

Community Guiders



This single file will be used by you to provide all the information required for the case study.

Most of the information in this document will be turned into the 'How-to' Guide. However, other parts will be used for the online summary page, stand-alone 'Project Links PDF, SPIRU profiling and SPIRU data management.

The order of content in this document closely follows the order of the interview questions.

Part 1 - An Introduction to the Project and the Organisation	Error! Bookmark not defined.
Part 2 - Key Contact from the Organisation.....	Error! Bookmark not defined.
Part 3 - Profiling the Project	Error! Bookmark not defined.
Part 4 - How-to Guide	2
Part 5 - Reports and Additional Information About the Project and the Organisation	Error! Bookmark not defined.
Part 6 - Permissions and Arrangements for Follow-Up	Error! Bookmark not defined.
Part 7 - Researcher Evaluation of the Project.....	Error! Bookmark not defined.

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.

This document comprises the following sections (click hyperlink to skip to that section)

- [Initial Idea](#)
- [Early Development of the Project](#)
- [Accessing the Service and Engaging with Service Users](#)
- [Working with People with Lived Experience of Poverty](#)
- [Leadership, Governance and Partnership Working](#)
- [Links to Wider Policies, Strategies and Statutory Requirements](#)
- [Funding](#)
- [Staffing and Resources](#)
- [Monitoring and Evaluation](#)
- [Reach and Impact](#)
- [Learning from Experience](#)

Community Guiders



Title	Community Guiders
Organisation	NHS Tayside
Category	Emerging
Poverty Impact	Mitigation., Awareness
Introduction to the Project	
<p>The Community Guiders project identifies adult inpatients at Ninewells Hospital, Dundee (NHS Tayside) who are experiencing financial difficulties. Volunteers and staff are trained, using NES <i>Raising the Issue</i> training with additional local input, to recognise signs of food and financial insecurity. They engage patients in conversations about their circumstances and, where appropriate, offer small grants (up to £50) to address immediate needs such as food, fuel, essential travel, or baby supplies. Patients are actively supported to access the in-hospital Advice Centre, which can help maximise income and address underlying issues. Follow-up is offered, and links with other agencies such as the Energy Agency and Housing Support ensure a wider package of support.</p>	

Community Guiders



Initial Idea

Who had the initial idea?		
Jodie Moodie.		
How did the idea for the project come about?		
Inspiration came from the cash-first approach that was promoted by the Scottish government, attempting to provide people in crisis with funds rather than food banks. Faith in Community Dundee laid the groundwork for Ninewells hospitals Community Guiders project.		
Were plans informed by any published reports / papers / research evidence or practice from elsewhere?		
	No	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
Was anyone else involved in developing the initial idea of the project?		
	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>
Faith in Community Dundee (Ross Middlemiss) NHS volunteer Coordinator.		
Were those with lived experience of poverty involved in developing the initial idea of the project?		
	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>
<p>Dundee Fighting for Fairness is a lived experience advisory group that helped shape the original idea, through Faith in Community Dundee. This advisory group (link to webpage below) has some experience of poverty and inequality and act as advocates for various vulnerable groups.</p> <p>https://faithincommunitydundee.org/fairness-work/#:~:text=Dundee%20Fighting%20for%20Fairness%2C%20or,and%20influences%20across%20our%20city.</p>		

Community Guiders

Was funding required to support the development of the initial idea of the project?			
No	✓	Yes	
Were specific resources – other than funding - needed when developing the initial idea of the project?			
No		Yes	✓
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>			
Staff/Volunteer Time	Staff and volunteer time was required to coordinate discussion, typically over email.		
Facilities / Workspace	A room at Ninewells hospital was used for training. Some in-person meetings were also convened on the premises. No external facilities were required.		
Equipment	N/A		
Local Knowledge	A high degree of local knowledge was required, provided by the advisory Board Dundee Fighting for Fairness.		
Food and Drink	N/A		
Did any barriers have to be overcome when developing the initial idea of the project?			
	No		
	Yes		✓
There were organisational barriers around recruitment, specifically to enlist the support of volunteer to signpost patients to resources. It was unclear whether recruits should come from NHS Tayside, Faith in Community Dundee or Dundee University Social Medicine Society.			
Did anything in particular enable development of the initial idea of the project?			
	No		
	Yes		✓
Volunteer initiated.			

Community Guiders



What, if anything, helped enable development of the initial idea of the project? *If so, please add details to the box below .*

Faith In Community Dundee provided much needed expertise.

