Review of Healthier, Wealthier Children (HWC) in NHS Greater Glasgow and Clyde

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Glasgow Centre for Population Health

Lynn Naven

Lynn.Naven@glasgow.ac.uk

Report to: NHSGGC Financial Inclusion Group

Contents

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Glossary of terms

CAB = Citizens Advice Bureau

FF = Families First

FI = Financial Inclusion

GAIN = Glasgow Advice and Information Network

HI = Health Improvement

HWC = Healthier Wealthier Children

HSCP = Health and Social Care Partnership

MART = Money Advice and Rights

MAS = Money Advice Scotland

RAMH = Renfrewshire Association for Mental Health

SLAB = Scottish Legal Aid Board

SNIPS = Special Needs in Pregnancy

TPC = Tackling Poverty Commission (Renfrewshire)

Contact

Lynn Naven
Public Health Research Specialist
Email: lynn.naven@glasgow.ac.uk
Web: www.gcph.co.uk
Twitter: @theGCPH

Summary

- This timely review of the Healthier, Wealthier Children (HWC) project, which was set up in 2010 to tackle high levels of child poverty, explores how the project has developed and been maintained since Scottish Government funding ceased in 2013.

- The review found that, in all Health and Social Care Partnerships (HSCPs) across NHS Greater Glasgow and Clyde (NHSGGC), HWC referrals were incorporated into wider financial inclusion (FI) work with varying levels of funding and staff support.

- Some areas were more successful in attracting inward project investment, in particular, the Children's Hospital, Renfrewshire and Glasgow City. Ongoing efforts to attract investment, and promote and maintain the referral pathways were important factors.

- In terms of sustainability factors, HWC shows strong performance ('green' traffic light) for monitoring, public health impacts and political support.

- One major area of concern, raised by most respondents, was funding stability, which was rated with a 'red' traffic light.

The review provides some learning points of relevance to the Child Poverty Delivery Plan, for example:

- At the outset, the system-wide nature of HWC ensured consistency in the approach adopted. It could be argued that, from 2013 onwards, there appears to have been a move towards localism, which resulted in varying degrees of prioritisation and delivery.

- The requirement on the six local authorities and NHSGGC to jointly prepare annual child poverty action reports could be a key opportunity to re-invigorate and strengthen efforts to ensure a consistent approach to HWC delivery.

- While the Scottish Government allocation of £500,000 over two years across Scotland is to be welcomed, it remains to be seen how NHSGGC could move the HWC 'red' traffic light for funding stability towards 'green' in the context of rising child poverty levels and limited resources.

- Learning from this review could inform plans to ensure that the HWC approach is adopted through healthcare settings across Scotland, to support pregnant women and families with children at risk of or living in poverty.

1. Introduction

This review of the Healthier, Wealthier Children (HWC) child poverty project explored how the project is operating at present across NHS Greater Glasgow and Clyde (NHSGGC), seven years after it began in 2010, and five years post full Scottish Government, and NHSGGC, funding.

HWC was set up to maximise the income of pregnant women and families with young children who are at risk of, or living in poverty. The focus was on the development of referral and information pathways between early years health staff (mainly health visitors and midwives) and locally-commissioned money advice services. Between 2010 and 2013, HWC received Scottish Government funding of £1.36 million to support implementation, development and mainstreaming of referral pathways across NHSGGC.

This study was carried out within the context of the Child Poverty (Scotland) Act 2017[1] and the first Child Poverty Delivery Plan due under the Act. The plan describes ambitious child poverty targets set for 2030 and a series of actions, which include support for the national roll-out of the income maximisation principles of HWC across Scotland[2]. The study reviewed the HWC journey since the end of ring-fenced funding in 2013, when local areas took over maintenance of the referral pathways and monitoring of impacts.

2. Child poverty across NHSGGC

Child poverty rates are rising in Scotland year-on-year with 26% of children living in relative poverty in 2015/16[3], compared with 18% in 2010[4]. Across NHSGGC, there have been increases in the majority of local areas between 2009 and 2017 with a 6 percentage point rise in East Dunbartonshire and East Renfrewshire. The highest child poverty levels can still to be found in Glasgow, Inverclyde and West Dunbartonshire (See Table 1).

Table 1. Percentage of children living in poverty across NHSGGC.

