

About You	
1.	<b>Your Name</b>
	Dr Noreen Shields
2.	<b>Your Employer / Organisation</b>
	NHSGGC
3.	<b>Your Position</b>
	Strategic and Development Lead
4.	<b>Your E-Mail at Work</b>
	<a href="mailto:noreen.shields@ggc.scot.nhs.uk">noreen.shields@ggc.scot.nhs.uk</a>
5.	<b>Your Address at Work</b>
	-
6.	<b>Your Telephone Number at Work</b>
	-
7.	<b>Your Role in the Project</b>
	Project Coordinator
An Introduction to the Project	
8.	<b>Which partner organisations are involved in delivering the project (local authorities, organisations, community groups, etc.)?</b>
	Local authorities, contracted money advice services, health visiting team leads in HSCPs, the Director of Midwifery through to senior charge midwives, and the Blossom team, a specialist midwifery service for those with complex needs.
9.	<b>Does the project have specific aims and/or objectives? <i>If so, please add to the box below.</i></b>
	Healthier Wealthier Children aims to test a partnership model for providing advice on income maximisation at a local level. Furthermore, the project aims to develop a strategic approach to linking this service provision with health and other services in the longer term.  For those with complex needs, the overall aim is to provide cash first.
10.	<b>Does the project have a title? <i>If so, please add to the box below.</i></b>
	Healthier Wealthier Children
11.	<b>When did it start?</b>
	October 2010.
12.	<b>Has it finished? Is it on-going? Does it have an end date? <i>Please add dates to the box below.</i></b>
	On-going.
13.	<b>Which groups of people, if any, are targeted by the service provided?</b>

	Pregnant women and families with young children under 5 experiencing, or at risk of, child poverty.
<b>14.</b>	<b>How many people have been served by the project?</b>
	54,892 referrals (as of 07/2024).
<b>15.</b>	<b>Where is it delivered?</b>
	Greater Glasgow and Clyde (GGC). Other health boards run similar projects.
<b>The Initial Idea</b>	
<b>16.</b>	<b>Who had the initial idea?</b>
	Historically, GP practices had tried to model the approach in which they referred patients with money worries to money advice services.
<b>17.</b>	<b>How did the idea for the project come about?</b>
	The idea was inspired by the previous use of the model by GP practices and discussions about child poverty remaining high. They discussed various approaches, including how to reduce barriers to money advice and raising awareness. As key issue they identified that often people would go to money advice services when they were already in crisis. The idea was therefore to have a more preventative approach in which midwives and health staff would help to identify families in need/or at risk of poverty and refer them to money advice services early on.
<b>18.</b>	<b>Did you draw on any published reports / papers / research evidence or practice you had seen elsewhere to inform your plans?</b> <i>If so, please add details to the box below.</i>
	Yes, the Glasgow Centre of Population Health initially conducted a rapid review of the literature to inform the pilot project. Once funding was secured, an in-depth review of possible models was carried out. The literature review can be found here: <ul style="list-style-type: none"> <li>Withington, R. (2011). NHS GREATER GLASGOW AND CLYDE FINANCIAL INCLUSION EVALUATION PROJECT. Literature Review. Glasgow Centre for Population Health. [online] Available at: <a href="https://www.gcph.co.uk/healthier-wealthier-children-literature-review">Healthier Wealthier Children: Literature review (gcph.co.uk)</a>. Accessed: 11 July 2024.</li> </ul>
<b>19.</b>	<b>Who was involved in developing the initial idea of the project?</b>
	The idea was co-developed by NHS Greater Glasgow and Clyde (NHSGGC), local authorities, and the Glasgow Centre for Population Health.
<b>20.</b>	<b>Were those with lived experience of poverty involved in developing the initial idea of the project?</b>
	Yes, there is an ongoing programme of engagement with people living in poverty.
<b>21.</b>	<b>What funding was used, if any, to support the development of the initial idea of the project?</b>
	Funding was secured from the Scottish Government.

