

Income Boost Project - helping Fife families with a disabled child with living cost reductions and income maximisation through targeted advice.



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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Title	Income Boost Project - helping Fife families with a disabled child with living cost reductions and income maximisation through targeted advice.
Lead Organisation	NHS Fife.
All Organisations	Citizens Advice and Right Fife. NHS Fife.
Category	Established- project can evidence impact.
Poverty Impact	Mitigation Awareness raising Improving project delivery
Introduction to the Project	
The Income Boost Project is a service delivered by Citizens Advice and Rights Fife designed to support families with children who live with a diagnosed or undiagnosed disability. The service is aimed at families who are already engaged with NHS Fife or partner social care services. Advisors provide one-to-one support to help families with their financial wellbeing by carrying out benefit checks, ensuring that families are claiming the benefits they are entitled to. The service also helps families to explore ways in which they can increase household income and reduce living expenses.	

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Initial Idea

Who had the initial idea?	There was already a project within Citizens Advice and Rights Fife that could be adapted to help families with a child with a disability. The existing project focused on families with a child under the age of one and worked with Midwives, Health Visitors and the Family Nurse Partnerships. The idea was to take this well-established and successful model and adapt it to expand its scope to a wider age range.	
How did the idea for the project come about?		
The idea for the project developed when a staff from the Fife Child Poverty Working Group came together to consider a Scottish Government funding opportunity and explore the potential for an application for funding. Through these discussions, partners identified an opportunity to build on existing work and design an approach that would better support families experiencing poverty beyond a child’s age criteria, particularly for families whose child(ren) lived with a disability.		
Were plans informed by any published reports / papers / research evidence or practice from elsewhere?		Yes
There was already a successful initiative working with mothers with a child under the age of one. Plans to adapt it were informed largely by the project’s own research, data and casework. This provided up-to-date, first-hand evidence and offered a true reflection of the needs and challenges facing families across Fife.		
Was anyone else involved in developing the initial idea of the project?		Yes
Kay and Sarah’s line managers were part of those early conversations through groups like the Child Poverty Strategic Group and the Tackling Poverty and Preventing Crisis Board. They had input on priorities, data and overall direction they wished the project to take.		
Were those with lived experience of poverty involved in developing the initial idea of the project?		Yes
The initial idea for the project was discussed by the Board of Trustees of Citizens Advice and Right Fife whose members included people with lived experience of poverty.		

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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 pilot the project.	
Which organisation provided funding?	Scottish Government.	
How much was required?	Child Poverty Accelerator Fund.	
What was the specific source of funding?	£45,771.	
Were specific resources – other than funding - needed when developing the initial idea of the project?		Yes
Staff/Volunteer Time	N/A	
Facilities / Workspace	Space for people to work in.	
Equipment	N/A	
Local Knowledge	Helpful to have knowledge from Kay Samson (NHS FIFE) and Sarah Wilson (Citizens Advice and Rights) in a bid to facilitate a more collaborative approach to working partnerships.	
Food and Drink	N/A	
Did any barriers have to be overcome when developing the initial idea of the project?		Yes
Engaging with NHS services could be difficult due to busy schedules and pressure on teams. Teams often didn't have time to meet and discuss. When details were passed on by advisory group, context wasn't always included.		

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Did anything in particular enable development of the initial idea of the project?		Yes
Knowledge from running a similar project with a different priority group provided a strong foundation and helped ensure a successful start. Strong working relationships enhanced service delivery and benefited service users. They also kept the project visible and actively discussed from the outset, which made it easier to identify early issues and adjust plans rather than losing focus before it was established. Organising training drop-in sessions gave people a clear, low-pressure way to learn about the project, ask questions, and get involved. This helped build understanding, confidence and early buy-in that was essential for getting the project up and running.		
How long did it take between having the initial idea and starting the project?	Overall, it took about a year from when funding was awarded until things got moving.	
Who made the decision to introduce the project?	Joint decision between NHS Fife and Citizens Advice and Right Fife.	

