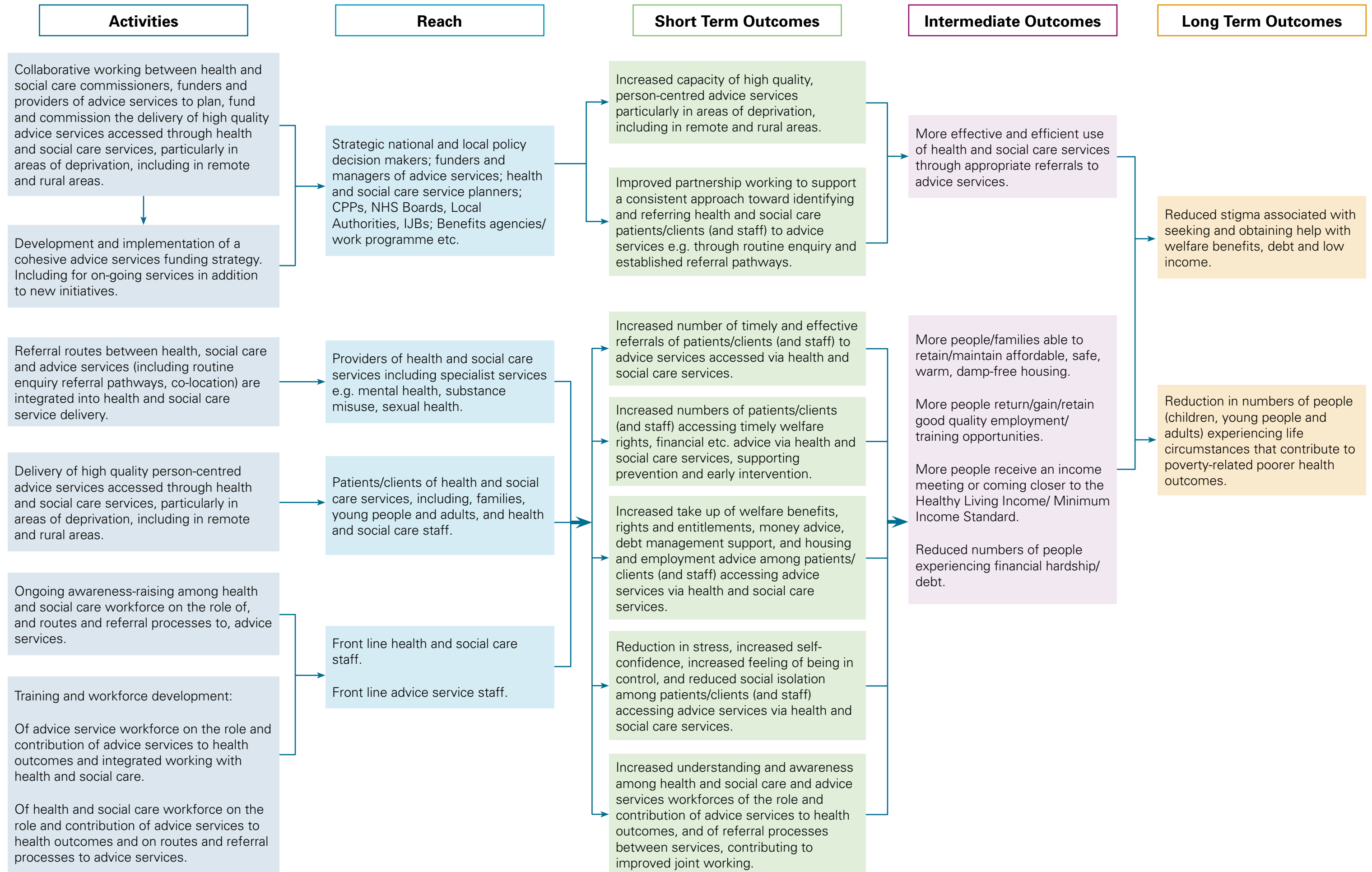
Case Study

Midwifery boost Healthier Wealthier Children Project, NHS Greater Glasgow and Clyde

This project was initiated in response to low numbers of referrals from midwifery to advice services as a result of the Healthier Wealthier Children Project. Through engagement with midwives, the project lead discovered that the barriers to referrals from midwives included low confidence in the referral pathway, and lack of confidence in financial issues or benefits knowledge.

