Midwives', health visitors', family nurse practitioners' and women's experiences of the NHS Grampian's Financial Inclusion Pathway in practice: a qualitative investigation of early implementation and impact.

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2022

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September 2022

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Acknowledgements

We are grateful to all those participants (parents and health care professionals alike) who gave up their time to take part and share their expertise to make this study possible. We hope we have done justice to the richness of the insights they shared with us.

We are also grateful for the help and support they received from the study steering group members throughout this project - Fiona Miele, Hazel Robertson, Kerry Wright, Claire James, Rachael MacDonald, Elaine Schiavone, Sandra Nicol and Lisa Lawrie.

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Executive Summary

Background
All Local Child Poverty Action Plans require midwives, health visitors and family nurses to identify and refer families with children under five at risk of financial hardship, for help to increase their household incomes. This strategy (the so-called Financial Inclusion Pathway) is one of the range of efforts outlined in the Child Poverty Action Plans aimed of increasing household income and the alleviation for child poverty in Scotland.

Research aims and purpose
A qualitative study took place to increase understanding about the early implementation of the Financial Inclusion Pathway within the NHS Grampian area. The research set out to establish how this initiative was its operating and impacting the clinical practice for those health professionals concerned with delivering on it, and the experiences of benefit gained from the perspectives of parents and their children. The study took place between April and August 2021 and was funded by an NHS Grampian Endowments grant.

Two objectives guided this investigation. Those included establishing:

1. NHS Grampian midwives, health visitors and family nurse practitioners' experiences of associated with the introduction of the Financial Inclusion Pathway directive within routine antenatal appointments and post-natal care of pregnant women and families with young children.
2. The views and experiences of women targeted by NHS Grampian's Local Child Poverty Action Plan associated with the early implementation of the FIP.

Key findings
Eighteen midwives, health visitors and family nurse practitioners, and twelve mothers of children under one year of age or living on their own with a child under five took part in individual interviews during the spring and summer of 2021.

Five overarching themes emerged from our analysis of the parent participant interviews: *Living with poverty*, *Experiences of help with financial matters;* perceived *Benefits of income maximisation within health care; Risks associated with discussing financial issues* within health care*;* and *Raising the issue.* Within those main themes, a range of sub themes emerged which are listed below.

Parent themes

Living with poverty

- Recurrent themes associated with parent's careful budgeting to make ends meet and going without food and other personal expenditures as a related coping strategy. This featured in the current study, as it did in our 2020 study of low-income family's experiences of parenting on a low income in Aberdeen City. Personal experiences of food insecurity and concerns about the nutritional quality of the food they could feed their children, were also commonly reported.
- Admissions of living with debt featured more prominently in this study compared to the 2020 study.
- Insufficient income to cover the costs of living, council tax and other debt associated with overpayment of benefits due to changed circumstances, were commonplace.
- Living with challenging pre-determined debt repayment plans but struggling to manage those.

- Peer advice and knowledge appears to be the main source of information about benefit entitlements for young parents.
- Financial disempowerment due to the impact of a partner's income of the women/mother's eligibility for benefits was also a more obvious theme compared to the previous study.
- Given the data for this study was generated between April and August last year, the levels of economic hardship reported in this study, secular changes associated with the rising costs of living in the aftermath of COVID and BREXIT, mean we believe this picture will have worsened considerably since then. Consequently, it is our view that income maximisation aspirations to help address child poverty in Grampian are more compelling than ever.

Experiences of help with financial matters

- There was strong support amongst our parent participants for the FIP concept. The few who had experience of conversations and support from their health professionals about financial issues rated them positively.
- However, there was a mixed picture of success reported by parents who took up a financial services referral.
- A few participants indicated that they did not find out about some social assistance benefits until after they were eligible to receive them.
- Some parents (and health professionals) raised concerns about 'newly poor' parents. They were perceived to lack knowledge of their entitlements and expertise in claiming social assistance.
- Parents viewed health professionals as needing to be better informed about local sources of support, and about benefits eligibility.

Benefits of income maximisation in health care

- Perceived benefits of the FIP included its potential to reduce the stigma associated with claiming benefits.
- The FIP was viewed as especially beneficial for first time, lone, and young parents.
- Missed opportunities to gain more income during pregnancy and the early post childbirth period described above, suggests there may be unmet need in Grampian. Early intervention may help reduce the risk of temporary or longer-term financial hardship due to pregnancy and child caring responsibilities, as well as preventing the exacerbation of existing debt.

Risks associated with discussing financial issues

- Personal risks associated with disclosing financial hardship to health professionals, included:
    - raising child protection concerns with authorities
    - exacerbating abusive partnership relationships
    - experiencing further shame and embarrassment
- Those risks prevent parents speaking about financial challenges with health professionals.

Raising the issue

- Building trust and rapport, carer continuity, and framing conversations about claiming benefits as a positive parenting act were considered key attributes of supportive financial issues conversations.
- Whose responsibility it should be to raise this issue in the first place, from parents' perspectives', is less clear.

Health professional themes

Five overarching themes emerged from our analysis of the health professional interviews: *Income maximisation work within routine clinical work, Perspectives of poverty within HCPs' caseloads, Questions about quality, accessibility and responsiveness of referral agencies and support services, Concerns about parents' financial well-being, Tools and training***.** Within those main themes, a range of sub themes emerged which are listed below.

Income maximisation work within routine clinical work

- The nature of practice undertaken by the three different professional groups played a key role in determining when and how often financial challenges were discussed during routine care. Each group had a different set of norms that determined their practice.
- Parent's willingness to disclose money worries, public visibility (or otherwise) of poverty, and place of residence also dictated whether HCPs acted according to the FIP guidance.
- Being a current social assistance claimant helped health professionals initiate conversations about household finance.
- While it seems to have become more routine for all professionals' groups to raise the issue more often with more parents, especially since the advent of COVID-19, this was not happening universally as might be expected.

Perspectives of poverty within HCPs' caseloads

- Views about clients' money management skills did not appear to be strongly grounded in direct discussions with parents about those issues. Health professionals' views about how people living in deprived areas manage their money seems to be at odds with the lived experiences of money management on a low income reported in this study. These findings and our 2020 study indicate people living in low-income communities seem more likely to possess good budgeting knowledge and skills, and devote considerable time, energy and acts of self-sacrifice to the cause of managing their money and caring for their children; which challenges those professional beliefs.
- However, health professional concerns about the existence of debt in some of their client's lives and perceived vulnerability to financial exploitation by local money lenders was notable.
- Experiences of emergency food aid parcel drops to clients and close observation of the nature of the food distributed through this source, caused different degrees of moral distress for HCP participants who had engaged in this work. This distress related to the conflict health professional experienced when reflecting on their knowledge of food parcel contents, their clinical practice related to evidence-based nutritional advice giving and personal comparisons with their own dietary choice options. Some were also troubled by perceptions of social injustice related to this issue too.

Referral agency accessibility and utility

- Clients' own resource challenges were known to be significant barriers to their accessing and benefitting from referral agency help.
- Having sufficient time, knowledge and confidence about identifying clients' financial needs inhibits onward referral for help.
- Public policy changes affecting benefit eligibility and entitlements, and related concerns about being sufficiently up to date to give related advice, also inhibits onward referral.

- Having confidence that support services can and do benefit their clients in a timely manner both encourages and inhibits onward referral.
- Concerns about the FIP becoming a 'tick box' exercise due to organisational and individual resources constraints were raised.

Concerns about parents' financial well-being

- The relevance of poverty to health was clear amongst health professional participants, with concerns about the presence and potential risk of poverty for new and existing parents, and seeming to have heightened since the COVID-19 pandemic.
- Awareness of poverty stigma and empathy about the challenge this represented for some mothers in terms of what it might signal about their ability to parent their children was evident too. As were understanding about how that might explain why some mothers would wish to 'hide' their poverty from health professionals.
- Related concerns about minimising the risk of exacerbating underlying partner financial abuse and coercion, also inhibits conversations about financial challenges.
- At the same time, health professionals' feelings of powerlessness in relation to the structural challenges faced by their clients, was also evident.
- Therefore, raising financial issues in routine clinical care work remains challenging 'emotional labour' in the context of demanding professional caseloads.

Tools and training

- Despite the existence of the different professional various pathways designed to guide practice in this area, health professional participants in this study were asking for training and further information about financial advice services, and, the UK benefits system in order to put this guidance into practice.

Study implications

- Evidence from this study suggests that there is substantial professional awareness, concern and sensitivity associated with the reality and possibility of the existence of poverty in the lives of a proportion of their clients.
- Health visitors and family nurses expressed a strong sense that they have an important and legitimate role in practice to raise the issue with their clients and signpost to support where need is identified. Midwife participants seemed less clear about their role in relation to this area.
- Health professionals' nuanced understanding and associated concerns about the risks, as well as the benefits, of raising financial matters during routine consultations, their concern about their own working knowledge of benefit entitlements, and their capacity to support clients within the time constraints they have, suggests FIP implementation gaps in the northeast context.
- This research also indicated that parents with very young children living on low incomes in the northeast would benefit from support and help to increase their household incomes to cover their costs of living and debt acquired as a consequence of changed circumstances, particularly in relation to local and UK government benefit and tax credit entitlements. These findings were evident from data collected in 2021, and therefore, within the current context of the so-called 'Cost of Living Crisis', we believe this need will be apparent for more families in more recent times.
- Families and parents who have never previously found they needed to supplement their incomes via social assistance, were a group that health professionals and parents viewed with concern. Perceived lack of knowledge about the benefits system and how to navigate it was the basis of those fears. This issue also seems even more pertinent at the current time

with predictions of rises in energy bills predicated to hit those single parent families with children the hardest.
- This study has limitations associated with the lower levels of participation in the study than were hoped for from midwives based in Moray and Aberdeenshire, parents living in the same areas, and from fathers and people from Black and Ethnic Minority Groups.

Several questions have arisen on the back of this study. These include determining:

- The extent to which onward referrals for financial advice are taking place on the back of conversations about financial concerns between health professionals and their clients?
- The nature of any outcomes associated with any such referrals?
- The extent of maternal food insecurity and the extent this is impacting directly on the health of pregnant and post postpartum women in the northeast?
- How household food insecurity experience is impacting on infant food security, and mothers' decisions related to breast and bottle feeding, and weaning in this context?
- How might the economic distress caused to parents and young families be impacting the health professional staff supporting them?

Recommendations
A series of recommendations were co-produced by the research team and members of the research steering committee. Those recommendations are detailed in the full report but are focused on:

1. Dissemination of findings
2. Organisational support needed to help midwives and early years health professionals deliver on the FIP aims and objectives
3. Training to support effective income maximisation conversations and advice provision that minimises associated parental risks.
4. Parent-focused recommendations associated with enabling health professionals and the health care environment to help:
    - De-stigmatise claiming benefits and social assistance amongst parents
    - Encourage the uptake of referrals to income maximisation agencies
    - Support parents suffering financial hardship who have no obvious means of increasing their income.

Background and study rationale

All Scottish NHS Boards and their partners are required to undertake actions to help tackle child poverty by enabling, for example, better access to financial advice and support for all pregnant women and families with children under five who are in contact with midwifery and early years nursing services. The so-called Financial Inclusion Referral Pathway (FIP) between maternity and nursing services and money and welfare advice aims to help maximise incomes of those women and families identified to be at risk of financial hardship. However, there are a range of questions arising about its possible effects (both positive and negative) on midwifery and nursing services, and, on women themselves. These include questions associated with the: **1.** preparedness and capacity of NHS Grampian's midwifery and nursing services to deliver on the FIP aspirations; and **2.** the preparedness and willingness of women themselves to engage with this policy offering.

The study was funded by an NHS Grampian Endowments grant (No 19/031)

Research Aims and Objectives

This study aimed to enhance understanding about the early implementation of the Financial Inclusion Pathway within the NHS Grampian area in relation to its impact both on clinical practice, and the experience of care. To address the aim, two objectives were developed and guided a qualitative investigation of:

- NHS Grampian midwives, health visitors and family nurse practitioners' experiences of associated with the introduction of the Financial Inclusion Pathway directive within routine antenatal appointments and post-natal care of pregnant women and families with young children.
- The views and experiences of women targeted by NHS Grampian's Local Child Poverty Action Plan associated with the early implementation of the FIP.

Methods

A steering group of professional clinical leads and parent representatives was established at the outset of the study and advised on different aspects of its conduct and conclusion drawing.

The two study groups targeted for this research were characterised in the following ways: *Group 1* A. Midwives working in pre and postnatal settings. B. Health Visitors and Family Nurse Practitioners working with families with children who are five years and younger. *Group 2*. Pregnant and post-natal women who are either: lone parents, or, who has a family member who is disabled, or has three or more children, or, is from an ethnic minority, or, who has a child under 1 year of age, or, is under the age of 25 years.