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

A couple of years.

Who made the decision to introduce the project?

A group decision involving Jodie Moodie, Ross Middlemiss, DUSMS.

[Return to Introduction](#)

Early Development – Pilot Project or Feasibility Study

Was there a pilot project or feasibility study?			
		No	
		Yes, a pilot project	✓
		Yes, a feasibility study	
What did the pilot study or feasibility study involve?			
<p>A Test of Change was conducted wherein hospital staff in Wards 3 and 4, actively refer patients with financial struggles to the Advice Centre. Ward 3 is a respiratory ward while ward 4 is a general medicine ward but deals significantly with substance misuse patients and sufferers of chronic illness. This was an iterative process involving studying the effects as the project unfolded and adjusting staff training during the testing period.</p>			
Who was responsible for the design and/or delivery of the pilot or feasibility study?			
Jodie Moodie and a colleague within the hospital.			
Were those with lived experience of poverty among those involved in the design or delivery of the pilot project or feasibility study			
		No	✓
		Yes	
Was funding required to support the pilot project or feasibility study?			
No	✓	Yes	
Were specific resources needed to support the pilot project or feasibility study?			
No		Yes	✓

Community Guiders



<p>Please provide details of the resources that were required for the pilot project or feasibility study. If not needed, please add N/A</p>		
Staff/Volunteer Time	Staff training and volunteer time were required to adjust patient care.	
Facilities / Workspace	The project was carried out in Wards 3 and 4 of Ninewells hospital.	
Equipment	N/A	
Local Knowledge	Local knowledge from Dundee Citizens Advice.	
Food and Drink	Water, fruit and other snacks were provided during training sessions that took place on the Wards.	
<p>Was the pilot project or feasibility study evaluated?</p>		
	No	
	Yes	✓
<p>Jodie was managing the advice centre and could monitor the referrals to gather data on how the test of change was working</p>		
<p>Was there evidence from the pilot project or feasibility study that confirmed that it was working / it would work?</p>		
	No	
	Yes	✓
<p>The test identified a need among patients for financial resources but also identified there was a struggle to get patients referred, partially due to the social stigmas of poverty preventing patients reaching out and the impersonal nature of the referral process. The interviewee pointed out that many patients would not necessarily seek help if presented with a question on a form asking if they had money worries, for example, and a more conversational approach was appropriate.</p>		

Community Guiders



Who made the decision to continue with the project beyond the pilot or feasibility study?	
Jodie Moodie.	
Was the design of the project modified following the pilot project or feasibility study?	
No	
Yes	✓
Staff were trained how to raise the issue of money worries with patients, to assess the patients financial needs, and to encourage patients to disclose financial worries and access the advice centre for further help.	

[Return to Introduction](#)

Community Guiders



Accessing the Service and Engaging with Service Users

Is there a referral process?		
	No	
	Yes	✓
<p>The service itself is a referral process which directs patients to other agencies. Patients are eligible for a grant if they are experiencing immediate food insecurity or financial crisis and are currently engaging with the GP Practice where the Community Guider is based. Eligibility is determined through a short assessment conducted by the Community Guider and, where appropriate, reviewed in consultation with the GP or practice staff. The aim is to respond quickly while ensuring the grant is targeted to those with no other immediate options for support. The maximum award is £50 per individual. This amount was determined locally based on available funding and alignment with the cash-first principle of meeting urgent needs while encouraging follow-up support.</p> <p>Funding is not limited to food costs; it can cover other urgent essentials such as fuel, essential travel, or baby supplies.</p> <p>There is no formal scrutiny on how the money is spent once issued; the grant is intended to be a trust-based rapid response.</p>		
Is referral the only way that potential clients are made aware of the project?		
	Yes	
	No	✓
Other than referral, how do potential clients come to know about the project?		
<p>Rather than clients seeking out the project, project volunteers seek out potential inpatient clients. This is enabled through volunteers being provided with permission to access the ward environment to engage with patients directly.</p>		
What is the most common way through which users typically access the service?		
<p>Ninewells hospital advice centre/ volunteers reaching out to inpatients during their stay.</p>		

Community Guiders



Do you take steps to keep in touch / reach out to service users?	
No	✓
Yes	

[Return to Introduction](#)

Working with People with Lived Experience of Poverty

Are those with lived experience of poverty involved in <u>delivering</u> the project?		
	No	
	Yes	✓
Many of the volunteers have lived experience of poverty.		
Are people with lived experience of poverty involved in <u>managing</u> the project or project governance?		
	No	✓
	Yes	
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	
	Yes	✓
Feedback from volunteers with lived experience led to adaptations to the way training and patient dialogue are carried out. Volunteers received tailored training developed in partnership with NHS Ayrshire and Arran and local third-sector organisations. This incorporated NES “Raising the Issue” training with additional bespoke modules on trauma-informed engagement, local welfare referral processes, and boundaries when supporting individuals in distress.		