In order to overcome these, the project lead delivered staff engagement sessions to highlight the negative impact of child poverty from a health inequalities perspective and demonstrated the positive impact that referring into a service can have on family incomes as well as their health and wellbeing. The sessions provided the opportunity to reassure staff that they were not required to be experts in benefits, only to raise the issue of 'money worries' and then make a referral. Regular sessions in team meetings and update emails have been established following this training session to ensure that the services remain visible to staff and to share the outcomes for the families being referred. This process has strengthened staff confidence in the referral pathway and ensures staff awareness of the impact of their referrals on vulnerable families. As a result of this initiative the referral rates across the Board area increased threefold. This process demonstrated that there is a need for money advice services for this client group.

Logic Model and Indicators – Health and Social Care and Advice Services: Strategic Outcomes Framework



Resources

Public engagement leaflets

| Title | Audience | Source | Detail | Location | Permission to share? |
|---|----------------|--------------------------|---|--|--|
| Are you a young parent or young parent-to-be? | Young parents | Clackmannanshire council | Short leaflet promoting advice and support for young people | Hard copy | Craig Baird cbaird@clacks.gov.uk for web-based version |
| Help for you | General public | NHS GGC | Short leaflet promoting money and debt advice | | |
| Digital on the Move | General public | Dundee City Council | <p>Digital on the Move provides:</p> <ul style="list-style-type: none"> • Access to mobile wifi enabled laptops which allow organisations to help their clients learn the IT skills to cope with welfare reform • Three informative video clips which set out the issues related to: <ul style="list-style-type: none"> ◦ claimant commitment ◦ sanctions ◦ using a bank to pay bills • A budgeting game which uses computer game technology to help people dealing with welfare changes to consider how they can use their money. | www.dundeecity.gov.uk/welfarereform/digitalonthemove | <p>Seek permission to share from</p> <p>aileen.tait@nhs.net</p> <p>wendy.third@nhs.net</p> |
| Crisis Guide May 15 | | Midlothian | The MARCH project crisis guide provides information about where those experiencing hardship can get support, including crisis grants and other sources of money in a crisis, welfare rights advice, home energy advice and how to get a food parcel. | Crisis Guide May 15 | |

| Title | Audience | Source | Detail | Location | Permission to share? |
|---|----------|------------|--|---|----------------------|
| Survival Route Map | | Midlothian | The MARCH project pocket guide provides a route map of how to survive benefit sanctions giving claimants a step-by-step guide to what help is available and what action they can take to challenge benefit decisions as well as useful information about local resources for hardship support. | Survival Route Map | |
| Quick Guide November 2014 | | Midlothian | The MARCH Project quick guide is a handy sheet with contact information of local organisations providing advice and support for people experiencing financial hardship. | Quick Guide November 2014 | |
| Quick & Easy Guide May 2015 | | Midlothian | A guide on where to get help in Midlothian if you have problems with benefits, money, housing or employment. | Quick & Easy Guide May 2015 | |
| MFIN Standardised Referral Form | | Midlothian | You can download an electronic version of the Standardised Referral Form on the MARCH Project website. It is accepted by many of the services listed in the MARCH project referral guide and directory of services. See the Directory for more details. | MFIN Standardised Referral Form | |
| Getting Help With Money During Pregnancy and Early Years May 15 | | Midlothian | This booklet has information on what services and charities are available to help pregnant women or new mothers in financial difficulty. | Getting Help With Money During Pregnancy and Early Years May 15 | |

Planning resources

| Title | Audience | Source | Detail | Location | Permission to share? |
|---|------------------------------|----------------------|---|---|----------------------|
| Reducing child poverty before and after birth: information for midwives | Midwives | CPAG | Timeline linking midwifery appointments with key financial messages. | http://cpag.org.uk/content/reducing-child-poverty-and-after-birth-information-midwives-0 | |
| Good practice and challenges with Healthy Start implementation | Early Years professionals | NHS GGC | | www.nhsggc.org.uk/your-health/campaigns/healthier-wealthier-children/ | |
| Glasgow City Poverty Action Plan | Early Years service planners | Glasgow City Council | Glasgow's framework for action to tackle poverty: highlighting a key priority of child poverty. | www.glasgow.gov.uk/CHttpHandler.ashx?id=17280&p=0 | |

Partnership working resources

| Title | Audience | Source | Detail | Location | Permission to share? |
|-----------------------|------------------|---------|--------|---|----------------------|
| Partnership Agreement | Service planners | NHS GGC | | http://www.healthscotland.com/uploads/eyfi-toolkit/partnership-agreement.doc | Jane Beresford |

