




Case studies of local practice to reduce child poverty

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This resource may also be made available on request in the following formats:



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Introduction

The [Child Poverty \(Scotland\) Act 2017](#)* places a duty on local authorities and NHS Boards to jointly develop and publish an annual Local Child Poverty Action Report (LCPAR). The first LCPARs are expected to be published by June 2019. NHS Health Scotland has been working with other national partners† to assess what support local partners need to undertake these duties and to develop appropriate resources and other support.

Early engagement with local partners identified an interest in mapping and sharing case studies of current local practice in Scotland. This resource is the first step in identifying and sharing good practice to reduce child poverty locally. The resource has been developed with the support of a small advisory group.‡

Further resources to support the development of LCPARs includes:

- a series of short briefings and further information on child poverty in Scotland on our [website](#)
- a [sample outcomes planning tool](#) to support local action to reduce child poverty
- [Developing a Local Child Poverty Action Report: Guidance](#).

Mapping and selecting case studies

In early 2018, NHS Health Scotland and COSLA contacted NHS Boards and local authorities to gather information on current local practice to reduce child poverty and to identify examples of good practice. We contacted Directors of

* We have produced a short briefing on the Child Poverty (Scotland) Act 2017 you can find here: www.healthscotland.scot/publications/child-poverty-scotland-act-2017-an-overview

† The Local Child Poverty Co-ordination group has been established to co-ordinate the effort and resources of national partners who are working to support local authorities and NHS Boards in the development and implementation of their duty under the Child Poverty (Scotland) Act 2017 to produce a LCPAR. The group is chaired by NHS Health Scotland and membership includes Scottish Poverty and Inequality Research Unit (SPIRU), the Improvement Service (IS), COSLA, Scottish Government, National Services Scotland Information Services Division (NSS ISD) and Poverty Alliance.

‡ Advisory group membership: Sara Spencer, Child Poverty Action Group in Scotland (CPAG); Dr Regina McDevitt, NHS Ayrshire and Arran; Hanna McCulloch, IS; Professor Stephen Sinclair and Professor John McKendrick, SPIRU; Robert McGregor, COSLA.

public health and health improvement managers in each Health Board and, where known, Child Poverty Leads in local authorities.

We received submissions from six of the 14 NHS Boards and 15 of the 32 local authorities. Common themes included:

- income maximisation: assessment, referral to and/or provision of services
- poverty-proofing school holidays
- poverty-proofing the school day
- locally administered benefits: improving the accessibility and administration
- targeted holistic employability services to address barriers that low-income families face to employment
- support to secure affordable and sustainable housing.

Submissions were assessed against:

- the evidence base in terms of the drivers of child poverty and what works to reduce it locally. This was to identify practice likely to contribute to the four targets set out in the Act[§]
- information on how and to whom the practice was delivered
- evidence on the impact of the practice.

A selection of examples of local practice were identified for more detailed follow-up. These were selected to capture examples of both common local practice and more innovative practice. Note that not all of the case studies have been independently evaluated, but given what is known about the drivers of child poverty, and the actions likely to contribute to reducing child poverty, these examples are promising and plausible.

[§] Further information on the evidence can be found in Annex C of **the Developing A Local Child Poverty Action Report: Guidance** and on our website: www.healthscotland.scot/child-poverty

Future developments

The Local Child Poverty Co-ordination Group intends to build on this resource in the coming years to develop a directory of good practice to reduce child poverty locally. This will involve working closely with local partners to develop and evaluate local practice and to share this learning over the coming years.

To offer feedback on this resource or to find out more information about future support available for local partners to develop LCPARs contact: Dr Rachel McAdams, Public Health Intelligence Advisor, NHS Health Scotland
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Case studies

Nine case studies are included in this resource. These are designed to provide a brief overview of the local context, the aims of the practice, how it is delivered, its reach and the evidence of its impact.

The [guidance](#) encourages local areas to consider which of the three key outcomes to their activities contribute to (i.e. income from employment is maximised; costs of living are reduced; income from social security and benefits in kind is maximised). Each case study identifies the outcome(s) that the practice is likely to contribute. Further information on outcomes planning for local action to reduce child poverty can be found in our [sample outcomes planning tool](#).

The [guidance](#) also encourages local areas to consider in what way their activities are contributing by considering whether they help meet the 2030 targets, contribute over the longer term to reducing child poverty, or mitigate the impacts for those currently experiencing poverty. To reflect this, each case study has been assessed in terms of the following three categories:

- Prevent – the practice is likely to prevent families at risk from experiencing child poverty.
- Undo – the practice is likely to help lift families out of poverty now.
- Mitigate – the practice is likely to prevent the negative impacts of experiencing poverty on children.

For more information on the impacts of poverty on children see our [briefing](#).

Case study 1: Employability pipeline for lone parents

Outcome it contributes to

- Income from employment is maximised.
- Income from social security and benefits is maximised.

Level of action

- Prevent.
- Undo.

Delivered by

One Parent Families Scotland (OPFS), with funding from the European Social Fund from Glasgow City Council.

Area covered

Glasgow City.

The challenge and local context

- Children raised in one parent families are considered at higher risk of experiencing poverty.
- Lone parents can face a number of barriers to employment. As a result, they can have complex support needs which are not always addressed through less targeted employability services.
- Recent and planned changes to the conditionality of social security and benefits mean lone parents will be expected to prepare and be available for work at a much earlier stage than previously expected. OPFS found that many lone parents they supported were unaware and unprepared for these changes.
- European Social Fund money had been available for the delivery of the [Employability Pipeline](#) approach in Glasgow for a number of years. Specific funding became available to deliver the pipeline to individuals

who experience multiple barriers. OPFS secured this funding to target support at lone parents.

