Developing a Scottish response to child poverty

(Findings from the Healthier, Wealthier Children Project)





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Outline of Presentation

Project overview

- Evaluation Findings:
 - Project delivery/service-user outcomes
 - Impact on workforce
 - Impact on policy & strategy

Overview of HWC

- 15-month; Scot. Govt. funded £1m
 - Project Proposal (GCPH)
- NHSGGC (all CH/C/P areas), GCC, other LAs, Third Sector, GCPH

Aims:

- Test new ways of providing FI support to pregnant women and families (in/at risk of child poverty) across NHSGGC (information/referral pathways)
- Mainstream responses (Children & families + FI services)

GCPH: *Evaluation* (*Oct* 2010 – *Jan* 2012)

HWC context

"A key determinant of health is exposure to poverty and deprivation"

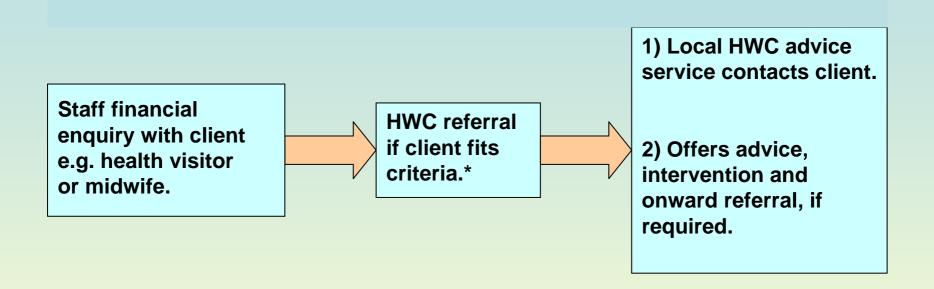
(ScotPHO Children and young people health and wellbeing profiles 2010)

- UK welfare reforms added pressure on all services
 - new delivery

2020 UK relative child poverty target (10%) - IFS estimate (24%) (Highest rate since 1999).

- Child poverty work underpinned by :
 - Equally Well
 - Achieving Our Potential
 - Early Years Framework
 - Scottish Govt. Child Poverty Strategy

HWC project delivery



Development Workers (health improvement staff) and Money Advice Workers support local HWC development, implementation and reporting arrangements across NHS GGC.

^{*} Pregnant and/or children < 5yrs or child <19yrs with additional support needs Kinship carer/mental health problems /addiction problems/immigration status (Roma, refugee). Household Income < £40,000 p.a.

HWC project/service-user outcomes



N = 2516

Not contactable: 24%

DNA: 15% Declined: 5%

Not eligible/no info: 2%

Uptake of advice services

N = 1347 (54%)

Client financial gain cases

N = 663 (49%)

Total annual financial gain £2,256,722

Average client gain: £3,404

Project outcomes – non-financial

- Healthy Start Vouchers (milk, fruit, vegetables)
 - 5% of advice cases
- Advice and Support
 - Childcare
 - Employment
 - Housing tenancies
 - Charitable applications (household equipment)
 - Advocacy to re-negotiate payments
 - Onward referrals (8%) social work, vol. orgs, immigration, debt.

Project outcomes- reach

Good reach:

- Lone parents 60% vs couples 40%
- Household Monthly Income: 77% < £1399 (Healthy Start threshold £1349: 'passport benefit')
- DLA: Approx. 20% client gains involved DLA award (133 / 663)
- Minority ethnic groups

Low reach:

• Formal & Informal kinship carers 0.9% and 0.1%

Mental health & Addictions* 1.5% and 0.8%

^{*} Two pilot addictions referral pathways – not established.

Impact on service users - well-being

"I don't worry how much heating I can put on...the best thing is heating when they come home from school"

"... it's no about money, life's so much easier"

(didn't know child entitled to DLA; child behavioural problems – "trapped in the pram"

Quality of life

"we only used to go to the park visiting a lot more places ... go here and there"

"its amazing being able to cook"

(received money for cooker from Buttle Trust)

Impact on workforce: HI/money advice

Joint work:

promoting project; targeting access points
 baby clinics, weaning fayres; joint frontline staff training; producing shared resources (NHSGGC website)*



Health improvement staff

Incorporated into local teams after end fixed-term contracts

Money advice staff

- 'New' clients + NHS referral links
- New delivery out-reach, home appointments, telephone support
- Eagerness to continue partnership work on child poverty agenda

Impact on workforce: health

- Good workforce buy-in:
 - Referrals HVs + MWs 80% (HVs 51%; MWs 29%)

 Referral pathway – enabling factor to routine financial inclusion enquiry

"Being more aware has given me confidence to bring up the subject with families" (HV) "Seems more relevant to discuss financial situation now, as can refer to someone for help on assessment" (MW)

Impact on workforce: health

Evidence of incorporating within practice - workforce priorities

Midwives	Health Visitors
Breastfeeding	Parenting
Parenting	Breastfeeding
Smoking cessation	Income inequalities*
Income inequalities*	Child healthy weight*
Child healthy weight*	Child oral health
Child oral health	Smoking cessation

HEAT target

- Intention to continue referring post HWC
 - MW: 20/ 21 (95%); HV: 61/ 63 (97%)

Impact on policy and strategy

- Work becoming embedded into HI & money advice work
 - Move towards including within local CH(C)P plans + reporting in NHS NHSGGC performance frameworks
 - Impact on Glasgow city council (GAIN) advice commissioning (new advice contract has early years' component)

- Influence at local/national level
 - HWC now incorporated in Universal Pathway (NHSGGC adaptation) Jan. 2013 (core contacts HV/MW women + families with children 0-5 yrs)
 - Maternity Care Framework routine enquiry re. money worries in Combined Pregnancy and Post-natal record (SWHMR)

HWC Learning + Legacy

- Impressive client gains short timeframe (financial + wellbeing)
- Unmet need population previously unknown to advice services (+ role of health services)
- Influence on:
 - Workforce (midwives, health visitors, HI staff, money advice agencies)
 - Policy (local + national level)
 - ? Scope for development of this work across wider, national EY health workforce remaining 30/38 CH(C)Ps
 - ? appropriate routes

HWC 2012 -2013

- HWC advice services funded for 1 year
- Continue embedding/ building referral pathways (MW engagement)
- New delivery e.g. Yorkhill Hospital pilot
- Strengthening links with key work areas
 (Community Planning, Addictions, SNIPs, Triple P, FNP, CDCs, specialist children's services, kinship carers, homelessness services)
- Work with 6 LA partners commissioners/service planners (roles, local anti-poverty strategies/service delivery)

Further Information

Final Evaluation Report + Executive Summary

- Glasgow Centre for Population Health website

http://www.gcph.co.uk/publications/359_maximising_opportunities_final_evaluation_report_of_the_hwc_project

On-line resources

NHSGGC website

http://www.nhsgg.org.uk/content/default.asp?page=home_hwc

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