Process resources

| Title | Audience | Source | Detail | Location | Permission to share? |
|--------------------------------------|----------------------|---------|--------|--|----------------------|
| Financial Inclusion Referral Pathway | Service planners | NHS GGC | | www.healthscotland.com/uploads/eyfi-toolkit/financial-inclusion-referral-pathway-for-ltc.doc | Jane Beresford |
| Non engagement protocol | Advice professionals | NHS GGC | | www.nhsggc.org.uk/media/220792/HWC%20Responding%20to%20Referrals.pdf | |

| Title | Audience | Source | Detail | Location | Permission to share? |
|--|----------------------|---------|--|---|--|
| Healthier Wealthier Children Income Maximisation Services Good Practice Guidance | Advice professionals | NHS GGC | Flow chart detailing process following referral for advice service staff. | http://mindreel.org.uk/sites/mindreel.org.uk/files/learning_resource_healthier_wealthier_children_-_financial_support.pdf | |
| Dealing with sensitive issues – good practice guidance | Advice professionals | NHS GGC | Good practice guide for Healthier Wealthier Children Income Maximisers. Key messages for advice service staff. | www.nhsggc.org.uk/media/220780/HWC%20IMs%20-%20Dealing%20with%20Sensitive%20Patient%20Issues.pdf | |
| Staff Guidance: Money Worries Guidance | NHS staff | NHS GGC | Staff Guidance: Money Worries Guidance covers how to enquire and respond to financial issues and the training available to staff. It also provides advice for staff who themselves might be experiencing financial difficulties. | http://healthequality.businesscatalyst.com/public_html/Moneyworries.html | Source contact for permission to share |
| Money Matters Health Check | | | Booklet setting out 6 key questions to be asked as part of routine enquiry to identify need and referral contacts. Referral guide and directory of local advice and support services for those affected by financial hardship and Standardised Referral Form. | Money Matters Toolkit June 15 Referral Guide and Directory May 2015 | |

| Title | Audience | Source | Detail | Location | Permission to share? |
|---|----------|---------|---|---|----------------------|
| Referral Guide and Directory May 2015 | | | Includes contact information and details of over 30 local services that provide advice or support services for Midlothian residents who are experiencing financial hardship, including Welfare Rights and benefits advice, debt management and employability support. | Referral Guide and Directory May 2015 | |
| Electronic NHS referral form to Money Advice Services | | NHS GGC | | | |

Professional information resources

| Benefits Information | | | | | |
|--|----------------------------------|--|--|---|----------------|
| Advice for advisers | Professionals | CPAG | 0141 552 0552 advice@cpagscotland.org.uk | | |
| Advice for advisers | Professionals | Shelter | ScotWRAS provides free independent expert advice on key issues that may be affecting your clients, such as housing, benefits and debt. | 0344 515 1310 Mon–Fri 10am–3pm Or email scotwras@shelter.org.uk | |
| Quick guide to welfare for families and children | Early Years professionals | NHS GGC | | www.nhsggc.org.uk/media/220776/nhsggc_hwc_benefit_eligibility_guide_blue_form_2011.pdf | |
| Quick guide to benefits for families with children with additional needs | Early Years professionals | NHS GGC | | www.nhsggc.org.uk/media/220782/nhsggc_hwc_quick_guide_benefits_children_with_additional_needs_2011.pdf | |
| Guide for GPs and other healthcare professionals | GPs and healthcare professionals | NHS Dumfries and Galloway & Citizens Advice Bureau | Guidance on welfare and benefits for NHS staff. | https://dagcas.org/welfare-benefits-guide-for-gps-and-other-health-care-professionals/ | |
| A5 insert resource for midwives | Midwives | NHS GCC | Guidance on money advice services for midwives and their patients | www.healthscotland.com/uploads/eyfi-toolkit/a5-insert-resource-for-midwives.pdf | |
| Project Information | | | | | |
| Financial Inclusion Service based in an NHS setting | Early Years professionals | NHS GGC | Email text promoting service | http://www.healthscotland.com/uploads/eyfi-toolkit/financial-inclusion-service-based-in-an-nhs-setting.doc | Jane Beresford |
| Letter to NHS staff | Early Years professionals | NHS GGC | | www.healthscotland.com/uploads/eyfi-toolkit/letter-to-nhs-staff.doc | Jane Beresford |
| NHS/Service briefing | Early Years professionals | NHS GGC | | http://www.healthscotland.com/uploads/eyfi-toolkit/nhs-service-briefing.doc | Jane Beresford |

