

# Learning from the Healthier, Wealthier Children (HWC) journey.

April, 2017



# HWC context

- **Inequalities in health/Child poverty**

UK 22%

Scotland 18%

Glasgow >34% (36,040 children) (*Child Poverty*

*Map of the UK. 2016)*

10 city neighbourhoods > 45% (*Understanding Glasgow Indicators project*).

- **Economic climate/welfare reform measures**

**- added pressure on services – requires new forms of delivery**

- **Low uptake of Healthy Start vouchers**

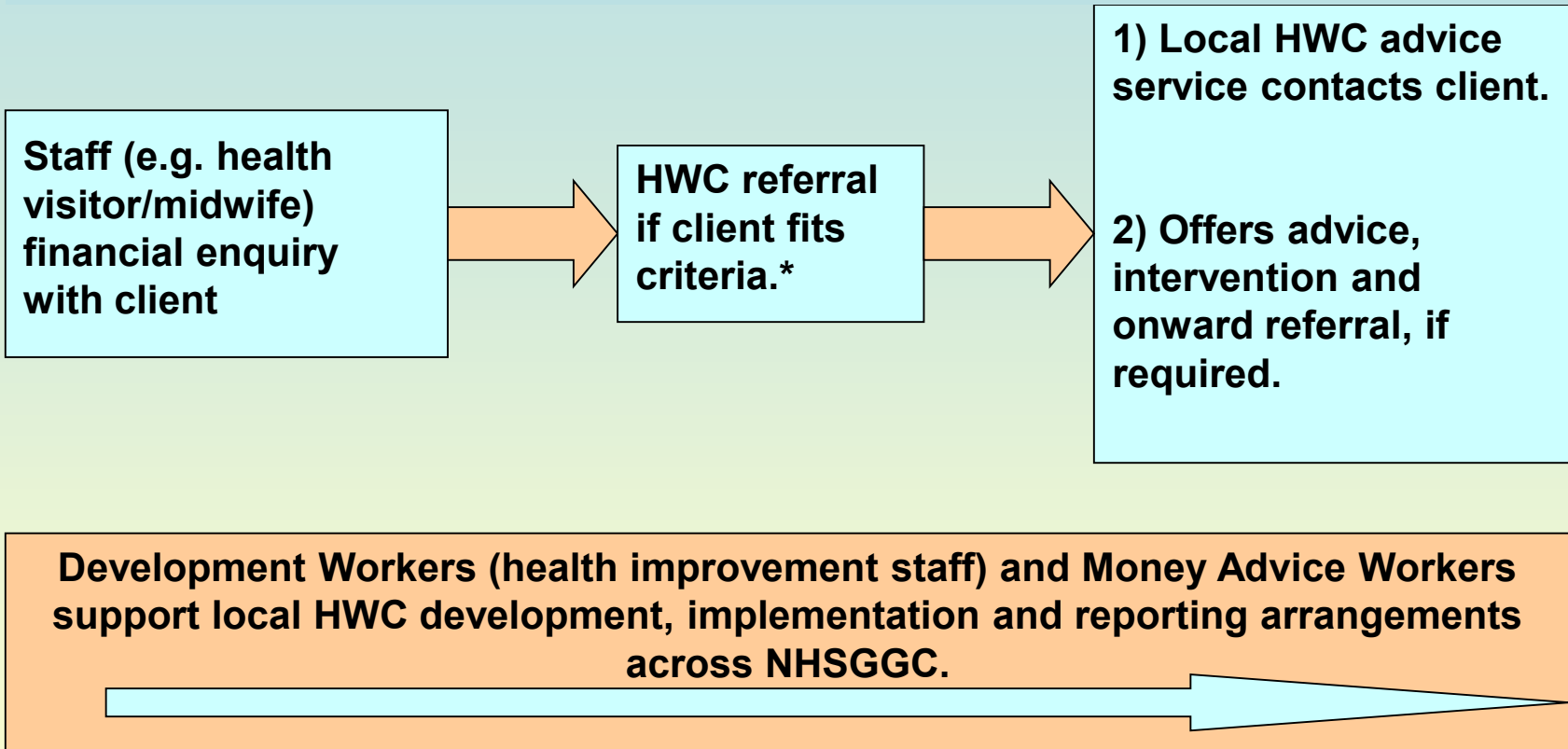
# HWC context

- **Scottish Policy context: focus on early years, prevention, maximising income, human rights approach .....**
- **HWC partnership (core action)**
  - **Scottish Government**  
**NHS Greater Glasgow & Clyde (10 CH/CP areas in 2010)**  
**6 local authority areas including Glasgow**  
**Third sector & GCPH**