Due to COVID-19 pandemic restrictions and increased NHS workload pressures, some adjustments to the original methodology were made. Firstly, after discussions with the steering group it was clear that hosting focus groups with Group 1 participants, as had been originally planned, was no longer feasible. Therefore, it was agreed that individual interviews would take place with practitioners drawn from midwifery, health visiting and family nursing who were based in Aberdeen City, Aberdeenshire and Moray.

NHS ethics and R & D approval were sought and granted prior to the start of field work (IRAS no. 290576). Informed consent was sought and obtained from all those who agreed to take part in the study prior to each interview. Two topic guides were developed in line with the research questions, and in agreement with the steering group. Topic guides can be found in Appendix 1 and 2. Group 1 interview topics included questions about 1. the nature of child poverty in practice areas, 2.

experiences of raising financial issues during routine care, and 3. perspectives about their roles in relation to this practice domain. Group 2 topic guides covered participants views about their experiences of discussing financial challenges with health care professionals; their perceptions of the risk and benefits of doing so; their perspectives about what could help to encourage more people like themselves to take advantage of this initiative. All interviews were transcribed and thematically analysed.

Participants were recruited using a purposive sampling approach that represented the two groups outlined above. Study Group 1 participants were recruited with the support and encouragement of midwifery, health visiting and family nurses' clinical leads. Group 2 participants were recruited with assistance of participants of study Group 1 who promoted the study with their clients and patients. Study group 2 participants received a £10.00 shopping voucher for their time.

Interviews took place between April and August 2021. Data-collection for both groups took place via individual telephone or internet-mediated interviews from across the same three NHS Grampian regions. Audio recordings were uploaded into a password-protected research folder located on RGU's networked R Drive. Audio recordings were fully transcribed. The audio recordings, transcripts and interview field notes were all stored and managed within an NVivo project database, which was also located within the aforementioned R Drive. The transcripts and field notes were thematically analysed by FD and EMacI.

Findings

Demographic characteristics

Group 1 participants Eighteen health visitors, community midwives and family nurse practitioners based in all three NHS Grampian areas took part in the study – 10 health visitors (4 Aberdeenshire, 4 Aberdeen City and 2 Moray); 3 Midwives (2 Aberdeenshire, 1 Moray) and 4 Family Nurses (3 Aberdeen City and 1 Aberdeenshire) and 1 team lead. Several of the participants had previously trained as and worked in a different professional health care capacity, prior to their current role (e.g. nurse, midwife or health visitor) and reflected on these experiences also. Recruitment was challenging for this group due to the impact of COVID on staff workload and capacity to engage with research during this intensely busy time. However, it is fair to say that of the 18 interviews that took place of the 20 intended, we observed that no new information was forthcoming from the interviews as those final few interviews took place. So, we are confident that we have captured a good spread of views within the study sample that we believed is a good representation of views held within the workforce in northeast Scotland.

Group 2 participants Twelve women agreed to take part in the study. We purposively sought individuals who were known to be clients of health professionals for this study having interviewed 10 women with very young children via two local food pantries (See Appendix 3 which presents this study's executive summary). Comparing and contrasting those two groups' experiences, it seems the levels of poverty experienced by this group were not quite as severe as the previous study. However, all were on a low income or experiencing varying degrees of financial hardship at the point of the interview, and many also indicated that their incomes were negatively impacted by debt repayments that they were struggling to pay off.

All Group 2 were based in Aberdeen City and had at least one child under the age of a year or were living alone with their child or children and ranged in age from 18-37 years. Ten participants lived with one child and the remaining two were pregnant with their first child. The children's ages ranged from 8 month-6 years. Two women lived with their partner. Eleven resided in Aberdeen City, with one having just moved to Aberdeenshire from Aberdeen City shortly before the interview. Eight

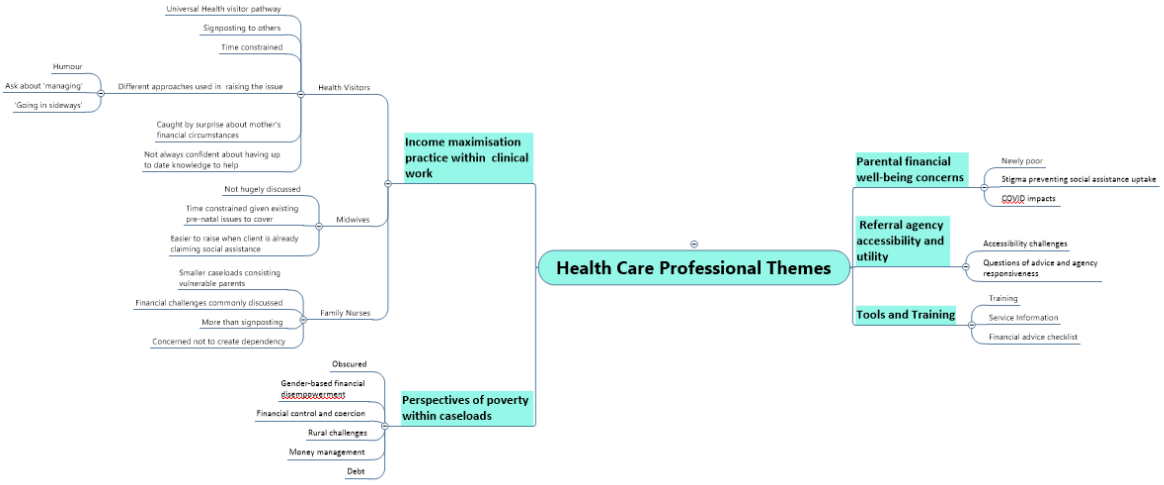
women were unemployed, two worked full-time, one part-time and the remaining woman was on maternity leave. Most were claiming Universal Credit and ten participants were living alone with their child. Of those unemployed, two were seeking work currently or in near future and one was on a year out from university. A total of 18 professionals were involved - 10 health visitors (4 Aberdeenshire, 4 Aberdeen City and 2 Moray); 3 Midwives (2 Aberdeenshire, 1 Moray) and 4 Family Nurses (3 Aberdeen City and 1 Aberdeenshire) and 1 team lead. Several of the participants had previously trained as and worked in a different professional health care capacity, prior to their current role (e.g. nurse, midwife or health visitor) and reflected on these experiences also.

The themes and sub-themes identified for both sets of data are now presented in turn.

Health Care Professional Themes

Five overarching themes were identified that were pertinent to all health care professional groups to a great or lesser extent. That is **1.** income maximisation work within routine clinical work; **2**. views about the nature and determinants of poverty within HPs' caseloads **3**. concerns about the financial well-being of 'newly' poor parents **4.** questions about quality, accessibility and responsiveness of referral agencies and support services; and **5.** tools and training required.

Figure One: Group 1 Health Care Professional Themes



Income maximisation practice within routine clinical work

Overall, the nature and scope of practice undertaken by the three different professional groups taking part in this study, played a key role in determining when and how often financial challenges were discussed during routine health care conversations. Each professional group appeared to have different sets of expectations and practices that determined how easily or readily this happened. Parent's willingness or openness to discuss money worries with health care professionals was also a key determinant of those conversations. Outward visibility (or otherwise) of financial insecurity, also determined whether and how HCPs raised, recognised, and responded to parents affected by economic challenges.

Family Nurse Practitioners

We understood that FNs have smaller caseloads compared to HVs and were known to focus on cases where there was established need that related to vulnerabilities associated with their clients young age. Indeed, as highlighted above, FN participants confirmed they raised financial issues as a matter

of routine with all their clients, that their clients expected them to do so and were open about their financial struggles. They also pointed out that raising financial issues was an existing and integral aspect of their routine care and component of the programme they delivered. A University of Colorado initiative was mentioned by some being the underpinning philosophy and licenced programme that governed FN practice in Scotland, which was focused on pregnancy, infancy and toddlerhood. Family nurses also differed from HVs in that they meet their clients at much earlier points in their pregnancies, compared to routine pre- and post-natal care in Scotland, and see their clients every two weeks until their child is 2 years of age when their care is transferred to a HV.

They reported routinely asking about and devoted time to helping their young clients get help in areas of their lives affected by very low income, such as housing, transport, food, and childcare. They also reported that their clients expected to talk about financial concerns with them and their relationships were established on that basis and in line with the NHS Grampian FIP aim.

Some FNs talked about being concerned not to create 'dependency' in some of the clients and wishing to avoid *'spoon-feeding patients'* with help. FNs talked about their dilemma here in trying to maintain a balance in the context of their client relationships illustrated by this example:

> "'*because we are in such close contact with our mums, we have a therapeutic relationship, they knew that they could ring and knew that they could ask for anything, though want to also encourage self-efficacy*".

However, it is also the case that even with this remit and understanding, FNs could still be taken by surprise at the level of undisclosed financial challenge that affected some of their clients. A few talked about how financial challenges only become apparent at the point when they transferred their responsibilities to the care of health visitors when their client's child reached two years of age. It was at this point apparently that a few parents would only '*let you in'* and disclose they are in some form of financial crisis.

Health Visitors

Most HVs referred to the Universal Health Visiting Pathway guiding their practice in this area as it includes a question about financial challenges. Many indicated that questions of financial concerns were raised as a matter of routine more often nowadays compared to previous years. However, their interviews also revealed varying practices in relation to how they go about initiating conversations about financial issues, when they asked about them, and how often they revisited the conversation. This was interesting to find as we understood that the Universal Health Visitor pathway required all HVs to raise financial challenges with all clients as a matter of routine, although the majority of HVs explicitly stated that they raised with every woman. It seems some found it more challenging to raise the issue with clients who did not appear be experiencing financial difficulties, and concerns about unintended negative consequences for women associated with the dynamics of their personal partner relationships. Time-constraints within the context of their workloads prevented them having the sorts of discussions they believed were needed for this issue, and beliefs about their limited knowledge and capacity to be able to support clients navigate the benefits system was also a barrier to raising the issue. These issues are picked up in more depth below. Establishing trusting client relationships were considered key to discussing sensitive issues like finances.

Most HV's viewed their role as more a signposting to welfare advice services compared to their views of FNs role as one which provided some more in-depth welfare advice directly (as part of pathway) and as well as referrals onwards to other agencies for clients, which FNs themselves

seemed to describe doing. Here this HV explains that she didn't feel that she could take on anything other than a signposting role due to the wide range of areas her role already covered.

> *We're dieticians, speech and language therapists, doctors.....we're, you know, we're, we're everything.....and, to place another job on us is not probably a good idea.*

HVs also talked about the fact that they had many roles assigned to them, but little control and capacity to take on more roles in their jobs in the current busy context including complex welfare rights issues. However, we found that both HV's and FN's, were referring on and signposting to local services but were also, in some cases, directly supporting some of their clients with practical help. This included going to food banks and picking up and delivering food parcels or helping them to get access to electricity or other utilities such as telephone access.

This following illustrative quote from a HV explains below how she approached raising the issue, indicating that she does so by framing the conversation in terms of a chat about managing to get out and about day-to-day, illustrated below:

> *I suppose, I, I tend to talk, I try and make my appointments more a, just an engaging chat… I know this is one thing, one area I'm going to talk about, and I usually try and introduce it by asking questions that bring us to the affordability bit, element, or, you know, the does mum drive, how mum's managing or, or, you know, you offer, you know, say, well, there could be a place here, for your child or, you know, could you go to this activity, and then you'll discover, well actually, it becomes clear that really, you know, mum can't because she doesn't have the, the ability to get there or, erm.*

This indirect *'going in sideways'* featured in another HV account too who said that asking questions about employment status often led to conversations about financial hardship and debt.

Another HV says she used humour (jokes) to raise the issue, giving what seemed like tacit permission to her clients to talk about financial issues, by referring to herself as *'an Aberdonian',* to ask if they were getting all the benefits they were entitled to.

There was also a strong sense that some HVs (like their FN colleagues) were sometimes *'caught by surprise'* at the existence of money worries their clients had. Some describe finding that some women hid behind a confident and well-presented exterior appearance, and an apparently stable, well-resourced household but were in fact struggling to manage financially due to insufficient household income, "*all fur coat and no knickers"* as one HV described this phenomenon.

Related to this, some other HVs talked about the challenges of having conversations with families who were living in more affluent areas compared to those living in more deprived areas, and about relying on their professional judgement to determine how and whether to broach the subject. Where someone lived in the city for example seems to play a role in determining the likelihood that this issue is raised and how often it is, illustrated in this excerpt.

> *.., a lot of it comes down to professional judgement as well, and I think, on reflecting, I probably have to adapt more, like adopt more of a, you know, asking, asking everyone approach. Erm, right now, my caseload is spread across various parts of, erm, Aberdeen. I have a pocket in the central city and then I have, erm, a larger area in the sort of x and y, area … So, I have a mixed caseload.. so probably, you know, this is probably wrong, but, I think I'm less likely to ask financial questions depending on where my families are*...(HV)

Midwives

We found that midwives said they raised the issue less often than their HV colleagues, with some stating that they had little time to get into conversations about financial challenges due to the range of other mandatory tasks they were required to undertake in their midwife role. HVs and FNs who were midwives earlier in their careers talked about having more time to establish and develop relationships with women in their current roles compared to their previous midwife roles. The nature and scope of those HV and FN roles they felt, enabled the trust and rapport necessary for discussions of this nature to take place. One FN, who was previously a midwife, asserted that financial issues were not routinely discussed in practice, and talked about the onus being on the patient to raise the issue rather than the midwife and that it wouldn't have been a conversation she would have pre-empted herself.