The aim(s) of the practice

- To address the key barriers that lone parents face in terms of returning to work and finding good/fair work.
- To provide needs-led holistic support tailored for lone parents preparing to return to work. It should provide the right support at the right time in someone's life (led by the individual).

Reach of practice

- The target is to engage with 98 lone parents in Glasgow over two years. It is on track to achieve this. A total of 79 lone parents living with complex needs and facing multiple barriers to entering employment have participated in this specialist employability programme to date.

Delivery of practice

- The **Employability Pipeline** has an established structure comprising five stages.
- OPFS have tried to better tailor this to meet the needs of lone parents. To provide a more holistic package of support, OPFS also use their other in-house services to support parents. Parents are provided with their own case worker to support them through the pathway. This holistic approach has been informed through engagement with their service users over time and on an ongoing basis.
- Stage 1 focuses on engaging and building relationships with parents. To identify and engage eligible parents, workers raise awareness of the service through other services and within communities (e.g. Job Centres, community groups or community events in low-income areas). Once they've engaged parents, they focus on building relationships and assessing the needs of the individual parent. Parents are often found to be in crisis and they need short-term support (e.g. referral to the welfare rights team or housing support). This practical support

helps to build relationships as well as enabling the parent to begin to think about longer-term plans.

- Stage 2 focuses on removing the barriers the individual parent experiences to employment, e.g. low confidence, poor mental health, isolation, lack of childcare or debts. OPFS provides lone parent information hubs locally, co-located with other organisations. This allows them to provide a structured group work programme, with free childcare. These programmes help build confidence, peer support and offer some generic training opportunities. Key workers also attend to support parents to engage and participate.
- Stage 3 works with the individual parent to explore employment options and raise aspirations. Parents are supported to identify and engage with general vocational training opportunities, including volunteering, and to start to build their CV. Parents are also encouraged to take up funded childcare, especially eligible places for two-year-olds.
- Stage 4 supports parents to narrow their job search further, with a focus on building relevant skills, identifying possible work placements, applying for jobs and looking for longer-term childcare options. Staff also meet with employers to discuss suitability of roles for lone parents. OPFS welfare advisors carry out in-work calculations for possible jobs to make sure parents make informed decisions about what will be best for them.
- By Stage 5 parents have moved into employment and the support focuses on sustaining this. Key workers will offer support on managing practicalities of work and caring responsibilities and sustaining work–life balance.
- The service is delivered by nine staff:
 - a manager who oversees the service
 - five key workers who provide the ongoing one-to-one support for parents throughout
 - an administrator
 - two sessional trainers who will deliver group work programmes.

- Parents will also be referred to other services provided by OPFS, such as crisis support, family support, welfare rights, money and debt advice, and counselling services.

Evidence of impact

- Key performance indicators and targets for monitoring and evaluation have been set by the funders. These relate to the number of people engaged in the service and numbers completing each stage of the pathway over the two years of funding. For example, the target is to engage 98 parents: 78 of these to have completed stage 2; 54 to have completed stage 3; 39 to have completed stage 4; and 20 to have completed stage 5. The funding runs until December 2019, and, to date, the service is on track to achieve these.
- Workers also collect information on impact at an individual level through monitoring individual actions plans and review of individual goals. Goals vary from parent to parent. Common goals include reduced isolation, access suitable childcare, build confidence, manage family finances, improve family wellbeing, gain qualifications or vocational experience, and enter employment or college. Workers also seek feedback from parents regularly on how the programme is being delivered, and how wider OPFS services are delivered.
- A number of case studies have been compiled that show the impact of the service for individuals and their families.

Lessons learned and future plans

- Continuity of support is key. Each parent has the same case worker throughout their involvement with the service. Most of the other supports, such as welfare advice, and some of the courses, are also delivered in-house via OPFS. This makes referrals to other support much easier and less daunting for individuals, which supports continued engagement.
- Individual needs assessment and providing support that is needs led, means that the appropriate support can be tailored and delivered when

the individual parent needs it most. This again sustains engagement and better supports individuals.

- The support offered is enabling, which is important for longer-term sustainability of outcomes for parents.
- Flexibility of the holistic support available for parents has been important for engaging and supporting parents with complex needs. As the employability service is located within a larger organisation, parents can also seek support from other OPFS services during and after engagement with the employability service.
- The programme is not linked to benefit conditionality which can be a barrier for engagement if parents fear repercussions.
- Future external funding of the service is currently uncertain and OPFS is currently exploring options.

Further information contact

- OPFS Glasgow Service: **0141 847 0444**
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- Lee Anthony: lee.anthony@opfs.org.uk

Case study 2: Private Rented Sector (PRS) Tenancy (Benefit Cap) Project

Outcome it contributes to

- Income from employment is maximised.
- Income from social security and benefits is maximised.
- Cost of living is reduced.

Level of action

- Undo.
- Mitigate.

Delivered by

Housing and Regeneration Services, Glasgow City Council.

Area covered

Glasgow City.

The challenge and context

- A working group was established in Glasgow City to assess and respond to the impacts of the benefit cap on citizens.
- Families living in the private rented sector subject to the benefit cap were identified as at risk of homelessness if they could no longer sustain their tenancies.
- There was no dedicated support available for these families.
- There was limited availability of social housing to accommodate the larger families.
- Little was known about the circumstances and support needs of these families.
- Social housing providers in Glasgow City had been delivering the [Housing Options](#) approach since 2012 and it had been positively evaluated.

- Glasgow City were keen to see if this approach could be used to support families in the private rented sector.

The aim(s) of the practice

- To support all private rented sector families/tenants affected by the benefit cap in Glasgow to either sustain their tenancy or to move to a more sustainable housing option.

