



**MAXIMISING OPPORTUNITIES:** final evaluation report of the  
Healthier, Wealthier Children (HWC) project  
**EXECUTIVE SUMMARY**

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*“The model for transformational change puts the onus firmly on universal services as key agents in delivering improved outcomes. A lot of people doing at least a little to effect change will achieve much more than a few people doing a lot within an early years context.”*

*The Early Years Framework,  
Scottish Government, 2009*

# Executive summary

## Background

This report presents the evaluation findings from the Healthier, Wealthier Children (HWC) project. The project involved developing new approaches to providing money and welfare advice to pregnant women and families with children at risk of, or experiencing, child poverty across NHS Greater Glasgow and Clyde (NHS GGC). Funded by the Scottish Government, the 15-month project involved a range of partners including NHS GGC, Glasgow City Council, other council partners, and the voluntary sector.

By creating information and referral pathways between the NHS early years workforce and money/welfare advice services, it was envisaged that staff, such as midwives and health visitors, would strengthen the identification of need for advice among pregnant women and families, thereby mitigating the impact of child poverty.

Operating within the ten Community Health and Care Partnership (CH(C)P) areas that existed across NHS GGC in 2010, the project development and subsequent delivery was primarily coordinated by health improvement staff and commissioned HWC advice staff. It was supported by local planning groups operating in each CH(C)P area between October 2010 and March 2012.

The evaluation of the project was undertaken by the Glasgow Centre for Population Health (GCPH) and utilised a mixed methodology, with data collected between October 2010 and January 2012. The evaluation findings cover three key areas:

- Impact of the project on clients
- Factors associated with effective local HWC delivery models
- Impact of the project on workforce practice, policy and strategy.

## HWC evaluation findings

### Impact of the HWC project on clients

- Between October 2010 and January 2012, the project achieved an overall financial gain of £2,256,722 for pregnant women and families accessing HWC advice services
- In the period between January and March 2012, when the project delivery ended, it was estimated that further financial gain of £836,843 would be achieved for those clients still awaiting some type of financial outcome.
- Combining the achieved and estimated figures resulted in an overall project gain of just over £3 million.

- ⦿ 2,516 referrals were recorded by the HWC advice services across NHS GGC with the majority of referrals coming from health visitors (51%) and midwives (29%).
- ⦿ Of the 2,516 referrals, 1,347 (54%) accessed some type of advice. Almost one in two (663) people receiving advice were entitled to some type of financial gain, with an average annual client gain of £3,404.
- ⦿ Other gains from accessing advice included help with childcare and housing, support with charitable applications, advocacy, switching to cheaper utility options and an increased uptake of Healthy Start vouchers. One in twenty people receiving some type of gain were awarded Healthy Start vouchers to exchange for milk and vitamins for children.
- ⦿ Eight percent (110) of people accessing advice were referred onwards for additional help. The four most frequent reasons were other financial support, immigration issues, social work support and accessing voluntary organisations.
- ⦿ Follow-up interviews with clients accessing advice revealed that a number reported reduced stress, improved mood and increased sense of self-worth and security. Some also saw an improvement in relationships with families and friends.
- ⦿ The gains (financial and non-financial) achieved for pregnant women and families with children are important determinants of health that can contribute to improving overall family wellbeing.

*In terms of the HWC project reaching targeted groups:*

- ⦿ The majority (77%) of people accessing advice had a monthly household income of less than £1,399 which is slightly above the £1,349 eligibility threshold for Healthy Start vouchers, primarily offered to low income groups on certain types of benefits and tax credits.
- ⦿ Among those receiving gain, one in five families were awarded a Disability Living Allowance payment.
- ⦿ The majority of advice clients were lone parents (59%) with the project also successfully reaching minority ethnic groups in south and west Glasgow. However, it appeared to be less successful in reaching other groups, such as kinship carers and people using mental health and/or addiction services.

### **Factors associated with effective local HWC delivery models**

To understand the role of local partnerships on the project outcomes, the key areas investigated were levels of agreement and commitment among local HWC partners; leadership and management; and effectiveness of project delivery.

- ⦿ There was strong evidence of effective commitment to the project among partners at a CH(C)P level, which led to a number of successful outcomes. Links between NHS and money advice staff that existed before the project set-up were helpful in delivering the HWC project in large urban areas. In smaller, more geographically contained areas, the inherent challenges of new partnership work were more easily addressed.

- ⦿ The quality of working relationships among project staff was an important contributory factor in achieving successful delivery of outcomes. However, case studies demonstrated that attributing successful outcomes to partnership work requires a degree of caution as a range of other contextual factors could have impacted on local HWC outcomes.
- ⦿ The joint working between health improvement and HWC advice staff promoted the development of a flexible delivery approach. New approaches included offering 'out-reach', home appointments and telephone client assessment.

*Challenges to partnership working were also identified:*

- ⦿ The project was viewed by some HWC advice staff as being governed by an NHS agenda. They felt there was a need for more advice staff representation on strategic groups.
- ⦿ Advice services considered existing NHS information sharing and data protection protocols a challenge, particularly when processing referrals. However, it was noted that this was not unique to the HWC project and further investigation might be needed to improve this area of partnership work in the future.

