

NHS Greater Glasgow & Clyde
Healthier, Wealthier Children:
Children and Families Financial Inclusion Project
Project Specification

Background

Almost half of the children in Greater Glasgow and Clyde live in low income households, ranging from 25% in East Renfrewshire to 69% in East Glasgow¹. Addressing child poverty is a key Scottish Government strategy for improving children's health and well-being and is supported by the strategies, *Equally Well*, *Achieving Our Potential* and the *Early Years Framework*. Maximising families' income is one element of addressing child poverty and a practical action that health and social care service providers can offer with the right support. A collaboration between NHS Greater Glasgow and Clyde (NHSGGC), Glasgow City Council (GCC) and Glasgow Centre for Population Health (GCPH) with additional support from other council partners has been successful in attracting funding from the Scottish Government Social Inclusion Division for a Children and Families Financial Inclusion Project.

The funding of £1,058,375 has been secured for 15 months to provide income maximisers and development officers for all Community Health (and Care) Partnerships across NHSGGC. It builds on actions taken by NHSGGC to meet the objectives outlined in the Scottish Government Health Directorates Chief Executive Letter (CEL) 36 for improving nutrition for families living in disadvantage. CEL 36 implementation included work to improve uptake of the UK-wide *Healthy Start* programme and through this identified a gap in financial service provision for women and families attending perinatal and child health services.

Project Specifications

The Project will be overseen by a Steering Group comprising representatives of all structures and services involved in the Project, which will be accountable to the NHSGGC Financial Inclusion Strategy Group. The main purpose of the Project is to support the development of expertise within financial inclusion services and health structures for addressing child poverty.

The two **aims** of the Project are to:

- Test out a partnership model of providing income maximisation advice at a local level; and
- Develop a strategic approach to linking this service provision with health and other services in the longer term.

¹ Low income households are defined here as being in receipt of any benefits, out of work or in work (2006 data, GCPH analysis, 2009)

The project is based on the following **assumptions**:

- Income maximisers will be employed through existing financial inclusion commissioning arrangements where possible to provide services for the eight CH/CPs with the highest levels of families on low incomes, namely, all Glasgow City CHCPs, Inverclyde CHCP, Renfrewshire CHP and West Dunbartonshire CHP. Development officers will be deployed across all ten CH/CPs and one staff member will be allocated to addictions services
- Income maximisation services will be targeted at pregnant women and families with infants and young children up to 5 years through health and early years services although some exceptions will be allowed. For example, particular attention will be paid to picking up families who face additional barriers to maximising their incomes such as in the case of informal kinship carers, or where affordable childcare is unavailable
- Services should be clinic or office based or provided through outreach and should collaborate with other local resources where available, such as initiatives for employability, affordable childcare and other anti-poverty measures
- Income maximisers and development officers will work together to set up clear and sustainable information and referral pathways between health and early years services and financial inclusion services. This is likely to include training and producing information materials for health and early years staff, negotiating partnership working, and designing new models of local practice
- The income maximisers and development officers will be expected to work closely with the evaluation team and contribute to gathering data for monitoring and research purposes.

The budget will fund the following **staff and facilities** across NHSGGC and partner councils:

- Nine development officers based in CH/CPs (the two least deprived CH/CPs will share a development officer) and one allocated to addictions services
- Eight income maximisers to work with CH/CPs
- One Officer to provide information and administration services
- Two Researchers – one Specialist and one Assistant to evaluate the project
- Managerial, training and office costs including for IT will be included for each postholder.

The main **outcomes for the income maximisation service** are expected to be as follows:

- Higher numbers of families with young children receiving financial inclusion information, advice and support
- Improved financial awareness for pregnant women, new families and families with young children
- Additional income generated for families using the service
- Improved debt management in the target group as a result of the service
- Agreed models of good practice for financial inclusion support for families at risk of child poverty.

The main **outcomes for the development work** are expected to be as follows:

- Health, social and early years staff across the CH/CP areas having improved knowledge of benefits available for pregnant women and families with young children
- CH/CP staff having improved knowledge of the availability and accessibility of local financial inclusion services
- Clear referral and information pathways for pregnant women and families with young children between health, social and early years services and financial inclusion services local to a CH/CP
- Guidelines for future contracting of financial inclusion services for pregnant women and families with young children at risk of child poverty, based on evidence of local need and successful models of practice.

Glasgow Centre for Population Health will manage the **evaluation**, with its main **aims** being to:

- Estimate the added value of a children and families financial inclusion service to a CH/CP population
- Contribute to designing a monitoring strategy for the Project
- Assess and define effective information and referral pathways between health, social and early years services and financial inclusion services for pregnant women and families with young children at risk of poverty
- Produce an interim report and final report on the initiative
- Disseminate models of good practice and learning to CH/CPs across Scotland.

Timescale

The Steering Group first met on Tuesday 23rd March 2010. At the time of writing, we expect to have staff employed by early summer 2010 and an interim report in December 2010. The Project will report by the end of 2011.

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