> *So, I would tend to find from, from a midwifery point of view, it's not something that was hugely discussed. It would tend to be something that if people asked me, I would refer them on to somebody else who could help them.*

However, most midwife participants also indicated that they felt they touched more on financial issues during routine care more nowadays compared to the past. They also reported that women themselves expressed less concern or queried their reasons for asking questions about finances less nowadays compared to the past too. Like some HVs' experiences, some MWs indicated that routine queries of domestic abuse could sometimes lead to conversations about financial challenges.

Most MWs also talked about finding it easier to have those conversations when a client was already claiming some form of social assistance. This was found to be a helpful cue to those discussions, as described by this midwife:

> *I would say I kind of knew the basics of what they were entitled to, and where to go for it, but it wouldn't be a conversation I would've pre-empted. It would've been a conversation that, erm, you tended to find that the ones who were within the sort of benefit system knew who to ask, and knew to ask for certain forms and certain grants to be filled in. So, they were quite proactive really.*

In those cases, participants observed that those clients were just generally more aware of their entitlements compared to those who were not and were ready and prepared to have a discussion about those with their midwife.

Some study participants said they felt they had "*lots of open discussion* [of financial challenges]" about those issues in practice, but that it would only happen if "*women want to and are willing to share*".

Perspectives of poverty within caseloads

During the interviews, participants described their observations and beliefs about the nature of poverty within their caseloads, and those emerged in 6 sub-themes, *hiddenness, gender-based financial disempowerment, financial control and coercion, rural challenges, money management and debt.*

Obscured

Some HVs and FNs reported that financial issues often only become apparent when parents presented with another issue first. For example, when dealing with a child's behavioural problem, or concerns about child neglect arising from nonattendance at scheduled clinic visits. One FN interviewee explained that financial stress and poverty was almost always present in child neglect cases as an underlying and exacerbating issue. This quote below illustrates this phenomenon where

she describes how initial professional judgements about parental behaviour, in this case, not bringing their child to health clinics can lead to questions of child neglect. She goes onto say that when trying to establish what is causing parent's apparent lack of willingness to follow through on appointments that they often find that poverty or inadequate income lay behind this behaviour, and that it was only through sensitive questioning that some parents would admit they had challenges affording the transport to be able to attend, as in this case:

> *You know, if .., we're seeing repeated, they're not coming for appointments, it means we have to talk about, well, erm, does it mean that, erm, is it because they can't, they haven't got the bus fare, they can't get the taxi to get to an appointment. So, what we will do is we, we will sort of couch these things in, their neglecting their child, but actually, poverty is often the biggest barrier for them to then parent that can, erm, meet that child's needs. But, as you know, poverty's often hidden.. and they won't, they'll, they'll just say, I forgot, I didn't get the letter, but when we really start unpicking it and drilling down, it might be that they genuinely don't have the wherewithal to get to, to medical appointments.*
>
> *And it's really important that we follow up these appointments, and when we do go back, we often get, I don't have the bus fare. I can't afford a taxi. I know they said they'll reimburse me, but I don't, I didn't know that they would reimburse me, I didn't have the money to book the taxi in the first place. All these things, you know, I had to get two buses and how do I, how do I do that. So, I, I absolutely know that it stops our parents, erm, accessing the care that their children need at times, that's dental care as well, and obviously we get, that's a huge sign of neglect, the way that, you know, families look after their child, their children's dental care (FN)*

Indeed, some participants said they believed that financial problems were often kept well hidden from view (as in the discussion above) and found that parents concealed poverty in the same way they tended to conceal poor literacy skills too.

Related to this, some HVs and midwives indicated that they were aware that embarrassment and anxiety about being known to be struggling financially would prevent some women from disclosing they had a problem, for fear of being referred to social services. At the same time, concerns to respect parents' private business were also argued as a reason why some HVs and midwives were reluctant to intervene and ask about financial circumstances as expressed by this FN's quote:

> *I think some families might be worried that if we are aware of their financial situation, that we'll think negatively about the family, we'll judge them or, we may, you know, refer them to social work, and they'll have other people sort of nosing about their, their private business. So, you know, cause some families are very private, you know, about, you know, what's, what their situation is and that's, you know, you have to respect that at the end of the day as well. (HV)*

Gender-based financial disempowerment

HVs and FNs also highlighted differences in cultural mores associated with discussing finances outside of the family. A few indicated that they believed some women had very little financial control within their family over finances where *"men only talk to men about the financial situation*". Consequently, they found that some women were reluctant to talk to about with them about those issues, because of their perceptions about those cultural norms and practices.

Related to this were participants reflections about immigration status and their experiences and knowledge that some families were not entitled to UK benefits. They viewed this as something that

significantly exacerbated the economic challenges facing some families, and they found it difficult to know how to help those so affected.

One FN talked about her sense that being poor and in debt had become so ‘normalised' in some circles, that poverty was no longer viewed as a problem by some communities. She therefore found it challenging to suggest that not living in poverty might be possible for her clients, without the risk of offending them or challenging their sense of self-worth by doing so.

Financial control and coercion

Concerns or suspicions about male partner financial control and coercion, was a feature of some abusive relationships, and also highlighted by HVs and midwives as key considerations when discussing financial issues with women in the presence of their partner. With the advent of lockdown, some had noted that it had become difficult to speak to women on their own, as male partners were at home more, and able to hear and see conversations between their partner and a health care professional they otherwise may not have done in the past. Possible negative consequences associated with raising the issues of finance in this situation were described in terms of them *“open[ing] up a whole can of worms”*. However, it was something that HV thought they needed to address and not shy away from doing, with one HV stating she believed partners should be included in all discussions around family finances.

Rural challenges

Rurally based women were also mentioned as being at increased risk of financial hardship due to the poverty premium they experienced associated with the increased costs of living outside of the city and large townships that were associated with food, fuel, and transport costs. This excerpt from an interview with a rurally based HV trainee spotlighted the phenomenon she had noted in her practice, by drawing attention to her observations that there were large numbers of lone parents (women) living in this context, who had no access to a car or regular public transport and were living on very low income.

> *There's that rural idyll,…. I love living in the middle of nowhere. I'm lucky that I can drive, I have a car, I, you know, I see that, but that reality is not the same for many a woman who is there with small children, doesn't drive and doesn't have the money for a taxi. There is no bus service, you know, it can, so, manifesting in many different ways, but that living on, on the edge of being able to manage financially, you know, and prioritising the essentials may mean the children are fed and they get the school bus to school, but that, actually, the rest of life is very impoverished and, I have seen, I've been quite taken aback by how many families, single parent families, are in rural locations, possibly because they've been housed to escape from abuse or to move, you know, to move out, from difficulties in areas, and are then trapped, literally, you know, in a way, with, maybe a local shop, if they're very lucky, but that local shop's probably more expensive and, and very limited in, in what it can offer.* (Trainee HV Moray)

Money management

A few participants talked about their thoughts about the use and misuse of finances as they viewed the choices their clients made about the ‘appropriate’ use of finances. For example, one FN talked about a parent using emergency funds to buy something for herself and using a second-hand charity) to buy children’s clothes.

Some participants appeared to believe that some groups of clients were better at managing their money than others illustrated thus:

> *some of the women find it difficult to manage their money. So, they might get themselves into a tricky situation, but I don't, I'm not wanting to stereotype that areas, but it's just..., it's, you know, it's the cycle of the generation, you know, input, that, you know, money comes into one hand then it goes out in the other quite freely, without thinking about making it eek out longer. So, I couldn't say a, you know, a particular percentage of women, but I think definitely, it's more noticeable in that areas of deprivation compared to, you know, West End, you know, families.*

This is an interesting finding given that people with lived experience of poverty and low income that we have interviewed for this study and a related study in 2020 (see Appendix 3), contradicted those beliefs, with very low-income participants reporting in-depth knowledge of money management and self-sacrifice. i.e. going without food and buying necessities such as replacement underwear, to feed their families and enable them to present themselves as unaffected by poverty, were reported as common coping strategies by them. Interestingly we detected that this impression of their clients' poor money management skills was based on participants personal beliefs rather than directly acquired knowledge from their practice, as this quote illustrates:

> *But I do believe that targeted support and education for the lower, you know, socioeconomic groups, sometimes, I think that would be more beneficial, but that's just my belief.* (urban midwife)

Debt

One further issue to emerge under this broad theme was HVs and FNs awareness and disquiet about the extent of debt that featured in the lives of some clients. Related to this was their concern about their vulnerability to so-called 'loan sharks' and the associated risk of accumulating even more debt, illustrated here:

> *think one of the issues that we've had in the past is actually families being targeted by, erm, you know, their data being collated and then those families being targeted by, erm, debt, lone sharks, basically...P ...you know, and those families that, you know, are very vulnerable in those areas of deprivation, you know, they don't understand finances and when someone's coming to the door saying, oh, what would you like, yes, I'll, I'll give you £200.....but it's 200% APR on it, they don't understand that, and there doesn't seem to an element of protection for those families either, you know.* (HV)

Parental financial well-being concerns

'Newly poor'

Despite the challenges recognising and raising financial concerns with parents described above, many expressed a view that they thought parents were more likely to have financial challenges and be worse off nowadays, compared to previous times. Interviewees commonly talked about how financial issues are generally more *'out there' and* discussed more regularly (amongst colleagues and clients). Believing this was the case, some talked about the requirement for HPs to look beyond appearances and ask everyone about financial challenges regardless of apparent circumstances, and that "*we can't make assumptions about families and whether they are financially stable or not".*

Many also talked about believing that more people in general had become *newly poor* and that those were people they wouldn't traditionally have been concerned about. This was often linked to changing economic circumstances arising from the COVID pandemic.

Some said they found it easier to ask clients about financial challenge particularly since the advent of COVID, illustrated here:

> *I actually find it's one of the easier ones. ..Even asking about alcohol use within families, sometimes can seem really intrusive in a way, and I find with the financial, asking about financial, particularly because of Covid, perhaps that's almost given us a, a way in… There's families for whom it's not relevant or they, you know, almost express their gratitude that they don't, they don't need such service, but they're very appreciative and they certainly don't seem to be mind being asked. (rurally based HV trainee)*

This concern about the *'newly poor',* due to changing financial circumstances since the pandemic seemed to be a cause for heightened concern for some HVs and midwives due to those parent's lack of any previous engagement with the benefits system, and their perceptions about parents having poor knowledge of their entitlements and experience to draw on to claim those entitlements. A recurring theme was the view of parents in low-income areas as not only being more open to talking about their money worries, but also having more knowledge and awareness of their entitlements, compared to parents living in more affluent areas.

Stigma preventing social assistance uptake

Concerns were also raised about parents' (newly poor or otherwise) willingness to engage with the benefits system if they'd never previously applied for help, due to their perceptions of the stigma attached to benefits or welfare claimants. Some theorised that the negative views commonly held about benefit system users could be a reason why some people, who were eligible to claim social assistance, would not go on to do so, illustrated in this quote from a trainee health visitor:

> *I know how some of the forms, that the claims forms are, you know, incredible. They would challenge people with intellect and legal degrees so, it's not surprising that people aren't always claiming everything they're entitled to, and for many people, I think the whole process is beyond their capability, either because, you know, stress-wise, or just because they look at it and are frightened to even go near it. And then there are others, for whom, of course, they know the system back to front, and that's the way they've brought up generation after generation and they know exactly, and I do feel there's a lot, the stigma comes often from people thinking they'll be seen as spongers, rather than recognising, actually, you know, it's, it's not like that at all. (HV trainee).*

COVID impacts

Another important learning point midwives and HV participants reported from the pandemic times, was the difficulty some parents experienced in getting access to birth certificates during the first lockdown due to GDPR issues. This seems to have prevented many parents from getting access to maternity benefits, as they were unable to procure their newborn child's birth certificate to provide evidence of their entitlement to those benefits, illustrated by this quote from a midwife.