	2009*	**2017****
East Dunbartonshire	9.5%	15.2%
East Renfrewshire	9.8%	15.6%
Glasgow City	34.3%	34.3%
Inverclyde	23.3%	25.7%
Renfrewshire	18.7%	21.9%
West Dunbartonshire	25.2%	26.5%

3. Study aim

The aim of the review was to provide insights into the ongoing HWC project within the integrated Health and Social Care Partnership (HSCP) structures in terms of:

- Financial resourcing of HWC.
- Staff and wider structural support.
- Continued return on investment.
- What worked well.
- Future sustainability.

It was carried out by the Glasgow Centre for Population Health, which evaluated the HWC project during its funded period[6,7].

**Calculated by the number of children living in families in receipt of Child Tax Credits whose reported income was less than 60% of the median income or who were in receipt of Income Support or (Income-Based) Jobseekers Allowance, divided by the total number of children in the area (determined by Child Benefit data).*
***The most up to date figures show rates of relative child poverty reported by End Child Poverty (2018). Comparable data for this measure were not available for 2009[5].*

4. Methodology

Between November and December 2017, telephone interviews were carried out with Health Improvement (HI) or Financial Inclusion (FI) leads responsible for the HWC referral pathway in the five HSCPs in the Clyde Valley, the three localities within Glasgow City HSCP, and the Royal Hospital for Children acute service pathway in Glasgow. A questionnaire was drawn up to provide the basis of the telephone interviews (see Appendix). Completed questionnaires were shared with all respondents to check the interpretation of responses. These were then synthesised and categorised under the headings of interest to the study.

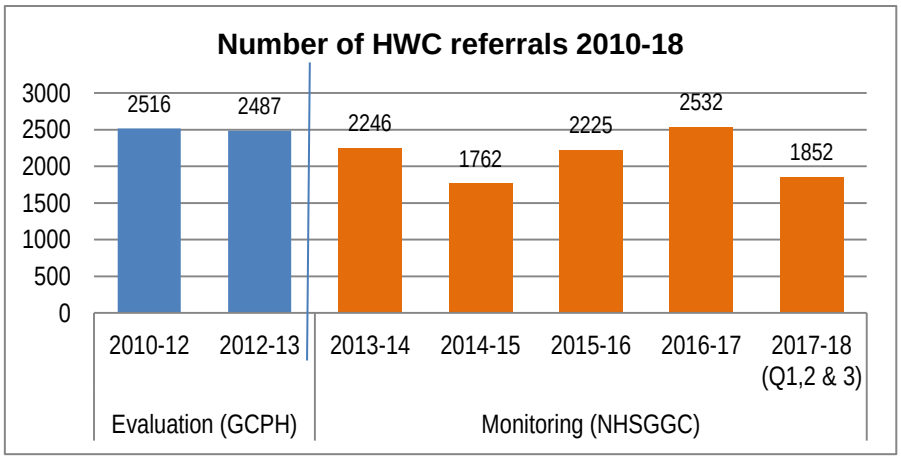
5. Findings

The findings are based on monitoring data from the ongoing HWC referral pathways and responses to the telephone interviews.

5.1. Ongoing HWC action on child poverty

While child poverty is prioritised across all NHS Boards in Scotland, NHSGGC is the only Health Board to have rolled out a system-wide approach, like the HWC project. Figure 1 shows the total number of referrals across NHSGGC since the project began.

Figure 1: HWC referrals (2010-18).



Overall, between 2010 and 2018, there were 15,620 referrals to money advice services. Monitoring figures show that referral numbers have largely been maintained after 2013, and exceeded in 2016-17.

5.2. Financial resourcing of HWC

Although the HWC project is no longer branded as such, since funding ended in 2013, its format and principles have continued across NHSGGC to greater or lesser extents. In all areas, it has been incorporated into wider FI work. Advice services record the source of referral to provide monitoring data to local partners, the NHSGGC Corporate Equalities Team and the NHSGGC Financial Inclusion Group. Table 2 shows the financial resources dedicated to HWC/wider FI work in each HSCP since 2013, in terms of internal contributions and external funding. External funding figures were not totalled as some strands were unknown or in the form of staff resources.

Table 2. Financial resource contributions.