# **Aims of HWC**

- 1. Test new ways of supporting pregnant women and families in or at risk of child poverty**
  - 2. Mainstream responses within Children & Families and FI services**
- Maximise income/increase uptake of healthy start vouchers:
    - Develop referral pathways..... Early years NHS services & locally commissioned money/welfare advice services****

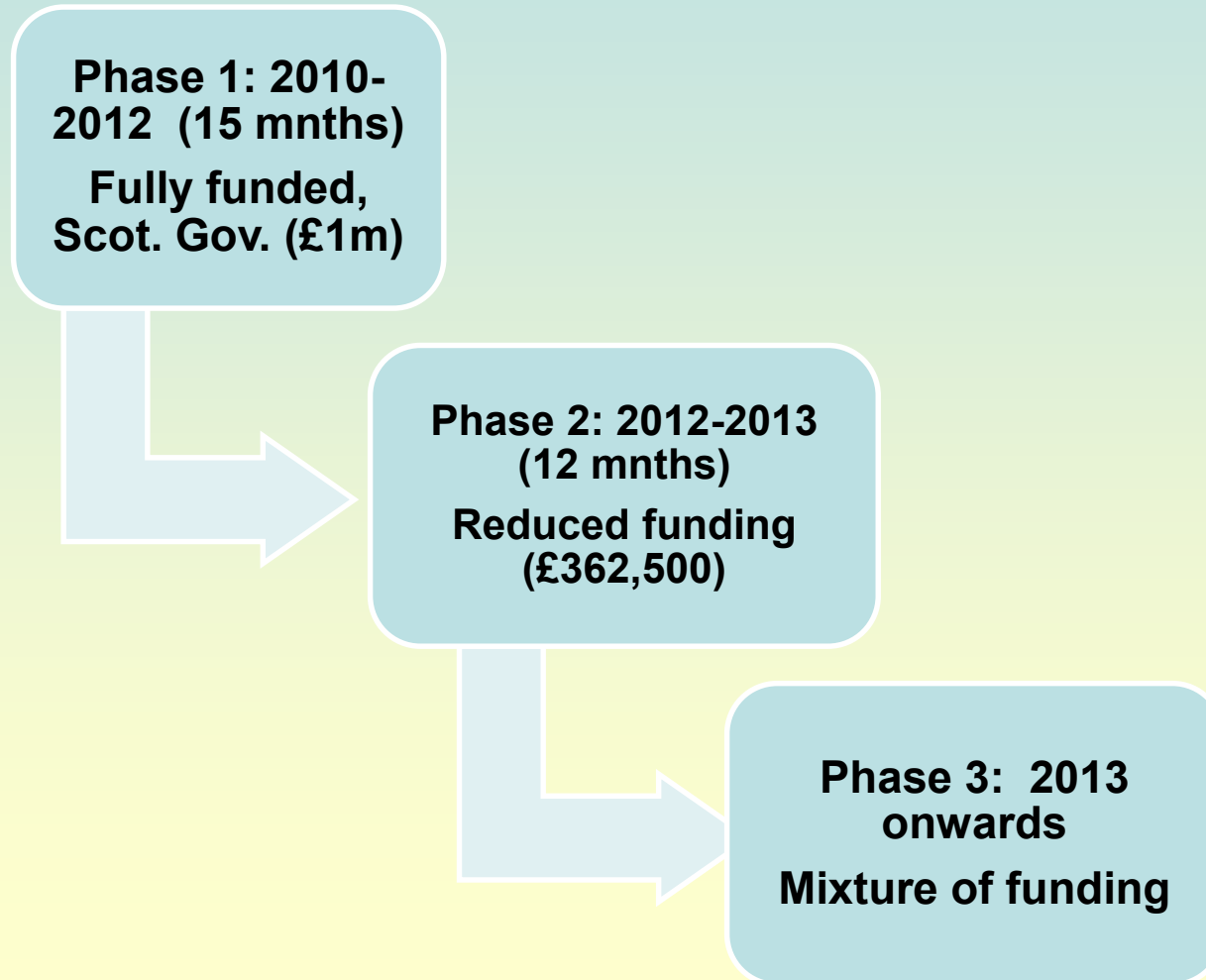
# HWC project delivery



**\* 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 structure

## Funding:



# HWC evaluation

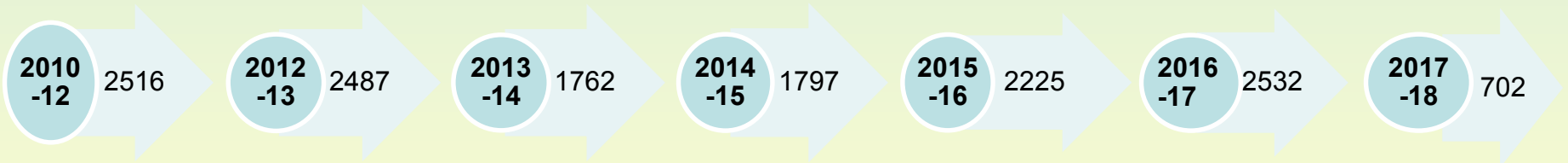