22.	<b>What in-kind resources were needed when developing the initial idea of the project?</b>	
	Facilities	Health board premise.
	Equipment	
	Local Knowledge	Information from GP practices who had initially tried the model.
	Food and Drink	
23.	<b>What, if any, barriers did you have to overcome when developing the initial idea of the project?</b>	
	Defining the project's inclusion criteria was challenging. There were concerns that some staff would make judgements about which families would need help, so ensuring correct training was key.	
24.	<b>What, if anything, was helpful when developing the initial idea of the project?</b>	
	The evidence base and previous learning from GGC and the GP practices were particularly helpful.	
25.	<b>Did you conduct a feasibility study? (if yes, please describe what you did and what you concluded)</b>	
	For the first few months of the project, the outcomes were scrutinised using feedback, and adjustments were made accordingly in the different project areas. Additionally, the pilot project was evaluated, which acted as a feasibility study for the overall project.	
26.	<b>What was the timeline between the initial idea and the start of the project?</b>	
	Less than a year.	
27.	<b>Who made the decision to introduce the project?</b>	
	Securing Government funding was key to implementing the project.	
<b>Pilot Project</b>		
28.	<b>Did you run a pilot project?</b>	
	Yes.	
29.	<b>What did you do? Please describe the pilot project.</b>	
	<p>The purpose of the pilot was to test whether there are unmet financial inclusion needs for families with children involved with the NHS and mainstream an approach to this. Development workers (based in Health Improvement Teams) and Income Maximisers (based in Money Advice Services) were employed across NHSGGC. The project built on evidence from the model being run in GP practices.</p> <p>For further information on the pilot see the evaluation report:</p> <ul style="list-style-type: none"> <li>Naven, L., Withington, R. and Egan, J. (2012) <i>MAXIMISING OPPORTUNITIES: final evaluation report of the Healthier, Wealthier Children (HWC) project EXECUTIVE SUMMARY</i>. Glasgow: Glasgow Centre for Population Health. Available at: <a href="https://www.gcph.co.uk/assets/000/003/312/HWC_final_report_EXEC_SUMMARY_original.pdf?1711548662">https://www.gcph.co.uk/assets/000/003/312/HWC_final_report_EXEC_SUMMARY_original.pdf?1711548662</a> (Accessed: 11 July 2024).</li> </ul>	
30.	<b>Who was involved in the work of the pilot project?</b>	

	The pilot project involved various partners, including NHS GGC, Glasgow City Council, other council partners, and the voluntary sector.	
31.	<b>How, if at all, were those with lived experience of poverty involved in the pilot of the project?</b>	
	Local communities were involved through the GP practices to break down barriers to people accessing the right social security benefits.	
32.	<b>What funding was used, if any, for the pilot project?</b>	
	The pilot project ran from October 2010 and was funded by the Scottish Government Social Inclusion Division for 15 months.	
33.	<b>What in-kind resources were used for the pilot project?</b>	
	<b>Facilities</b>	Health board premises were used. After the pilot scheme, an in-kind arrangement with the Citizens Advice Bureau was put in place.
	<b>Equipment</b>	
	<b>Local Knowledge</b>	
	<b>Food and Drink</b>	
34.	<b>Was the pilot project evaluated? <i>If yes, please provide details.</i></b>	
	<p>Yes. For the evaluation report of the pilot please refer to:</p> <ul style="list-style-type: none"> <li>Naven, L., Withington, R. and Egan, J. (2012) <i>MAXIMISING OPPORTUNITIES: final evaluation report of the Healthier, Wealthier Children (HWC) project EXECUTIVE SUMMARY</i>. Glasgow: Glasgow Centre for Population Health. Available at: <a href="https://www.gcph.co.uk/assets/000/003/312/HWC_final_report_EXEC_SUMMARY_orignal.pdf?1711548662">https://www.gcph.co.uk/assets/000/003/312/HWC_final_report_EXEC_SUMMARY_orignal.pdf?1711548662</a> (Accessed: 11 July 2024).</li> </ul>	
35.	<b>What evidence, if any, from the pilot project was used to confirm that it was working?</b>	
	<p>Some highlights of the pilot project evaluation (see Naven, Withington and Egan, 2012, p.2 and 3):</p> <ul style="list-style-type: none"> <li>2,516 referrals were recorded by the HWC advice services across NHS GGC with the majority of referrals coming from health visitors (51%) and midwives (29%).</li> <li>Of the 2,516 referrals, 1,347 (54%) accessed some type of advice. Almost one in two (663) people receiving advice were entitled to some type of financial gain, with an average annual client gain of £3,404.</li> <li>The majority (77%) of people accessing advice had a monthly household income of less than £1,399 which is slightly above the £1,349 eligibility threshold for Healthy Start vouchers, primarily offered to low income groups on certain types of benefits and tax credits.</li> <li>The majority of advice clients were lone parents (59%) with the project also successfully reaching minority ethnic groups in south and west Glasgow.</li> </ul> <p>The evaluation confirmed that a majority of the service users were unaware of their entitlement and pathways for accessing help. Consensus existed that most clients would not have found their way traditionally to Money Advice Services as these types of services are usually accessed when a major financial crisis looms. Traditionally, they also have limited outreach locations.</p> <p>Overall, the Healthier Wealthier Children approach appeared to be more preventative, led to positive service user outcomes, and was valued by the referring NHSGGC workforce.</p>	

