



Parental Poverty and Improving Outcomes: Debt and Financial Exclusion

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Credit Revolution

- ¼ households with credit 1970s, 70% in 1990s
- 45% with bank account in 1975, 90% by 2000
- Rise in home ownership
- Household borrowing £400bn (1993), £1,500bn (2008)
- Credit crunch - Falling house prices, benefits/other welfare cuts – fuel/ living costs rise
- Debt risks greatest for low income families

Poverty and Debt

CAB debt clients in Scotland (2008):

- low incomes, above average with children under 5
- 6.3 debts (5.1 in 2003),
- Debt £20,193, up 50%,
- Credit card, personal loans most common
- Almost all said mental health affected

Debt - Causes

- financial shocks,
- persistent low income,
- poor money management, over-commitment, over-spending
- creditor behaviour
- quality of work

Recession and public spending cuts:

- Job losses – men, young, non-white
- Public Sector 41.3% of all working women
- Cycling between benefits and low pay

NHSGGC and Financial Inclusion

Addressing Financial exclusion:

- reduce health inequalities/ tackle social determinants of ill-health?
- Support wider social needs in process of rehabilitation/ self care pathways
- improve health, wellbeing and quality of life
- ameliorate effects of socio-economic inequality

Health impacts of advice

- Positive - wellbeing and (mental) health
- More income helps manage health better
- Advice impact regardless of more money
- ? Impact financial shocks/ 'chronic' low income
- Role – physical health/ health stability/ slow deterioration?
- Benefits to health staff and services

FI and Health future work

Research:

- Wider FI work
- Measuring impact esp physical health longer term

Services

- NHSGGC - FI group, projects, services, links
- Advice needs not static
- Fuel poverty/ homelessness wider linked issues
- Gaps in services – families and young people?



