



MAXIMISING OPPORTUNITIES: appendices for the final evaluation report of the Healthier, Wealthier Children (HWC) project

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APPENDIX 1

EVALUATION INSTRUMENTS



Healthier, Wealthier Children

Referral Form

(February 2011)

Healthier, Wealthier Children (HWC) aims to help families at risk of poverty. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.

Healthier, Wealthier Children income maximisation services will **provide information, advice and assistance on benefits and other money matters.** Intensive support for debt management, tribunals or issues requiring long term support will not be provided by HWC but advisers will refer on to relevant services as necessary. While health staff are expected to be the main referrers, we will also accept referrals from early years education and other community-based services working with families at risk of poverty. Referrals will be accepted on paper or by phone. However, all referrals must be followed up with a referral form (below).

INCLUSION CRITERIA:

(PLEASE TICK AT LEAST ONE FROM BOX 1 AND ONE FROM BOX 2 IN ORDER TO MAKE A REFERRAL). If one from each box cannot be ticked, normal care should be provided.

Box 1 Family Structure	Box 2. Target Group
Currently Pregnant and/or Child/children under 5yrs	Total household income below £40,000
Child/children under 19yrs with additional support needs	Additional difficult family circumstances e.g. <i>kinship carer (i.e. children placed with relative), mental health problems, addiction problems or immigration status (Roma, refugee)</i>

PATIENT/CLIENT DETAILS:

Full Name :		M <input type="checkbox"/>	F <input type="checkbox"/>
Address (including flat number) :			
			Postcode :
Telephone:	<input type="checkbox"/> Home :	<input type="checkbox"/> Mobile:	
(Tick preferred contact no.)			
Email:			

Does patient require support for additional needs? (e.g. more time in appointment, communication support, physical access, translation/interpreting service). Please describe:

.....

PATIENT/CLIENT CONSENT TO REFERRAL:

I agree to be referred to the HWC income maximisation service

YES

NO

REFERRAL DETAILS:

Name of Referrer:	
Job Title:	
Base:	
Area:	
Contact Telephone:	Base Mobile
Email:	
Date of Referral:	
Reason for Referral:	
Location where referral was made (Base, Home, Other)	
Has family been referred before:	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, date of previous referral If YES, reason for re-referral
Signature of Referrer:	Date:

As part of the Healthier, Wealthier Children income maximisation service evaluation, we are seeking written consent from patients to complete a short questionnaire at the first income maximisation appointment and, again, three months after receiving income maximisation advice and help, and for researchers to follow up some people who have used the service for research purposes.

If consent is given, any information shared with researchers outside of the service will be treated confidentially, in accordance with the Data Protection Act, 1998.

PATIENT CONSENT TO FOLLOW-UP EVALUATION:

I am willing to take part in research about my experience of using the HWC project YES NO

Patient Signature: **Date:**

PLEASE RETURN COMPLETED REFERRAL FORMS TO: (Insert details of local income maximisation service)

For Income Maximisation Service Use	
CLIENT ID NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Case accepted by HWC YES <input type="checkbox"/> NO <input type="checkbox"/>
Client contacted (date)	If NO, detail reasons:
Initial meeting (date/time/venue)	

Client Monitoring Form

RESEARCH QUESTION 1 : What was the impact of HWC on clients?

UPDATED HWC Monitoring

1. Updated Healthier, Wealthier Children Monitoring Form

Please note that there is no 'Save and Return' option with this monitoring form. Partially-completed forms cannot be accessed again in order to complete a case.

We recommend that IM advisors use the print-out of the Survey Monkey form until ready to input completed cases. Please enter the Client ID number that corresponds with that on the Referral form.