36.	<b>Who made the decision to continue with the project beyond the pilot project?</b>	
	During the two years of the pilot phase, a project steering group with senior staff members was formed. A GGC financial inequalities group, including the HSCP people, led the project in their areas. Based on the positive evaluations, both groups decided to continue with the model in all areas.	
37.	<b>How did the pilot project inform the final design of the project?</b>	
	Strict inclusion criteria existed for the two-year pilot phase. However, the pilot showed that these criteria were not required as the health visitors' routine inquiry questions were sufficient to identify the relevant client group.	
<b>The On-going Development of the Project</b>		
38.	<b>Has Healthier Wealthier Children changed through time?</b>	
	Yes.	
39.	<b>In what ways has it changed?</b>	
	Scale	N/A
	Location	N/A
	Population	N/A
	The Offer	Removal of project criteria for referrals.
40.	<b>What were the reason for these changes?</b>	
	Non-stigmatising questions (e.g. Do you have any money worries or debt worries?) were sufficient to identify families. The money advice services confirmed they received appropriate referrals when criteria were removed.	
<b>Accessing the Service and Engaging with Service Users</b>		
41.	<b>Is there a referral process? If yes, how does the referral process work (self-referral, referred by other agencies, identified from an existing database)</b>	
	Yes. The project focuses on providing direct referrals instead of sign-posting to enable families' financial inclusion.	
42.	<b>How are potential clients made aware of the project?</b>	
	Midwives and health visitors inquiring about money worries as well as social marketing materials in maternity and health visiting settings.	
43.	<b>How do you keep in touch with service users? Do your service users have a preferred method of contact?</b>	
	Service users are regularly checked on by midwives and health visitors.	
<b>Working With People with Lived Experience of Poverty</b>		
44.	<b>Are those with lived experience of poverty involved in <u>delivering</u> the project? <i>If so, please describe below.</i></b>	
	No.	

45.	Are people with lived experience of poverty involved in <u>managing the project, supervision within the project, or project governance</u> ? <i>If so, please describe below.</i>
	No.
46.	Are people with lived experience of poverty involved <u>in any other aspect</u> of the project? <i>If so, please describe below.</i>
	No.
<b>Leadership, Governance and Partnership Working</b>	
47.	Who has overall responsibility for Healthier Wealthier Children ?
	NHS GGC Financial inequalities group who report to NHS GGC Public Health inequality group.
48.	Is this the only responsibility of the person managing the project? <i>If not please describe the manager's wider roles and responsibilities.</i>
	N/A
49.	Is there a Project Steering or Advisory Group or Organising Committee? <i>If yes, who is involved in this and how does it work.</i>
	Yes. There is a steering group with senior members of staff.
50.	If there is no Steering Group, what governance arrangements are in place to review strategy and performance?
	N/A
<b>Staffing</b>	
51.	Are there any paid staff? <i>Please describe their role and their contribution.</i>
	Yes. In HSCPs, there are health improvement staff members with a range of responsibilities.
52.	Are volunteers involved in delivering the project? <i>Please describe their role and their contribution.</i>
	There are volunteers involved within the Citizen's Advice Bureaus.
<b>Links to Wider Policies, Strategies and Statutory Requirements</b>	
53.	Is the project part of a wider anti-poverty strategy? <i>If so, please give details.</i>
	Yes, it is part of Children's Services Plans and the Child Poverty Delivery Plan.
54.	Is the project part of any other strategy? <i>If so, please give details.</i>
	The project is part of the Maternity Strategy and Health Visiting Strategy.
55.	Is the project delivering a service that is a statutory commitment. <i>If so, please give details.</i>
	No.
<b>Funding</b>	
56.	Who funds the project? <i>Please give details.</i>
	Funding varies according to HSCP with each having a different arrangement.
57.	How is the project funded?