- **Impacts on pregnant women and families**
- **Impacts on workforces involved**
- **Impacts on policy/practice - sustainability**

# Evaluation outcomes – impacts on families

## Oct 2010 to Aug 2017

- £14,280 referrals
- £15,989,466 financial gain
- Avg. yearly referrals – 2010-2017: 2,219 (*range 2532 to 1762*)

### Annual referrals



#### Evaluation period Oct 2010-Jan 2012

Referrals: 5003

Financial gain: > £4.5m

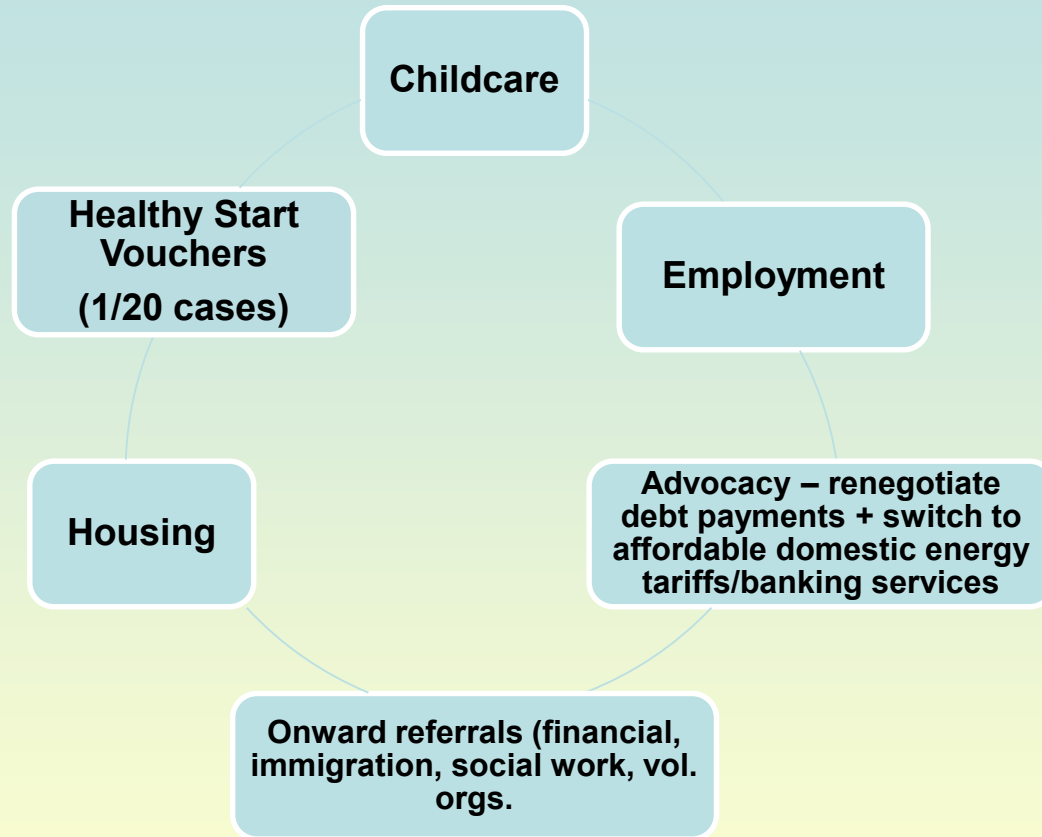
Average financial gain per client: £3,404