| Training | | | | |
|---------------------------------------|---------------------------|---------------------|--|--|
| Example presentation for team meeting | EY professionals | | NHS GGC midwifery project | www.healthscotland.com/uploads/eyfi-toolkit/example-presentation-money-advice-services.pptx |
| Case study video clips | Early Years professionals | NHS GGC, NES, IRISS | <p>The Healthier Wealthier Children project team, in collaboration with NHS Education for Scotland and IRISS, have produced a case study that highlights the challenges and opportunities in raising the issue of money worries with clients.</p> <p>This video consists of two distinct sections:</p> <ul style="list-style-type: none"> • The first part is a case study of how professionals in health and social care services ask and respond to client’s money worries. • The second segment interviews Rose Sloan, a special needs in pregnancy service midwife at Inverclyde Royal Hospital, and talks about the importance of raising the issues of money worries with clients. <p>Supporting material for this film (see next column).</p> | <p>http://mindreel.org.uk/video/healthier-wealthier-children-responding-money-worries</p> <p>Healthier Wealthier Children Financial Support Guide</p> <p>http://mindreel.org.uk/sites/mindreel.org.uk/files/learning_resource_healthier_wealthier_children_-_financial_support.pdf</p> <p>Healthier Wealthier Children Quick Benefits Guide</p> <p>http://mindreel.org.uk/sites/mindreel.org.uk/files/healthier_wealthier_children_benefits_support_guide.pdf</p> <p>Child Poverty Presentation – Frontline Staff</p> <p>http://mindreel.org.uk/sites/mindreel.org.uk/files/childhood_poverty_presentation_-_longer_version.pdf</p> |

| Training | | | | |
|---|---------------|---------|--|---|
| Financial help for families affected by imprisonment | Professionals | CPAG | CPAG guidance to advisers and those working with families in Scotland about aspects of the social security system of particular concern to families affected by imprisonment. | www.cpag.org.uk/content/financial-help-families-affected-imprisonment |
| Financial help for families fleeing domestic violence | Professionals | CPAG | CPAG guidance to advisers and those working with families in Scotland about aspects of the social security system of particular concern to families affected by domestic violence. | www.cpag.org.uk/content/financial-help-families-fleeing-domestic-violence |
| HWC training | | NHS GGC | Two standard presentations (shorter and longer versions) were developed on child poverty for frontline staff. In addition, Development Workers and Income Maximisers themselves have shown a high commitment to learning. | Child Poverty Presentation (short version) www.nhsggc.org.uk/media/220778/GP%20Child%20Poverty%202.pdf Child Poverty Presentation (long version) www.nhsggc.org.uk/media/220777/CP%20longer%20presentation.pdf |
| HWC Induction Pack | | NHS GGC | HWC provided induction training and an induction pack (PDF) on welfare reform and welfare benefits for children and families and equalities monitoring. | www.nhsggc.org.uk/media/220784/001%20Induction%20Pack.pdf |
| Benefits for disabled children and their families – a checklist | Professionals | CPAG | This factsheet introduces the benefits that families with disabled children may be entitled to and lists some of the extra financial help available in Scotland for families. | www.cpag.org.uk/content/benefits-disabled-children-and-their-families-checklist |
| Supporting clients with no money | Professionals | CPAG | This factsheet outlines some of the potential sources of support that may be available when clients are without money because of benefit delays, sanctions or some other crisis. | www.cpag.org.uk/content/supporting-clients-no-money |
| Dealing with sanctions – lone parents | Professionals | CPAG | This factsheet explains the basic rules on sanctions, and the exceptions and special circumstances that can apply to lone parents. | www.cpag.org.uk/content/dealing-sanctions |

Training

| | | | | | |
|--|---------------|------|---|--|--|
| Financial help for teenage parents | Professionals | CPAG | <p>This factsheet gives a brief overview of the financial help available for teenage parents, and any special rules that may affect them.</p> <p>It contains information on benefits and tax credits that is relevant UK-wide, but some other help may only be available in Scotland.</p> <p>The information in this factsheet is not a full statement of the law, and individuals should be referred for specialist advice where appropriate.</p> | www.cpag.org.uk/content/financial-help-teenage-parents | |
| Financial help for families affected by imprisonment | Professionals | CPAG | <p>This factsheet gives a brief overview of the impact of imprisonment on family benefits, and the financial help available before, during and after a family member has been in prison.</p> <p>It contains information on benefits and tax credits that is relevant UK-wide, but some other help may only be available on Scotland.</p> <p>The information in this leaflet is not a full statement of the law, and individuals should be referred for specialist advice where appropriate.</p> | www.cpag.org.uk/content/financial-help-families-affected-imprisonment | |
| Financial help in the early years | Professionals | CPAG | <p>Growing up in poverty damages children's health, development, education and lifetime opportunities. People working in early years and childcare are in a key position of everyday contact with families to pass on information to help maximise their incomes and make sure they do not miss out on vital support.</p> | www.cpag.org.uk/content/financial-help-early-years | |

