The Health Equity & Learning Project (HELP) - providing practical healthcare access solutions for low income Aberdeen City, Aberdeenshire and Moray families.

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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)

The Health Equity & Learning Project (HELP) - providing practical healthcare access solutions for low income Aberdeen City, Aberdeenshire and Moray families.

Title	The Health Equity & Learning Project (HELP) - providing practical healthcare access solutions for low income Aberdeen City, Aberdeenshire and Moray. families.
Lead Organisation	NHS Grampian.
All Organisations	NHS Grampian. Aberdeenshire Council. The Archie Foundation.
Category	Promising – early signs of impact.
Poverty Impact	Enabling Reduction. Mitigation. Improving service delivery. Enhancing understanding.
Introduction to the Project	
The Health Equity & Learning Project (HELP) is a test of change project led by NHS Grampian and Aberdeenshire Council. The project provides financial and practical solutions to barriers identified as preventing families from accessing essential NHS services, such as lack of funds or living rurally. It uses insights from families and frontline staff with lived experience to tackle issues relating to appointment scheduling, transportation and accessibility. The project aims to improve equity of access to NHS services in Aberdeenshire as well as the Royal Aberdeen Children's Hospital (RACH).	

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Initial Idea

Who had the initial idea?	The TP&I Lived Experience Panel which represented families who live across Aberdeenshire.

How did the idea for the project come about?

Panel members reported the challenges they faced when accessing medical treatments or appointments caused by a lack of suitable and affordable travel option in the area. It wasn't just financial challenges but availability of appropriate transport, the stress caused by unreliable public transport, lack of childcare and timing of appointments. Aberdeenshire Council and NHS Grampian used the panels experience to apply for the Child Poverty Acceleration fund so that this problem could be explored further. A reported example includes:

"A young parent, living in a rural area with a travel time of over 90mins drive to Aberdeen with limited public transport was required to attend a 9 o'clock scan for her small baby who was 4 months old. It was vital that she got there as the scan was required to diagnose a medical condition for her baby. There was no public transport that would get her to this appointment, she did have a car which was not working and if she was to rearrange the appointment it would be delayed for a further 3 months. The parent was supported to engage with the tackling poverty & inequalities welfare rights team who booked and paid for an overnight stay and ensured the family had cash to cover transport and food costs. This allowed the family to keep the appointment and get an early diagnosis so there was no delay in accessing the treatment the 4 month old baby required."

As a partnership we explored other cases and it was noted that this case wasn't a one-off. There had been a number of families who had missed appointments because of financial challenges. It was reported by the parents that in instances, local welfare services had viewed these missing of appointments as parental child neglect, causing undue distress to the parents. This was viewed as not taking account of lived experiences of residents related to transport and economic barriers to health care access by some services.

Based on the evidence we had gathered, we developed a project aimed at identifying and addressing existing barriers which prevented the families from accessing medical appointments. The Child Poverty Accelerator fund gave us an opportunity to test our theory and turn research outcomes into local initiatives which would enable families to have better and more affordable access to NHS services.

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Were plans informed by any published reports / papers / research evidence or practice from elsewhere?	No
• Plans were informed through speaking with families in the Grampian area via The Lived Experience Panel, forums and partnership networks. • Staff, services and third sector organisations who supported families with children with life limiting conditions or complex needs, also informed the application and helped sharpen the focus of the project.	
Was anyone else involved in developing the initial idea of the project?	Yes
Extensive engagement work was done with reception staff, clinicians and managers who were seeing these patients, to hear their experience of families that were unable to attend appointments. “We had our Board as well, which was a mixture of people. We talked with third sector organisations who support families and met with families who were interested in giving an input, not always in a formal group setting, but sometimes on a one-to-one or two-to-one basis.”	
Were those with lived experience of poverty involved in developing the initial idea of the project?	Yes
• Families living in Aberdeenshire were involved through a Lived Experience Panel. • Individual families also shared their experiences through the use of digital devices to record their experiences. They were then contacted each month so that their experiences could continue to inform the project. • Young people contributed through 1-1 and group work around issues which impacted on them. This work was support by the TP&I Youth Poverty Engagement Worker.	