> *one of the challenges, for the Financial Inclusion Pathway has been, during Covid, is that they couldn't get the birth certificate…. there was a delay because they couldn't access, they couldn't go in person to XXXXX to get the birth certificate, and then they couldn't get their child benefit, they couldn't get the Best Start, be, because they didn't have the birth certificate with them. (MW)*

Consequently, during this period some families were directed towards food banks and other charities for basic needs. Some HVs viewed this action as necessary but also as a last resort that they felt quite unhappy about, as illustrated with this quote:

> *I see that happening but, it, it feels wrong that this is having to come from charitable and, and, and voluntary organisations and that this, you know, shouldn't be the case in this day and age, that the, the, the essentials are not affordable for some families. (Trainee HV)*

In relation to this, a few HVs and FNs talked about how challenging they found it handing over food parcels to some of their clients that they knew contained foods that were at odds with the healthy eating advice they gave parents in their care. Both quotes below from different interviewees highlight their observations of the poor quality of the food provided through this source, and the distress it causes them knowing this to be the case:

> *Family nurses are having to do, erm, emergency drops, you know, food parcels or, you know, through Social Work, or signposting to foodbanks, and that's, that's new, that's definitely an emerging thing. And the thing about that, and we know this, is that impacts on dental health, it impacts on, erm, obesity because, I'll be honest with you, I've seen the, the, the stuff from food banks and, whilst of course, it's an absolute saviour, I don't believe the quality is, is what we want for our children. You know, I look, I look in the bags cause I'm, I'm sitting in a social work department at the moment, and they, they often dropped bag they distribute it, and I look inside them and I, why are we giving pot noodles and, erm, I don't know, sugary, sugary cereals and like Angel Delight packets and, I just think, oh God, you know.* FN

> *I, have huge admiration for, you know, the whole concept of (…) supporting people who are living in food poverty, but I have seen first-hand what they get and it, it, it makes me want to cry because I wouldn't buy that food. …* HV

Referral agency accessibility and utility

Accessibility challenges

When it came to questions of experiences of referral agencies, interviewees held a range of positive and less positive views about their quality, accessibility and responsiveness. A common emergent theme, amongst all three participant groups, was a perception - based on observations of client's experiences - that the UK benefits system was complex to navigate, overly bureaucratic, time-consuming and costly for clients to be able to secure benefits from. Some talked about their clients needing to spend a lot of time contacting someone who could help them, and they would often give up trying to claim extra benefit entitlements because of this. Some participants also talked about their clients not always being able to follow through on the referrals they made, because they didn't have money for bus fares, or phone or internet connections that were necessary to make contact, as illustrated in this quote:

> *so, you know, during Covid. So, you know, you can tick the box as a practitioner, yes, I've given them the telephone numbers of the Citizen's Advice, you know, I've done money talk, I've done all of this, and you can tick that box, but if that young person can't then access that because they've not got internet, or they've not got data.* HV

There was also a perception running through the interviews that the various processes that made up the benefits system had become so complex and bureaucratic to navigate, that some felt it had been deliberately engineered to put people off persisting to get a positive outcome. Some HVs and FNs

observed that moving Universal Credit claims to an online platform had been a significant barrier to clients getting access to entitlements and emergency funds. This FN's quote illustrates this assessment of the complexity facing young people as a result:

> *you know, it's fine me saying, oh, here's the email address, you know, here's the telephone number, but if they didn't have the finances, A, to have a phone, B, to have internet and C, to have the skills to do it. It's one thing going in face to face if they're a 15 year old, or a 16 year old with a baby, but to do it on the phone as well. And again, if they were under 16, then the Child Benefit goes through the mother, the grandmother…..So, there was lot, there's a lot of layers and a lot of complexity to, you know, the Financial Inclusion Pathway with young parents (FN)*

And this HV's quote highlights those views about the challenges facing people getting a positive outcome from the benefits system:

> *you know, for instance, I suppose, on top of, you know, a busy workload anyway, the thought for some people of having to then fill out, you know, erm, having the time to fill out, you know, benefits claims forms and things like that, is quite off putting, you know, or because the benefits system is just so complex, sometimes folk say, well, you know, I just don't understand it enough myself.. (Trainee HV)*

Several HVs also talked about being reluctant to raise the issue and signpost to referral agencies because they did not have the necessary time to support and assist them with the paperwork and effort required due their existing and for some, expanding workloads. This view was often shared in the context of their experiences of trying to help previous clients, as illustrated here.

> *…just the form filling as well, roundabout that, you know, I mean, it's difficult enough trying to support families just with, erm, nursery applications and things, sometimes, because, you know, the systems change, and it becomes so complex. Erm, so, yes, I don't think filling out forms for us, for benefits, is really, erm, an appropriate use of our role. (HV)*

Some noted that a couples' combined employment status, where the male partner could be working, and the female partner not, also acted to undermine the mother's entitlement to claim benefits, something that links to the gender-based financial disempowerment theme above. FNs also highlighted the challenges facing some of their young clients who faced the prospect of losing benefits if they wanted to go into higher education for example. This was viewed as a significant disincentive for young mothers aspiring to continue their education once their baby was a little older.

Lacking knowledge about entitlement and resources available to increase household finances was also evident in these interviews. Knowing what to do with personal financial status information, once in possession of it was also a key concern illustrated by this trainee health visitor's observation:

> *I do feel, where my lack of knowledge comes in, I would say, is that I'm not always sure what I can refer to, or where to refer to.(Trainee HV)*

Questions of advice and agency responsiveness

The Citizen's Advice Bureau (CAB) was awarded the contract as the key referral agency by the Scottish Government to support the Financial Inclusion Pathway in 2019. We noted that the CAB was viewed by some interviewees as less accessible than they would wish. Some talked about their

clients experiencing long waits for appointments and it not always offering advice that was helpful to them. One participant talked about her own experience of trying to get help from the CAB when her own children were very young and had not found the access and advice offered at the time was particularly cognisant of her needs, illustrated here:

> *….getting a bus with two, two, well, a baby and a toddler, from Aboyne to Aberdeen.....to then queue in the Citizen's Advice, to then, you know, waiting for two hours in that situation, with two young kids, to then have a man come out with a walking stick and hearing aid, and couldn't hear me, never mind understand my benefits or situation.*

Some interviewees indicated degrees of uncertainty about such advice services being able to deal with referrals and respond in a timely way to meet clients' needs when they are dealing with an immediate crisis, illustrated here:

> *The family nurses, I, are following the advice to contact the Citizen Advice but, what I'm also hearing is that, is that that is maybe not always an easy kind of route, in terms of the maybe not getting back to them on time and obviously, you know, by the time you need to access that kind of support you want somebody to respond to you quite quickly. FN/HV*

In Aberdeen City, the council's Financial Inclusion service appears to be the more commonly used and most highly rated financial advice service working in this arena by interviewees. This service was well known to city-based FNs and HVs who had considerable historic experience of its use. FNs indicated that when it came to dealing with debts, women preferred to speak to this Financial Inclusion Service, which some believed may be due to that service being able to access clients' individual records directly, and then give them specifically tailored advice as a consequence.

We also gained an impression that referrals were being made to a wide variety of different information sources throughout the NHS Grampian area. The use of those sources seems to have arisen from practitioners' local knowledge of available services they had learned about through their day-to-day work in the local area, and experiences of those that had been proven helpful in the past. The range of services mentioned included those that were considered 'mainstream' such as the aforementioned Financial Inclusion Services, but also Abernecessities.

Educational needs and other tools

Training

As mentioned above, some interviewees indicated that they didn't feel they had accurate or up to date knowledge to feel confident in giving advice on money matters or benefit entitlements. Many indicated that additional training, awareness-raising, or sharing of information around welfare rights to ensure professionals' basic level of understanding was up to date was required, so that they were better able to advise their clients more effectively. This was requested based on perceptions that the benefit rules changed frequently, and their knowledge became quickly outdated as a result.

> *I think the difficulty with it is, we have to be knowledgeable and aware of all the benefits to say, oh, you'll eligible for this, eligible for that, and that's something that's always been an issue for the community staff, is resources and projects, they all change, names change*...HV

A few participants indicated that they felt they would benefit from more training and receiving updates from benefit agencies.

Services information

Many were unsure of the range of help and support that was available particularly in relation to local charities and other service providers that could help maximise household income. Many had found out through the grapevine and word of mouth who they could refer on to through their work experience over time, highlighting that they found it difficult to keep up with information about specific service providers and agencies, as the individuals they knew who worked there and they could contact, came and went. Some talked about wishing they had access to a *'big spreadsheet'* or leaflet detailing all services and support available they could hand over or point parents' to once they had identified need within their conversations. Having a single point of contact such as a person, or, a hub that people could be referred to for help with accessing services and resources was also viewed as something that could help.

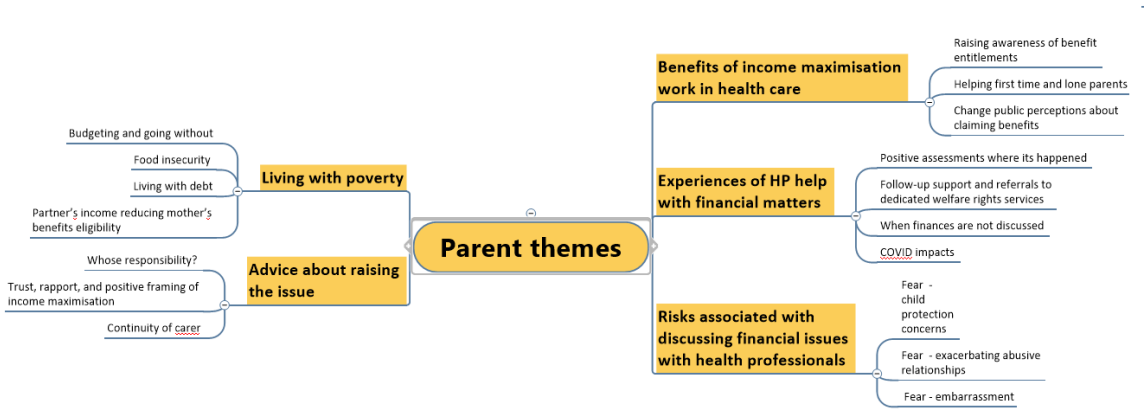
Financial advice checklist

Having some sort of checklist to help them recognise if someone is in financial danger was also considered a useful tool to assist with this work.

Parent Themes

Five main descriptive themes emerged: i. the context of living with financial hardship; 2. experiences of assistance with financial matters; 3. risks associated with discussing financial issues with health professionals; 4 thoughts about health professionals raising the issue; and 5. perceived intervention benefits. Within each broad theme, several sub-themes were evident.

Figure Two: Emergent Themes from Group 2 (Parent) Interviews



Living with poverty

Budgeting and going without

All participants believed and took some pride it seemed in their belief that they had good budgeting skills. Just as in the 2020 study, we found descriptions of careful budgeting and compromises (going without) were also a prominent feature of those findings, which generally followed a pattern of allocated money to bill/ debt payments first, then food shopping, followed by working out what to do with anything that might be left over for clothes and treats or little luxuries - which are typified by this example:

> *So, once, obviously, that money comes in, you have to pay your rent, all the bills, then all the shopping, and they you're, you're left with nothing, for leisure, you know….so, it's like one month, okay, I've got a, maybe buy less shopping so I can actually take my daughter out and go play somewhere, you know.* (22-year-old university student with 2-year-old daughter).

This was the case not only for the majority of interviewees who were reliant on UC for their income, but was also true for one person we interviewed who was in employment:

> *Well, I, I've, I always manage to, erm, I always mostly, I always manage to cover the basics... and everything.....obviously, the food and bills and everything else, but when something extra.....as in, I don't know, cost of uniforms.....if I, if I want a couple, or a few, then I am more looking into like maybe swap change or.....or I will buy new as well, but I will know for a fact that I will have to like maybe save £20 there, £20 there and so, you know, trying to manage in that way…… I basically live from a salary to salary...*

Food insecurity

Most participants described food insecurity experiences. Half (six) of the participants were either current users of food banks or food pantries (either often or periodically) or had used those in the past. In cases where participants said they didn't use food banks some reported relying on family members for help with food bills. Care and concern to feed nutritious food to their children were also commonplace but admission that that it was difficult to buy what they wished because healthy food cost too much to buy.