Reach of practice

- The service began in March 2017. In year one, 114 families were engaged, with a 100% engagement rate. As of September 2018, 142 families had been engaged.
- Families affected by the benefit cap tend to have three or more children and be lone parent families.

Delivery of practice

- The families are identified through the data sharing protocol with the Department for Work and Pensions who produce a list of all the families affected by the benefit cap in Glasgow City. This list is updated every two to three weeks. The council data on housing benefit applications are used to calculate the weekly rent shortfall for families.
- The project worker contacts families directly to offer support and to arrange an initial assessment meeting. The [Housing Options](#) toolkit is used to carry out a holistic assessment of a family's circumstances. This helps gather information on: family composition, if they are in work or on disability benefits, financial situation (debts, arrears, income, etc.) and health status. Discussion focuses on the sustainability of existing tenancy where possible and whether or not there is a need to look for a more sustainable (affordable) tenancy.
- Based on the initial needs assessment the project worker explores both short- and longer-term options for the family.
- Short-term options can include support to apply for Discretionary Housing Payment or Scottish Welfare Fund payment, or referral to other short-term crisis support provided in the community. This

provides some relief and stability for the family while longer-term options are explored.

- In the longer term, the project worker may support the tenant and other household members (if relevant) to engage with welfare rights and financial inclusion services, employability services, health services, homelessness services or help with applying for social housing. To date, key outcomes for families have included: positive changes to their circumstances, such as re-engaging with education or taking up employment, and therefore becoming exempt from the benefit cap; and targeted welfare rights support to maximise incomes and remove the benefit cap.
- Alongside the needs assessment, the housing inspector looks at the property. This can lead to actions to improve the safety and quality of the property via direct engagement with landlords.
- The following partners are involved: local employability services (e.g. Jobs and Business Glasgow), OPFS, Social Work Welfare Team, health visitors, Children and Families Team in Social Work, Community Homelessness Team, Glasgow Home Energy Advice Team, Community Mental Health Teams, Financial Inclusion Services, Education Services and the Department for Work and Pensions.

Evidence of impact

- Housing Options for social housing tenants in Glasgow has been positively [evaluated](#). Although the delivery of this approach in this specific context had not been formally evaluated.
- To date the service has had a 100% engagement rate and approximately a 95% homelessness prevention rate.
- In year one, the service engaged 114 families and 60 cases were closed. In two-thirds of these cases the benefit cap was lifted due to a parent returning to work or education, or through a change in circumstances, such as claiming Carer's Allowance or Personal Independence Payment. In a small number of cases families were moved into new tenancies or made a homelessness application.

- There are plans to develop a more comprehensive monitoring and evaluation framework.

Lessons learned

- Staff should have good knowledge of housing and homelessness, including local housing allocation policies.
- The service should do a holistic assessment of a family's circumstance and needs. It is beneficial to visit the family's home to get a full understanding.
- Staff should have knowledge of and strong collaborative working with all the agencies that can provide support, e.g. welfare rights, homelessness and housing, employment and education, mental health and home energy advice.
- Action and support should focus on both short- and longer-term sustainability and options.
- Directly engaging private sector landlords, raising awareness of homelessness risks and challenging them to improve property conditions is also important.

Future plans

- Funding has been secured to expand the team by increasing housing inspection staff and case workers. The service will also have a dedicated welfare rights worker and staff to lead more strategic action engaging private landlords, housing providers and other partner services who can identify and/or support families at risk.
- The service will also expand to target families affected by the transition to Universal Credit.

Further information contact

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Case study 3: Breaking the Cycle (BTC)

Outcome(s) it contributes to

- Income from employment is maximised.
- Income from social security and benefits is maximised.
- Cost of living is reduced.

Level of action

- Undo.
- Mitigate.

Delivered by

South Lanarkshire Council.

Area covered

Cambuslang.

The local context and challenge

- A number of families in social housing were identified as being at risk of losing their home due to, in part, antisocial behaviour and domestic abuse.
- Many of these families were affected by low income or unemployment, which resulted in rent arrears and risk of eviction.
- Some of the families with antisocial behaviour issues also had child protection issues.
- Some families were suspicious of council agencies such as social workers. There was a need to break down this barrier, make contact and gain the trust of families.
- It was recognised that multiagency working was needed to get a holistic understanding of a family's circumstances and needs, and to address these.

The aim(s) of the practice

- To prevent homelessness, avoid or address debt accrual and prevent families experiencing poverty.
- To ensure that families access and receive the support and resources they need from mainstream providers which they otherwise would not access.
- To gain the trust of families so that they can be supported across many services through one contact.

Delivery of practice

- The steering group includes representation from health, education, police, social work, housing and antisocial behaviour teams.
- Referrals can be made from any of the above key services who work with families.
- Partners have a responsibility to provide any relevant information from their own service which will help the assessment of the referred family.
- If identified for support the family is allocated a Breaking the Cycle (BTC) case worker who works to gain the trust of the families and form relationships.
- A multiagency meeting is set up to create the family work plan which details what is done by whom and agreed with the family, who are also invited to the meeting.
- Each family's work plan contains unique objectives identified with the support of the BTC case worker. However, common actions can include supporting parents to: apply for and maintain benefits; address existing debts and help with financial planning; secure and sustain appropriate accommodation; access appropriate childcare; engage with relevant community services, such as substance misuse, mental health and domestic abuse support; and to access education, training or employment.
- The length of time families are supported varies but the average is one year. Families are not moved onto the 'exit phase' until the steering group agrees they are ready. Once moved to the exit phase families

can be supported for up to a year to help them to sustain the changes they have made and to offer further intervention if required.

- The service is delivered by four full-time members of staff.