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Was funding required to support the development of the initial idea of the project?	Yes
How was the project funded?	The same funding was used to develop the idea and then implement the project.
Which organisation provided funding?	Scottish Government.
How much was required?	Child Poverty Accelerator Fund.
What was the specific source of funding?	Estimated £80,000.
Were specific resources – other than funding - needed when developing the initial idea of the project?	Yes
Staff/Volunteer Time	• TP&I Child Poverty Engagement Worker approx 30 hours per month. • NHS Consultants time.
Facilities / Workspace	N/A
Equipment	N/A
Local Knowledge	N/A
Food and Drink	N/A
Did any barriers have to be overcome when developing the initial idea of the project?	Yes

- Some staff who did not work directly with families on a regular basis had assumptions about the realities faced by these families.
- At the outset the project had to be very clear about roles and responsibilities and the relationship between the panel, the project board and the wider partnership.
- Identifying and engaging with the right families took longer than anticipated. It was important to support families with children who required medical appointments as a minimum 1 per month and who represented different communities across Aberdeenshire. These families live complex lives therefore some could not commit to the project.
- The short time scale of the project was a barrier. The time it takes time to develop positive relationship and create a safe space where experiences could be shared and solutions identified was underestimated. The panel examined a number of barriers and agreeing the priorities for the test of change took longer than anticipated.

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Did anything in particular enable development of the initial idea of the project?	Yes
• The Lived Experience Panel was solution focused. They identified ideas that were realistic and would have a positive impact for them and other families. • The partnership that was developed created an environment where there was honesty, challenge, curiosity and solution-focused. While partners did not always agree, they were able to reach a consensus because different perspectives and open discussion were encouraged.	
How long did it take between having the initial idea and starting the project?	Approximately 6 months. The idea existed before funding was secured, as Aberdeenshire Council and NHS Grampian already had evidence from families that transport and access to appointments were barriers. The project then began in October 2024 after the Child Poverty Practice Accelerator Fund support was awarded.
Who made the decision to introduce the project?	A joint decision between the partners – NHS Grampian and Aberdeenshire Council.

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Early Development

Was there a pilot project or feasibility study or test of change?	Yes, this is a test of change.
What did the Test of change. involve?	
There were three areas that the expert panel wanted to focus on: • Transport element - A new process had to be put in place. Families would ring the Welfare Rights Team and have a conversation which would result in the family getting the funds that they needed to get to the hospital. • Laundry services -To enable families to do their laundry while their child is staying in hospital, the number of washers/dryers at Aberdeen Children's Hospital was increased. • Access to food/drink - Vouchers were given to families to have a meal on the ward. A family kitchen with food supplies was made available in the hospital accommodation so families could eat while they stayed on site.	
Who was responsible for the Test of change.?	
• Test of Change 1 was administered by the Welfare Rights Team at Aberdeenshire Council, through the Cash First initiative. • Tests of Change 2 and 3 were delivered with the Archie Foundation at the Royal Aberdeen Children's Hospital, in partnership with NHS Grampian and Aberdeenshire Council. • Overall oversight sat with the HELP Board and the lived experience expert panel.	
Were those with lived experience of poverty among those involved in the design or delivery?	Yes
• Families living in Aberdeenshire were involved through a Lived Experience Panel. • Individual families also shared their experiences through the use of digital devices to record their experiences. They were then contacted each month so that their experiences could continue to inform the project. • Young people contributed through 1-1 and group work around issues which impacted on them. This work was support by the TP&I Youth Poverty Engagement Worker.	

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Was funding required to support the Test of change.?	N/A
How was funding provided?	
Which organisation provided funding?	
How much was required?	
What was the specific source of funding?	
Were specific resources – other than funding - needed for the Test of change?	Yes
Staff/Volunteer Time	• Welfare Rights Team staff. • Archie Foundation staff. • NHS Grampian staff. • Aberdeenshire Council staff. • Archie volunteers on wards Monday to Friday mornings.
Facilities / Workspace	• Royal Aberdeen Children's Hospital wards. • Archie's Family Centre/family accommodation. • Welfare Rights Team infrastructure within Aberdeenshire Council.
Equipment	• Additional washing machines and dryers for family accommodation. • Systems to transfer funds to families for transport and associated costs.
Local Knowledge	• Local knowledge from the Lived Experience Panel. • Individual families. • Young people. • NHS staff. • Aberdeenshire Council staff. • Third sector and community groups.