> *I like to eat healthy…so, it's quite expensive to eat healthy…Like, chocolate's cheaper, and it shouldn't be.* (Full-time carer of her 10 month old daughter)

Living with debt

Local government debt repayments appear to be a major cause of economic hardship and anxiety for some of our participants. For example, one young parent told us she found out she had accumulated debt because of council tax re-banding, and had been unaware of this until she received a letter asking her to pay the sum back in a fortnight. She had no idea how she was going to pay this back, which she explained thus:

> *I've got a few letters saying that I'm supposed to paying £100, I think it was £127 per month.....and now I've got a balance that says £586.80 is paid within 14 days....of this letter, which I got today...or, my debt will be passed to the Sheriff's Office for collection… so, they've done this without a phone call, without notifying me through text or phone….because I don't even, you know, I can't, I can't afford that.* (Full time carer of 10 month old daughter living on her own)

Another participant told a similar story having accumulated rent arrears that she was unaware of when she moved into her new flat while pregnant but still working as a carer at that point. Having been forced to stop working because of the COVID lockdown (for fear of it impacting her pregnancy and the baby's health), she had found this had affected her ability to consistently afford basic needs like food and bills because *Some months are a bit better, cause my Universal Credit isn't constant.....cause I'm paying for my rent arrears, it's like different every month, it's never been the same.*

Partner's income reducing mother's benefits eligibility

Some participants talked about (just as the HPs had mentioned too) that they were affected by or aware of friends and family members who were ineligible for government benefits because their husbands or partners were working. This is illustrated in this quote from a 23 year-old former oil industry employee (with a 9 month-old son and husband who was working), who talked about some individuals that she was aware of who were not eligible for certain benefits because of their combined household incomes, but were struggling financially because of all the costs of living they had assocaited with their circumstances:

> *I've got a friend, erm, she's, she's got a little boy, and because of her husband's income, erm, she can't get any of this help at all, which, obviously, there's certain, obviously, allowances they do can, but I think it's, that's like another example of, you know, someone that does need that help, but can't get it.*

This quote from a 29-year-old woman with an 8-month-old son whose husband was working describes the challenges that HP study participants highlighted that was associated with her husband's earnings preventing the family from claiming maternity or other types of benefits:

> *Oh, again, it was a very hard situation for like a year, for me and my husband, because before my baby was born, we tried to apply for a child grant and like it was like for food coupons, I don't remember properly about that, but for all the, the letter we have, no, you're not available, because your income is so high, you're not available for that type of grant, or that types of benefits as well.*

Experiences of help with financial matters from health professionals

Positive assessments where its happened

Most participants spoke highly of helpful or supportive family nurses or health visitors who had offered varied types of support in relation to them and their baby, child development, feeding and weaning and financial issues. Many spoke about having open conversations with their family nurse or health visitor about finances, but only two recalled having had financial conversations with their midwife during pregnancy.

Some participants who recounted their experiences of getting advice and support from their health professionals expressed positive views about those, as illustrated here:

> *She was really good….anything about money-wise, like we, erm, what's it called, like things were coming up, she would tell me to apply for them, and make me aware of them and stuff like that… , she always like made sure, erm, obviously, cause I was living myself, like, made sure I was getting everything* (19 year old woman with a 2 year old son talking about her Family Nurse experience)

This young mum with a 1 year-old child had been referred for an assessment of her benefit entitlements in Aberdeen City and had found that she had not been claiming all that she was entitled to.

> *She referred me to them to see if I was definitely getting everything I was entitled to….really helpful, yeah, cause when it, like, yeah, I just spoke through with them, and then they just made sure I was getting everything I was entitled to, which I wasn't at the time.*

One of two the participants who had had a conversation with her midwife about financial challenges seems have done so because she was made redundant from her job during the first COVID lockdown, just as she was about to go on maternity leave. It seems that this event that had precipitated a conversation with her community midwife that had resulted in her being given information about the Sure Start scheme which she successfully applied for and gained benefit from. She was very happy about the way the midwife had helped her.

Follow-up support and referrals to dedicated welfare rights services

Only two participants had ever been referred to a specialist welfare rights service. Here there was ever more of a mixed picture in terms of the experiences and benefits gained by parents from those experiences.

In one case, where the referral was to the Citizen's Advice Bureau, it had not met the participants' expectations and therefore the individual concerned had no plans to consult this service in the future, as illustrated here:

> *I've, erm, asked for advice before from the Citizen's Advice and it's just, it wasn't what you expected kind of thing. So, I just haven't.....approached them since.* (28 year old women 35 week pregnant)

The other experience (illustrated below) had related to Aberdeen City's Financial Inclusion team. This experience was found to be more helpful compared to the above:

> *Financial Inclusion team it was….she referred me to them to see if I was definitely getting everything I was entitled to…really helpful, yeah, cause when it, like, yeah, I just spoke through with them, and then they just made sure I was getting everything I was entitled to, which I wasn't at the time* (single mother of one year old son, works part time)

Missed opportunities for income maximisation conversations

Others talked about their experiences of not having conversations about financial issues during periods when they felt it would be beneficial to do so, or until it was too late to benefit from any entitlements, they might be eligible for. One such case was a participant who was a mental health nurse working full time, living alone and 35 weeks into her first pregnancy at the point of the interview, she had been seeing her midwife for several months, but had not discussed financial matters with her. She said that she had significant worries about her income once her baby was born but had not talked about those with the midwife as she (the midwife) hadn't raised the issue with her. She explained that her midwifery care had focused exclusively only on her physical health and the growth of her baby, and that she "*didn't know if you were able to ask the midwife about stuff like that".* She was planning to take 9 months maternity leave and had no idea what sort of financial supports she could get or how she would manage to live after her maternity payments reduced at 8 weeks post-partum, and "*thought that when the baby's born, I'm going to struggle".* When asked if she knew who could help her with money advice, she said she didn't know who to turn to.

Another young student mother of a two-year-old daughter, who was relying on her mum for money to help with bills whilst budgeting and spending carefully, talked about how she only heard about benefits she would have been entitled to through hearing about it from other mothers, but was no longer eligible to apply for as her daughter was by then too old, explained thus.

my midwife, she was very, very lovely.....but, she didn't tell me, erm, a lot about all the benefits. I didn't find out until I started to, speaking to other mum's, and then it was too late for me to claim it, cause my daughter was too old... ……when I got speaking to them, that's when I found out, actually, you can, you can get this, and I was like, oh my goodness, I didn't know. And, where I now live, there's other young mums in this building, so I end up speaking to them, and them telling me, actually, you can get this, you can get that.

A phenomenon also illustrated in this quote was that parents commonly only found out about income maximisation schemes and possible entitlements through social media and "word of mouth" from friends, peers and via social media, also mentioned by other participants in this study, and a prominent theme in the 2020 study too.

COVID impacts

The impacts of the Covid-19 pandemic were variously discussed by the women participants. Some women discussed having had more money because they had been going out less over lockdown whilst others had less due to increased online shopping, and the additional costs associated with staying at home such as energy bills, as illustrated below:

I would just say more towards like the end of the month and stuff, like, cause obviously, before you next get pay, obviously, just due to like Corona, staying in a lot more like, gas and electric and food bills are a bit more expensive and... (19 year old woman with a 2 year old son).

The women also discussed how the nature of contact with their key health care professional had changed – essentially face-to-face visits had been replaced with 'virtual' contact via an online platform or telephone. Most of the women felt that this worked out well and were reassured that they could request a face-to-face visit if required. Similar findings were also evident in the 2020 study.

Risks associated with discussing financial issues with health professionals

Fear - child protection concerns

Just as the HP participants speculated in their interviews, some parents were fearful about drawing attention to their financial problems, illustrated by this quote from an 18-year-old mother of a 2-year-old daughter. She had never disclosed she had financial problems "*because I've been too nervous or too, too frightened because, for myself, and I've just been like, no, it's okay".* It is important to note that her quote also suggests that she would actually deny there was a problem if asked directly.

Fear - exacerbating abusive relationships

Fear due to partner financial control and coercion (a theme that emerged with the HP interviewees) was mentioned in one participant's account of why she didn't raise the issue with her midwife during pregnancy.

I was working actually when I was pregnant, pregnant.....I was working until, I think it was eight and a half months really.....erm, and, not to go into a lot of details, but I was, erm, because of the abuse.....abusive relationship I was in, I wasn't almost allowed to talk to anyone about

anything. So, it would've been difficult to bring up finances and things…..so, it was purely about, purely about pregnancy. (single mother with 6-year-old daughter)

Later in her interview she shared her thoughts about what might help other women who are having problems with financial control and coercion, where the partner may be present at the appointment or during home visits. It could also be the case that a partner may not be in the room at home, but somewhere else in the house at the time 'listening in'. It was suggested by one parent participant that HVs could give their clients a code word to use to communicate the individual was struggling with this issue in private and was finding it difficult to raise in the context of a consultation to get round this problem. It was notable that concerns about financial control and coercion was thought to be a major barrier to raising economic hardship by the HP participants.

Fear - embarrassment

Most participants thought that embarrassment or shame prevented people from admitting to any financial struggles, illustrated here:

*I think some people might be a bit, I'd say concerned, obviously, just cause it's financial and some people might be, be embarrassed or something, but I think maybe if they seen the benefits of it as well, it would maybe encourage them to speak to them about it. (*19 year-old woman with a 2 year-old son)

The participant cited above, also talked directly about her fear of being embarrassed during health care consultations if she raised the issue with her health visitor. It was sobering to hear her say that she imagined that the immediate response to admitting she was struggling financially would be that she would be asked if any of her family could help her first. She said she was embarrassed at the prospect of having to admit that her family could not in fact help her with essentials like food or formula milk:

I feel like you could talk to people and the first question they have is, do you not have family that can help? And not all of us do, know what I mean, like, we might have family but not everyone's family can help you like that, know what I mean? So, I feel that they maybe try push it onto families and you feel a bit embarrassed….know what I mean, it is an embarrassing sort of thing to be like, oh right, even, I don't have money to get formula, milk or food for my family, it's embarrassing. (unemployed former carer who was pregnant at the time of her interview)

One non-British national participant talked about being given a lot of advice and encouragement from her midwife and health visitor about claiming social security benefits but had found that the type of visa that allowed her to stay in the UK meant she was not entitled to state support while on maternity leave. She was hoping to start work as soon as possible.

Perceived benefits of income maximisation work during routine care

No participants had heard of NHS G FIP or were aware that professionals were explicitly using NHS G FIP (though very similar to HV/FN pathway). However, like our HP interviewees, client participants viewed the FIP concept positively when asked about the idea.

Raising awareness of benefit entitlements

The main perceived value lay in its potential to help people become aware of their benefit entitlements. This was based on a perception that most people were unaware what they could claim

when pregnant and that this initiative could prevent people from missing out on accessing money at a time when they most needed it, illustrated here:

> *Yeah, I do, definitely, cause I've found quite a lot of the time you don't even really know everything you're entitled to and I think quite a lot of people miss out on certain things*. (22 year old women with 3 year old daughter)
>
> and
>
> *A 100% yeah, because I think like, unless you ask nowadays, I don't think like people, like, they don't, like it's sort of something that they don't want to make you aware of. I think unless your looking for it, there's not real, there's not, like advice that's kind of open...* (28 year old women 35 week pregnant)

Helping first time and lone parents

Another major benefit of this concept evident in all interviews, was the notion of how helpful it would be, or was, for younger, first-time parents and lone parents. It was notable that those younger, first-time mums in our study expressed a lot of enthusiasm for this idea, as illustrated in this quote:

> *because I feel like I'm, you know what I mean, pregnancy is never easy anyway, and if you're a young mother, or you don't have the support, or you don't have the finance, know what I mean, it is nice to talk I think having someone to talk about finances to, and just to give you a clearer head is beneficial…because people, and, people would rather suffer in silence, know what I mean, how much people go without food or, their kids, know what I mean, go without heating because they are too scared to ask for the help.., I'd maybe be more willing to tell them then maybe like, oh, look, I'm really struggling* (unemployed care worker who was pregnant at the time of her interview)

The notion of offering a 'one stop shop' for financial advice and support was also considered to be a potential benefit of the FIP concept.

Change public perceptions about claiming benefits

Other benefits mentioned included the notion of what it signalled about the acceptability of claiming benefits and that it communicated the idea that everybody was entitled to claim.

How to raise the issue

Whose responsibility: professional or parent?

When the participants were asked which health professionals were the most appropriate to raise and talk about money worries, most felt that HVs and FNs were in the better position to do so. Those professionals were perceived to have more time and better informed to be able to help with this issue. One participant described how she felt the physical existence or presence of her new baby made it easier to talk to health professionals, compared to the idea of talking to a midwife when the baby was not yet born:

> *...but I think, with a family nurse and health visitor, like when you actually see them, when you have your little one, like, they're more likely to kind of speak about it*. *(*19 year old woman with a 2 year old son)

However, there was also lot of discussion around the need for extra financial support when a baby is very young, due to changing circumstances such as loss of income at having to take maternity leave, relationships ending during pregnancy, and the high costs associated with having a young baby. e.g., buying baby equipment, formula milk, nappies etc. And therefore, a few said that they thought it potentially beneficial that individuals are provided with more opportunity to address this issue during the pre-natal period, as this participant points out:

> *well I mean, I think it's seems really appropriate that it's a midwife, cause I suppose you're kind of like, you're going through that pregnancy journey with them and, you know, it's probably when you worry about these kind of things the most* (28 year old woman 35 week pregnant)

One woman also felt that GPs could have a role (during routine appointments for well-woman checks), and another participant whose daughter was at school, thought teachers should also be involved in this work.

In our 2020 study participants commonly thought that health professionals should have primary responsibility for starting conversations about financial issues. Here we found fear, embarrassment and concerns about raising a red flag with social services about child neglect would prevent parents raising the issue themselves. In the current study, those same issues were mentioned as causing the same barriers, as described here

> *cause like it's a difficult thing to ask about. Erm, and I think sometimes it, it feels like there's an assumption, if you're working, that you don't need that support….but obviously, things change as soon as you have your baby* (28 year old women 35 week pregnant)

However, our analysis suggested that in the current study there was more support for the idea that health professionals and parents were equally responsible for starting finance conversations. One participant talked about holding this view based on her own position. i.e., that she would not raise it as she thought it would reflect badly on her parenting abilities, which is recounted here:

> *I think it's a bit of both, because, in my circumstances, like, I wouldn't ask for help...cause I just feel like it's my problem…It's a still a bit like, it's 50/50 really cause I just, I don't want her to think that like I can't provide for my daughter and stuff... (*30 year full time carer of 2 year old daughter)

Some participants believed that health professionals needed training about benefit entitlements to make sure they were up to date to be confident that they could initiate and provide appropriate advice.