[Return to Introduction](#)

Leadership, Governance and Partnership Working

Who is responsible for managing the project?		
Jodie Moodie from NHS Tayside, Ross Middlemiss from Faith in community Dundee, and DUSMS volunteer coordinators.		
Is this the only responsibility of the person managing the project?		
	Yes	
	No	✓
Jodie works as an overall senior health improvement officer for the NHS. Ross works as the cash first co-ordinator for faith in community Dundee. The Dundee University Social Medicine Society volunteers are full-time university students.		
What proportion of the manager's overall workload is given over to this project?		
	Most of it	
	About half of it	
	Just a small proportion of it	✓
Is there a Project Steering or Advisory Group?		
	No	✓
	Yes	
Are any other governance arrangements in place to review strategy and performance?		
	No	
	Yes	✓
Continuous review from ward staff, especially as the project is still in its formative stages.		

[Return to Introduction](#)

Links to Wider Policies, Strategies and Statutory Requirements

In your opinion, is the project aligned with national and/or local anti-poverty strategies and priorities ?		
Don't know		
No		
Yes		✓
The project is part of the cash-first policy approach to tackling financial insecurity. Providing money is a more dignified and appropriate way to protect the nutrition and health of the population than providing food and other in-kind resources directly.		
In your opinion, has the project benefitted from being part of this anti-poverty strategy?		
Don't know		
No		
Yes		✓
Without the policy approach it is unlikely the project would have been introduced.		
Is the project part of any other strategy?		
Don't know		
No		✓
Yes		
Is the project delivering a service that is a statutory commitment?		
No		✓
Yes		

[Return to Introduction](#)

Community Guiders



Funding

Has external funding been secured to support the work?		
	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>
Please provide details of the external funding that was used secured to support this work?		
Which organisation provided funding?	Trussel Trust.	
What was the specific funding stream/source/scheme?	Pathways to advice and cash Scotland.	
How much funding was secured?	£116,000.	
For how long has funding been secured?	2 years and 3 months	
Is future funding from the same external source a possibility?		
	Don't know	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
Has a specific sum been secured from the host organisation to support this work?		
	No	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
Is future funding from the host organisation a possibility?		
	Don't know	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

Community Guiders



What are the future - longer-term - prospects for this work if existing funding sources were no longer available?

As the Trussell Trust funding is time-limited, the project is already seeking alternative support (small trust grants, local authority pots, or NHS internal budgets). So far, £13,500 has been secured for a 3-month extension to maintain operations beyond the current funding period. The expectation is that a single funder like the Trussell Trust will not fully support the project indefinitely, prompting proactive efforts to diversify funding streams.

[Return to Introduction](#)

Community Guiders



Staffing and Resources

Do existing staff from the host organisation contribute toward the work of this project as part of their broader work for the organisation?	
No	✓
Yes	
Are existing staff from the host organisation paid extra to contribute toward the work of this project?	
No	✓
Yes	
Have additional paid staff been employed to contribute toward the work of this project?	
No	✓
Yes	
Are volunteers involved in delivering the project?	
No	
Yes	✓
Yes, the community guiders volunteers are student volunteers from DUSMS (who are considered NHS volunteers for this project).	

Community Guiders



Are specific resources – other than staff/volunteer time and money - needed to support the delivery of the project?			
No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>
Please provide details of the resources that are required to deliver the project? <i>If not needed, please add N/A</i>			
Facilities / Workspace	N/A		
Equipment	N/A		
Local Knowledge	Local knowledge is required to socially engage with inpatients who require help in such a way that makes them more likely to refer themselves, as impersonal approaches can result in low uptake.		
Food and Drink	N/A		
Are any of the resources needed to deliver the project provided in-kind, rather than budgeted from project funds?			
No			<input checked="" type="checkbox"/>
Yes			<input type="checkbox"/>
Were new IT systems, additional software, or upgrades existing software required to deliver this project? .			
No			<input checked="" type="checkbox"/>
Yes			<input type="checkbox"/>

Community Guiders



Was additional training – for staff or volunteers - required to deliver this project?	
No	
Yes	✓

Volunteers received tailored training developed in partnership with NHS Ayrshire and Arran and local third-sector organisations. This included elements of the NES “Raising the Issue” training, with additional bespoke modules focused on trauma-informed engagement, local welfare referral processes, and boundaries when supporting individuals in distress. Dundee University Social Medicine Society had to be trained in patient interaction before being given access to the wards.