Thank you (from the evaluation team)

2. Income Maximisation Service Details

* 1. Income Maximisation Service Name

- East Glasgow - GEMAP
- East Renfrewshire - Welfare Rights
- Inverclyde - Money Matters
- North Glasgow - CAB
- North Glasgow - NGAC
- North Glasgow - Sunnyside Advice Centre
- Renfrewshire - Advice Works
- South East - CAB
- South West - Money Matters
- West Dunbarton - Welfare Rights
- West Glasgow - CAB
- West Glasgow - DLMAC

* 2. Client ID number

3. Where did client hear about the Healthier, Wealthier Children project? (Please select from drop-down menu)

Other (please specify)

3. Client Referral and Attendance Details

UPDATED HWC Monitoring

4. Date Referred

5. Referral Source (Please select from drop-down menu)

Other (please specify)

6. CHCP Area - as at start of Project (Please select from drop-down menu)

4. METHODS OF CONTACT

Methods of contacting clients

7. Methods of contacting client

	Telephone	Letter	Email	Text	Face to face (outreach setting/clinic)	Face to face (client's home)	Face to face (advice service office)
1st Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2nd Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4th Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further Contact 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further Contact 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other methods (please specify)

UPDATED HWC Monitoring

8. Outcome of contacts with client

	Unable to contact	Client declined	Client not eligible for service	Service provision instigated	Service provision ongoing	DNA	Case successfully completed	Other (please specify below)
1st contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2nd contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4th contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further contact 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further contact 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

9. Further Appointments

Yes

No

Please give details

10. Overall Outcome?

Client could not be contacted

Client declined service

Client not eligible for service

Client DNA

Case instigated and completed

Case instigated and ongoing

Other (please specify)

5. Client Details

The Healthier, Wealthier Children project is a Scottish Government-funded project being delivered across NHS Greater Glasgow and Clyde. The NHS is required to collect the following equalities-sensitive information to ensure all patients are treated fairly.

UPDATED HWC Monitoring

11. Client's Date of Birth

Date of birth (dd/mm/yy) / /

12. Client's Gender

- Male
 Female

* 13. Client's Ethnic Origin (Please select from drop-down menu)

Other ethnic origin (please specify)

14. Please say what religion, religious denomination or body the client belongs to. (Please select from drop-down menu)

Other religion (please specify)

15. Which of the following options best describes how the client thinks of themselves? (Please select from drop-down menu)

6. CONSENT FOR PARTICIPATION IN FURTHER EVALUATION RESEARCH

Please indicate if client consents to follow-up research as part of the evaluation of the Healthier Wealthier Children Project

16. CONSENT FOR PARTICIPATION IN FURTHER RESEARCH

- Yes
 No

17. Has the client received the Participant Information Sheet?

- Yes
 No

If No, please give details

UPDATED HWC Monitoring

18. Has the client ever contacted or been referred to a money advice service before?

- Yes
 No

7. HOUSEHOLD DETAILS

19. Please tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> Couple - dependent children | <input type="checkbox"/> Child with learning disability |
| <input type="checkbox"/> Lone parent - dependent children | <input type="checkbox"/> Childrens' mental health issues |
| <input type="checkbox"/> Pregnant, EDD | <input type="checkbox"/> Child hospitalisation |
| <input type="checkbox"/> More than 1 child | <input type="checkbox"/> Childrens' chronic illness |
| <input type="checkbox"/> Child under 1 year | <input type="checkbox"/> Childrens' terminal illness |
| <input type="checkbox"/> Child with physical disability | |

20. Age (in months) of child under 1 year (Please select from drop-down menu)

21. Total number of children (Please select from drop-down menu)

22. Housing Status (Please select from drop-down menu)

Other (please specify)

8. INCLUSION CRITERIA : FACTORS INFLUENCING NEED

23. Indicators of Income (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> BME communities | <input type="checkbox"/> At risk of homelessness |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Immigration status (Roma, refugee) |

UPDATED HWC Monitoring

24. Household Factors (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Looking after family | <input type="checkbox"/> Attending childrens' social services |
| <input type="checkbox"/> Formal kinship carer (care provided by family member) | <input type="checkbox"/> Parental physical disability |
| <input type="checkbox"/> Informal kinship carer (care provided by family member) | <input type="checkbox"/> Parental learning disability |
| <input type="checkbox"/> Attending mental health services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Attending addiction services | |