| Specific benefit information | | | | | |
|--|-------------------------------|-------------|---|-----------|--|
| Healthy Start: Advice for Early Years Centres and nurseries | Early education and childcare | NHS Lothian | Information on the healthy start programme for early years staff working in early education and childcare. | Hard copy | Graham MacKenzie for web-based version |
| Insights so far from Leith Pioneer site (for midwives) | Midwives | NHS Lothian | Information for midwives to reduce barriers to accessing Healthy Start vouchers. | Hard copy | Graham MacKenzie for web-based version |
| Healthy Start: Insights for Health Visitors from Leith Pioneer Site | Health Visitors | NHS Lothian | Information for health visitors to reduce barriers to accessing Healthy Start vouchers. | Hard copy | Graham MacKenzie for web-based version |
| Universal credit | Professionals | CPAG | This factsheet outlines the process by which universal credit will replace many existing benefits and summarises the main rules affecting claimants. It has been updated to include further detail provided in regulations, and a revised timetable from the DWP in July 2016. | | www.cpag.org.uk/universal-credit-factsheet |
| Personal independence payment | Professionals | CPAG | This factsheet explains the benefit that replaced disability living allowance (DLA) for new working age claimants from 2013. Existing working age DLA claimants are currently being transferred to personal independence payment. The information in this factsheet is relevant UK-wide. | | www.cpag.org.uk/content/factsheet-personal-independence-payment |
| The Scottish Welfare Fund and changes to the discretionary Social Fund | Professionals | CPAG | This factsheet explains the new Scottish Welfare Fund, and changes to the DWP discretionary Social Fund which were introduced from April 2013. | | www.cpag.org.uk/content/scottish-welfare-fund-and-advance-payments-benefit |
| Council tax reduction and housing benefit – similarities and differences | Professionals | CPAG | This factsheet looks at some of the important differences between housing benefit and the new council tax reduction scheme in Scotland. | | www.cpag.org.uk/content/council-tax-reduction-and-housing-benefit-similarities-and-differences |

| Specific benefit information | | | | |
|--|---------------|------|--|--|
| Childcare, tax credits and other help | Professionals | CPAG | This factsheet looks at when parents in work can get help with childcare costs through working tax credit. It also looks at other sources of help and the interaction with tax credits. | www.cpag.org.uk/content/childcare-tax-credits-and-other-help |
| Tax credits – a passport to other help | Professionals | CPAG | Having an award of child tax credit (CTC) or working tax credit (WTC) can sometimes mean that you are ‘passport’ to other assistance. This factsheet explains what other help is available in Scotland, and what other conditions you must meet. This leaflet focuses on tax credits, but other people, for example people on income support, can also qualify for help. | www.cpag.org.uk/content/tax-credits-basics |
| Tax credits and childcare | Professionals | CPAG | This factsheet looks at when parents in work can get help with childcare costs through working tax credit. | http://www.cpag.org.uk/content/childcare-tax-credits-and-other-help |
| Tax credits – the basics | Professionals | CPAG | This factsheet explains the basic qualifying conditions for tax credits and how the system works. | www.cpag.org.uk/sites/default/files/CPAG-scot-factsheet-6-basics-April-2016_0.pdf |
| Lone parents and tax credits | Professionals | CPAG | This factsheet contains information about tax credits for lone parents. | www.cpag.org.uk/content/lone-parents-and-tax-credits |
| Personal independence payment | Professionals | CPAG | This popular one-day training course gives an introduction to personal independence payment (PIP) which is replacing disability living allowance (DLA) for working age people. | www.cpag.org.uk/sites/default/files/CPAG-scot-factsheet-PIP-June16.pdf |