Reach of practice

- The project targets families (with a child aged 16 or under) who are at risk of or are currently experiencing homelessness.
- This can include extended families, such as kinship carers.
- The number of families engaged with each year is relatively small (e.g. in 2017/18, 29 families were engaged, including 41 adults and 79 children). However, the families supported are those with complex needs who experience multiple barriers to sustainable housing and financial security and stability.
- Monitoring data for the service show that all families engaged have low incomes and, on average, three-quarters of families live in the 15% most deprived data zones.

Evidence of impact

- Cases are closely monitored to ensure objectives are met at set intervals. They are reviewed if not these objectives have not been met.
- BTC gets feedback from partners as well as families at team development days on what went well or what didn't go well.
- BTC does not receive direct feedback from children or young people.
- BTC uses health and wellbeing matrices for adults and children.
- BTC have agreed a target of 28 families they engage with in any year and that at any time they will support 16–20 families. These targets have been met over the last two years.
- The service has agreed targets in terms of the characteristics of families engaged (e.g. 80% on low incomes and 80% live in 15% most deprived data zones). As described above, the data suggest the service successfully reaches the appropriate families.
- Targets relating to the impact the service has on families and communities include: reduction in antisocial behaviour complaints;

preventing eviction or homelessness; and families achieving their individual objectives. In the last two years, 85% of families showed improvement against their antisocial behaviour objective. Only one eviction was recorded; however, the child was already living with another relative. All of families where their cases were closed or who had moved to the exit phase had achieved 85% of their individual objectives.

Lessons learned and future plans

- Relationship building among steering group partners is very important. All partners need to be on an equal level and buy-in to the process of sharing their own services information with others.
- The multi-agency group is an essential part of gathering and sharing information on families to get a good understanding of their circumstances and needs.
- The main barrier for the service is the reluctance of some staff in different agencies to share information with others as they sometimes see the family as their client.
- It is also important to recognise that each service provider has their own duties and responsibilities which may conflict at times with the aims of BTC.
- BTC has been running since 2007/8 and plans are to continue with the current project

Further information contact

Patricia Douglas, Team Leader, Central Homelessness Service:

Patricia.Douglas@southlanarkshire.gov.uk

Case study 4: Scotcash loans, Inverclyde

Outcome it contributes to

- Cost of living is reduced.

Level of action

- Prevent.
- Undo.
- Mitigate.

Delivered by

Scotcash, in partnership with Inverclyde Health and Social Care Partnership (HSCP).

Area covered

Inverclyde.

The challenge and local context

- Families living with a low income are particularly vulnerable when they have unexpected expenses.
- Many low-income families turn to high-cost loans as they are unable to approach high street lenders. Others may turn to doorstep or illegal lenders to quickly access money. The high interest rates attached to these loans can mean families quickly accumulate debts that become unmanageable.
- One in four children in Inverclyde are living in poverty.
- The Inverclyde Financial Inclusion Partnership was established in 2010 with the purpose of promoting financial inclusion and capability in the Inverclyde area. The partnership comprises a range of third and public sector organisations with the membership continually growing since the partnership was formed. It is chaired by the HSCP.
- Inverclyde has two credit unions which are very well used. However, the Inverclyde Financial Partnership felt that some individuals faced

barriers to accessing these and other high street mainstream lenders. It was also felt there was a gap in the market for people to access low-value, short-term loans. Local intelligence suggested that many individuals were turning to payday, doorstep or illegal money lenders instead.

- Scotcash, a not-for-profit, social enterprise and community interest company was established in Glasgow in 2007. One of the services it offered was affordable loans (see [case study](#) of Scotcash loans in Glasgow). Scotcash was initially approached by Inverclyde HSCP in 2016 at the time the issue of affordable short-term lending was raised, to become part of the [I:DEAS partnership](#) project at its inception shortly thereafter.

The aim(s) of the practice

- To provide access to affordable loans for those on low-incomes in Inverclyde and to those who were unable to access mainstream financial products.
- To reduce the use of high-cost doorstep and illegal money lending.

Delivery of practice

- Scotcash identified premises in the Council for the Voluntary Sector (CVS) Centre in Inverclyde and recruited one full-time equivalent (FTE) member of staff. Inverclyde Council provided an initial small loans capital fund pot of £150,000. The intention is that, over time, and through provision of the wider Scotcash services, the service will become self-sustaining.
- Scotcash became a member of the Financial Inclusion Partnership and this has provided good links with all the other local partners in both the statutory and third sector.
- These wider local partners have promoted the Scotcash loans through their services via provision of information and signposting to their service users. However, before suggesting Scotcash, partners will first consider whether or not the Scottish Welfare Fund (SWF) is a potential option. If this is not possible, and, if it is felt to be suitable, Scotcash will

be suggested. For all partners, it is important that individuals are not subject to stringent processes of checking income, expenditure and affordability, and that they are not offered loans they cannot afford. Scotcash works under the governance of the Financial Conduct Authority (FCA).

- Promotional activities have included adverts in local papers and on local STV channels.
- It has also recently been agreed to promote Scotcash services via a link on the council's SWF landing page in a drive to increase uptake and to support those who are refused a SWF grant.
- Individuals seeking support can make an appointment to visit the Inverclyde service, where staff will assist them to apply for a loan and offer other financial support if required. This may take the form of assistance to open a bank account or a Credit Union savings account or signpost to money advice agencies where appropriate.

Reach of practice

- All Inverclyde residents can apply for a Scotcash loan.
- Over half of all loans issued by Scotcash in the Inverclyde area were in 2017/2018, in effect since the inception of I:DEAS project. This indicates that the I:DEAS project has had a significant impact on raising awareness of the Scotcash services available and has provided many more Inverclyde citizens with an ethical and alternative lender.