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Early Development

Was there a pilot project or feasibility study or test of change?	Yes, had a pilot project.
What did the Pilot Study. involve?	
The pilot study helped families with a child with a disability who might feel they're managing okay but could benefit from a little extra support.	
Who was responsible for the Pilot Study.?	
Responsibility for the pilot was shared between NHS Fife and Citizens Advice and Rights Fife. At NHS Fife, the Health Improvement Programme Manager was overseeing things from a strategic point of view, like the funding and decisions about how resources were used. At Citizens Advice and Rights Fife, the Head of Partnership was responsible for running the project day-to-day, managing the staff, and making sure that referral pathways and support were in place.	
Were those with lived experience of poverty among those involved in the design or delivery?	No
Was funding required to support the Pilot Study.?	N/A
How was funding provided?	N/A
Which organisation provided funding?	N/A
How much was required?	N/A
What was the specific source of funding?	N/A
Were specific resources – other than funding - needed for the Pilot Study.?	No
Was the Pilot Study. evaluated?	Yes
The pilot was evaluated by an organisation called 'A Place in Childhood' - an independent evaluator that the Scottish Government utilised to analyse its funded projects.	

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Was there evidence from the Pilot Study. that confirmed that it was working / it would work?	Yes
There was clear evidence that the pilot was working. This was shown in the financial gains achieved for clients. When a worker carries out a benefits check, they may identify that a family is entitled to benefits they were not previously receiving. Once these are in place, the total financial gain is recorded. This provides direct evidence of impact, as increases in household income can be clearly seen because of the support provided. For example, in the early stages, one family benefited by a substantial amount - nearly £15,000 - demonstrating the difference the service can make.	
Who made the decision to continue with the project beyond the xxx?	
The decision to continue with the project was supported by the Fife Health Promotion Service, the Director of Public Health, and Citizens Advice and Rights Fife (CARF), who worked together to support the roll out of the project from both a strategic and delivery perspective.	
Was the design of the project proper modified following the Pilot Study.?	No

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Accessing the Service and Engaging with Service Users

Are potential users referred to your Project?	Yes
Referrals into the service are made by NHS services. When they are working with a family who has a child with a disability and identify that they could benefit from support from Citizens Advice, they make a referral. This is then received by the service, and engagement with the client is arranged.	
Are there ways, other than referral, that are used to make potential users aware of your Project?	Yes
Awareness raised through attendance at NHS team meetings.	
What is the most common way through which users typically access your Project?	
Referral through NHS services.	
Do you take steps to keep in touch / reach out to users?	Yes
Steps are taken to keep in touch with and support service users throughout their engagement with the service. Citizens Advice workers maintain direct communication with clients while also liaising with NHS services, ensuring that communication remains open with all parties involved, particularly as NHS services make the initial referrals. The same worker who receives referrals from NHS services is responsible for engaging with the client, which helps provide continuity of support. Contact with service users is not limited to a single interaction; some clients are supported through multiple meetings over a longer period, depending on their needs. In some cases, this process may take time due to the level of detail required. Where appropriate, home visits may also be carried out, which can extend the engagement further.	

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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
CARF Governance - discussed by the Board of Trustees of Citizens Advice and Right Fife whose members would include people with lived experience.	
Are people with lived experience of poverty involved <u>in any other aspect</u> of the project?	No

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Leadership, Governance and Partnership Working

Who is responsible for managing the project?	
Sarah Wilson (Citizens Advice and Right Fife) and Kay Samson (NHS Fife): Sarah and Kay were responsible for ensuring the project was delivered in line with its aims, working closely with partners and supported by the advisory group, which provided oversight and guidance throughout. An advisory group was also established, bringing together representatives from relevant services and to share expertise, inform decision-making, and ensure the project remained responsive to local needs. Group members also supported wider communication by sharing information through their own networks and connections across the NHS. The group provided oversight and accountability by reviewing progress and maintaining a clear focus on improving outcomes for families.	
Is this the only responsibility of the person managing the project?	No
Sarah's role is Head of Partnership. This involves securing funding for a range of projects with partners, as well as maintaining and developing those relationships. The role also includes managing a team of staff and overseeing partnership delivery across different areas of work. Kay's role focuses on prevention and early intervention. A key part of this work is supporting the rollout of a local strategy in Fife. This involves carrying out activities that contribute to the implementation of the strategy across multiple sectors, including NHS Fife, the Health and Social Care Partnership, the third sector and the independent sector.	
What proportion of the manager's overall workload is given over to this project?	
Most of it.	