Specific benefit information

| | | | | |
|--|---------------|------|---|---|
| Childcare support for working families | Professionals | CPAG | <p>This half-day training course is for people working in childcare and early years, who want to maximise incomes for working families and help them to avoid common benefit problems. It concentrates on who can get help with the costs of childcare through the social security system, and how this interacts with other sources of support. No previous knowledge of benefits is required.</p> | <p>www.cpag.org.uk/content/childcare-support-working-families</p> |
| Financial help for families fleeing domestic violence | Professionals | CPAG | <p>This factsheet gives a brief overview of what financial help is available if you have to flee your home due to domestic violence.</p> <p>The information about benefits and tax credits is relevant UK-wide, but some other help may only be available in Scotland.</p> <p>This leaflet is not a full statement of the law and individuals should be referred for specialist advice where appropriate.</p> | <p>www.cpag.org.uk/sites/default/files/CPAG-scot-factsheet-Financial-help-domesticabuse-Apr16.pdf</p> |
| Welfare reform: what it means to families at risk of poverty | Professionals | CPAG | <p>The Coalition Government has targeted the social security budget with unprecedented cuts in expenditure totalling £22 billion a year by 2014/15.</p> <p>This factsheet is a summary of the reforms, and the impact on families.</p> | <p>www.cpag.org.uk/content/welfare-reform-impact-families-scotland</p> |

Specific benefit information

| | | | | |
|--------------------|---|--------------------------|--|--|
| Home Energy Advice | Home Energy Scotland, Energy Saving Trust | Public and professionals | Home Energy Scotland provides free, impartial advice and support to help householders to save energy, reduce fuel bills, keep warm, and help the environment. The service can take self-referrals from your patients/clients who may be able to benefit from this advice and support by contacting 0808 808 2282. Or with their permission you can refer them through the Home Energy Scotland referral portal https://hespartnerships.est.org.uk . The portal is secure, and works in real time to put the householder's details directly into the Home Energy Scotland database to be followed up. Once advice has been given to the householder, and referrals made to any of our trusted schemes to help with energy saving or income maximisation, the portal displays those outcomes in a report. | Home Energy Scotland referral portal https://hespartnerships.est.org.uk |
|--------------------|---|--------------------------|--|--|

Relevant policy and strategy

Child Poverty Strategy for Scotland

This [strategy](#) sets out the Scottish Government's commitment to eradicating child poverty and outlines the approach to meeting the 2020 targets laid out in the Child Poverty Act 2010. The strategy emphasises maximising household incomes, and working with national and local partners to drive change. The strategy complements other early years policy and strategy and is underpinned by similar principles:

- early intervention and prevention to break cycles of poor outcomes
- building on the assets of individuals and communities
- ensuring that children and families are at the centre of service design and delivery.

The [2014 revision](#) of the Child Poverty Strategy continues to focus on the same key areas as the Child Poverty Strategy for Scotland, describing outcomes around maximising household resources ('Pockets'), improving children's wellbeing and life chances ('Prospects') and well designed, sustainable places ('Places').

Children and Young People (Scotland) 2014 Act

The [Children and Young People \(Scotland\) Act 2014](#) is about improving the wellbeing of children and young people in Scotland. The Act is wide-ranging and includes key parts of the *Getting it right for every child* approach, commonly known as GIRFEC.

Wellbeing sits at the heart of the GIRFEC approach and reflects the need to tailor the support and help that children, young people and their parents are offered to support their wellbeing.

A child or young person's wellbeing is influenced by everything around them and the different experiences and needs they have at different times in their lives.

What is wellbeing?

Wellbeing is broader than child protection and how we tend to think about welfare.

To help make sure everyone – children, young people, parents, and the services that support them – has a common understanding of what wellbeing means, we describe it in terms of eight indicators.

Safe – Protected from abuse, neglect or harm at home, at school and in the community.

Healthy – Having the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make healthy, safe choices.

Achieving – Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.

Nurtured – Having a nurturing place to live in a family setting, with additional help if needed, or, where possible, in a suitable care setting.

Active – Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.

Respected – Having the opportunity, along with carers, to be heard and involved in decisions that affect them.

Responsible – Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them.

Included – Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they live and learn.

These eight wellbeing indicators are commonly referred to by their initial letters – SHANARRI.

Child protection services will continue to protect children and young people at risk of significant harm.

An e-resource has been developed by NHS Education for Scotland for all NHS staff, but can be accessed by anyone and will be of interest to everyone working with families. It aims to raise awareness of the Children and Young People (Scotland) Act 2014 and explains the principles of child wellbeing, the GIRFEC approach and the role of the named person. The [e-module](#) is available now to access on the [NES Knowledge Network](#).

The Early Years Framework (2008) defines early years as pre-birth to 8 years old in recognition of the importance of pregnancy in influencing health, social, emotional and cognitive outcomes for children and families. The Framework, which is based on principles of early intervention and the tailored delivery of services, outlines the steps that the Scottish Government, local partners, and practitioners in early years services need to take to maximise positive opportunities for children so that they get the best start in life.

[Equally Well](#), launched in June 2008 and reviewed in 2010, recognises that reducing inequalities in health is a long-term process and needs a generational approach. This may require significant shifts in culture and resources, from dealing with the consequences of inequalities to prevention and early intervention.

