

## How-to Guide

This guide offers more detailed information and advice for those who may be interested in adopting or adapting the initiative in their local area.

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## Healthier Wealthier Children

<b>Title</b>	Healthier Wealthier Children
<b>Organisation</b>	NHS Greater Glasgow and Clyde (NHSGGC)
<b>Category</b>	Fully Validated and Adopted Local Practice
<b>Poverty Impact</b>	Mitigation
<b>Introduction to the Project</b>	
<p>Healthier Wealthier Children is a project of NHS Greater Glasgow and Clyde (NHS GGC) that works closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase, and employment patterns change around the birth of a child. The project aims to prevent families from falling into child poverty by working with health and early years services to identify families at risk at an early stage and through direct referrals, offering them income maximisation advice and access to the social benefits they are entitled to.</p>	

## Initial Idea

<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>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>Were plans informed by any published reports / papers / research evidence or practice from elsewhere?</b>	
<b>No</b>	<input type="checkbox"/>
<b>Yes</b>	<input checked="" type="checkbox"/>
<p>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.</p> <p>The literature review can be found here:</p> <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>	

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<b>Was anyone else involved in developing the initial idea of the project?</b>					
			No	<input type="checkbox"/>	
			Yes	<input checked="" type="checkbox"/>	
The idea was co-developed by NHS Greater Glasgow and Clyde (NHSGGC), local authorities, and the Glasgow Centre for Population Health.					
<b>Were those with lived experience of poverty involved in developing the initial idea of the project?</b>					
			No	<input type="checkbox"/>	
			Yes	<input checked="" type="checkbox"/>	
Yes, there is an ongoing programme of engagement with people living in poverty.					
<b>Was funding required to support the development of the initial idea of the project?</b>					
		No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>

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<b>Please provide details of the funding that was used to support the development of the initial idea of the project.</b>			
<b>Which organisation provided funding?</b>	The Scottish Government		
<b>How much was required?</b>	Not specified.		
<b>What was the specific source of funding?</b>	Not specified.		
<b>Were specific resources – other than funding - needed when developing the initial idea of the project?</b>			
<b>No</b>	<input type="checkbox"/>	<b>Yes</b>	<input checked="" type="checkbox"/>
<b>Please provide details of the resources that were required when developing the initial idea of the project. <i>If not needed, please add N/A</i></b>			
<b>Staff/Volunteer Time</b>	Not specified.		
<b>Facilities / Workspace</b>	Health board premise.		
<b>Equipment</b>	N/A		
<b>Local Knowledge</b>	Information from GP practices who had initially tried the model.		
<b>Food and Drink</b>	N/A		
<b>Did any barriers have to be overcome when developing the initial idea of the project?</b>			
<i>No</i>			<input type="checkbox"/>
<b>Yes</b>			<input checked="" type="checkbox"/>
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.			
<b>Did anything in particular enable development of the initial idea of the project?</b>			
<i>No</i>			<input type="checkbox"/>
<b>Yes</b>			<input checked="" type="checkbox"/>
The evidence base and previous learning from GGC and the GP practices were particularly helpful.			

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**How long did it take between having the initial idea and starting the project?**

Less than a year.

**Who made the decision to introduce the project?**

Securing Government funding was key to implementing the project.

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## Early Development – Pilot Project or Feasibility Study

<b>Was there a pilot project or feasibility study?</b>	
No	
Yes, a pilot project	✓
Yes, a feasibility study	✓
<b>What did the pilot study or feasibility study involve?</b>	
<p>Feasibility study: 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.</p> <p>Pilot project: The pilot project ran from October 2010 and was funded by the Scottish Government Social Inclusion Division for 15 months. 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: 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>.</p>	
<b>Who was responsible for the design and/or delivery of the pilot or feasibility study?</b>	
<p>The pilot project involved various partners, including NHS GGC, Glasgow City Council, other council partners, and the voluntary sector.</p>	