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Food and Drink	• Meal vouchers. • Refreshments on the hospital wards. • Ingredients for meal preparation in family accommodation.
Was the Test of change. evaluated?	Yes
The Scottish Government had an evaluator that they commissioned for all of the Child Poverty Accelerator Funded projects. There were conversations with the Scottish Government to make sure that the project was on target to meet its aims. Followed by a final evaluation session with the Lived Experience Panel members and Board members. Evidence / data was gathered from those seeking additional support, staff, delivery partners, young people and families.	
Was there evidence from the Test of change. that confirmed that it was working / it would work?	Yes
The project team interviewed reported that: • By March 2026, over 24 families accesses financial support to attend health appointments & treatments. • 50% having to access the support a number of times as they had multiple children having to attend weekly appointments. • 70% of families that were supported had children with a disability or a complex health condition. 100% families reported that they would have been unable to attend appointments without HELP support as they couldn't access affordable or accessible transport. • 60% of families were unable to use public transport due to autism, sensory issues or mobility issues. • 35% of families had previously missed one or up to 3 appointments prior to being supported through this project. The Archie Foundation reported over 400 families using the food and meal elements. Additional laundry equipment was being installed at RACH. Support on wards was extended through Archie volunteers and wider family support was put in place.	

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Who made the decision to continue with the project beyond the Test of Change?	
The decision to continue elements beyond HELP was taken by the partner organisations - Aberdeenshire Council's Welfare Rights Team, the Archie Foundation, and NHS Grampian.	
Was the design of the project proper modified following the Test of change.?	No

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Accessing the Service and Engaging with Service Users

Are potential users referred to your Project.?	Yes
Referrals and self-referrals are possible. Anyone who is professionally involved with the family can refer to the service. Examples include, Social Work, Housing, NHS staff such as Health Visitors or Maternity staff.	
Are there ways, other than referral, that are used to make potential users aware of your Project.?	Yes
• Word of mouth. Project services are advertised on Council Facebook pages. • The Archie Foundation is based in the hospital. They are able to make patients and their families aware at the point if service access. • Targeted promotion, for example, through health point teams or through our specific teams across the partnerships working with more vulnerable families or families in need.	
What is the most common way through which users typically access your Project.?	
Self-referral (proactive promotion in the hospital and on social media).	
Do you take steps to keep in touch / reach out to users?	Yes
"If there's a family or individual, we'll make sure that everything went OK for them. That's done as part of our practice. The nature of this project is that the families are in and out of hospital/medical premises all the time, so they develop relationships with NHS staff and the Archie Foundation." This is done through text, email and/or phone call.	

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Working with People with Lived Experience of Poverty

Are those with lived experience of poverty involved in <u>delivering</u> the project?	No
Are people with lived experience of poverty involved in <u>managing</u> the project or in project <u>governance</u>?	Yes
The Lived Experience Panel acted as equal partners in the project. They helped shape priorities, identify solutions and direct a budget for tests of change.	
Are people with lived experience of poverty involved <u>in any other aspect</u> of the project?	Yes
People with lived experience contributed through monthly expert panel meetings, individual sharing of experiences, identification of barriers, solution development and evaluation activity.	

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Leadership, Governance and Partnership Working

Who is responsible for managing the project?	
NHS Grampian.	
Is this the only responsibility of the person managing the project?	No
What proportion of the manager's overall workload is given over to this project?	
Is there a Project Steering or Advisory Group?	Yes
Who is involved?	The HELP Board, made up of NHS Grampian and Aberdeenshire Council staff from a range of roles. A Lived Experience Panel of families living in Aberdeenshire, facilitated by Agnese Carter, Poverty Rights Worker, Aberdeenshire Council.
How does it work?	The Board brought partners together to oversee progress and delivery. The Lived Experience Panel met monthly from March 2025 to March 2026 and worked with staff to identify barriers and agree on practical solutions.
Are any other governance arrangements in place to review strategy and performance?	Yes
Governance involved overseeing the HELP Board, ensuring equal-partner involvement of the Lived Experience Panel, and an end-of-project evaluation involving both Board members and Panel members.	