[Scottish Attainment Challenge](#), launched in 2015, sets out to improve attainment for children and young people from lower-income households in Scotland and reduce the gap between them and children and young people from more affluent homes. It sets out that good attainment requires working in partnership with pupils and parents and is dependent on certain key foundations for learning – namely good literacy, numeracy, and health and wellbeing.

[UN Convention on the rights of the child](#) sets out the rights a child needs to survive, grow, and live up to their potential in the world. The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights.

The [Universal Health Visiting Pathway in Scotland](#) – Pre-birth to Pre-school sets out the minimum core home visiting programme to be offered to all families by Health Visitors. The programme consists of 11 home visits to all families – eight within the first year of life and three child health reviews between 13 months and 4–5 years. Routine enquiry about family finances / money worries, raising awareness of advice available and offer of direct referral to advice service are incorporated into the Pathway.

Further reading

[Child poverty in Scotland: a local snapshot](#), Save the Children 2012

This paper by Save the Children gives a statistical snapshot by local authority, of child poverty in Scotland, with a specific focus on income and education, reflecting Save the Children's key policy calls for the 2012 local elections.

[Child poverty map](#)

[Briefing on child poverty](#)

Evidence summary: interventions to support parents, their infants and children in the early years (pregnancy to 5 years).

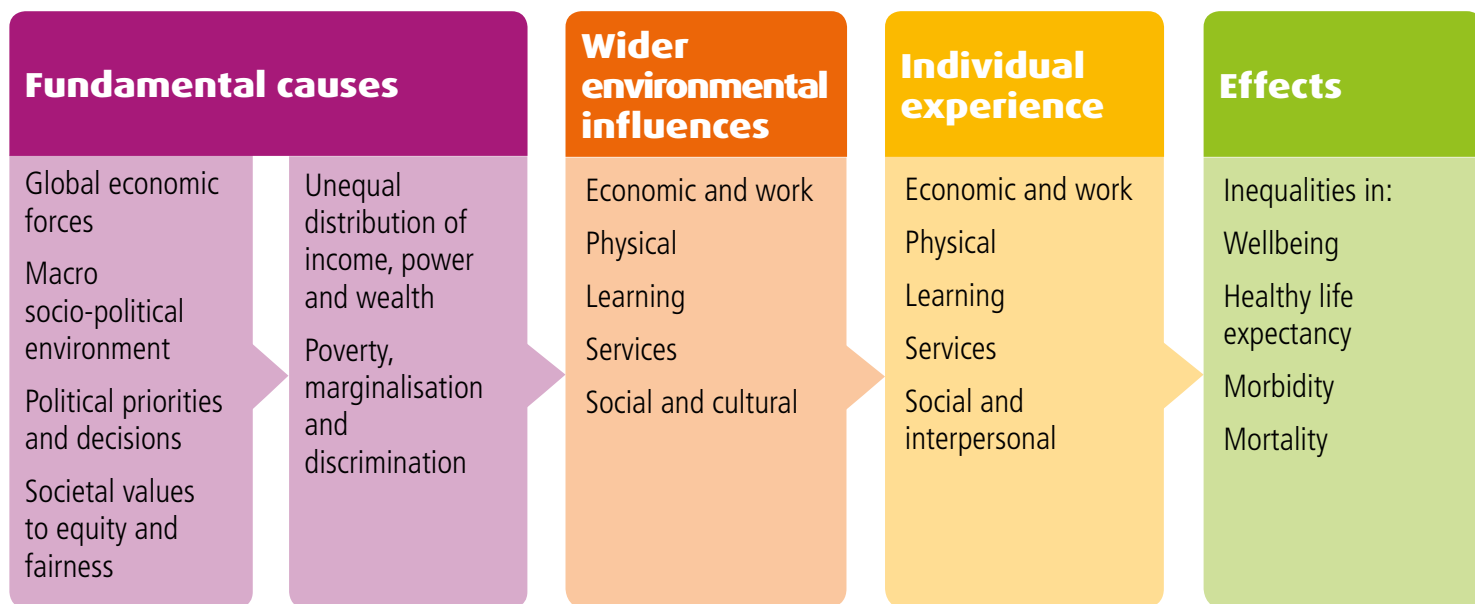
[Child Poverty Toolkit](#)

A resource developed by Employability in Scotland to support the development and implementation of Scotland's Strategy for Child Poverty. The aim is to provide a single point of reference to assist those involved in tackling child poverty locally throughout Scotland.