HSCP	Internal funding	External funding bids
East Dunbartonshire	**TOTAL: £67,500** ***2013-2017***: Health funding: £13,500 p.a. (for all FI work)	
East Renfrewshire	**TOTAL: £10,100** ***2013-2017***: Health funding: £2,020 p.a. (for HWC council equivalent Band 3 post).	• Early Years Collaborative funding from Infant Nutrition initiative • EYC funding for Families First (FF) service (4 workers)
Glasgow City	**TOTAL: £1,350,000** ***2013–2017***: Health funding: £270,000 p.a. (to city-wide FI partnership between Glasgow City Council, the Wheatley Group (housing) and the HSCP).	***NW locality***: SLAB (early years tackling money worries) – 2 years (£148,000.) ***NE locality***: • ***2017-18***: Improvement Service funding for money advice in primary care clusters (NE + NW) ***South locality***: • ***2015-16***: Child Healthy Weight funding • ***2015-16***: Money Matters funding – roll out of SNIPS work city-wide • ***2017-19***: Supported Money Matters bid to MAS for £199,620 for city-wide SNIPS work.
Inverclyde	***2013-2017***: No dedicated health funding for HWC	• ***2014***: Unsuccessful SLAB bid to Tackling Money Worries Grant
Renfrewshire	**TOTAL: £240,000** ***2013-15***: Health funding: £30,000 p.a. (for advice worker) ***2015-17***: Renfrewshire Tackling Poverty Commission (TPC) funding: £60,000 p.a. (for advice staff). ***2017-18***: TPC funding: £60,000 (for advice staff)	• ***2015-17***: SLAB three-year funding for work with RAMH (welfare advice and FI literacy for mental health and addictions services). • Renfrewshire Early Years Collaborative and Tackling Poverty Project funding for Families First – (includes welfare rights, FI and energy advice)
West Dunbartonshire	***2013-17***: No health funding for HWC.	
Acute service – Royal Hospital for Children	**TOTAL: £300,000** ***2013-15***: Health funding (Carer's money) ***2015-17****:* External funding bids	• ***2015-17***: Children's Hospital Charity funding – 2 advice workers. • ***2013-15***: SLAB funding (via Glasgow City Council and Glasgow Central CAB) for triage worker F/T 18 months, plus 6 months funding for second worker and administrative post. • ***2017-18***: Successful funding application £99,748
TOTAL	**£1,967,600 between 2013 and 2018**	

In addition to financial support, HWC pathways have been supported by staff and wider systems.

5.3. Staff and wider structural support

Glasgow City:

- The HI Lead in each locality provides strategic input. Varying degrees of continuous development work is carried out by Band 5 or 6 posts.

- The HWC pathway was mainstreamed into the city-wide Health, Housing and Local Authority Financial Inclusion contract (GAIN), which delivers income maximisation and other work through the commissioned money advice services for the whole city. HWC action is reported to the Child Poverty subgroup (city-wide), and the Financial Inclusion Group (Board-wide). The Child Poverty sub-group reports to the Glasgow City Poverty Leadership Panel, a dedicated anti-poverty structure to co-ordinate and monitor action on poverty in the city.

East Dunbartonshire:

- The HI lead post provides strategic input. A Band 5 practitioner (one day p/w) carries out development and expansion of the pathways and marketing of HWC.

- East Dunbartonshire has maintained the original HWC model whereby the HI team directly funds the Citizens Advice Bureau to deliver money advice, and the original referring partners (health visitors and midwives) have largely been maintained.

East Renfrewshire:

- The Lead for FI and the Money Advice and Rights (MART) and income maximisation services team provides strategic input to areas of policy and the HWC strategy. A Band 3 (Council) HWC operational advisor supports referrals.

- Children's and families work is supported by a full-time member of MART staff (Grade 7, Health Improvement and Inequalities role) to keep HWC on the agenda and occasional input to children and families work from other team members. Resources to HWC are in the form of these roles.

- Following a full re-design of children's services during the past five years, the HWC post (initially the remit of social work) was realigned into the Money Advice and Rights and income maximisation services team. This is now embedded with secure funding.

Inverclyde:

- The Lead for HI and Advice (Council) champions HWC and provides strategic input to relevant groups. A Band 6 post with a remit for FI mentions HWC to health visitors/midwives on an *ad hoc* basis. Support is also provided by a part-time administrative worker in the advice service.

- When funding ended, HWC referrals were directed to the mainstream advice service. The Senior Welfare Reform Awareness Officer provides management support for advice workers. Managerial input is minimal over the course of the working week. No new HI

development work has been carried out in relation to the referral pathway since funding ended.

Renfrewshire:

- The HI lead provides strategic, management and monitoring input, since 2013. One whole time equivalent (wte) money advisor is employed for ten sessions per week and support is provided by an advice administrative post.