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Is there a Project Steering or Advisory Group?		Yes
Who is involved?	Representation from: NHS Fife, CARF, Podiatry, Occupational Therapy, Children Services and Learning Disabilities, locality/community Led Support, child protection services and children and young people's community nursing.	
How does it work?	The advisory group works as a multi agency forum that brings together representatives from key services to provide oversight and support to the project. Initially, it met monthly to ensure the project gained traction and progressed as planned. Meetings were used to review progress, share updates, and discuss any challenges or emerging issues. The group informed decision making, helped strengthen partnership working, and ensured the project remained aligned to its aims and responsive to local needs, while maintaining a clear focus on improving outcomes for families Members brought knowledge and understanding of their service and outline how it is contributing to the project and how it can work with others to continue to support the work of the project.	
Are any other governance arrangements in place to review strategy and performance?		Yes
Governance arrangements are in place to review both strategy and performance. Regular reporting is provided through established governance routes, including updates to NHS Fife via the annual delivery plan, where progress is monitored against key priority areas. This allows performance to be reviewed on an ongoing basis and provides visibility of how the service is delivering against its objectives. In addition, reporting on outcomes such as client financial gains is shared with project leads and contributes to wider reporting to the Scottish Government. Quarterly meetings with the Scottish Government also support oversight and performance review at a strategic level. As a third sector organisation, there are internal governance structures in place that provide accountability to governing bodies, alongside external governance through NHS Fife and Scottish Government reporting requirements. Together, these arrangements ensure that both strategy and performance are regularly reviewed and aligned with the aims of the project.		

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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 is aligned with local structures and strategic priorities, including the NHS Annual Delivery Plan, child poverty priorities, and the work of the Tackling Poverty and Preventing Crisis Board. It forms part of a key priority area focused on tackling child poverty across Fife.	
In your opinion, has the project benefitted from being part of this anti-poverty strategy?	Yes
Being aligned in this way means that families benefit from the wider support provided, and when families benefit, it impacts the whole community through increased income being put back into people's pockets.	
Is the project part of any other strategy?	Yes
There is an anti-child poverty focus, alongside a wider anti-poverty strategy in Fife. The work aligns with and contributes to this broader approach, supporting the Tackling Poverty and Preventing Crisis Board, where Sarah's line manager is a core member.	
In your opinion, has the project benefitted from being part of this anti-poverty strategy?	Yes
The project has clearly benefitted from being part of this wider strategy. Being aligned to key priorities such as the NHS Annual Delivery Plan, child poverty, and the Preventing Crisis Board has helped to raise the profile of the work, strengthen partnership working, and ensure the project is seen as relevant and important across services. It has also supported better engagement with health and social care teams, enabling more effective referrals and collaboration. Overall, this strategic alignment has helped maximise the project's impact and ensure it contributes to wider system goals around prevention and early intervention.	
Is the project delivering a service that is a statutory commitment?	Yes
The work aligns with the child poverty strategy, delivering support that contributes directly to its aims and priorities.	

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In your opinion, what has been the impact on the project of having this statutory commitment?

Positive Impact.

It is having a positive impact because families are receiving benefits they previously were missing out on and are therefore in a better financial position.

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Funding

Is funding used to support the work?	Yes
If no funding was used, would work benefit from funding?	N/A
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 Accelerator Fund.
How much funding was secured?	£45,771.
For how long has funding been secured?	One financial year.
Is future funding from the same external source a possibility?	No
Which organisations might provide funding?	
Is future funding dependent on achieving pre-agreed outcomes or outputs?	N/A
What are these conditions?	
Has a specific sum been secured from your organisation to support this work?	No
Is future funding from your organisation a possibility?	No
What are the future - longer-term - prospects for this work if existing funding sources were no longer available?	
Should funding stop, families could still be referred to Citizens Advice and Rights Fife as there's a system through which they would be seen. Even with no formal arrangement in place CARF would not turn anybody away. If they continued getting referrals from NHS services, they would look to see what capacity they had within their organisation to help the families.	