If other, please give details

25. Working status

- | | |
|--|---|
| <input type="checkbox"/> Registered unemployed | <input type="checkbox"/> Working F/T >30 hrs (family income <£40,000) |
| <input type="checkbox"/> School/Higher/Further education | <input type="checkbox"/> Working P/T (family income <£40,000) |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Permanently retired |
| <input type="checkbox"/> Training scheme/government work | <input type="checkbox"/> Recently redundant/at risk of redundancy |
| <input type="checkbox"/> Incapacity benefit/Employment support | |

26. Income Sources (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> ICB |
| <input type="checkbox"/> Bursary | <input type="checkbox"/> Contributions based JSA |
| <input type="checkbox"/> DLA/AA | <input type="checkbox"/> Widows pension |
| <input type="checkbox"/> Retirement pension (private) | <input type="checkbox"/> Child Tax credit |
| <input type="checkbox"/> Retirement pension (occupational) | <input type="checkbox"/> Working Tax credit |
| <input type="checkbox"/> Student loan | <input type="checkbox"/> Employment support allowance |
| <input type="checkbox"/> Pension credits | <input type="checkbox"/> Kinship carer allowance |
| <input type="checkbox"/> Income support/income based JSA | |

Other (please specify)

9. ASSESSMENT FOR INCOME MAXIMISATION SERVICE

Details of service need

UPDATED HWC Monitoring

27. Total MONTHLY household income (prior to service provision)

- Less than £200
- £200 to £499
- £500 to £799
- £800 to £1099
- £1100 to £1399
- £1400 to £1699
- £1700 to £1999
- £2000 to £3000
- More than £3000
- Not disclosed
- Unknown (please give details)

Unknown (please give details)

28. Reasons for seeking service (Tick all that apply)

- Debt
- Income maximisation
- Money advice
- Benefits claims/reviews

Other (please specify)

UPDATED HWC Monitoring

29. Reason(s) for debt problem, if applicable (Tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Over-commitment | <input type="checkbox"/> Change in interest rates |
| <input type="checkbox"/> Endowment shortfall | <input type="checkbox"/> Job loss |
| <input type="checkbox"/> Low income | <input type="checkbox"/> Drop in income |
| <input type="checkbox"/> Budgeting problems | <input type="checkbox"/> Benefit problem including claw-back |
| <input type="checkbox"/> Major necessary expenses | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Business-related problems | <input type="checkbox"/> Relationship breakdown |
| <input type="checkbox"/> Alcohol/drug addiction | <input type="checkbox"/> Pregnancy/additional family member |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Under-estimation of fuel use |

Other (please specify)

30. Types of Debt (Tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Rent arrears | <input type="checkbox"/> Council tax arrears |
| <input type="checkbox"/> Mortgage/secured debts arrears | <input type="checkbox"/> Community charge arrears |
| <input type="checkbox"/> Sundry council debt | <input type="checkbox"/> Credit cards/store cards |
| <input type="checkbox"/> Bank overdraft | <input type="checkbox"/> Bank loans |
| <input type="checkbox"/> Finance company | <input type="checkbox"/> Catalogue |
| <input type="checkbox"/> Telephone bill | <input type="checkbox"/> Factor/common charges |
| <input type="checkbox"/> Money lender/home collected loan | <input type="checkbox"/> Credit union loan |
| <input type="checkbox"/> Pawnbrokers loan | <input type="checkbox"/> VAT/Tax underpayments |
| <input type="checkbox"/> Benefits overpayments to repay | <input type="checkbox"/> Student loan |
| <input type="checkbox"/> Fuel arrears | <input type="checkbox"/> Social Fund loan |

Other (please specify)

10. SERVICE PROVISION

Please detail all action taken by your service

UPDATED HWC Monitoring

31. Action taken (Tick all that apply)

- None
- Debt advice
- Debt management (Level 1 and 2)
- Benefits (incl. Healthy Start) advice/action
- Other income max. strategies (e.g. childcare, employability)
- Financial capability activities (e.g. money management etc.)