- Embedding HWC in the work of the Tackling Poverty Commission, an anti-poverty structure set up to take forward all poverty work at local level, in 2015 has provided a vehicle for maintaining momentum of the HWC referral pathways and indicated a cultural shift towards tackling poverty.

West Dunbartonshire:

- A Band 7 post provides strategic input, working with colleagues in the Council to ensure that referral pathways are in place and maintaining connections between the HSCP and 'Working4You' service. There is some *ad hoc* HSCP team member input.

- HWC is an integral part of the Council 'Working4You' service, which manages a partnership between welfare rights advice, employability and Community Development services. The Citizens Advice Bureau is a part of this but the HSCP does not have day-to-day dealings with this partnership. Pathways have remained the same and are still operational, but there has been a decrease in focus on HWC, with no development work, which is reflected in lower referrals.

Acute Service Children's Hospital:

- The HI lead for Acute Services provides strategic input to key groups/individuals, and promotes the pathway through presentations to staff groups, development of a staff newsletter, and presentations at conferences and events. An advice triage worker, an adviser and an administrative post provide support.

- Successful annual funding bids to commission the money advice service have led to an increase in year on year referrals. Currently over 400 referrals are recorded annually. Referrals initially involved three specialties but have now been rolled out across all areas of the hospital.

5.4. Continued return on investment

For most HSCPs, it was difficult to separate out the exact return on investment for the HWC pathway alone, especially where the investment is in a human resource rather than a financial one. Areas where return on investment calculations could be made are detailed in Table 3.

Table 3. Return on investment of HWC.

Area	Time period	Financial resource invested	Financial Gain recorded	Return on investment (for every £1 invested
Glasgow City	Apr 2016 - Mar 2017	Not separated out for HWC	£1,232,478	£25.93 *
East Dunbartonshire	Apr 2016 - Mar 2017	£13,500	£406,311	£30
Renfrewshire	Apr 2016 - Mar 2017	£60,000	£1,130,118	£18
Acute Service, Children's Hospital	2013 - 2017**	£300,000	£6,000,000	£20

**Figures for return on investment in Glasgow were calculated by Glasgow City Council. These are indicative figures as the measurement criteria are not known.*
*** Note the dates and financial gain relate to the entire time period since 2013.*

The average return on investment for the four areas outlined in Table 3 is £24 for every pound invested. In the remaining HSCPs, it was more challenging to differentiate between financial investment in HWC and human resources devoted to it. In some cases, the remit for the HWC referral pathway has been situated within Council advice services since a period prior to the end of Scottish Government HWC funding. In all areas, HI involvement and support at strategic level has been maintained but variations exist with regard to operational input.

5.5. What worked well

The interviews with HI leads revealed the importance of:

- The continued commitment of HI teams, local authority services and the money advice delivery agents.
- Continued monitoring and reporting of outcomes, which evidenced dramatic impacts for all to see.
- Continued local development work with health staff. In general, it appeared that, where development work was not carried out, referrals decreased or stalled with only previously committed referrers continuing to use the pathway.
- Pro-active external funding applications to support elements of the early years referral pathways.
- In the Children's Hospital acute service, it was considered that linking with the Family Support and Information Service at the hospital was a key factor in the project's growth. This service identifies vulnerable families applying for the emergency grant funds and meal vouchers, and provides an ideal access point for raising the issue of money worries and linking families with money advisors.
- HWC was particularly successful in generating income for people who were already entitled but either did not know they were, or experienced access issues.
- The simplicity of the HWC design was a key factor.

Some interviewees felt that current Scottish Government priorities could help support future action on child poverty, particularly income maximisation, which is one of the key recommendations of the recently established Poverty and Inequality Commission[7].

5.6. Future sustainability

One of the areas of interest to this review was the extent to which the HWC referral pathways were mainstreamed into normal routine practice, and their ongoing sustainability.

Factors identified as important to sustainability have been categorised into internal and external factors in Table 4 (adapted from Schell *et al*. 2013[8]). The HWC outcomes have been mapped against these factors (Table 4). Estimates of sustainability are shown with reference to the "red-amber-green traffic light system" of reporting, where red indicates problems, amber points to potential issues and green indicates that the programme is going according to plan with no problems foreseen.

Table 4. Estimated sustainability of HWC in NHSGGC.