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Staffing and Resources

Do existing staff from your organisation contribute toward the work of this project?	Yes
Role: NHS staff contribute by referring people to the project.	
Are existing staff from the host organisation paid extra (for example, taking on extra hours) to contribute toward the work of this project?	No
Have additional paid staff been employed to contribute toward the work of this project?	No
Are volunteers involved in delivering the project?	No
Are specific resources – other than staff/volunteer time and money - needed to support the delivery of the project?	Yes
Facilities / Workspace	
Equipment	
Local Knowledge	Local knowledge and established relationships were key to reaching and engaging health and social care services. These connections supported effective communication, increased awareness of the project, and helped facilitate engagement, referrals and partnership working.
Food and Drink	
Are any of the resources needed to deliver the project provided in-kind, rather than budgeted from project funds?	No
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

Some additional training and induction were required to support delivery of the project. The Project Worker already had significant experience, having delivered a similar project for six or seven years. However, they completed a local induction covering internal systems and processes, including those specific to Citizens Advice and Rights Fife. This was supported by shadowing an existing worker who worked with families with a child under one, and they received ongoing internal support.

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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?		No
There was no formal baseline for this project, as it is a new approach focused on targeted families. However, CARF holds some existing evidence from families with a child with a disability who have previously accessed a range of their services, which has helped to inform the development of the project.		
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	Sarah Wilson (Citizens Advice and Rights Fife) and Kay Samson (NHS Fife).	
How often is the impact of the project monitored or measured by the host organisation	Quarterly.	
What methods, techniques or strategies are used by the host organisation to impact of the project	The financial gain experienced by families is measured and recorded.	
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?		No

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Has an external organisation been employed to formally evaluate the project?		Yes
Who conducted the evaluation	A Place in Childhood, was employed by the Scottish Government to look at all its funded projects across Scotland. Its staff met with the project team and helped identify what should be pulled together, including any interesting learning from the project.	
Details of the evaluation	Not available yet.	
What were the key findings from the evaluation	Key findings are not fully available at this stage, as the project has just come to an end.	
Has the data that has been collected from this evaluation been used to adapt the way the project works?		No
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?		Fully met.
What difference has the project made?		
- The project has helped families to maximise their income and supported them through the process. - More families are now reaching the right support sooner, helping to reduce financial stress and improve household income. - The system is moving from reactive support to an earlier preventative intervention approach. - Staff are better equipped to recognise and respond to poverty related need as part of routine care. - income maximisation is increasingly seen as part of holistic, person-centred care, not a separate service. - Financial wellbeing is becoming “everybody’s business” across services.		
Have conditions or demand changed since the project was introduced?		No
Has the project changed through time?		Yes
What changed	The main change has been in how the project engages with NHS services. Instead of longer or more formal approaches, shorter, more focused information sessions and drop-in sessions of around 30 minutes have been introduced to raise awareness of the service.	
Why has it changed	These changes were introduced because engagement with some NHS teams was slower than expected. Given the pressures on NHS staff and the demands of their roles, shorter and more flexible sessions were seen as a more effective way to fit into their schedules and increase awareness and uptake of the service.	
Has the project had any unexpected or unintended outcomes?		No

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In your opinion, is the project having an impact on tackling poverty?	Yes
Families are having their income maximised and are seeing real financial gains.	

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Learning from Experience

What is working well?	
• The project has been positive. • Families that are struggling are getting the help they need. • Referrals are easy and straightforward. • Support is available when needed.	
What, if anything, is working less well?	
• Engaging with the service, how people pick it up and how well it is understood and taken up by others. • Engagement with NHS services. • Some frontline staff feel unsure about how to raise financial issues with individuals when not the focus of their work.	
What are the key learning points that you'd like to share with other practitioners?	
• Scaling the project up would be a challenge because it relies on staff within the NHS. • In busy or crisis situations, financial conversations are not always prioritised by frontline staff. • Staff confidence and comfort in discussing finances with clients can vary, which can impact uptake. • Having financial conversations can be a sensitive subject. • Engagement works well where services are already accustomed to discussing finances (e.g., stop smoking services).	
Are there plans to develop or expand the project in the future?	Yes
By having other funding to support the income boost project.	

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How easily do you think this project could be replicated in another setting?

It would be relatively easy to replicate this project because there is already a model in place that has been shown to work. For example, it could be implemented in other areas of Scotland. While many areas are already working on child poverty, the existing model could be adopted.

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