Trust, rapport, and positive framing of income maximisation

Rapport, trust and positive framing of income maximisation were considered vital to the idea of health professionals discussing financial circumstances with pregnant women and parents during routine care, something that was stressed by the 2020 cohort too, as illustrated in the statements below:

> *...and then it's like having a good bond as well...cause me and L- had a really good bond. Like I could've spoke to her about anything kind of thing, so*. (mother of 9 month old son, looking for work)

and

I do think it's important to have a good sort of relationship, cause then you feel like you can trust them as well. (unemployed former carer who was pregnant at the time of her interview)

Conversations about financial issues and benefits entitlements to promote income maximisation need to be framed as a move towards supporting positive parenting and a responsible and caring act to promote the welfare of children, rather than something to be worried about or ashamed of as illustrated in these quotes below:

*Could they maybe just kind of like reassure them, like, it's not really an embarrassing topic, and they're just trying to kind of help make sure they're getting everything and... (*19 year old woman with a 2 year old son)

and

I think just making people well informed and like, you know, highlighting benefits. (28 year old mother)

Continuity of carer

Several of the participants also highlighted the importance of continuity of carer in fostering a trusting relationship and open discussion, as illustrated below:

…because if I saw like a different person each time, like, you don't really, you don't know them, do you, so you don't know. (single parent of 2 year old son, works part time)

Discussion

Parent themes

Reflecting on the key findings from our interviews with the expectant and postnatal women who took part in this study, the following key issues are important to highlight.

In terms of the insights these data provided about lived experiences of poverty and caring for babies and young children in northeast Scotland, several of the key themes that emerged during our 2020 early COVID pandemic period study, also remerged during this study. This included recurrent themes associated with parent's careful budgeting to make ends meet and going without food and other personal expenditures as a related coping strategy also features in the current study. Personal experiences of food insecurity and concerns about the nutritional quality of the food participants could feed their children, were also commonly reported.

Themes that were not so prominent in our 2020 study but featured more obviously here, included admissions of living with debt, alongside descriptions of the processes and events that led to them having to do so. Those seemed commonly linked to having insufficient income to cover the costs of living, council tax and other debt associated with overpayment of benefits due to changes in personal circumstances that had often happened while being pregnant. Those routes into debt experiences were also commonly accompanied by accounts of participants trying to manage challenging debt repayment plans and struggling to do so. Financial disempowerment due to the impact of a partner's income of the women/mother's eligibility for benefits was also an obvious theme here too for those participants living with a partner or spouse.

Bearing in mind these data were generated in the summer of 2021, and we are currently experiencing the unprecedented so-called 'cost of living' crisis in the UK, which is characterised by significant increases in the cost of food and fuel, and a range of other essential goods and services, it seems highly likely that the levels of hardship reported here have worsened considerably since this research was conducted. Indeed, the most recent Food Foundation food insecurity tracking survey, published this week (9th May 2022)[1] showed a rapid increase food insecurity prevalence in the UK population to 13% from Jan to April 2022. This rapid increase is linked to increasing pressure on families' disposable incomes due to increased energy bills, petrol prices and background inflation, as well as the cost of food. In addition, the survey authors point out that benefit levels were uprated by 3.1% in April, which is below the rate of inflation, which is currently sitting at 7%. Consequently, the need for income maximisation efforts and action seems even more compelling as many families simply will not have income to meet their needs if this trend persists.

To that end, it was interesting to note strong support amongst our parent participants for the FIP concept. The perceived benefits they associated with this approach were linked to first time parents, lone parents, and young parents. Where participants had experience of conversations and support from their health professionals about financial matters, these were positive and appreciated by those concerned. Their views about the potential of the FIP to reduce stigma associated with claiming benefits, was also notable. In addition, the missed opportunities to gain more income during pregnancy and the early post childbirth period described here, suggests there may be unmet need elsewhere in this population subgroup, where earlier intervention on this matter might enable more individuals to benefit from maternity benefits and avoid accumulating or exacerbating existing

[1] Food Insecurity Tracking | Food Foundation

debt. As the 2020 study suggested, peer advice and knowledge still seem to have been a primary source of information about benefit entitlements for young parents with good social connections.

The personal risks that some participants perceived to be linked to disclosing financial hardship to health professionals included that it could raise health and social care worker child protection concerns, exacerbate abusive personal partnership relationships and lead to experiences of shame and embarrassment in admitting hardship. Those perceived risks also figured prominently in our 2020 study and therefore we argue that those factors are not insignificant barriers to full engagement and implementation of the FIP concept. However, this current study showed that our professional participants are also sensitive and aware that parents might experience those challenges too. In terms of parent participants' advice about how those fears may be alleviated or ameliorated - building trust and rapport, carer continuity, and framing conversations about claiming benefits as a positive parenting act, also featured prominently as key attributes. What this study determined about whose responsibility it should be to raise the issue, from parents' perspectives', is less clear.

Health professional themes

In terms of professional's perspectives and experiences, the nature of practice undertaken by the three different professional groups taking part in this study played a key role in determining when and how often financial challenges were discussed during routine health care conversations, as we expected to find. Each group had a different set of norms and practices that determined if, how or when this happened. Perceptions of parent's willingness to disclose money worries appeared to be a common factor across the data (regardless of professional group), as was the material visibility (or otherwise) of financial insecurity. Perceptions of place of residence also dictated whether and how HCPs raised, recognised, and responded to parents affected by economic challenges. Being perceived to be current claimants of social assistance seems to have helped many health professionals initiate or engage in conversations about household finance. When reflecting on those client's experiences (reported above) about not finding out about entitlements until after they became ineligible, and theirs and health professional participants 'concerns about 'newly poor' parents and their lack of knowledge and expertise in claiming social assistance, is another indication of unmet need in this client group.

However, alongside those concerns about the risks and benefits to parents of financial disclosure offered during routine clinical work, there were different views about how well parents managed their money which did not appear to be strongly grounded in direct discussions with parents about those issue. Some health professional participants indicated that they thought people living in deprived areas were less likely to manage their money well, compared to those living in more affluent areas. This view was often supported by beliefs that poor money management practices were engrained and learned from previous generations living in the same areas. People from those communities were also perceived to be more likely to benefit from financial education too. Yet parents interviewed for this study, and the earlier piece of work in 2020, indicate that people living in low-income communities appear more likely to possess good knowledge and skills, and devote considerable time, energy and acts of self-sacrifice to the cause of managing their money and caring for their children. This evidence arguably contradicts those health professional beliefs, or at least challenges those beliefs. At the same time, health professional concerns about clients' vulnerability to financial exploitation by local money lenders was notable. This view was linked to their observations about the existence of debt in some of their client's lives (reported to be a common experience) and was viewed as a challenge to good money management.

Health professional participants perspectives of the challenges facing single rural dwelling mothers with young children in relation to limited transport options and related experiences of isolation, and, costs associated with living in a rural setting, were also noteworthy.

It is also worth drawing attention to participants' observations of their experiences of acting as couriers of emergency food aid provision to some of their clients. Those who described doing this work also discussed different degrees of moral distress in doing so. This related to their first-hand observations and assessment of the poor nutritional quality of the food parcels they were handing out to clients who were struggling with food insecurity. Those personal observations conflicted with the nutritional advice they were giving clients about healthy eating for themselves and their families. They were also troubled by personal comparisons drawn about the type of food they would buy for themselves, (i.e., not what was contained within those food parcels) compared to that they were handing to their clients. Some were also troubled their beliefs about how they felt, at a structural level, that people living in this (rich) country should be expected to rely on charities to provide them with food parcels to live on.

In relation to that structural framing, some participants also indicated some reticence and raised concerns about the risk that the FIP could be used as a 'tick box' exercise. This related to their fear that this work could lead to an appearance that someone had been helped to increase their incomes through this pathway because they had generated a record that such a conversation had taken place and a referral had been made, but that the reality, and associated practicalities of achieving a positive outcome for any client concerned, who didn't have the necessary resources to undertake engagement with the referral agency, would not necessarily result in such an outcome being realised. Their perceptions about observations about the dynamic nature of public policy changes that affect benefit eligibility and entitlements, and their concerns about being sufficiently up to date to give any related advice, were also viewed as something that inhibited participants' referrals to financial advice services.

And therefore, while it seems to have become more routine for all professionals' groups to raise financial issues more often with more parents, especially since the advent of COVID-19, we didn't get an impression this was happening as universally across the board as might be hoped or envisaged in the frontline practice due to several related factors. Having sufficient time in practice and being in possession of the knowledge and confidence about how to identify need and then signpost to support services health professionals were confident were able to assist their clients gain help from, seems to be instrumental in reports where participants talked confidently and positively about routinely engaging in this type of work.

That said, the relevance of poverty to health was also clear in most health professional participants' narratives. Most were aware and concerned about the presence and potential risk of poverty for new and existing parents, with the COVID pandemic appearing to have heightened those concerns in recent times. We were at the same time struck by the sense of health professionals' feelings of powerlessness in the face of the material and psychological barriers they perceived parents faced in successfully navigating the benefits system to increase their incomes. Participants' views that the benefits system appeared to be designed to put people off claiming their entitlements were notable. Similarly, their awareness of poverty stigma (mentioned above) and their understanding of the challenge this might represent for some women (as mothers) in terms of what it might signal about their ability to parent their children, was also obvious. Those fears were thought to explain why some mothers would 'hide' their poverty. In addition, concerns not to increase the risk of or exacerbate partner financial abuse and coercion through insensitive discussions in the home or the clinic, also inhibited conversations about financial challenges in practice.

Therefore, our study revealed a picture of professional practice that indicates that raising financial issues in routine clinical care work remains challenging and represents significant 'emotional labour' for those on the frontline in the context of demanding professional caseloads.

Limitations

This study is limited in two key areas; 1. the small numbers of parent participants from Aberdeenshire and Moray, and the smaller-than-hoped-for numbers of midwives from those rural contexts too and 2. the relatively homogenous parent participant sample characteristics, in terms of ethnic background and gender demographic profile. Nevertheless, the study presented a good spread of professional views from across all three disciplines and in general the parents who took part were younger compared to our 2020 study and provides valuable insights into health professionals' views and experiences associated with an issue that has become a key public health challenge of recent times.

Implications

In terms of the lack of progress witnessed in addressing health inequalities and child poverty trends in general, some researchers and policy makers suggest may be due in part to the so-called implementation gap in relation to embedding policy into practice[2]. Evidence from this study suggests that there is substantial professional awareness, concern and sensitivity associated with the reality and possibility of the existence of poverty in the lives of a proportion of their client caseloads, and amongst health visitors and family nurses there seemed a strong sense that they have a legitimate role in practice to raise the issue with their clients and signpost to support where need is identified. COVID-19 appears to have brought this issue more to the attention within those professional groups too than seems to have been the case previously. However, health professionals' nuanced understanding and associated concerns about the risks, as well as the benefits, of raising financial matters during routine consultations, their concern about their own working knowledge of benefit entitlements and, and their capacity to support clients within the time constraints they have, might explain some of the implementation gaps we have noted here. Consequently, any perceived inaction or unwillingness to engage with the FIP, on the part of health professionals, by national policy makers and associated local actors should be considered in light of these findings.

Despite the existence of the various professional pathways that have been designed to guide their respective areas of practice, health professional participants in this study were asking for training and information about financial advice services, and the UK benefits system in order to build confidence and skill in conversations about financial challenges. It was interesting to note too, from parents interviewed for this study, that they also believed health professionals needed to be better informed about the sources of support and benefits eligibility in order to foster wider public confidence in their ability to help in this domain.

Questions arising

What is less clear from this study, and needs further investigation and monitoring, is the extent to which onward referrals are taking place on the back of conversations about financial concerns between health professionals and their clients. Moreover, the outcomes associated with those referrals are not clear, and is another question that needs addressed.

This study also suggests an urgent need to address maternal food insecurity and the extent this is impacting directly on the health of pregnant and post postpartum women in the northeast.

[2] Health inequalities in Scotland: An independent review - The Health Foundation

There are also concerns and questions arising about how household food insecurity experience is impacting on infant food security, and mother's decisions related to breast feeding and weaning.