INTERNAL FACTORS	HWC sustainability	RAG
Monitoring	Monitoring has been a key factor in providing an evidence-base on the continued benefits of the HWC referral pathways.	G
Resources	Concerns have been raised in all areas about impending budget cuts, which threaten capacity in all services involved in HWC. In Inverclyde, there is a proposal to cut six advice service/welfare rights posts and West Dunbartonshire is expecting cuts across the Council as well as at HSCP level.	A
Program adaptation	HWC has been largely mainstreamed into routine procedures and practices in NHSGGC. It has been well embedded in Glasgow City and Renfrewshire where child poverty structures were in place, and has continued successfully in its original form in East Dunbartonshire. In other areas, it has been integrated into Council services with varying levels of support and resourcing. Budgetary constraints in all councils will potentially impact on consolidation and co-ordination of income maximisation work.	A
Project engagement/ awareness	HWC funding, prior to 2013, facilitated ongoing awareness raising and promotion of the pathways to early years health staff, and communication between local partners. Since 2013, this work has decreased or stalled in some areas leading to reduced early years referrals and different dynamics around partnership working.	A
Strategic planning	Despite the existence of strategic groups to oversee action on child poverty, such as the NHSGGC board-wide Financial Inclusion Group and the Glasgow City Child Poverty sub-group, the Board-wide strategic direction of the HWC pathways is not as clear as it was during the funded period.	A
EXTERNAL FACTORS		
Public health impacts	Public health impacts, including income maximisation, have been evidenced by a robust monitoring system. This will be important for the Local Child Poverty Action Reports.	G
Political support	Political support for the HWC pathways at local level has been good, and they have been incorporated into	G

	local authority services and structures in most HSCPs.	
Partnerships	Partnerships now focus on wider FI work in the context of integrated structures, which competes with other priorities, meaning that staff may be spread more thinly. It is vital to strengthen these partnerships around the child poverty income maximisation agenda, to ensure co-ordinated work to feed into the local delivery plans.	**A**
Funding stability	All HSCPs are concerned about the pressure on budgets at HSCP and Council levels. The main challenges raised related to trying to maintain capacity in services in order to continue prioritising early years work, thereby directly affecting HWC referrals.	**R**

6. Discussion

This review provides useful learning, based on HWC progress throughout the past five years, to help inform local action around widening the NHS referral pathways for income maximisation. The Child Poverty (Scotland) Bill[7] states that local areas "must, in particular, describe income maximisation measures taken… to provide women and families with children with a) information, advice and assistance about eligibility for financial support and b) assistance to apply for financial support".

The Child Poverty (Scotland) Act 2017[7] sets out key targets to be achieved by 2030 which include:

- Less than **10%** of children are in relative poverty.
- Less than **5%** of children are in absolute poverty.
- Less than **5%** of children are in combined low income and material deprivation.

It is worth reflecting on past progress on tackling child poverty. Using relative child poverty rates as an example, over a 17-year period (1998-2015), the rates dropped by 5 percentage points. However, in order to achieve the 2030 target (over a shorter 13-year period), relative child poverty rates will have to drop by 16 percentage points. This will be a particular challenge that requires significant fiscal policy levers at national level.

The following discussion points emerged from this review of HWC.

- 'Monitoring', 'public health impacts', and 'political support' are categorised as **green**, in terms of sustainability. The monitoring function is linked to political support at Health Board and local level and has been crucial in maintaining visibility of the referrals and demonstrating impact. With the new statutory requirement for reporting child poverty outcomes in local action plans, the monitoring function will continue to be vital.

- The majority of other sustainability factors are estimated to be **amber**, which indicates potential problems. With the introduction of the NHSGGC Child Poverty Action Co-ordination Group, chaired by a Consultant in Public Health, and the appointment of a Child Poverty Co-ordinator for Glasgow, there is scope to refresh some of these areas and create new energy to support continued work. The requirement on local authority and health partners to jointly prepare annual child poverty reports could also help facilitate this.

- The main threat highlighted by interviewees is that of impending budget cuts which will have ongoing implications for supporting and developing the pathways. One HI lead reported that development work requires extensive capacity to ensure that HWC remains on the radar, as staff are constantly fire-fighting demands on them. In NHSGGC, these resourcing and capacity issues are important, not least in West Dunbartonshire, Inverclyde, and Glasgow City, which have the highest child poverty levels.

- In terms of 'strategic planning', the **amber** rating relates to the fact that while strategic groups are in place, the absence of a strategic steering group and central funding could potentially create the conditions for dilution of focus and a move towards localism. The strength and uniqueness of HWC was that it was a system-wide approach across NHSGGC. This review suggests the need for cohesive NHS policy and strategic planning around tackling child poverty. In this regard, it would be helpful if a national agenda around sustainability of income maximisation measures, with formal pathways, was promoted as part of the Child Poverty Delivery Plan.