Appendix A

NHS Health Scotland has developed a 'Theory of Causation' model to demonstrate the factors which contribute to inequality.

Inequality: The fundamental cause of health inequalities



Undo

Prevent

Mitigate

Fundamental causes: health inequalities have their roots in the political and societal forces that drive decisions and priorities for governments and public bodies. This results in an unfair distribution of power, money and resources. This unfair distribution often leads to discrimination and marginalisation of individuals and groups. Fundamental causes influence the distribution 'downstream' of 'wider environmental influences' e.g. availability of good work, quality housing, education opportunities; and access to social and cultural opportunities and to services in an area.

Wider environmental factors: how the wider environment in which people live and work shapes their individual experiences, choices and decisions e.g. discrimination, prejudice, low income, poor housing and less access to health services. This results in the unequal and unfair distribution of health, ill health and mortality in the population.

Individual experiences: the wider environment in which people live and work then shapes their individual experiences of, for example, low income, poor housing, discrimination, prejudice and access to health services.

Appendix B

Welfare reform

The UK government is introducing significant welfare reform, citing complexity of the previous system with inadequate incentives to support individuals on benefits to begin paid work or increase their hours. The stated aims of the reform are to make the benefit system both fairer and more affordable in an effort to reduce poverty, 'welfare dependency', the number of people out of work, and decrease the amount of fraud and error.

See [See UK Government Department for Work & Pensions pages](#) for full details on the welfare reforms.

A summary of the [impact on families at risk of poverty](#) has been produced by the Child Poverty Action Group.

The changes brought about by welfare reform are predicted to have negative impacts on the health and wellbeing of some people in Scotland, which are closely linked to their loss of income which may result in increasing levels of poverty and disadvantage. Predicted impacts include: increasing homelessness; poorer mental health and increased risk of self-harm and suicides; increased risk of cardiovascular disease and respiratory illness; poorer nutrition and diet-related health problems; increased substance misuse; worsening mental health and wellbeing in children; increased incidence of child protection cases and violent crime (including gender-based violence); increased sexual health problems including teenage pregnancy and STIs, detrimental health effects of increasing stigma of welfare benefits claimants and feelings of disempowerment of people going through the system.

The changes are expected to impact negatively on all community-based health and social care services (including NHS, local authority and third sector services) including:

- Increased pressures to provide evidence to support claims and appeals for welfare benefits
- Increased stress and anxiety caused by loss of income and/or appeal process
- Increased costs associated with diagnostic testing, prescribing and treatment
- Increased need to provide welfare benefits information to patients and help with benefits applications, and to make appropriate links with local community and third sector services
- Increased pressure on clinical and therapeutic relationships between healthcare professionals and patients
- Increased pressure on community planning partnerships due to high demand and limited resources.

Appendix C

Content from Employability in Scotland

Improving your contribution³⁴

If you are looking to set up a project to improve your contribution to child poverty outcomes the following broad questions may be useful to consider as a starting point:

- Strategic planning: is there a clear and coherent local picture of the services and organisations that help tackle child poverty? Bearing in mind local priorities and structures, what approach would allow you to work more effectively in a joined-up and strategic way? Can you identify any gaps?
- Measuring impact: do your child poverty actions and milestones link with your local outcomes effectively? How can you get better at measuring the impact of the interventions that you have made and communicating the return achieved on the investment?
- Funding and sustainability: how can you continue to resource and sustain tackling child poverty activity as Scotland moves into a more constrained funding environment? Which services', organisations' or managers' support do you need to secure?
- Networking and learning from others: what lessons can you learn from the experience of others?

Appendix D

Content from Employability in Scotland

In order to ensure the resource required is in place to support the development and delivery of a successful referral pathway project, it is essential to secure strategic buy-in from the organisations and departments involved in the project. Below are starter questions to help you and other strategic partners understand your contribution.

Understanding your contribution³⁴

- Does your team have a shared understanding of child poverty in your area and recognise their contribution to tackling it?
- Do strategic managers and leaders in your organisation share your understanding and recognise how you contribute?
- Are there opportunities for collaborative gain which could be seized? Who should you be working with?
- How can you clarify and raise awareness of the local levers that contribute to reducing child poverty?
- Can your team tackle child poverty strategically across your local area if the answer to any of these reflection points is 'no'?
- What can you do to turn any negative responses to positive responses?


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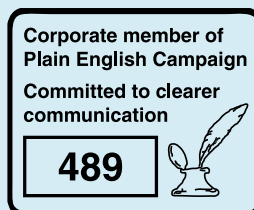
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