	Some HSCP receive money from the Whole Family Wellbeing Fund, others may receive funding from their overall CPP anti-poverty approach.	
58.	<b>What is the budget for the project / how much does it cost to deliver?</b>	
	As the Healthier Wealthier Children budget comes under a larger umbrella, it is difficult to provide budget specifics.	
59.	<b>Is future funding based on pre-agreed outcomes or outputs being delivered? <i>If so, please give details</i></b>	
	For some areas in which funding is applied on an annual basis.	
<b>Resources</b>		
60.	<b>What in-kind resources do you need to deliver your project?</b>	
	<b>Facilities</b>	NHS facilities/premises. Some HSCPs will use Citizens Advice Bureau premises.
	<b>Equipment</b>	
	<b>Local Knowledge</b>	
	<b>Food and Drink</b>	
61.	<b>For each of the in-kind resources listed above, who provides it?</b>	
	<b>Facilities</b>	NHS and Citizens Advice Bureau
	<b>Equipment</b>	
	<b>Local Knowledge</b>	
	<b>Food and Drink</b>	
62.	<b>Did you have to buy or develop new IT systems, software (databases, apps) or technology to deliver your project? <i>Please describe below.</i></b>	
	No.	
63.	<b>Was additional staff training required to deliver your project? <i>If so, please describe.</i></b>	
	Yes. Training for midwives and health visitors as well as the money advice service around child poverty issues.	
<b>Formal Monitoring and Evaluation</b>		
64.	<b>What information, if any, do you collect about your project?</b>	
	<b>Number of users</b>	Number of midwife and health visitor referrals on a quarterly basis
	<b>Profile of users</b>	Family income, financial gain (social security benefits or charitable grants)
	<b>Experience of users</b>	
	<b>Anything else</b>	The Blossom Project has a more extensive data set covering all of the Child Poverty Act groups.
65.	<b>How often is data collected? Who collects the data?</b>	

	Quarterly reports from all areas are collected, and a GGC report is compiled, which goes to the financial inequalities group.
<b>66.</b>	<b>Do you have baseline data on what things were like before the start of the project or before users started the project? Please describe the type of baseline data that you have.</b>
	Yes. Family income is collected before users start the project as a baseline and then once social security is maximised. This allows to report on financial gain of the individual family.
<b>67.</b>	<b>Do you produce an annual report? Please provide details of what this includes.</b>
	Yes, this is included in the Equality Scheme monitoring report.
<b>68.</b>	<b>In what ways, if at all, do you use the data that you collect to adapt the service that you provide?</b>
	They look at quarterly trends and adjust approaches accordingly, for example, if dips in referrals appear.
<b>69.</b>	<b>Have you employed an external organisation to formally evaluate your project? If yes, please provide details.</b>
	Yes, Glasgow Centre for Population Health formally evaluated the project in the pilot phase, in the first two years and again after four years. All reports are available at: <a href="http://Publications and resources (gcph.co.uk)">Publications and resources (gcph.co.uk)</a>
<b>70.</b>	<b>If yes, in what ways, if at all, have you used the External Project evaluation to adapt the service that you provide.</b>
	The inclusion criteria for project users were removed following the evaluation.
<b>71.</b>	<b>Do you intend to employ an external organisation to evaluate the service that you provide in the future? If yes, please provide details.</b>
	No. There was a follow-up evaluation, also on infrastructure (Naven, 2018).
<b>Impact</b>	
<b>72.</b>	<b>What difference has the project made?</b>
	Between 2010 and 2020, this project made over 26,000 referrals to money advice services. In 10 years, the total gain for communities from money advice services has been estimated at £36,462,342 million — benefits that would not have been claimed as users were not aware of what they were entitled to.  There is robust evidence from the Healthier, Wealthier Children income maximisation project that introducing referral and information pathways between early years health staff and money advice/welfare rights services is effective in identifying unmet need and ensuring that families can claim their entitlements
<b>73.</b>	<b>How do you know this? What evidence demonstrates impact (metrics, interviews, feedback)?</b>
	Family income is collected before users start the project as a baseline and once social security is maximised. The financial gain for their individual family can then be recorded.
<b>74.</b>	<b>To what extent have the aims of the project been achieved?</b>
	The aims of the project have been achieved.