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<b>Were those with lived experience of poverty among those involved in the design or delivery of the pilot project or feasibility study</b>			
		<b>No</b>	
		<b>Yes</b>	✓
Local communities were involved through the GP practices to break down barriers to people accessing the right social security benefits.			
<b>Was funding required to support the pilot project or feasibility study?</b>			
		<b>No</b>	
		<b>Yes</b>	✓
<b>Please provide details of the funding that was used to support the pilot project or feasibility study.</b>			
<b>Which organisation provided funding?</b>		The Scottish Government Social Inclusion Division	
<b>How much was required?</b>		Not specified.	
<b>What was the specific source of funding?</b>		Not specified.	
<b>Were specific resources needed to support the pilot project or feasibility study?</b>			
		<b>No</b>	
		<b>Yes</b>	✓
<b>Please provide details of the resources that were required for the pilot project or feasibility study. <i>If not needed, please add N/A</i></b>			
<b>Staff/Volunteer Time</b>			
<b>Facilities / Workspace</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>		N/A	
<b>Local Knowledge</b>		N/A	
<b>Food and Drink</b>		N/A	

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<b>Was the pilot project or feasibility study evaluated?</b>	
No	
Yes	✓
<p>Yes. For the evaluation report of the pilot please refer to:                      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).</p>	
<b>Was there evidence from the pilot project or feasibility study that confirmed that it was working / it would work?</b>	
No	
Yes	✓
<p>Some highlights of the pilot project evaluation (see Naven, Withington and Egan, 2012, p.2 and 3):</p> <p>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%).</p> <p>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.</p> <p>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.</p> <p>The majority of advice clients were lone parents (59%) with the project also successfully reaching minority ethnic groups in south and west Glasgow.</p> <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>	

## Healthier Wealthier Children

### Who made the decision to continue with the project beyond the pilot or feasibility study?

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.

### Was the design of the project modified following the pilot project or feasibility study?

	No	
	Yes	✓

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.

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## Accessing the Service and Engaging with Service Users

<b>Is there a referral process?</b>	
No	
Yes	✓
Yes. The project focuses on providing direct referrals instead of sign-posting to enable families' financial inclusion.	
<b>Is referral the only way that potential clients are made aware of the project?</b>	
Yes	
No	✓
<b>Other than referral, how do potential clients come to know about the project?</b>	
Midwives and health visitors inquiring about money worries as well as social marketing materials in maternity and health visiting settings.	
<b>What is the most common way through which users typically access the service?</b>	
Clients of the service experiencing financial strain, typically access the service via their midwives or health visitors in addition to social marketing materials in maternity and health care settings.	
<b>Do you take steps to keep in touch / reach out to service users?</b>	
No	
Yes	✓
Service users are regularly checked on by midwives and health visitors.	

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## Working with People with Lived Experience of Poverty

<b>Are those with lived experience of poverty involved in <u>delivering</u> the project?</b>	
No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>
<b>Are people with lived experience of poverty involved in <u>managing</u> the project or project governance?</b>	
No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>
<b>Are people with lived experience of poverty involved <u>in any other aspect</u> of the project? <i>If so, please describe below.</i></b>	
No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>

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## Leadership, Governance and Partnership Working

<b>Who is responsible for managing the project?</b>	
NHS GGC Financial inequalities group who report to NHS GGC Public Health inequality group.	
<b>Is this the only responsibility of the person managing the project?</b>	
Yes	✓
No	
<b>What proportion of the manager's overall workload is given over to this project?</b>	
Most of it	
About half of it	
Just a small proportion of it	✓
<b>Is there a Project Steering or Advisory Group?</b>	
No	✓
Yes	
<b>Are any other governance arrangements in place to review strategy and performance?</b>	
No	✓
Yes	

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## Links to Wider Policies, Strategies and Statutory Requirements

<b>In your opinion, is the project aligned with national and/or local anti-poverty strategies and priorities ?</b>		
	<b>Don't know</b>	
	<b>No</b>	
	<b>Yes</b>	✓
Yes, it is part of Children's Services Plans and the Child Poverty Delivery Plan.		
<b>In your opinion, has the project benefitted from being part of this anti-poverty strategy?</b>		
	<b>Don't know</b>	
	<b>No</b>	
	<b>Yes</b>	
Not specified.		
<b>Is the project part of any other strategy?</b>		
	<b>Don't know</b>	
	<b>No</b>	
	<b>Yes</b>	✓
The project is part of the Maternity Strategy and Health Visiting Strategy.		
<b>In your opinion, has the project benefitted from being part of this strategy?</b>		
	<b>Don't know</b>	N/A
	<b>No</b>	N/A
	<b>Yes</b>	N/A
Not specified.		