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Links to Wider Policies, Strategies and Statutory Requirements

To the best of your knowledge, is the project aligned with national and/or local anti-poverty strategies and priorities (e.g., local authority or health board priorities)?	Yes
The project aligns with: • The Scottish Government's Child Poverty Delivery plan. • Aberdeenshire Council's tackling poverty and inequalities strategy. • Aberdeenshire's Community Planning LOIP – Reducing Poverty. • Aberdeenshire Local Child Poverty Delivery Plan. • Aberdeenshire's Children's Plan. • UNCRC and NHS Grampian's Putting People First approach. • The project also links health access with poverty reduction and improving public services.	
In your opinion, has the project benefitted from being part of this anti-poverty strategy?	Yes
Being part of anti-poverty work helped the team to connect healthcare access to poverty and secure resources to test solutions.	
Is the project part of any other strategy?	Yes
• Putting People First – NHS Grampian. • Financial Inclusion Referral Pathway work. • THink - Health and transport partnership for Grampian.	
In your opinion, has the project benefitted from being part of this anti-poverty strategy?	Yes
HELP provided qualitative data on improving services and training staff.	
Is the project delivering a service that is a statutory commitment?	No

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Funding

Is funding used to support the work?	Yes
If no funding was used, would work benefit from funding?	0
Has external funding been secured to support the work?	Yes
Which organisation provided funding?	Scottish Government.
What was the specific funding stream/source/scheme?	Child Poverty Practice Accelerator Fund.
How much funding was secured?	Estimated £80,000.
For how long has funding been secured?	18 months (October 2024 to March 2026).
Is future funding from the same external source a possibility?	No
Has a specific sum been secured from your organisation to support this work?	No
Is future funding from your organisation a possibility?	Unsure
What are the future - longer-term - prospects for this work if existing funding sources were no longer available?	
Some of the project services support will continue: Aberdeenshire Council's Welfare Rights Team will continue to support families through a cash-first approach, the Archie Foundation has secured further funding for food and travel elements, and NHS Grampian will continue to embed the learning through service improvement and future lived experience work.	

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Staffing and Resources

Do existing staff from your organisation contribute toward the work of this project?	Yes
Role: • The Council's Welfare Rights Team administers transport and associated-cost support through Cash First and offers income maximisation, benefits checks and warm handovers. • Archie Foundation staff deliver food, meals, refreshments and family support on site at RACH. • NHS staff identify need, refer families, support discharge transport, and are embedding routine enquiry around finances. • Aberdeenshire Council poverty and inequalities staff supported Panel facilitation and partnership working.	
Are existing staff from the host organisation paid extra (for example, taking on extra hours) to contribute toward the work of this project?	No
Extra hours worked:	
Have additional paid staff been employed to contribute toward the work of this project?	No
Role:	
Is the post permanent or fixed term?	N/A
Duration:	
Are volunteers involved in delivering the project??	Yes
Role: Archie Foundation volunteers are on site Monday to Friday mornings. They offer a friendly face, tell families about available support, help with form filling, help parents and carers take a break, and signpost them on to further support.	
Are specific resources – other than staff/volunteer time and money - needed to support the delivery of the project?	Yes

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Facilities / Workspace	• Royal Aberdeen Children's Hospital wards. • Archie's Family Centre/family accommodation.
Equipment	• Additional washing machines and dryers. • Practical systems for transport support and access to meal support.
Local Knowledge	• Knowledge from families with lived experience. • NHS staff. • Aberdeenshire Council staff. • Third sector and community groups.
Food and Drink	• Basic food items. • Ingredients for meals. • Refreshments. • Meal vouchers.
Are any of the resources needed to deliver the project provided in-kind, rather than budgeted from project funds?	No
Who provides:	
Were new IT systems, additional software, or upgrades existing software (databases, Apps) required to deliver this project?	No

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Was additional training – for staff or volunteers - required to deliver this project?	Yes

- Poverty, Inequality and Health training.
- Worrying About Money? Support awareness.
- A workshop on working with lived experience groups.
- TURAS training on stigma, health inequalities and engagement.
- Further training explored around communication, neurodivergence, and income maximisation.

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Monitoring and Evaluation

Do you – or other organisations - collect data on the project for monitoring or evaluation purposes?	Yes
Is there baseline data to describe what things were like before the start of the project?	Yes
Qualitative evidence came from families, young people and staff describing barriers to appointment attendance before the project, alongside themes already identified through previous engagement work.	
Is the difference that the project is making measured or monitored by the host organisation?	Yes
Who within the host organisation is responsible for monitoring the impact of the project	• HELP partners. • Scottish Government commissioned evaluator.
How often is the impact of the project monitored or measured by the host organisation	Ongoing through the life of the project, with a final evaluation stage by March 2026.
What methods, techniques or strategies are used by the host organisation to impact of the project	• Usage monitoring. • Lived experience panel discussions. • Individual family feedback. • Staff feedback and survey evidence. • Evaluation sessions with Panel members and Board members.