75.	<b>How, if at all, has the demand for the service provided by Healthier Wealthier Children changed since it started?</b>	
	Referrals have increased since the project started.	
76.	<b>If yes, has the project had the capacity to meet these changing conditions and demand? Please describe and explain below.</b>	
	There is room for improvement as the maternity setting remains an ongoing challenge.	
77.	<b>Has the project had any unexpected or unintended outcomes? If so, whether positive or negative, please describe.</b>	
	The Blossom project helps reduce child protection procedures and improves health for the mother, baby and families.	
78.	<b>In your opinion, is the project having an impact on tackling poverty? If so, please describe in what ways.</b>	
	Yes. Families have gained access to money advice services and social benefits they did not know existed.	
<b>Learning from Experience</b>		
79.	<b>What is working well?</b>	
	Post evaluation, after 2012, they were able to maintain the service even throughout COVID. Internationally, they have participated in a series of blogs with Australia, Sweden, and England, which are rolling out this model. The model is maintained, and it is still making a huge difference to people's lives.	
80.	<b>What, if anything, is working less well?</b>	
	There is no core funding and funding bids are needed on an annual basis. Funding stability is an area of concern that has also been highlighted in the last evaluation (Naven, 2018).	
81.	<b>What are the key learning points that you'd like to share with other practitioners? For example, is there anything that you would do differently?</b>	
	The key is that staff ask the questions in the first place and make the referrals. Sign-posting does not work, direct referrals have to be made.	
82.	<b>What plans do you have to develop or expand the project in the future?</b>	
	The Clyde area has received funding to roll out the Blossom money advice model in their area.	
83.	<b>How easily do you think your project could be replicated in another setting?</b>	
	It would be possible by getting referral pathways and money advice services in place.	
<b>Social Media</b>		
84.	<b>Please enter social media contact details and weblinks to supporting documents or resources below:</b>	
	<b>Web Pages</b>	<a href="https://www.nhsggc.scot/your-health/public-health/maternal-and-child-public-health/healthier-wealthier-children/">https://www.nhsggc.scot/your-health/public-health/maternal-and-child-public-health/healthier-wealthier-children/</a>  Reports on Healthier Wealthier Children:

	<ul style="list-style-type: none"> <li>Naven, L. (2018) <i>Review of Healthier, Wealthier Children (HWC) in NHS Greater Glasgow and Clyde</i>. Glasgow Centre for Population Health. Available at: <a href="https://www.gcph.co.uk/assets/000/003/314/Review_of_Healthier_Wealthier_Children_HWC_for_Financial_Inclusion_Group_original.pdf?1711548931">https://www.gcph.co.uk/assets/000/003/314/Review_of_Healthier_Wealthier_Children_HWC_for_Financial_Inclusion_Group_original.pdf?1711548931</a> (Accessed: 12 July 2024).</li> <li>Navan, L. and Egan, J. (2013) <i>HEALTHIER, WEALTHIER CHILDREN: learning from an early intervention child poverty project</i>. Glasgow: Glasgow Centre for Population Health. Available at: <a href="https://www.gcph.co.uk/assets/000/000/246/HWC_Phase_2_evaluation_report_FINAL_Dec2013_original.pdf?1700036397">https://www.gcph.co.uk/assets/000/000/246/HWC_Phase_2_evaluation_report_FINAL_Dec2013_original.pdf?1700036397</a> (Accessed: 11 July 2024).</li> <li>Naven, L., Withington, R. and Egan, J. (2012) <i>MAXIMISING OPPORTUNITIES: final evaluation report of the Healthier, Wealthier Children (HWC) project EXECUTIVE SUMMARY</i>. Glasgow: Glasgow Centre for Population Health. Available at: <a href="https://www.gcph.co.uk/assets/000/003/312/HWC_final_report_EXE_C_SUMMARY_original.pdf?1711548662">https://www.gcph.co.uk/assets/000/003/312/HWC_final_report_EXE_C_SUMMARY_original.pdf?1711548662</a> (Accessed: 11 July 2024).</li> <li>Withington, R. (2011) <i>NHS GREATER GLASGOW AND CLYDE FINANCIAL INCLUSION EVALUATION PROJECT. Literature Review</i>. Glasgow Centre for Population Health. Available at: <a href="https://www.gcph.co.uk/latest/publications/86-healthier-wealthier-children-literature-review">https://www.gcph.co.uk/latest/publications/86-healthier-wealthier-children-literature-review</a> (Accessed: 11 July 2024).</li> </ul> <p>Other media features: <a href="#">NHS innovations on child poverty: financial inclusion interventions   HSJ Knowledge   Health Service Journal t</a></p>
<b>Facebook</b>	N/A
<b>Instagram</b>	N/A
<b>Twitter</b>	N/A
<b>Tik-Tok</b>	N/A
<b>GDPR Consent (Add yes or no in the box)</b>	
<b>I give my permission to be named in the tackling poverty locally directory and associated public outputs.</b>	<b>Yes</b>
<b>I give permission for our organisation to be named in the tackling poverty locally directory and associated public outputs.</b>	<b>Yes</b>
<b>I give permission for me to be contacted by directory users.</b>	<b>Yes</b>
<b>I am willing to be contacted if more details are required</b>	<b>Yes</b>
<b>Request to review (Add yes or no in the box)</b>	
<b>Did the interviewee request to review a draft before it is sent to referees for review</b>	<b>Yes</b>