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Is the project delivering a service that is a statutory commitment?	
No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>

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## Funding

<b>Has external funding been secured to support the work?</b>	
<b>No</b>	<input type="checkbox"/>
<b>Yes</b>	<input checked="" type="checkbox"/>
<b>Please provide details of the external funding that was used secured to support this work?</b>	
<b>Which organisation provided funding?</b>	Funding varies according to Health and Social Care Partnership (HSCP) with each having a different arrangement. Some HSCP receive money from the Whole Family Wellbeing Fund, others may receive funding from their overall CPP anti-poverty approach.
<b>What was the specific funding stream/source/scheme?</b>	Varied streams of funding inclusive of the Whole Family Wellbeing Fund amongst others.
<b>How much funding was secured?</b>	As the Healthier Wealthier Children budget comes under a larger umbrella, it is difficult to provide budget specifics. Initial funding of £1,058,375 was secured in January 2010 to fund the project for 15 months, and further funding was secured by different HSCPs
<b>For how long has funding been secured?</b>	Initial funding of £1,058,375 was secured in January 2010 to fund the project for 15 months, and further funding was secured by different Health and Social Care Partnerships (HSCP's)

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<b>Is future funding from the same external source a possibility?</b>		
	<b>Don't know</b>	<input type="checkbox"/>
	<b>No</b>	<input type="checkbox"/>
	<b>Yes</b>	<input checked="" type="checkbox"/>
<b>Is future funding from the same external source based on pre-agreed outcomes or outputs being delivered from this work?</b>		
	<b>No</b>	<input type="checkbox"/>
	<b>Yes</b>	<input checked="" type="checkbox"/>
For some areas in which funding is applied on an annual basis.		
<b>Has a specific sum been secured from the host organisation to support this work?</b>		
	<b>No</b>	N/A
	<b>Yes</b>	N/A
<b>Please provide details of the funding that was used secured from the host organisation to support this work?</b>		
<b>How much funding was secured?</b>	N/A	
<b>For how long has funding been secured?</b>	N/A	

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<b>Is future funding from the host organisation a possibility?</b>	
<b>Don't know</b>	N/A
<b>No</b>	N/A
<b>Yes</b>	N/A
<b>Is future funding from the host organisation based on pre-agreed outcomes or outputs being delivered?</b>	
<b>No</b>	N/A
<b>Yes</b>	N/A
N/A	
<b>What are the future - longer-term - prospects for this work if existing funding sources were no longer available?</b>	
N/A as the NHS is a validated and long term stream of anti-Poverty initiatives and Funding within a validated source of HSCP's.	

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## Staffing and Resources

<b>Do existing staff from the host organisation contribute toward the work of this project as part of their broader work for the organisation?</b>			
		No	
		Yes	✓
Yes. In HSCPs, there are health improvement staff members with a range of responsibilities.			
<b>Are existing staff from the host organisation paid extra to contribute toward the work of this project?</b>			
		No	✓
		Yes	✓
<b>Have additional paid staff been employed to contribute toward the work of this project?</b>			
		No	✓
		Yes	
Part of employed staffs' wider work remit			
<b>Are volunteers involved in delivering the project?</b>			
		No	
		Yes	✓
There are volunteers involved within the Citizen's Advice Bureau's.			
<b>Are specific resources – other than staff/volunteer time and money - needed to support the delivery of the project?</b>			
		No	
		Yes	✓

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<b>Please provide details of the resources that are required to deliver the project? <i>If not needed, please add N/A</i></b>	
<b>Facilities / Workspace</b>	NHS facilities/premises. Some HSCPs will use Citizens Advice Bureau premises.
<b>Equipment</b>	N/A
<b>Local Knowledge</b>	N/A
<b>Food and Drink</b>	N/A
<b>Are any of the resources needed to deliver the project provided in-kind, rather than budgeted from project funds?</b>	
	No
	Yes
NHS facilities/premises. Some HSCPs will use Citizens Advice Bureau premises.	
<b>Were new IT systems, additional software, or upgrades to existing software (databases, Apps) required to deliver this project? .</b>	
	No
	Yes
<b>Was additional training – for staff or volunteers - required to deliver this project?</b>	
	No
	Yes
Yes. Training for midwives and health visitors as well as the money advice service around child poverty issues.	