- The only **red** traffic light is 'funding stability'. For nationwide rollout of HWC, consideration of appropriate funding will be crucial. It is to be welcomed that the Scottish Government has set aside £500,000 over two years to support the NHSGGC model of income maximisation across Scotland. However, it will be challenging to unpack this in terms of how it might help NHSGGC progress towards a '**green** traffic light' and meet the various requirements around development work, monitoring and all the other sustainability factors discussed in Table 3.

- The question arises as to whether cultures and structures make a difference. For example, in Glasgow City and Renfrewshire, since 2013 there have been structures in place to act as a vehicle for HWC ongoing referrals, i.e. the city-wide GAIN contract in Glasgow and the Tackling Poverty Commission in Renfrewshire. The Glasgow Child Poverty sub-group also supports the referral pathway. In East Dunbartonshire, links between health improvement and money advice were also historically well-developed and have remained in place. Other areas may have had more of a distance to travel to develop relationships post-HWC secure funding. With the expectation that local authority and health partners work together to produce annual local child poverty action reports to submit to the Scottish Government, the local co-ordination role will be crucial.

- The Children's Hospital achieved notable success. This approach could potentially inform other services, such as Mental Health, Homelessness, and Addictions, where pathways did not develop as successfully during the funded phase of the HWC project.

7. Conclusions

The introduction of the Child Poverty (Scotland) Act into legislation[1], and the statutory duty placed on local authorities and health boards to report annually on actions they are taking to contribute to reducing child poverty, provide renewed impetus to put mechanisms in place that can achieve this aim.

There is robust evidence from the Healthier, Wealthier Children income maximisation project that introducing referral and information pathways between early years health staff and money advice/welfare rights services is effective in identifying unmet need and ensuring that families can claim their entitlements[6]. This review of HWC provides additional evidence of the ongoing resources and commitment needed to ensure that the referral pathways are maintained and developed. It is hoped that learning from the review will be a useful resource to inform wider adoption of this model of income maximisation across Scotland.

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Appendix

Healthier, Wealthier Children (HWC) project update questionnaire

Q1. Please tell us about yourself:

Name

Job title

Health and Social Care Partnership

Q2. Are you the lead person for financial inclusion (FI) in your HSCP?

Yes No

If No, can you provide contact details of the lead person

Q3. Can you briefly describe the key FI priorities within your HSCP?

Q4. If the HWC project is part of local FI priorities, can you provide details of any HSCP support work and HWC money advice work carried out between 2013 and 2017?

If HWC is not a FI priority, please answer questions 7, 9 and 10A.

YEAR	HWC: staff role and functions	Length/period of involvement (months?)	Input – 1 session = 0.5 days 10 sessions = 5 days
Apr 2013 – Mar 2014			
Apr 2014 – Mar 2015			
Apr 2015 – Mar 2016			
Apr 2016 – Mar 2017			
Apr 2017 – to date			

Prompts:

How have these roles been funded?

(a) Recurring core funding

(b) Health funding

(c) Local authority funding

(d) Combination of Health and LA

(e) External funding bids (Yes, successful ; Yes, unsuccessful; No external funding bids)
(f) Other – details…….

Q5. Can you provide details of the roles and extent of any management support to the HWC project over the last four years?

YEAR	Lead person for HWC	Length/period of posts (months?)	Input – 1 session = 0.5 days 10 sessions = 5 days
Apr 2013 – Mar 2014			
Apr 2014 – Mar 2015			
Apr 2015 – Mar 2016			
Apr 2016 – Mar 2017			
Apr 2017 – to date			

Prompts: *as above*

HWC funding

Q6. Can you estimate the total amount of money allocated to HWC annually, between 2013 and 2017?

Q7. Are there plans to fund HWC referral pathways for pregnant women and families with young children in the foreseeable future?

Q8. Can you identify any factors (positive or negative) that may affect HWC funding in the foreseeable future?

HWC delivery

Q9. Between 2013 and 2017, have there been any delivery changes (positive or negative) in HWC local delivery - e.g. Health Visitor or Midwifery engagement and referrals; closure or setting up of new HWC delivery?

Q10. If HWC is still operating in your area, can you describe the factors that have supported this process?

Q10A. If HWC does not operate, can you provide details on when it stopped and the factors behind this process?

Q11. Do you have any other comments/relevant points not addressed in this questionnaire?

Thank you very much for your help and support