Evidence of impact

- It is too early to get full measure of impact; however, there are encouraging preliminary statistics available.
- Evaluation plans include the HSCP carrying out a survey of registered social landlord clients. This will ask where individuals would normally go for small loans.
- Since 2007, 80 loans with a value of £44,016 have been delivered in Inverclyde, saving those citizens £18,400 in interest charges had they taken the same loan with a sub-prime lender. Uptake data based on postcode suggest that uptake is among those living in areas of high

deprivation (40% are from PA15 postcodes, with PA14 accounting for 31% and PA16 for 25%).

- The loans range from £150 to £1,500 per loan with an average value of £557. This is comparable with all Scotcash loans across Scotland and shows that loans are being provided to those households who require very small-sum borrowing. Statistics suggest that in over 80% of these loans, the demographic of the household includes children.
- So far, the majority of Inverclyde customers have borrowed only once (69%). However, those who have borrowed more than once tend to borrow on average four times. This means that Scotcash is a stable and ongoing source of affordable credit for these households.

Lessons learned and future plans

- Uptake has been slower than anticipated; however, it is felt that this is because a change in local culture and further support from housing associations and local support agencies is required to promote the services offered by Scotcash.
- People have a tendency to revisit their habitual lender, whether that be doorstep lenders, rent-to-buy organisations or illegal money lenders. There is a need to introduce more people to Scotcash as an option, and a better option than the others available to them.
- It is clear there is a growing and on-going demand for small-sum, affordable credit in the Inverclyde area and that, for many, Scotcash is meeting that need. It is also evident the partnership between Scotcash and Inverclyde Council has resulted in a growing awareness of alternatives for Inverclyde citizens that we anticipate will continue to increase.
- It is predicted that Scotcash will lend a total of £160,000 over 360 loans by 2023. This will give a saving of £82,800 on interest charges for Inverclyde citizens.
- Inverclyde HSCP are looking for other ways to assist with addressing the slow uptake.

Further information contact

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Susan McClelland Deputy CEO: Susan.mcclelland@scotcash.glasgow.gov.uk

Case study 5: Money Matters Telephone Advice Line

Outcome it contributes to

- Income from social security and benefits is maximised.

Level of action

- Undo

Delivered by

- Money Matter Service, South Lanarkshire Council. Key partners include NHS Lanarkshire midwifery and health visiting services.

Area covered

- South Lanarkshire.

The challenge and context

- Pregnancy and having young children are recognised as periods when families are at increased risk of poverty.
- Income maximisation through social security and benefits in kind is recognised as a key mechanism for reducing child poverty.
- South Lanarkshire Council had an established welfare, money and budgeting advice service, Money Matters, open to all constituents. Reducing child poverty was identified as a key outcome of the council. This led to the establishment of a telephone advice line for low-income families in February 2012.
- When the Early Years Collaborative was established, reducing child poverty was a priority area for change. This led to activity to review and improve the telephone advice line. A review of referrals found that midwives were less likely to refer families to income maximisation services, albeit that the benefits to families of them doing so were significant.

The aim(s) of the practice

- The telephone advice line aims to maximise the income of families through maximising uptake and entitlements from social security and benefits in kind and supporting financial wellbeing more generally.
- Recent improvement activity has focused on improving identification and engagement with families through both the midwifery and health visitor pathways.

Delivery of practice

- A working group was established to lead the review and improvement of the service. This included representatives from the council and NHS. This group reviewed data on referrals and identified the low referral rates among midwives.
- Initial engagement with pregnant women, telephone advisors and midwives identified possible improvements to the referral pathway, which were then piloted. A key change was the introduction of routine enquiry about financial wellbeing with all pregnant women at the earliest opportunity during midwifery care. If the women identified a need for further support, rather than provide a leaflet about support services, the midwife would take a contact telephone number for the woman and arrange for the telephone advice line to contact her directly.
- Training was developed and delivered to all midwifery staff working in South Lanarkshire to support the implementation of the new pathway.
- Once women are engaged with the telephone advice line their circumstances are assessed to understand if they are currently receiving all relevant social security and benefits they are entitled to. They are then given further actions which could be taken to maximise their income through social security and maternity benefits. This can usually be completed on the first or second call to the client but increasingly more follow-up appointments are required, which include face-to-face and office visits. This is due to the complexity of cases relating to welfare reform.

- If individuals are assessed as requiring further support, including face-to-face support, they can be linked into the wider Money Matters team.
- More recently the same approach has been taken to increase referrals through health visiting. Health visiting teams are undergoing training to support routine enquiry about financial wellbeing at key child health review contacts in the health visitor pathway. If a parent identifies a concern then the health visitor will also pass their telephone number to the telephone advice line team, who will phone the parent directly.
- Currently the telephone advice line is delivered by five staff, including a manager, advisors and administrative support, who are based within the council's Money Matters service.

Reach of practice

- The change to routine enquiry means that all women engaged with midwifery services should now be asked about the financial wellbeing at the booking appointment or at an early point in their midwifery care. Service data suggest that this pathway is embedded within midwifery services.
- The more recent roll-out of the pathway to health visitors should also reach all families with pre-school children. However, work is still ongoing to achieve this.
- The improvement work over the last four to five years has increased the referrals to the telephone advice line, and has meant that the service has gone from supporting 300 families per year to 700 families in 2017/18. In 2016/2017, the number of referrals received was 775 and 55 clients did not engage. In 2017/2018, the number of referrals received was 827 and 126 clients did not engage. Not every client will engage with the telephone advice service but they are sent a letter so that if they need advice in the future then they can contact the telephone advice line when it is more convenient for them.