Other (please specify)

32. Referral to other agency (Tick all that apply)

- Health
- Early education or childcare
- Adult educational provider
- Financial services
- Employability services
- Social work
- Voluntary organisation
- Other

Reason for onward referral

UPDATED HWC Monitoring

33. Outcome as a result of service (Tick all that apply)

- Child-related benefits applied for successfully (*please give details below)
- Healthy Start benefits
- Other benefits applied for successfully (*please give details below)
- One-off lump sums (e.g. grants, social fund grants/loans, benefit arrears) (*please give details below)
- Ongoing benefits (weekly, monthly or yearly) (*please give details below)
- Outcome of referral out (*please specify where, for what)
- Other (*please give details below)
- No change (*please give details below)

* Further details

34. Financial Gain from service use

Benefits, and income received

Lump sums, and income received

Debt management, and income received

Other, and income received

Other, i.e. avoidance/mitigation of loss

35. TOTAL financial gain for client

Weekly

Monthly

Annual

One-off sums

36. ESTIMATED future financial gain for client (if still awaiting outcome)

Weekly

Monthly

Annual

One-off sums

Other

UPDATED HWC Monitoring

37. Have you any further comments?

11. End of Form

Thank you for completing this record. Please note that, once you exit the form, it cannot be accessed again to complete follow-up details and will automatically go to the evaluation team's Survey Monkey account. Please ensure that the client's ID number is entered on each form.

Thank You

**Research Question 1: What was the impact of HWC on clients?
SERVICE USERS – FOLLOW-UP INTERVIEWS**



Healthier, Wealthier Children

CLIENT QUESTIONNAIRE

ID NO.		Income Max. Service		Date	
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INSTRUCTIONS (READ OUT): As part of the evaluation of the Healthier, Wealthier Children project, we are interested in finding out about people's experience of their financial situation. I would like to ask you a few short questions. You do not have to answer them if you do not want to.

1. Have you ever contacted a money/welfare advice agency before? YES NO
2. Which of these phrases would you say comes closest to your feelings about your household's income these days? *[Read out each option and record response]*

	√
Living very comfortably on present income	
Living comfortably on present income	
Coping on present income	
Finding it difficult on present income	
Finding it very difficult on present income	
Other answer (please specify)	

3. How would your household be placed if you suddenly had to find a sum of money to meet an unexpected expense such as a repair or new washing machine? How much of a problem would it be if it was £20? ... £100? ... £1000? *[Read out each option and record response]*

	£20	£100	£1000
No Problem			
A bit of a Problem			
A big Problem			
Impossible to Find			
Don't know			

4. Which of the following statements best describes how confident you are with managing your financial affairs? *[Read out each option and record response]*

	√
Very confident	
Somewhat confident	
Not very confident	
Not at all confident	
Other answer (please specify)	

Please turn over.....

- 2 -

5. Which of the following statements best describes how much you feel in control of your life? *[Read out each option and record response]*

	√
Most of the time, <i>I feel in control of my life</i>	
A lot of the time, <i>I feel in control of my life</i>	
From time to time, <i>I feel in control of my life</i>	
Not at all, <i>I do not feel in control of my life</i>	
Other answer (please specify)	

6. I am going to read out a list of statements about how you may have been feeling recently. For each statement I would like you to say how often you have felt like this over the last four weeks. *[Read out each option and record response]*

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time	Don't know
I have felt cheerful and in good spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt calm and relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt active and vigorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I woke up feeling fresh and rested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASK QUESTION 6 ONLY IF CLIENT ALREADY HAS CHILDREN.

7. I am going to read out a list of statements about how your financial situation affects what you can afford to give your child/children. For each statement I would like you to say how much your financial situation affects what... *[Read out each option and record response]*

	A lot	A fair amount	A little	Not at all	Don't know
... you give your child/children to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...clothes you are able to afford for your child/children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... toys and equipment you are able to afford for your child/children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...social activities your child/children can take part in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for answering these questions. Your answers are completely confidential and will only be used in the evaluation of the Healthier, Wealthier Children project.

RESEARCH QUESTION 2: What factors are associated with effective HWC delivery models?