### **Impact on practice, policy and strategy**

- ⦿ Midwives and health visitors appeared to be integrating HWC into their daily practice, despite the challenges of ensuring 'buy in' from a workforce often responding to sizeable caseloads and a range of needs, with high child poverty rates in some areas. Both staff groups highly valued the work and reported a willingness to continue supporting families and referring onwards to advice services.
- ⦿ At the outset, there were differences expressed about the referral criteria, particularly around the household income upper threshold level. Discussions were often shaped by views on adopting a targeted versus universal approach, but a strategic decision favoured a more universal approach, as the project aimed to target pregnant women and families not only experiencing, but also at risk of, child poverty.
- ⦿ The HWC project was an important catalyst in supporting a system-wide move towards adopting and reporting on child poverty activity, thus ensuring that it is articulated and recognised within future NHS GGC performance frameworks and local CH(C)P plans.
- ⦿ NHS senior management acknowledged the need to strengthen future collaboration with local authority partners to take this work forward. There was also evidence of its impact on a recent partnership approach to commissioning advice services in Glasgow city, which now includes aspects of HWC project delivery.
- ⦿ In 2012-2013, the HWC advice services will receive reduced funding from the Scottish Government and NHS GGC to ensure this work continues to be embedded over the next year. Against the backdrop of constrained budgets and recognising the specific issues that pregnant women and families may face, some local HWC advice services are already delivering services in new ways by offering early intervention and initial telephone contact to identify and prioritise need.

## Discussion and project lessons

The introduction of the HWC project across NHS GGC presented a range of practice, partnership and policy challenges. However, despite these, the project successfully achieved a range of client, workforce and policy outcomes, which offer learning points for the future direction and wider implementation of this work across NHS GGC and beyond.

### Key client lessons

- ⦿ A significant number of families were apparently unaware of their entitlements and may not have approached traditional advice services for help. This suggests an opportunity for further awareness raising among all early years and advice staff to maintain and increase uptake of advice among this target group.
- ⦿ Although the level of Disability Living Allowance (DLA) awards was good, this area of work may require further attention as concern has been expressed in a recent Scottish Parliament Committee Report that the move from DLA to Personal Independence Payments could negatively impact at household and local authority levels.
- ⦿ The broad range of client gains, both financial and non-financial, demonstrate that projects like HWC can potentially contribute to wider determinants of health, by influencing areas such as healthy eating, play and overall family wellbeing.
- ⦿ There may be scope to consider developing links with local community networks and organisations in contact with vulnerable groups likely to be affected by the unfolding welfare reforms, such as informal kinship carers and people with mental health/addiction problems, to ensure access to mainstream advice, information and support services.

### Key partnership lessons

- ⦿ Attributing successful outcomes to partnership work requires a degree of caution, as other contextual factors may have impacted on outcomes. However, pre-established NHS links with advice services, partnerships operating in smaller, more geographically contained areas, and the quality of working relationships appear to have been important factors.
- ⦿ New approaches to offering advice services, which included 'out-reach', home appointments and telephone client assessment, may ensure that these services are more accessible to pregnant women, families and the early years workforce.
- ⦿ Information sharing and data protection challenges suggested a need to improve this area of work between the NHS and advice services.
- ⦿ There is a need to ensure that advice services become more involved in shaping the strategic decision-making processes involved in taking forward future project delivery.

## Key practice, policy and strategy lessons

- This study adds to a limited evidence base by demonstrating that midwives and health visitors can play a significant, contributory role towards addressing child poverty. With two CH(C)P areas reporting higher midwifery referrals, compared with health visiting referrals, there may be engagement lessons to be shared from these areas.
- The project referral criteria incorporated a proportionate universal approach which involves developing a proportionate response to differential levels of disadvantage. This approach led to good uptake of advice services among low income households and lone parents. However, it was less successful in reaching other vulnerable populations. Therefore, there may be value in discussing the merits of combining a proportionate universal approach with additional targeting of specific groups.
- There is potential to share lessons from the recent partnership approach to commissioning advice services in Glasgow city that involved local authority, health and housing partners.

## Conclusion

This evaluation demonstrated that the HWC project generated impressive gains for pregnant women and families, despite being a newly-established service operating over a short timescale. Many of these important gains may not have been accessed through traditional money/welfare advice service delivery. The HWC project also raised NHS workforce awareness of child poverty issues by providing a mechanism for referring vulnerable individuals and families for advice and support. Equally, it encouraged local money and welfare advice services to increase their engagement with the child poverty agenda.

Over the next decade, child poverty rates are expected to increase significantly. Despite these wider challenges, in 2012-2013 the HWC project will continue to build upon its positive outcomes, by supporting pregnant women and families at risk of, or experiencing, child poverty across NHS GGC. There is also scope to share lessons from the project with a range of other partners committed to reducing the harmful impact of child poverty.