Finally, there is an urgent need to determine the extent to which economic distress to parents and young families caused by socio-economic fallout from COVID and the current cost of living crisis in the northeast, is flowing through to an increased risk of staff burnout[3]. Health professionals in this study could clearly see the links between health and poverty, but also perceived themselves to have limited capacity to address their clients' social and economic needs from within their scope of practice. Some participants expressed different degrees of moral distress too, which was related to their feelings of powerlessness in relation to the range of challenges they were aware their clients faced because of their socio-economic circumstances; including observations of the quality and quantity charitable food support (through food parcel provision), that they were sometimes having to seek out and hand over offered to families in food crisis to those families. In the context of existing NHS staff recruitment and retention issues, that have been further exacerbated by the COVID pandemic; understanding the extent of such moral distress and it's relationship to staff burnout is also an issue that needs to be better understood in terms of the design of any supports and measures that might be introduced to reduce or prevent it from occurring.

Final word to Chris Littlejohn

My main initial response to reading [the report] is that it is (further) evidence that policy implementation is never as simple as a logic model or other planning tool implies, and that even a "simple pathway" requires significant inputs in terms of engagement, 'ownership', and skills, never mind the complexities involved in 'joining up disparate services and organisations.

Recommendations

The following set of co-produced recommendations was developed with input from all steering group members and reflects their and the research team's interpretation of the findings and their implications, for NHS Grampian's early years health care professional staff and the pregnant women and families with young children they support.

Dissemination findings

Wide-spread socialisation of the report is essential to raise awareness, contribute to planning and direct scrutiny of actions and initiatives. NHS Grampian's Plan for the Future provides a robust strategic environment within which to prioritise progression against the recommendations. This is not an exhaustive list, but the following groups will be key in supporting the delivery of the recommendations.

- NHS Grampian Health Inequalities Action Group
- NHS Grampian Integrated Family Portfolio Children's Board
- NHS Grampian Integrated Family Portfolio Women's Board
- NHS Grampian Public Health Operational Management Team
- GIRFEC Leadership Group (Moray)
- GIRFEC Strategic Group (Aberdeenshire)
- Integrated Children's Services Board (Aberdeen City)
- National Child Health Commissioners, Children and Families Division, Scottish Government

[3] *Capacity to Address Social Needs Affects Primary Care Clinician Burnout* Alina Kung, Telly Cheung, Margae Knox, Rachel Willard-Grace, Jodi Halpern, J. Nwando Olayiwola and Laura Gottlieb The Annals of Family Medicine November 2019, 17 (6) 487-494; DOI: https://doi.org/10.1370/afm.2470

- Public Health Scotland Children and Young People's Special Interest Group

Organisational support for staff

- **NHS Grampian should give a firm commitment to staff expected to undertake conversations about financial challenges during routine care, that they will receive an ongoing programme of appropriate training and support to help them do that.** This action is recommended on the basis that previous income maximisation training for midwives and health visitors has taken place as one-off events, but not sustained. The study steering group view this recommendation as particularly important to instigate, as it believes that there is urgent need to upskill new and inexperienced staff entering the NHS Grampian workforce (to replace those retiring or due to retire), so they have the knowledge, skills and confidence to refer patients and clients to the appropriate services in Moray, Aberdeenshire and Aberdeen City.
- Related to this issue, there is also **an urgent need to identify the appropriate strategic group within NHSG who would assume overall responsibility for ensuring this rolling programme of training and upskilling work takes place, and is delivered to the standard required**. The Inequalities Action Group or the Children's Board were suggested as suitable to take on this role.
- Consideration should also be given to **linking health care professionals with relevant local third sector stakeholders and welfare rights workers, to enhance their knowledge and understanding of their locally based income maximisation services and supports**.
- There is a need to **harmonise the language and definitions used to describe financial services and supports** for appropriate referral by staff.
- Health care professionals working in NHS Grampian could also benefit from the creation and use of **a central, digital resource that enables their access to up to date information of support service available in all three HSCP areas** to support those parents who live across HSCP boundaries. The Grampian Intranet is one possibility, which the midwife's website https://www.birthingrampian.scot.nhs.uk/ could be linked.

HCP training and support recommendations

- Conduct a **review of the type of training that may be included in the aforementioned income maximisation educational programme to determine its suitability to deal with the complex issues and barriers identified** here that inhibit routine enquiry about financial challenges, e.g. perceived and actual risks of exacerbating partner violence, financial control and coercion, and parental concerns about triggering Child Protection processes.
- Provide early years HCPs **with regular update training associated with Department of Work and Pensions and Scottish Social Security benefits entitlement and changes**.
- Consider resurrecting both Motivational Interviewing and Effective Conversations training as part of a rolling programme of training for staff.
- Run a **pilot training programme of poverty awareness training/poverty sensitive practice for staff to test its usefulness and impact on staff confidence and practice associated with raising the issue within their practice.** Our study found that HCPs were not necessarily confident about recognising if a parent was struggling with money, and parent participants indicated they wouldn't necessarily reveal they had problems to a health professional. Furthermore, the steering group has learned that women from more affluent areas of Aberdeen City were self-referring to CFINE's SAFE Team through outreach work, suggesting

that health system was missing hidden poverty amongst mothers living in areas traditionally regarded as affluent.

- Provide early years HCPs **more client contact time to initiate and engage in sensitive conversations** about financial and related challenges.
- **Alternatively, or at the same time, develop locally based networks between midwives and health visitors and their local Links Workers or Welfare Rights workers to enable those professionals to provide parents with access to update-to-date information and practical support that can help with income maximisation.**
- Provide all early years HCP **with regular training updates on benefit entitlement changes.** Staff recognised that this was a constantly changing landscape and knowing this undermined their confidence about giving advice about benefit entitlements.
- Related to this, **ensure that all early years HCPs have easy access to a Benefits Calculator** that would provide them with up-to-date information with which to advise their clients about their social assistance entitlement.

Parent-focused issues

- Develop health care system communications material and messaging **to de-stigmatise the notion of claiming benefits,** or seeking help with them, amongst young parents
- **Provide health professionals with a means of supporting parents who have insufficient income to meet their needs,** but who are receiving their full social assistance entitlement, or who have no recourse to public funds.

Further local research is also needed to:

- Understand how the **FIP is impacting on income maximisation services use,** due to a health professional referral.
- Determine **a better understanding about the impact of the FIP related to the extra income secured** due to a health professional referral.
- **Develop a better understanding of the nature and prevalence of maternal and infant food insecurity,** given, 1. the lived experiences of extreme financial challenges experienced by young vulnerable parents reported here and experiences of food insecurity recounted, and 2. new local knowledge shared with the steering group, that there is a noted increase in the number of women who are being arrested for stealing infant formula in Aberdeen City.
- Determine **how best to reach mothers and carers not claiming benefits who may be entitled to claim them but are reluctant to do so or unaware they are eligible to receive them.** Women living in more affluent areas were believed to be at risk of being overlooked as a group who might benefit from support and advice, because they would not previously have been at risk of income insufficiency.

Appendix 1 **Topic Guide – Midwives/ Health Visitors/ Family Nurses**

Study - Midwives', health visitors', family nurses' and women's experiences of the NHS Grampian's Financial Inclusion Pathway in practice: A qualitative investigation of early implementation and impact

Check participant has had opportunity to read P.I.S

Purpose - As you know, this study is trying to find out about the views and experiences of pregnant women and parents, as well as midwives, health visitors and family nurses around the introduction of the Financial Inclusion Pathway, meaning that financial issues must be raised with all pregnant women or parents of young children, as part of their regular care. We want to find out how helpful you think this change might be.

Thanks - Thank you for agreeing to talk with me today. I really appreciate you taking time out to speak to me about this important issue and I want to thank you in advance for sharing your experience and expertise with me.

Time - Depending on what you want to say during the interview, it should take round about 30 minutes to complete. If you want to stop the interview at any point for any reason, please let me know.

Recording - We would like to record the interview so we can transcribe the audio recording. Are you OK with that?

Privacy, Confidentiality and Anonymity - If there are questions you'd rather not answer, please say so and I will move onto the next question. Just to say that the content of our discussion will only be heard and read by myself, the other members of the research team and the University-approved transcriber. When we prepare and present the final report we will use illustrative quotes to support our findings, but these will be anonymised. Are you ok with this?

Questions - Is there anything you want to ask me about or say before we start the interview?

Verbal consent questions asked here (if happy to proceed)

i. I understand that my involvement in this study is voluntary.

ii. I confirm that I have read and understand the study information sheet and have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.

iii. I understand that I can withdraw from the study at any time without giving reasons. I also understand that I will not be penalised for withdrawing or questioned about why I have done so.

iv. I understand that my interview will be audio-recorded for the purposes of data analysis.

v. I understand that anonymised (you will not be identified) data from this study will be used for reports and publications.

vi. I understand that the data will be stored securely and it will not be possible to identify me in any reports from this research.

vii. I understand identifiable contact information will be kept after the end of this study and this information will be held in accordance with the Data Protection Act and General Data Protection Regulation.

viii. The use of the data in research, publications, and archiving has been explained to me. I agree for my information to be stored on RGU servers.

ix. I freely agree to participate in this study.

x. I am happy to be contacted by the study team for future ethically approved studies.*(NB. This is not required to participate in this study)*

Complete verbal demographic questions

i. What is your primary qualification?

ii. What is your practice discipline area?

iii. What is your current job role?

iv. How long have you been in your current role?

v. Have you undertaken any additional training or have experience that may be relevant, e.g. welfare rights advice, raising sensitive issues with patients, etc?

Topic guide questions

Questions targeting Midwives

1. Can you tell me about your views and experiences of raising financial issues with all pregnant women during routine antenatal visits? Is this something that you do at the moment? If so, at what stage? With every woman or just particular women?
2. What are your thoughts and experiences around the nature and prevalence of financial exclusion / challenge for women that you are seeing in routine practice? Who do you believe needs and would benefit from financial support? How do you know who these women are?
3. What role do you have (if any) in supporting low income women and households in the antenatal period?
4. What role do you have (if any) in supporting low income women and households in the postnatal period, and in relation to the financial inclusion pathway in particular?
5. Is there any scope to include financial inclusion / income maximisation in routine birth and post-natal care planning processes?
6. What (if any) sources of information or support would help or enable you to undertake the allocated Financial Inclusion Pathway role more confidently?
7. Can you think of any possible unintended negative consequences arising from implementation and enactment of this pathway? If so, what are these? How might they be mitigated?
8. What impacts (if any) might there be in practice as a result of you enacting of the pathway?

Questions targeting health visitors and family nurses

1. Can you tell me about your views and experiences of raising financial issues with all women during routine post-natal checks?
2. What are your thoughts and experiences around the nature and prevalence of financial exclusion / challenge for women that you are seeing in routine practice? Who do you believe needs and would benefit from financial support? How do you know who those women are?
3. What role do you have (if any) in supporting low income women and households in the antenatal period? *(more relevant to family nurses?)*
4. What role do you have (if any) in supporting low income women and households in the postnatal period, and in relation to the financial inclusion pathway in particular?
5. Is there any current scope to include financial inclusion / income maximisation in routine birth and post-natal care planning processes?
6. What (if any) sources of information or support would help or enable you to undertake the allocated Financial Inclusion Pathway role more confidently?
7. Can you think of any possible unintended negative consequences arising from implementation and enactment of this pathway? If so, what are these? How might they be mitigated?
8. What impacts (if any) might there be in practice as a result of you enacting of the pathway?

Appendix 2 Topic Guide – Women

Midwives', health visitors', family nurses' and women's experiences of the NHS Grampian's Financial Inclusion Pathway in practice: A qualitative investigation of early implementation and impact

Check participant has had opportunity to read P.I.S.

Purpose - As you know, this study is trying to find out about the views and experiences of pregnant women or parents of babies or young children around the introduction of new government policy to help pregnant women and families of young children get financial advice and support to make sure they get all the money they're entitled to. This policy is called the Financial Inclusion Pathway. This new policy means that financial issues must be raised with all pregnant women or parents of young children, as part of the regular care provided by midwives, health visitors and family nurses. We want to find out how helpful you think this change might be.

Thanks - Thank you for agreeing to talk with me today. I really appreciate you taking time out to speak to me about this important issue and I want to thank you in advance for sharing your experience and expertise with me. Our hope is that this study will help make a difference to the lives of people throughout Scotland and the rest of the UK.

Time - Depending on what you want to say during the interview, it should take round about 20-30 minutes to complete. It's fine if its shorter than this, and fine if it takes longer. If you want to stop the interview at any point for any reason, please let me know.

Recording - The other thing I want to cover again is that you will recall that we would like to record the interview so we can transcribe the audio recording. Are you still OK with that?

Privacy, Confidentiality and Anonymity - And finally, you are not obliged to answer any of the questions I ask you. If there are questions you'd rather not answer, or you feel you don't have a view or anything to say about that question, please say so and I will move onto the next question. Is that OK? And one final thing, everything that you say will only be heard and read by myself, the other member of the research team and the University-approved transcriber. No one else is able to access that data. However, when we prepare and present the final report, we need to present what we call illustrative quotes to support our findings. We may wish to use some words or phrases you've used in your interview for that purpose. Those quotes will not be presented with your name attached though, as we will use a made-up name. Are you happy for this to happen?

Questions - Is there anything you want to ask me about or say before we start the interview?