HWC FOCUS GROUP TOPIC GUIDE – MONEY ADVICE MANAGERS

Introduction

THEME 1: Working Together (engagement, enthusiasm, shared vision, commitment)

Prompts:

- **How do you think the Project is going?** (General + views on what project is achieving in relation to objectives; support for this model of working within advice services)
- **Your Role** (Perceptions of role, expectations)
- **Comparison with other projects** : (Fit with normal working practices – project approach vs. mainstream practice ; service user need vs. want)

THEME 2: Project Direction (Executive authority over strategic direction, Accountability, Capacity issues, i.e. economic climate, institutional structures, interagency activities)

Prompts:

- **Lines of Responsibility** (among all groups i.e. advice service, health/early years services)
- **Leadership and Management** (governance arrangements – locally and centrally)
- **Factors impacting on Project (External + Internal)**

THEME 3: What difference has it made? (Impact on quality/effectiveness of services, added value, i.e. achievements of this model of working not otherwise possible, costs/benefits)

Prompts:

- **What**
- **Why**
- **To Whom**

THEME 4 : Sustainability (Where advice service stands in relation to continued provision for target groups, barriers, enablers, views on/intentions for continued collaboration with health structures)

Prompts:

- **What are the Priority areas for your service in the next few years?**
- **Aspirations for the Future**

Wrap-up Questions:

- Would you have done anything differently?
- Further Comments?

RESEARCH QUESTION 2: What factors are associated with effective HWC delivery models?

HWC FOCUS GROUP TOPIC GUIDE – MONEY ADVISORS

- **Shared understanding of project**

- *What do you think this project is trying to achieve?*

- **Perceptions of role**

- *What did you expect to be doing on this project?*
- *Have your expectations been met?*

- **Differences with usual money/welfare advice work- capacity issues**

- *How does working on this project compare with usual money/welfare advice work?*
- *Are you satisfied with the outcomes you're achieving for project clients?*
- *Have you any views on the most effective ways of working with the project client group? Which ways are most effective?*

- **Accountability, leadership and management**

- *To whom have you felt most accountable working on the project?*
- *Are there any issues you would like to raise about (a) your local Group (b) Steering Group?*

- **Shared learning/partnership working**

- *Do you think you have you learned anything new by working with the wider NHS staff on this project?*
- *What do you think they have learned?*

- **Joint working relationships**

- *What aspects of joint-working with the Development Officer are going well?*
- *Is anything not going so well?*

- **Engagement: What are the views of others in your agency/organisation about working with health and early years partners?**

- *Benefits or disadvantages? Support for project within service?*
- *Views on direction of project? Views of service/agency colleagues on project?*

- **Looking back, what sort of things should have been done differently?**

- *Would you have done anything differently?*

RESEARCH QUESTION 2: What factors are associated with effective HWC delivery models?

HWC FOCUS GROUP TOPIC GUIDE - LOCAL PLANNING GROUPS
(Minor adaptations were made to reflect local contexts)

How do you think the project has gone over last year or so?

*Expectations? Challenges?
Recruitment? Development?*

What do you think the project /you are trying to achieve locally?

*Shared understanding? Shared aims? Shared at all levels?
Which one dominates (Local or Central)?*

What do you think about the referral criteria?

*Decision-making process at Central?
Perceived influence/impact?
Set-up of HWC across CH/CPs (based on level of need)?*

What has the relationship been like between...?

*Advice service/staff and NHS service/staff?
Expectations? Challenges?
What next?*

What happens next?

*Sustaining, adapting or integrating model?
NHS or Advice service led?
Central vs. locally led?*

RESEARCH QUESTION 2 : What factors are associated with effective HWC delivery models?

HWC FOCUS GROUP TOPIC GUIDE - ADDICTIONS

How the project unfolded from your perspective?

Your expectations, challenges, learning and areas for development (HWC and Glasgow Addictions Service)

Proposal/Early Stages

What were you expecting of HWC?

- Purpose and remit of role
- Decisions by/with Steering Group
- DO rather than MA role
- Project focussed on CH/CP rather than Addictions?

Initial Role/Remit

- Hosted by local Community Addictions Team
- DO to work with HWC team
- Take referrals from the start

Can you tell me what happened?