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What information is collected by the host organisation about the project?	
Number of users	Yes
Profile of users	Yes
Experience of users	Yes
Outcomes for users	Yes
Anything else	No
Has the data that has been collected by the host organisation been used to adapt the way the project works?	Yes
Learning from the project helped extend Archie Foundation support on wards, encouraged routine financial enquiry by Healthpoint, and is being shared with relevant departments and staff to improve services.	
Has an external organisation been employed to formally evaluate the project?	Yes
Who conducted the evaluation	A Scottish Government commissioned evaluator was involved for Child Poverty Practice Accelerator Fund projects.
Details of the evaluation	No
What were the key findings from the evaluation	• Early learning highlighted the importance of genuine lived experience involvement. • Some reimbursement and support processes are stigmatised. • Missed appointments are often due to transport costs. • Appointment systems are complex and not user friendly. • Regular feedback to Panel members is important to maintain trust and empowerment.

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Has the data that has been collected from this evaluation been used to adapt the way the project works?	N/A
Is there an intention to employ an external organisation to evaluate the impact of the project in the future?	No
Is there an intention to undertake your own formal evaluation in the future to estimate the impact of the project?	No

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Impact

To what extent have the aims of the project been achieved?	Making progress toward meeting Aims.

What difference has the project made?

- Upfront transport funding enabled families to attend appointments they otherwise could not afford attend.
- Over 22 families had used the transport element by March 2026.
- Over 400 families had used the food and meal support.
- Additional laundry equipment was being installed at RACH.

Support on wards was expanded through Archie Foundation volunteers.

- Healthpoint began routinely asking families about financial circumstances and directing them to Welfare Rights for support and advice.
- HELP learning is being embedded in wider NHS Grampian service improvement work.

Have conditions or demand changed since the project was introduced?	Yes

There was higher demand for services and support within the Children's Hospital for families than had been forecast.

Through the project it was realised that families had been missing appointments not only because of the availability of the transport but the accessibility. This had not been considered; however, the evidence gathered highlighted that transport needed to meet the needs of children and young people who use a range of medical equipment, or whose condition could be better managed on a train where they could walk about rather than sit still for a 2 hour journey

The project was flexible enough to respond to previously unidentified needs. Partners also utilised their own funding to fill any gaps and reprioritise budgets to ensure support continued after the funding ended. The third sector partners raised funds to ensure sustainability was put in place from the start.

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Has the project had the capacity to meet these changing conditions and demand?	Yes
Partners responded by: Extending support on wards, embedding routine financial enquiry and maintaining Welfare Rights involvement, Archie and partner organisations, although wider need remain beyond HELP's remit such as housing or employment insecurity.	
Has the project changed through time?	Yes
What changed	Support on wards was extended through Archie Foundation volunteers. Routine enquiries about finances are now made. Additional laundry equipment was added. Continuation plans were developed for practical support beyond the formal project end.
Why has it changed	Response to Lived Experience Panel feedback.
Has the project had any unexpected or unintended outcomes?	Yes
Adults also contacted the project seeking similar help to attend appointments, showing wider unmet need beyond the project's remit. Discussions with the Archie Foundation also led to broader support for families on wards.	
In your opinion, is the project having an impact on tackling poverty?	Yes
The project reduces the upfront costs of accessing healthcare and it is linking families to other available support services. It also provides monetary relief for food and travel.	

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Learning from Experience

What is working well?	
Strong working relationship between NHS Grampian, Aberdeenshire Council and the Archie Foundation. Lived Experience Panel being equal partners. Practical and flexible solutions to essential transport, food and laundry barriers. Cash First support and warm handovers through the Welfare Rights Team. Improved support and signposting for families on wards.	
What, if anything, is working less well?	
Developing an understanding of a family's needs takes time. Demand exceeds the project's budget. Staff need briefing and training to work well with lived experience approaches and poverty issues which also takes time.	
What are the key learning points that you'd like to share with other practitioners?	
Missed appointments can be for practical reasons such as transport costs. Families need to be asked about these kinds of barriers directly so that they can be provided with support.	
Are there plans to develop or expand the project in the future?	Yes
Some parts of the project will continue beyond HELP. The Welfare Rights Team will continue their support. The Archie Foundation has secured funding for food and travel support. NHS Grampian plans to build on HELP through Lived Experience Panels and Putting People First activity. The plan was always for HELP to be a test of change project that would hope to be fully incorporated into public services.	
How easily do you think this project could be replicated in another setting?	
The model is replicable where there are rural populations with barriers to accessing essential services.	

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