Verbal consent questions asked here (if happy to proceed)

xi. I understand that my involvement in this study is voluntary.
xii. I confirm that I have read and understand the study information sheet and have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.
xiii. I understand that I can withdraw from the study at any time without giving reasons. I also understand that I will not be penalised for withdrawing or questioned about why I have done so.
xiv. I understand that my interview will be audio-recorded for the purposes of data analysis.
xv. I understand that anonymised (you will not be identified) data from this study will be used for reports and publications.
xvi. I understand that the data will be stored securely and it will not be possible to identify me in any reports from this research.
xvii. I understand identifiable contact information will be kept after the end of this study and this information will be held in accordance with the Data Protection Act and General Data Protection Regulation.
xviii. The use of the data in research, publications, and archiving has been explained to me. I agree for my information to be stored on RGU servers.
xix. I understand that the researchers will not tell anyone what I tell them unless they are concerned that someone might get hurt. If so, they will talk to me first about the best thing to do.
xx. I freely agree to participate in this study.
xxi. I am happy to be contacted by the study team for future ethically approved studies. *(NB. This is not required to participate in this study)*

Complete verbal demographic questions (explain that this will ask for standard demographic information such as gender identity, relationship status, age group, ethnicity, family and caring responsibilities, as well as work).

vi. Can you tell me where you live and how long you've lived there?
vii. How many people are there in your household, including children or babies? How are they related to you?
viii. How old are you?
ix. Can I ask how you would describe your gender identity?
x. Can you tell me a bit about your situation? (Employed, in education, unemployed, unable to work due to illness or disability, childcare responsibilities, caring responsibilities).
xi. Can I ask how you would describe your ethnicity?

Topic guide questions (points in Italic are PROMPTS only)

1. **You've already told me a little bit about yourself and your circumstances** (elaborate on parenting/ caring responsibilities, etc), **can you tell me whether you're in contact with a MW/ HV/ Family Nurse (as appropriate)?**

- **Do you always see the same person?**
- **How often do you see them and what types of support do they offer you?**

2. **As a parent (elaborate on individual circumstances), do you feel that you face financial challenges? Can you tell me a bit more about this?** (E.g. Not having enough money to cover basic costs? Doing without? Not being able to afford treats/ holidays/ luxuries etc? Having to work lots of hours? Managing/ affording childcare? Universal credit?)
3. **Have you heard about the Financial Inclusion Pathway?**

If yes - What's your understanding of this?

If no- give brief explanation – i.e. The Government has introduced a scheme called the Financial Inclusion Pathway, which means that financial issues must be raised with all pregnant women and parents of young children, as part of the regular care provided by midwives, health visitors and family nurses. Women / parents are then offered a referral to a local money service. This is to help women and families get financial advice and support to maximise their income.

4. **Have you had any experience of this? Has your MW/ HV/ Family Nurse ever asked about your financial circumstances?**
5. **If <u>yes</u>, can you tell me about your experience of this?** -
   - Who initiated the conversation?
   - How did it feel talking to your MW/ HV/ Family Nurse about financial issues?
   - When was this raised (pregnancy/ postnatal)?
   - Was it discussed once or on more than one occasion (or by more than one MW/ HV/ FN if in contact with more than one)?
   - What happened next? (Did you get seen by someone from C.A.B./ money service? How was this? acceptable/ helpful OR not? Why? In what ways? What happened next?)
   - Would you say that this has helped to improve your financial situation? (Elaborate – in what ways? E.g. support to claim particular benefits?)

   If <u>no</u>, based on brief explanation of F.I.P., would this be something you might find helpful?
   - **In what ways?** (E.g. access to particular benefits. Referral to specialist money advice service? Support to make applications for benefits/ other sources of financial support (e.g. grants, charities, etc).

   Do you think this is a useful scheme for families?
   - Why/ Why not?
   - Any drawbacks/ challenges you can think of?

- Would you be happy to talk about your finances with your midwife/ H.V./ family nurse? Why/ Why not*? (E.g. route to maximise finances OR reluctance to share sensitive details. Financial issues outside remit of health care professionals. Embarrassment/ fear/ Stigma, etc)*.
- Would you be keen to follow-up this with a referral to C.A.B/ local money service? Why/ Why not?

6. **Do you feel that MW/ HV/ Family Nurses are the most appropriate professionals to raise money issues with parents?** (why/ why not? If not – who might be more appropriate? E.g. social worker?)
7. **Can you think of any other reasons why pregnant women or parents might not want this screening or an offer of a referral for financial advice?**
8. **How can the professionals likely be involved in this** (e.g. midwife/ H.V./ family nurse) **best help and support families to maximise their income through the F.I.P.** (e.g. assurances of confidentiality, discussing with known and trusted professional, sensitive approach, asking at the right time and under the right circumstances, e.g. with partner support?)
9. **Overall, how useful/ helpful do you think this scheme is?**
10. **Is there anything else you'd like to say that I haven't asked you about today that you think I've missed asking?**

Appendix 3 Executive Summary

A qualitative investigation of the perspectives and experiences women and families living on low income in Aberdeen City associated with the introduction of the Financial Inclusion Pathway in 2019/2020

Jan 2021

SCHOOL OF NURSING, MIDWIFERY AND PARAMEDIC PRACTICE 2020

The Ishbel Gordon Building
Robert Gordon University
Garthdee Road, Aberdeen AB10 7QG

Acknowledgements

The study was commissioned for NHS Grampian's Child Health Commissioner in March 2020. The study timeline was delayed by the first COVID-19 pandemic lockdown and therefore this report provides some insights into parents' experiences of that pandemic as they compared and contrasted pre and current COVID-19 pandemic experiences. We thank all those parents who took part in the study, and who generously gave their time to share the perspectives and expertise.

This study was only made possible by the support and assistance of the staff and volunteers at CFINE and we would like to highlight and thank Dave Kilgour and Sophie Morrison for their particular support and help with this work.

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Executive Summary

Background

All health visitors, midwives and family nurse practitioners in Scotland must screen and offer a referral for financial advice to all pregnant women and parents/carers of families with children under five in Scotland. This innovation in clinical practice, the *'Financial Inclusion Pathway'* (FIP), was implemented as an aspect of the Child Poverty Act (2016), and included all Scottish joint Child Poverty Action Plans and is intended to maximise household incomes for all low-income families with children under five. Raising and discussing financial issues with clients is a novel aspect of clinical care for nurses and midwives. Little is also known about the women's perspectives about the acceptability and usefulness of this initiative to their lives. Furthermore, little formal research has focussed on the lived experiences of parents and mothers of infants and young children in relation to the challenges they face parenting on very low incomes in north east Scotland.

This commissioned qualitative study set out to determine any challenges parents might face engaging with the FIP policy in practice; their perspectives about aspects of clinical practice that could facilitate and / or support the aim of income maximisation through this means. In so doing, the study also aimed to capture current lived experiences of parenting on low incomes in the north east. This included consideration of current household food coping strategies. This research is particularly prescient given the pre-COVID economic context that was characterised by rising prices and declining household incomes has been further exacerbated by the COVID-19 pandemic response. Therefore, these findings should help to inform current practice, policy and nurse education based on the local needs identified in this study.

Objectives

This research project aimed to investigate:

- the lived experiences of parents/carers and mothers of infants and young children in relation to the challenges of parenting on very low incomes (including food coping strategies) in Aberdeen City;
- the challenges parents may face talking to health professionals about financial problems;
- their thoughts about nursing and midwifery clinical practice that would facilitate and support the aim of income maximisation through the FIP approach;
- parents' perspectives of the acceptability and usefulness of the FIP policy concept.

This interview study took place with parents who used or were supported by the Woodside or Community Foods North East (CFINE) food pantries or food bank[4] between July-August 2020.

Findings

Ten women, ranging from ages 20-41, took part; two participants lived with a partner, whilst the remaining eight women lived on their own with their child(ren). Each participant had between one and five child(ren), ranging in age from 2 to 18 years and all had one child under school-age. All lived in multiply deprived postcode areas within Aberdeen City.

Key findings

Parenting on a low income

[4]Food pantries are low-cost food outlets, sometimes refered to as social supermarkets, are concerned with supporting parents/ carers and young families living in poverty with food provisioning.

Impacts

Five key impacts were reported by participants that was associated with living on a low income. These centred on: **i.** their limited participation or access to paid employment; **ii**. reliance on insufficient social security income; **iii.** household food insecurity experiences; **iv.** practical and emotional challenges concerned with limited opportunities for their children's educational and social development; **v.** and anxieties related to treats and special occasion provision.

General coping strategies

In attempting to manage on a very low budget, four key themes were evident. These included, **i.** careful budgeting and prioritising household bills; **ii.** self-sacrifice; **iii.** relying on charity, friends and family, and **iv**. keeping up appearances to protect their children from social harm.

Food coping strategies

Food coping strategies were explored in more depth during this study. Parent's descriptions emerged under two broad key themes: *acquisition methods* and *management techniques*. Acquisition methods included **i.** using food charities; **ii.** only taking (food) that was needed; **iii.** passing on any surplus to others and; **iv**. shopping carefully. Management techniques included: **i.** careful budgeting and self-sacrifice; **ii.** maximising available food resources by limiting snacks and treats'; 'cooking from scratch' and batch cooking.

COVID-19 challenges

Our interviews took place in July this year, just as lockdown restrictions were being lifted in Scotland so there was a lot of discussion around the impact of the pandemic and the additional challenges this presented for parents raising a family on a low income. Those impacts were described in terms of **i.** losses or changes to income, **ii.** increased food and living costs, **iii.** additional demands on household income arising from long-term school closures, and **iv.** additional costs associated with the return of schools to accommodate mandates associated with regular school uniform changes and outdoor clothing provision.

COVID-19 restrictions and food-related issues

Lockdown evidently exacerbated food insecurity for our participants. It did so in two ways; by increasing the **i.** demand for food in the household, with the family at home all day, and, **ii.** constraining access to normal food sources such as the food bank or pantry. Lockdown also constrained access to the support of family and friends who could normally be relied on to provide meals or snacks to participants as a regular coping strategy.

Early years nursing services support, their role associated with financial inclusion work and awareness of the Financial Inclusion Pathway

Here we present the main themes that emerged from our discussions with parents about **i.** their interactions with their midwives or health visitors in relation to financial challenges they may have been experiencing in relation to parenting on a low income, **ii.** factors they believed either inhibited or facilitated conversations about household income sufficiency with health professionals, and **iii.** their awareness and views about the Financial Inclusion Pathway concept.

Challenges associated with discussing financial issues with health professionals

When asked about their experiences of sharing or discussing financial issues or concerns with health professionals, three key themes emerged**: i.** fears about their parenting abilities being questioned

and their child being removed from their care; **ii.** embarrassment; and **iii.** questions about the respective role and remit of health visitors and midwives in relation to this issue.

Advice for health professionals about raising the issue with parents

In response to the fears raised by participants in sharing their financial concerns with health professionals, various approaches and strategies to aid disclosure and ultimately support the aim of household maximisation through the FIP were identified. These included: **i.** positive framing of income maximisation work, e.g. claiming social security entitlements; **ii.** building rapport and trust; **iii**. professionals initiating financial concerns conversations; and **iv.** building capacity within peer support or community-based advice groups.

Knowledge and perceptions of the acceptability and usefulness of the FIP

We probed participants' knowledge of and views about the Financial Inclusion Pathway (FIP) as a novel concept, conscious that the strategy was at an early stage of implementation. The most obvious themes noted were **i.** low levels of awareness, **ii.** positive initial assessments of its potential benefits as a means of supporting people to deal with the benefits system, and **iii.** ideas about who could benefit most from it – i.e. younger, first-time parents and lone parents.

Conclusions and recommendations

This study illuminated some of the key challenges and fears, as well as skills and coping strategies of parents on low incomes in Aberdeen in 2020. Findings from this small-scale study mirrored some of the findings of previous local work in this area, yet added novel understanding around the negative impacts of poverty, parents' endeavours to promote their children's development and avoid social harms, as well as the complex system of self-sacrifice to ensure children's needs are met. In terms of interaction with early-years health professionals, most assessed health visitors as potentially being a good support in terms of financial challenges, yet were less sure about midwives remit in terms of financial issues. Disclosure of such challenges, however, may be prevented by embarrassment and fears of judgements around their parenting capacity. Relationships based on trust and rapport, careful and sensitive inquiries and the framing of financial maximisation in a positive light were all suggested as helpful in aiding disclosure and discussion of financial challenges. These issues are more relevant to more families than ever before given the backdrop of the COVID-19 pandemic and the associated financial impacts due to loss of employment.

This study was limited by the missing voices of particular groups, such as Black and Ethnic Minority parents, parents living outside Aberdeen City, or those that do not access food aid, as well as those parents that find themselves 'newly poor' due to COVID-19 job losses. We aim to address those limitations in a further related study commencing in January 2021, looking-at the experiences and perceptions around the FIP of women and early years nursing and midwifery professionals.