Evidence of impact

- The combination of training and the change in the referral pathways delivered to both midwives and health visitors led to a marked increase

in the number of referrals and the number of families engaged by the services. Referrals from midwives have increased from 68 in 2013/2014 to over 400 in 2017/2018. Referrals from health visitors have increased from 24 in 2016/2017 to 233 in 2017/2018. This has led to an increase in the number of families engaged and supported by the telephone advice line from approximately 300 per year in 2013/14 to 700 per year in 2017/18.

- The service steering group continue to monitor referrals and engagement, as well as training needs and delivery to health staff. Improvement methodology is applied to continue to improve service delivery and reach.
- For a sample of individuals the service has collected evidence of the financial gain for families. Although this is not routinely collected for all families, this sample indicates incomes are maximised with typical gains between £50 and £1000s per year.
- The service has also developed some case studies of individual families to capture some of the softer outcomes of the service.
- In the past, focus groups with service users have been used to inform further improvements. The service is currently considering how they can include a measure of change in perceptions of financial security among those they support.

Lessons learned and future plans

- Midwives and health visitors are asked to assess a number of issues during their interactions with patients. It was important to engage with health staff and senior NHS managers to jointly develop the appropriate approach for improving the pathway and to offer relevant training to staff to help embed the pathway.
- Early engagement with service users to inform the development of the pathway is important to ensure any barriers to engagement are identified and addressed.
- Taking an improvement methodology approach to continually monitoring service data has supported ongoing refinement of the pathway and maintaining a focus on improving outcomes.

- Currently, the focus is on embedding the routine enquiry within the health visitor pathway and seeking to influence the design of the national IT systems which support both health visiting and midwifery. This could support routine enquiry and also gather data on compliance.
- Discussions are underway about the future funding arrangements to meet the expected increased demand on the telephone advice line from further growth in referrals from health visitors. More generally, how to support the sustainability of the service in the longer term is also being discussed.

Further contact information

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Case study 6: Maternity Matters

Outcome it contributes to

- Income from social security and benefits is maximised.
- Cost of living is reduced.

Level of action

- Prevent.
- Undo.

Delivered by

Money Matters, in partnership with NHS Greater Glasgow and Clyde (NHS GGC). Funded by the Money Advice Service (What Works Fund).

Area covered

NHS GGC region.

The challenge and context

- Pregnancy and having a young child are recognised as periods when families are at high risk of poverty.
- NHS GGC have been investing in financial inclusion services for families at risk of poverty through the [Healthier Wealthier Children](#) project for a number of years. Money Matters was commissioned to provide some of the money advice services.
- Evidence from Healthier Wealthier Children suggested that midwives in NHS GGC were less likely to refer patients to the money advice services than other professional groups, despite a number of activities to engage this staff group.
- NHS GGC provides a specialist clinic for vulnerable pregnant women with complex needs, the Special Needs in Pregnancy Service (SNIPS). The women referred to SNIPS include care leavers, those with learning disabilities, those experiencing homelessness, people aged under 16,

those disengaged from maternity care, those reporting alcohol or substance misuse, those involvement with criminal justice system, or those who are refugees or asylum seekers.

- Women engaged with SNIPS were felt to be particularly vulnerable to poverty and less likely to proactively engage with mainstream money advice services and to maintain engagement.
- Money Matters wanted to understand how best to engage and support these women. It decided to trial two different levels of service (an enhanced and standard service). These two approaches are explained below.

The aim(s) of the practice

- To understand how best to engage pregnant women with complex needs who access SNIPS, and to support them to access and act on money advice.
- To improve the financial capability of this vulnerable group of pregnant women.

Reach of practice

- The project aims to have received 210 referrals to the service. Of these, the aim is to engage and support 160 women, who will be randomly assigned to either the enhanced or standard service. This is expected to be completed by the end of December 2018.
- As of September 2018, the project had received 178 referrals and engaged 104 women. Engagement rates have increased over the life of the project.

Delivery of practice

- Maternity Matters employs four staff members:
 - one support worker who approaches and engages women and arranges subsequent appointment
 - two money advisors who provide one-to-one consultations to assess needs, provide advice and build financial capability skills

- one advocate who supports those on the enhanced pathway to undertake the actions identified through the consultations with the advisors and to build skills and confidence in financial capability.
- Women who are cared for by SNIPS attend specialist clinics in two hospitals in Glasgow. The Maternity Matters support worker is co-located at these clinics and approaches women in the waiting areas of the clinics. The midwives make referrals during and outwith clinic times. Support workers will follow-up with the women after this initial engagement to arrange appointments and check-in throughout their engagement with the service.
- Once engaged with the service, Maternity Matters randomly assigns women to one of two pathways, standard or enhanced.
- In the standard pathway after initial engagement the support worker will arrange appointments for the women and check-in with them. Women are provided with, on average, three consultations with an advisor.
 - First consultation: the advisor undertakes a needs assessment, to assess current income, check benefits, and complete a personal budget and a financial capability assessment. The women and advisor agree an action plan to complete before the next appointment.
 - Second and third consultations: the advisor provides further advice, for example relating to housing or benefits. An action plan detailing the discussions and specific actions for both the women and the advisor will be provided after each consultation.
- In the enhanced pathway women are provided with an advocate who supports the women to carry out specific actions identified during the consultations with the advisor.
- Although support is tailored to individual needs, which can vary greatly, common themes have included social security and benefits, housing, energy and fuel and managing budgets. Advice tends to focus on meeting short-term needs and increasing financial capability over the longer term.

Evidence of impact

- The project is being independently evaluated as part of the funding arrangements. This evaluation includes both a process and impact evaluation, which will seek to compare outcomes for women across both pathways. Data for this evaluation include responses from the women in both pre and post questionnaires. It is due to finish in 2019.