- Role of Steering Group
- Role of Health Improvement
- Local HWC team

Needs Assessment

- Level of need
- Staff awareness and knowledge
- Roles and responsibilities of **Social Care** and **Nursing staff**
- Existing model/pathways

Pilot Attempts/Pilot

- *What were the challenges and barriers you faced?*
- *What did you learn from this process?*
- *What have you learned from the second Addictions pilot?*

Relationship with Central HWC/Steering Group

- Knowledge of addiction issues and communication
- Inclusive and supportive
- Representative (re-design without addictions)

Next steps

What would you like to see happen post HWC?

- More efficient and effective current model
- Revision or redesign of current model
- HWC model or alternative (e.g. MacMillan)
- Training/Staffing issues
- City vs. CH/CP approach

**RESEARCH QUESTION 3: How has HWC impacted on practice, policy and strategy?
WORKFORCE SURVEY QUESTIONNAIRE – MIDWIVES AND HEALTH VISITORS**



**Healthier, Wealthier Children Project
Project Evaluation**

For Researcher Use

ID Number	
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Section 1. Individual Details

1.	Locality/base	
2.	CH(C)P Area (if appropriate)	
3.	Work Pattern	Full time <input type="checkbox"/> Part-time <input type="checkbox"/>
4.	Years in Post	
5.	Approximate Caseload size	

Section 2. Healthier, Wealthier Children project - Awareness

7. Are you aware of the Healthier, Wealthier Children (HWC) Project? YES NO

8. Have you received information about what the project involves? YES NO

8a. If YES, from whom did you receive project information? _____

8b. If YES, what is your understanding of the role of Health Visitors/Midwives in the HWC Project?
Please explain _____

9. How satisfied are you with the level of information you've received about the HWC project? (Please tick appropriate response) (v)

Not Applicable	
Very Satisfied	
Quite Satisfied	
Quite Dissatisfied	
Very Dissatisfied	

Please explain _____

Section 3. HWC Project involvement and wider policy agendas

10. Are you involved in referring patients to Income Maximisation (IM) services (i.e. Citizens Advice, MoneyMatters, Welfare Rights etc.) as part of the HWC project?

YES NO

IF YES, please carry on with ALL questions
IF NO, please only answer questions 11 to 17.

11. Please give your reasons for referring, or not referring, patients to HWC IM services _____

12. Are there any particular difficulties for you referring patients to HWC IM services?

YES NO

Please explain _____

13. Can you think of any factors that would support you to refer patients to HWC IM services?

YES NO

Please give details (*All creative ideas welcome*) _____

14. Which Professional group do you think is most appropriate for identifying and referring patients to the HWC Project IM services?

Midwives	
Health Visitors	
Both Midwives and Health Visitors	
Other professional groups (please state)	

Do you have any further comments? _____

15. If you have had any patient 'handover' discussions about Healthier, Wealthier Children with another healthcare professional, please give brief details.

16. In terms of importance in your day to day work, how would you rank the following policy objectives, on a scale of 1 to 6? (1 being most important)

Breastfeeding	
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Child Healthy Weight	
Smoking Cessation	
Income Inequalities incl. Financial Poverty	
Child Oral Health	
Parenting	

Have you any further comments? _____

17. Thinking about your day-to-day work, which of the following comes closest to your view of why some families with children have financial problems? (Please tick one)

'It's an inevitable part of modern life'	
'Because of laziness or lack of willpower'	
'Because of injustice in society'	
'Because they have been unlucky'	
Other – please specify:	

If not referring patients as part of the HWC project, you have now completed this questionnaire. Thank you very much for your help. If referring patients, please continue to end of questionnaire.

Section 4. HWC Project Process

18. The HWC Project was set up to provide referral and information pathways between front-line health and early years' services and money advice services, for families at risk of child poverty. How effective do you think this Project approach is in achieving that objective?

Don't Know	
Very Effective	
Quite Effective	
Not very Effective	
Not at all Effective	

Please explain _____

19. How efficient, for you, is the process involved in identifying and referring patients to the HWC Project Income Maximisation services?