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## Monitoring and Evaluation

<b>Is there baseline data to describe what things were like before the start of the project?</b>					
				No	
				Yes	✓
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>Is the difference that the project is making measured or monitored by the host organisation?</b>					
				Yes	✓
				No	
<b>Who within the host organisation is responsible for monitoring the impact of the project?</b>					
Not specified.					
<b>How often is the impact of the project monitored or measured by the host organisation?</b>					
Quarterly reports from all areas are collected, and a GGC report is compiled, which goes to the financial inequalities group.					
<b>What methods, techniques or strategies are used by the host organisation to measure the impact of the project?</b>					
Not specified.					
<b>What information is collected by the host organisation about the project?</b>					
Number of users	Yes	✓			
Profile of users	Yes	✓	No		
Experience of users	Yes		No	✓	
Outcomes for users	Yes		No	✓	
Anything else	Yes	✓	No		
The Blossom Project has a more extensive data set covering all of the Child Poverty Act groups.					

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<b>Has the data that has been collected by the host organisation been used to adapt the way the project works?</b>		
	No	
	Yes	✓
They look at quarterly trends and adjust approaches accordingly, for example, if dips in referrals appear.		
<b>Has an external organisation been employed to formally evaluate the project?</b>		
	No	
	Yes	✓
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="https://www.gcph.co.uk/publications-and-resources">Publications and resources (gcph.co.uk)</a>		
<b>Has the insight from the external organisation's evaluation been used to adapt the way the project works?</b>		
	No	
	Yes	✓
Yes. The inclusion criteria for project users were removed following the evaluation.		
<b>Is there an intention to employ an external organisation to evaluate the impact of the project in the future?</b>		
	Don't know / no current plans	
	No	✓
	Yes	

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<b>Is there an intention to undertake your own formal evaluation in the future to estimate the impact of the project?</b>	
<b>Don't know / no current plans</b>	
<b>No</b>	
<b>Yes</b>	✓

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## Impact

<b>To what extent have the aims of the project been achieved?</b>	
<b>Fully met</b>	✓
<b>Making progress toward meeting Aims</b>	
<b>Not making progress</b>	
The aims of the project have been achieved.	
<b>What difference has the project made?</b>	
<p>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</p>	
<b>Have conditions or demand changed since the project was introduced?</b>	
<b>No</b>	
<b>Yes</b>	✓
Referrals have increased since the project started.	
<b>Has the project had the capacity to meet these changing conditions and demand?</b>	
<b>Yes</b>	✓
<b>No</b>	
There is room for improvement as the maternity setting remains an ongoing challenge.	

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<b>Has the project changed through time?</b>		
		<b>No</b>
		<b>Yes</b>
<b>What changed</b>	The inclusion criteria for project users were removed following the evaluation.	
<b>Why has it changed</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>Has the project had any unexpected or unintended outcomes?</b>		
		<b>No</b>
		<b>Yes</b>
The Blossom project helps reduce child protection procedures and improves health for the mother, baby and families.		
<b>In your opinion, is the project having an impact on tackling poverty?</b>		
		<b>No</b>
		<b>Yes</b>
Yes. Families have gained access to money advice services and social benefits they did not know existed.		

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## Learning from Experience

<b>What is working well?</b>	
<p>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.</p> <p>The model is maintained, and it is still making a huge difference to people’s lives.</p>	
<b>What, if anything, is working less well?</b>	
<p>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).</p>	
<b>What are the key learning points that you’d like to share with other practitioners?</b>	
<p>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.</p>	
<b>Are there plans to develop or expand the project in the future?</b>	
<b>No</b>	
<b>Yes</b>	✓
<p>Yes. The Clyde area has received funding to roll out the Blossom money advice model in their area.</p>	
<b>How easily do you think this project could be replicated in another setting?</b>	
<p>It would be possible by getting referral pathways and money advice services in place.</p>	

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