Lessons learned and future plans

- Engaging with midwives and developing trust has been critical for delivery.
- Understanding the complex needs of these women and ensuring services are as accessible as possible has supported engagement. This has included checking in regularly, providing the name and telephone number of planned contacts, using text messages and phone calls rather than letters, and being very flexible with appointments and home visits.
- Providing additional incentives, such as support and resources from other community projects (e.g. food banks or support to obtain free household essentials) facilitates regular contact with women and families).
- Wider family engagement increases the benefit of the service.
- Ensuring that project staff work together as a team and foster a learning culture and the freedom from funders to develop the service organically and be responsive to changing circumstances and emerging learning.
- Money Matters is currently discussing an extension to funding and the evaluation is due to report in 2019.

Further information contact

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Case study 7: 1 in 5 – Raising Awareness of Child Poverty in Edinburgh

Outcome it contributes to

- Cost of living is reduced.

Level of action

- Undo.
- Mitigate.

Delivered by

Children and Families Team, Edinburgh City Council.

Area covered

Edinburgh City.

The challenge and local context

- One in five children (21%) in Edinburgh were identified as living in poverty. In some electoral wards this figure rose to more than one in three (35%) of children.
- The Cost of the School Day** research involving Child Poverty Action Group and Glasgow City Council identified that schools may be putting additional barriers in place for children in low-income families, through school policies and practices.
- The local authority felt that this was an area they could effectively address and set up the 1 in 5 project in August 2015.

** Further information on the Cost of the School Day Programme and examples of changes that schools across Scotland have taken can be found here:
www.cpag.org.uk/content/cost-school-day-toolkit

The aim(s) of the practice

- It aims to help schools develop policies and put into practice initiatives that:
 - reduce the cost of the school day
 - promote equal access to opportunities
 - reduce poverty related stigma

Delivery of practice

- An interactive training package has been developed that explores the scale, impact, causes and stigmatising effects of child poverty. It includes a focus on helping teachers put themselves in the shoes of a family on a low income by asking participants to undertake a budgeting exercise.
- The first stage delivers an awareness-raising session to all staff in a school. This aims to enhance staff understanding of the causes and impact of child poverty, and to initiate discussion about what changes could be introduced, and actions taken, in schools to better support children living in poverty.
- At stage 2 interested staff are asked to meet again as a focus group to look in more depth at the actions and changes to be considered. They are also asked to engage with parents and pupils, again focusing on possible actions the school could take.
- Stage 3 involves each school implementing some of the actions that they have identified.
- Since the initial pilot, a 'train the trainer' model has been adopted to support scaling up and further embedding the learning within schools and across the local authority. This means that the training delivered in stage 1 now equips participants to become trainers themselves. A further one or two staff members within schools are now asked to take the lead for the work and additional ongoing support has been provided to schools to embed the approach. The training has also be widened to include youth workers.
- The 1 in 5 team, who deliver the training and ongoing support, consists of four staff.

Reach of practice

- Since August 2015, 90 schools have participated with the programme and have an identified a 1 in 5 lead.
- 12 to 15 youth work organisations have had the training.
- The 1 in 5 team have provided training to schools outside Edinburgh including the Scottish Borders, Ayrshire, Fife and Durham.

Evidence of impact

- Programme data show that in 2018, 17 out of 23 high schools in Edinburgh now have an identified a 1 in 5 lead; 46 out of 86 primary schools and five out of nine special schools. These leads are usually a promoted staff member or a member of the senior leadership team.
- In 2016, an [independent evaluation](#) of the programme was reported. This was a mixed-methods evaluation which included interviews with participating teachers (n = 23), parents (n = 12) and pupils (n = 13), across seven schools (three high schools, three primary and one nursery school). Schools were also chosen based on their catchment area. This was so there was a spread of schools at different ends of the spectrum in terms of levels of poverty experienced. A follow-up survey of 163 teachers, six months after they had participated in the training, was also undertaken.
- The evaluation found evidence that the training had an immediate impact on teachers' knowledge and awareness of child poverty and a sense that the training provided a call to action for schools.
- There was evidence that the project has made an impact on schools. All schools that engaged in the evaluation reported they have made significant changes in policy and practice to reduce the costs of the school day and for children and young people to have equal access to opportunities. A further 78% of the teachers who participated in the training reported that six months later action was being taken within their school to address the cost of the school day.
- The project team is continuing to gather evidence of impact, with plans for a further survey of 20 schools and focus groups in place. This stage of the evaluation is ongoing.

Lessons learned

- The programme has demonstrated the importance of the school developing the actions, to make sure they are appropriate, feasible and supported.
- The programme team has learned that it can be helpful to customize the training to make it more relevant and engaging for different areas.
- There is a need for some ongoing support for schools, as sometimes well-intentioned actions might actually further stigmatise or disadvantage pupils.
- There may be benefit in developing a resource for schools at an authority level. This will provides a directory of further support from other agencies in the community and local authority which schools could use to sign-post families.

Further information contact

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Case study 8: Cost of the School Day

Outcome it contributes to

- Cost of living is reduced.

Level of action

- Undo.
- Mitigate.

Delivered by

NHS Ayrshire and Arran, Public Health Department and North Ayrshire Council, Education and Youth Employment Directorate.

Area covered

North Ayrshire.

The local context and challenge

- North Ayrshire has one of the highest rates of child poverty in Scotland and it predicted that levels will increase in future years.
- Child poverty is recognised as a priority for all local community planning partners and is part of the North Ayrshire Inequalities Strategy, Fair for All.
- The introduction of the Child Poverty (Scotland) Act 2017 further cemented the local commitment to addressing child poverty.
- There was awareness of the [Cost of the School Day](#) Programme in Glasgow and an interest in developing something similar for North Ayrshire.

The aim(s) of the practice

- To identify and address costs of the school day that may create barriers to participation for young people and families.