[Return to Introduction](#)

Monitoring and Evaluation

Is there baseline data to describe what things were like before the start of the project?		
	No	
	Yes	✓
Baseline data of food insecurity has been achieved through external evaluation of food bank use. The test to change, also provided some baseline data evidence showing that available financial resources were being under-utilised.		
Is the difference that the project is making measured or monitored by the host organisation?		
	Yes	✓
	No	
<i>Who within the host organisation is responsible for monitoring the impact of the project?</i>		
Jodie Moodie as head of the advice Centre has access to the documentation regarding referrals through which the impact can be monitored		
How often is the impact of the project monitored or measured by the host organisation?		
Monitoring is continual rather than periodic. However, the project will be included in the Local Child Poverty Action Report and potentially, in the volunteer Annual report by the NHS.		
What methods, techniques or strategies are used by the host organisation to impact of the project?		
Volunteers provide ongoing verbal feedback to the host organisation.		

Community Guiders



What information is collected by the host organisation about the project?				
Number of users	Yes	✓	No	
Profile of users	Yes	✓	No	
Experience of users	Yes	✓	No	
Outcomes for users	Yes		No	✓
Anything else	Yes	✓	No	
<ul style="list-style-type: none"> • Data gathering is not consistent, partly as the project is in its formative stages and partly due to the conversational nature of process. Exact monthly monitoring metrics and standardised data-collection processes were not available from the case study interview or supporting documents. • Preliminary outcome measures: The project is at an early stage, so formal outcome metrics (e.g., changes in food insecurity levels or benefit uptake rates) are not yet recorded. Observational feedback from volunteers and anecdotal reports from ward staff indicate that the grants and advice referrals are reducing immediate crisis pressures on patients. • Monitoring of referrals to the advice centre: The number of patients signposted to the Advice Centre who subsequently attend is not currently recorded. Follow-up with those who do not make further contact is not systematically undertaken. 				
Has the data that has been collected by the host organisation been used to adapt the way the project works?				
			No	✓
			Yes	
However, this may change in the future as data gathering is fairly recent.				
Has an external organisation been employed to formally evaluate the project?				
			No	✓
			Yes	

Community Guiders



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

[Return to Introduction](#)

Community Guiders



Impact

To what extent have the aims of the project been achieved?	
Fully met	
Making progress toward meeting Aims	✓
Not making progress	
Progress is in the very early stages so the degree to which aims are being met is not yet clear. So far volunteers have been recruited and trained and have begun work on informing patients.	
What difference has the project made?	
Project has not existed long enough to gauge its impact.	
Have conditions or demand changed since the project was introduced?	
No	✓
Yes	
Has the project changed through time?	
No	✓
Yes	
What changed	
Why has it changed	
Has the project had any unexpected or unintended outcomes?	
No	✓
Yes	

Community Guiders



In your opinion, is the project having an impact on tackling poverty?	
No	
Yes	✓
It was deemed too early to determine impact level.	

[Return to Introduction](#)

Community Guiders



Learning from Experience

What is working well?	
Volunteer support and enthusiasm are very high, and the volunteer base displays useful local knowledge	
What, if anything, is working less well?	
Time required to deliver project.	
What are the key learning points that you'd like to share with other practitioners?	
<p>Be realistic about how long a project will take to set up and be patient.</p> <p>Convincing your host organisation, staff, or potential funders that your project is necessary may take perseverance.</p> <p>Be flexible with coordination, as setting up an anti-poverty initiative may involve collaboration with various groups with varying demands on their time.</p>	
Are there plans to develop or expand the project in the future?	
No	
Yes	✓
If the project is successful, other wards within Ninewells hospital and wards in other hospitals will utilise the DUSMS volunteers as community guiders.	
How easily do you think this project could be replicated in another setting?	
Recruiting knowledgeable volunteers may be a challenge unless the area also has an enthusiastic medical school, but with sufficient training the project should be replicable.	

[Return to Introduction](#)