Don't Know	
Very Efficient	
Quite Efficient	
Quite Inefficient	
Very Inefficient	

Please explain _____

If inefficient, can you suggest an alternative? _____

20. At which contact points do you refer patients to HWC Income Maximisation services?
 (please tick underneath appropriate option(s))

Midwifery	10 week Screening Test	11-14 weeks (First Scan)	14-20 weeks (Blood Screening)	18-21 weeks (Foetal) Anomaly Scan	Other (please comment)
Midwifery + Health Visiting	Newborn – Day 5	1st 4 weeks – Hearing Test	2-16 week assessment - immunisation	6-8 week check	Other (please comment)

21. Is there any particular contact point you feel is most appropriate to refer patients? ____

22. Do you have the opportunity to discuss your patients' financial worries during your contact with them?

YES NO

If YES, do you record a specific reason for referral on the referral form YES NO

If NO, please explain _____

23. How satisfied are you with the referral form for the HWC Project? (Please tick appropriate response)

Not Sure	(✓)
Very Satisfied	
Quite Satisfied	
Quite Dissatisfied	
Very Dissatisfied	

If dissatisfied, please explain _____

24. Has referring patients to the HWC Project Income Maximisation services had any effect (even for a short time) on your professional relationship with patients?

YES NO

Please explain _____

25. Please indicate if referring patients to HWC Project Income Maximisation services has

helped increase your knowledge and awareness of: (✓)

	YES	NO
Income maximisation/money advice services		
Benefits entitlements		
Child poverty issues		
Other, <i>i.e. fuel poverty, employability etc.</i> (please specify)		

Please explain _____

26. Do you think there has been any change in your attitudes towards financial inclusion enquiry with your patients since referring to the HWC Project Income Maximisation services?

YES NO

Please explain _____

Section 5. Relationships and Sustainability

27. Has your involvement in the HWC project resulted in the development of any new professional relationships/partnerships within your area?

YES NO

Please explain _____

If **YES**, do you think these professional relationships will continue beyond the end of the HWC project?

YES NO

If **NO**, please explain _____

28. Do you intend to continue referring patients to Income Maximisation services after the HWC project ends?

YES NO

Please explain _____

29. How easy would it be for you to continue referring patients to Income Maximisation services? (please tick appropriate option)

Don't Know	
Very Easy	
Quite Easy	
Quite Difficult	
Very Difficult	

Please explain _____

30. Have you any other relevant comments? _____

**THANK YOU VERY MUCH FOR YOUR HELP WITH THE EVALUATION OF THE HEALTHIER,
WEALTHIER CHILDREN PROJECT.**

PLEASE RETURN YOUR QUESTIONNAIRE IN THE REPLY-PAID ENVELOPE PROVIDED.

RESEARCH QUESTION 3 : How has HWC impacted on practice, policy and strategy?

KEY INFORMANT TOPIC GUIDE

- **Could you outline your current role?**
(if Early Years, is it around strategy, policy, service re-design or commissioning)
 - where is most of your time concentrated within this role,
 - where does child poverty/child health fit in with your priorities - is this likely to change in the foreseeable future?
- **How would you describe your level of engagement with HWC – Brief Explanation of Project**
(i.e. engaged, partially engaged, keeping abreast of, not aware of)
 - Is it something you would have liked to be more involved in (with hindsight)?
 - Has it had any impact on your areas of interest/work
 - Perceived Opportunities – as result of HWC project
 - Perceived Challenges – as result of HWC project
- **Can you see ways in which child poverty and financial inclusion action could be incorporated into existing Early Years priorities and programmes?**
 - e.g. GIRFEC, The Family Nurse Partnership, the Early Years Framework, proposed National Parenting strategy, provision of new family centres etc.
- **Have you got other examples of where routine enquiry, etc. has been effectively embedded within the mainstream?** *(i.e. inequalities sensitive practice, gender-based violence, alcohol brief intervention etc).*
 - What made it happen – or not (barriers)? (i.e. was it workforce, silo-ed thinking, issues with middle management, lack of training and development, etc)
- **In the context of the current economic climate, have you any comments on the future direction of this type of development**
*(Feasibility of partnerships/cross agency working for financial inclusion
Christie Commission report
Also issues of more efficient working etc –Quality agenda etc*
- **What do you think are the main challenges - for your area of work- of proposed reductions in public spending?**
 - Impact on services (? increased demand for other NHS / LA services, mental health etc)
 - Impact on low-income families (? increased demand/need for IM + Welfare advice)
- **Context of IFS report forecasting rise in child poverty over the next decade (prediction that UK 2020 target of 10% relative child poverty rate will not be met with an estimated increase to 24%)**