- To identify and address policy and practice within schools that may lead to poverty-related stigma for young people and families.

Reach of practice

- The programme targets individual schools and the local authority.
- To date, the programme has focused on North Ayrshire and with two early adopter schools.

Delivery of practice

- During the scoping and engagement phase, the programme lead engaged with stakeholders and partners to identify any existing practice aiming to poverty-proof the school day and to scope interest in developing a Cost of the School Day programme in North Ayrshire. They also scoped what the programme might involve.
- Phase 1 aimed to test the findings from the Glasgow Cost of the School Day programme, test the Child Poverty Action Group toolkit for schools and gather local evidence from North Ayrshire perspective with two early adopter schools.
- An NHS Ayrshire and Arran Health Improvement Officer led the engagement with pupils, parents and staff at each school.
- Focus groups with a range of pupils across both secondary schools, and some Primary 6 and 7 pupils were arranged.
- Surveys and a focus group with parents, and a survey with teachers were also conducted. Each school supported the identification of pupils and engagement with staff and parents.
- This engagement activity focused on identifying school policy and practice that created financial barriers or poverty-related stigma, and on identifying potential action to address these.
- The Health Improvement Officer analysed the evidence and was the lead for writing a report.
- Phase 1 comprised two months of engagement and one month to analyse and report.

Evidence of impact

- It is too early to report on the impact of the programme. However, the approach and engagement with pupils and parents has gone well and has been welcomed.

Future plans

Phase 2 is under development but will focus on:

- supporting both schools to identify key actions for implementation during 2018/19
- sharing the learning with other North Ayrshire schools and other local authorities
- encouraging schools and the local authority to identify actions they can take to change policy and practice
- continued engagement with pupils and parents to ensure the actions schools take are relevant and poverty sensitive.

Lessons learned

- For this kind of engagement with schools, it is important to first identify all the relevant partners who could contribute. It is also important to ensure there is support from the Education Directorate within the local authority and support from school senior management team.
- Consider whether or not the findings from the Cost of the School Day projects in Glasgow and other areas are directly transferable to your school or local authority. Do you need to test these out? If so utilise the Cost of the School Day Toolkit.
- Engagement with pupils and parents is essential to identify the causes of the barriers and stigma, and also to identify the best solutions.
- A useful first exercise could be auditing all of the requests for money that were sent to parents over the course of a year, including curricular and non-curricular costs. Considering how these might accumulate for families, particularly at certain times of the year such as Christmas, and for families with more than one child.

Case study 9: School Holiday Programme

Outcome it contributes to

- Cost of living is reduced.

Level of action

- Undo.
- Mitigate.

Delivered by

Vibrant Communities Team, East Ayrshire Council.

Area covered

East Ayrshire.

The local context and challenge

- East Ayrshire has high levels of child poverty and high numbers of pupils receiving free school meals.
- There was a growing awareness of the impact school holidays could have on low-income families, when children could not access free meals. There may also be cost barriers to participation in sport and leisure activities.
- The Vibrant Communities Team, in partnership with on-site services and external agencies, provided six-week activity programmes during the summer holidays which had to be paid for and did not provide lunches.
- As part of the Council Leader's Initiative, East Ayrshire Council identified that low-income families could face financial barriers to the activity programme and there was growing concerns about 'holiday hunger'.

The aim(s) of the practice

- To support low-income families to meet the costs of the school holidays by providing free access to holiday programmes which include free lunches.
- To raise the physical activity levels of the young people in East Ayrshire, by breaking down the barriers that stop people participating in the holiday activity programmes provided by the council.

Reach of practice

- The Vibrant Communities Summer Holiday Programme is open to school-aged children.
- However, low-income families are targeted and encouraged to participate. Education home link workers and youth workers help to identify and encourage low-income families to use the holiday programmes. Area-level deprivation (using postcodes and Scottish Index of Multiple Deprivation) also informs targeting.
- The free lunch offer was also extended to holiday activities delivered in partnership with other community organisations.
- In the summer of 2017, 5500 lunches were provided to children and young people who participated in the programme. This increased to 10,500 in the summer of 2018.

Delivery of practice

- In 2017, the Vibrant Communities Team and on-site services secured funding through the Council Leader's Initiative to remove the costs of the Summer Holiday Programme and to include a free lunch for all children.
- The free lunch offer was also extended to holiday activities delivered in partnership with other community organisations.
- The activity programmes are organised and delivered via a number of partners including third sector organisations, schools and local authority staff from sports, play, youth and community work.

- Programmes are delivered in schools, community facilities and outdoor spaces.
- School catering teams prepared packed lunches each morning in line with school food guidelines. These are refrigerated and then transported to the venues for lunchtime.
- After year one, further work was undertaken to increase uptake among low-income families. Additional promotional work is now being carried out to target low-income families via home link workers and youth workers.
- Less targeted promotional work is via the Active Schools Programme.

Resources

- Financial input from the council covers the costs of all activities, staff time lunches and venue hire. Up to 60 staff from the council and community organisations are required to deliver the programme.

Evidence of impact

- Evaluations to date have focused on improving the programme.
- Parents and pupils are asked questions regarding the appropriateness of the activities in terms of the needs users have. Individual impact statements are also collected.
- Parents and young people are also asked about the content of the lunches and if any improvements can be made.
- The programme also collects basic data on the numbers attending and from which postcode area.

Lessons learned and future plans

- Food costs were initially high. Staff revised the menu to reduce wastage.
- Monitor uptake among target groups and review how you promote the programme and engage families from target groups.
- Think about the sustainability of the programme and identify funding sources to support this.

- Reduce facilities costs by using outdoor venue such as parks.
- The programme is being extended to include both the Easter and October holidays.

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