#### Source of financial gains:

- Child-related + other benefits (tax credits)
- Savings from debt written off/reduced debt payments etc.
- One-off payments, i.e. backdated benefits, social fund awards.



# Evaluation outcomes – non-financial gains



***- reported quality of life + mental health gains***

# Evaluation outcomes: Profile of HWC clients – what worked?

- Average uptake of advice: 51% - 2536/5003
- Eligibility for service: 49%
- Households: Lone parents 60%; couples 40%
- One in 20: awarded Healthy Start vouchers
- One-fifth: eligible for disability living allowance (child or adult)
- Despite high income threshold on inclusion criteria: 77% of advice clients: low household income (< £1399 monthly) – threshold for Healthy Start voucher - £1349
- *Less reach: mental health services; kinship carers; addictions services*

# Evaluation outcomes - Impacts on workforces

- Health Improvement staff (CHCPs): Key joint development work - raise awareness, secure buy-in, develop HWC resources
- NHS staff engagement: Majority referrals (80%): 51% Health Visitors; **29% midwives (continues to be a challenge)**
- Good working relationships with advice staff – face to name, feedback on outcomes of referrals, flexibility in service delivery to ensure access - *outreach clinics, home visits, telephone/email appts.*
- Increased confidence (HVs/MWs) to discuss financial worries with families
- Health + advice staff: Increase in knowledge of poverty, how each sector worked
- Advice services – departure from usual service delivery: - access for new client group
- All: valued HWC – clarity of purpose / easy sell

# Challenges

## Challenges - Advice services:

- **Onerous - separate NHS reporting; receiving referrals(!);**
- **Data-sharing problems > delays in cross service referrals (undervaluing of advice service info sharing protocols!)**
- **Many volunteer staff – lack of resources**

## Challenges - Health staff:

- **Accessibility of referral forms/info – different practice locations;**
- **Busy clinics – lack of time**
- **Better with continuous reinforcement/reminders of messages re. referral pathway**

## Facilitators:

- **Advice staff in health settings**
- **Flexible access offered by advice services**
- **Feedback on outcomes of referrals**

# Impact on policy - sustainability

- **EY referrals incorporated into local FI work – plans + strategies**
- **Outcomes still monitored/recorded by NHSGGC Corporate Equalities team – regular updates (to NHSGGC FI Strategic group)**
- **Glasgow city council (2011) – mainstreamed within commissioned FI, Housing Information & Advice contract (GCC, NHSGGC & Wheatley Group Housing) – HWC integrated into contract & measured against performance management targets + part of child poverty monitoring framework for the city.**

# Lessons learned

## Project:

- Importance of relationships (health + money advice) + joint development work
- Importance of referral forms/pathway/resources developed
- Identified *unmet need* – offered to almost all patients

## EY Health staff:

- Strong buy-in: - Health Visitors
- Challenges – Midwives

## Money Advice:

- *New client group*
- New relationships
- New delivery

## Health Improvement teams:

- Increasingly central feature of work
- Important secondary role (capacity building, sustaining)

# Scaling up!

**Annual Births  
(Scotland 2015)  
56,725**



**2,643 Midwives**



**1,874 Health  
Visitors**



**9,252 Social  
Workers  
(children)**

- **Child poverty rising – next 3 years**
- **£13 billion unclaimed in tax credits + benefits across UK each year (in total)**
- **£3.29 billion in Working Tax Credits and £1.19 billion in Child Tax Credits were unclaimed in 2011-12**
- **Potential for huge benefits to families of referral to money advice services**