- Views on potential future action required to address child poverty?
- At what level? (policy & strategy, service re-design, commissioning)
- What responses would you consider (in your role) to mitigate the effects of rise in child poverty?
- Any other comments?

APPENDIX 2

RESEARCH QUESTION 1: What was the impact of HWC on clients?

Breakdown of midwifery and health visiting referrals by CH(C)P area

There was some variation in the proportions of referrals between the two groups with 51% from health visitors and 29% from midwives. These workforce variations in referral were occurring with a wider context which includes:

- Population sizes: the health visiting target group is a much more sizeable population compared with the midwifery target group. In 2010 the NHS GGC population of 0-4 year olds was 68,425 which contrasted with 14,106 births across the Health Board.
- Although the NHS GGC ratio of midwives to health visitors is approximately 2:1, health visitors tend to have longer periods of contact with families.

While most areas recorded higher percentages of health visiting referrals, two areas reported higher midwifery referrals: Inverclyde 38% midwifery referrals vs. 29% from Health Visitors and West Dunbartonshire 56% midwifery referrals compared with 31% from Health Visitors.

See table below for a breakdown of midwifery and health visiting referrals by CH(C)P area

CH(C)P Area	Midwifery	Health Visiting
East Glasgow	96 (22%)	279 (65%)
East Renfrewshire	3 (10%)	3 (10%)
Inverclyde	94 (38%)	73 (29%)
North Glasgow	111 (40%)	125 (45%)
Renfrewshire	37 (10%)	208 (55%)
South East Glasgow	112 (36%)	138 (44%)
South West Glasgow	53 (15%)	234 (65%)
West Dunbartonshire	145 (56%)	81 (31%)
West Glasgow	45 (20%)	105 (46%)

APPENDIX 3

RESEARCH QUESTION 1: WHAT WAS THE IMPACT OF HWC ON CLIENTS?
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Estimated future client gain (Jan 2012 - March 2012)

The total estimated gains for cases awaiting an outcome before March 2012 were £836,843. This included annual gains covering benefits and savings (£746,336) and all one-off payments (£90,507).

There were interesting variations in the reporting of estimated gains: East Glasgow, North Glasgow and West Glasgow all reported that they were awaiting gains relating to benefits and savings above £100,000. However, South East Glasgow reported a much lower figure of £41,000.

Most areas estimated awaiting one-off payments under £16,000. However, East Renfrewshire was awaiting a small one-off payment of £30 which was in sharp contrast to North Glasgow which reported awaiting payments of just under £50,000. East Dunbartonshire did not provide any data as this area did not have a commissioned-HWC advice service.

See table below for a breakdown of estimated annual gains and one-off lump sum payments by area (Jan 2012 – March 2012).

CH/CP area	Estimated Annual gain (£)	Estimated one-off payments (£)
East Glasgow	100,918.10	4,620.00
East Renfrewshire	50,398.80	30.00
Inverclyde	55,535.00	1,200.00
North Glasgow	114,761.70	49,335.00
Renfrewshire	81,162.60	8,456.00
South East Glasgow	41,679.30	2,834.00
South West Glasgow	73,862.60	15,925.00
West Dunbartonshire	98,395.40	2,702.00
West Glasgow	129,622.70	5,405.00
East Dunbartonshire	-	-
TOTAL	746,336.20	90,507.00
	£836,843.20	

a) *Combined actual and estimated client gain (October 2010 - March 2012)*

Combining both actual and estimated gains reveals a total sum of £3,093,565 which includes:

- Actual gains (January 2012) £2,256,722
- Estimated gains (March 2012) £836,843