Healthier, Wealthier Children

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Background

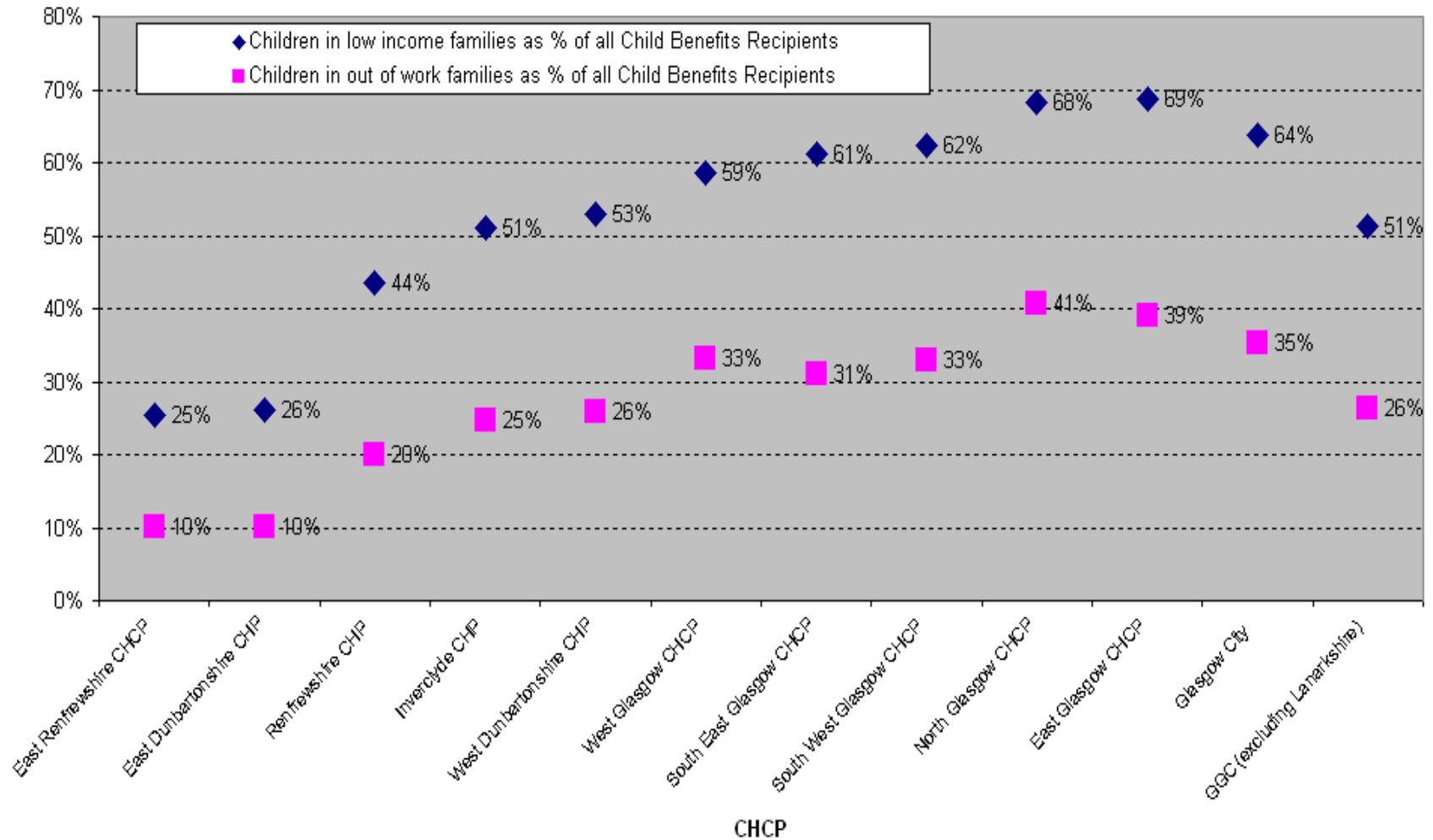
- Work with midwives and health visitors to increase *Healthy Start* uptake: need more support for benefit applications
- Financial Inclusion Strategy Group, Glasgow Centre for Population Health, some SOAs, local, city and health board Children's Services Planning structures: all recognised a need for action on child poverty
- Policy support for acting on determinants of health and opportunity to seek funding from Scottish Government (*Achieving our Potential* Programme, with agreement from early years and health improvement)
- System support for shifting focus to early years: CMO, GGCNHS DPH report, Glasgow Health Commission

Evidence base for HWC

- NHS role? Income is a determinant of health (Marmot, 2010; Spencer, 2008)
- Early years are crucial for children's physical, emotional and social development (Harvard Center on the Developing Child, 2007)
- Better quality of life through the lifecourse with better diet, opportunities, reduced stress etc from before birth (much related to higher income) (Bartley et al, 2006; Growing Up in Scotland, 2010)
- Financial inclusion and health research suggest improved mental health achieved from financial inclusion services (Gillespie, 2010)
- Childbirth and relationship breakdown are major risk events for falling into child poverty (McQuaid et al, 2010)
- Disproportionate impact of poverty on women in couples (McKay, 2009) and on lone parents, most of whom are women (Lister, 2006)

Children in workless and lone income households (in families on out of work benefits) by Greater Glasgow and Clyde CHCP, 2006

Source: HM Revenue & Customs data; SNS



Impact of welfare reforms on families with children, June 2010

- Reduce eligibility threshold for Child Tax Credit for the full family element down from £50,000 to £40,000 (although larger families with high childcare costs or disabled children may still be eligible with income higher than £40,000)
- Freeze on child benefit rates for three years
- Stop Health in Pregnancy Grant and restrict Sure Start Maternity Grant
- Stop Child Trust Fund payments
- Remove the 'baby element' from the Child Tax Credit
- Reduced maximum housing benefit payable
- Forthcoming VAT rise will disproportionately affect people on a lower income
- (from CPAG in Scotland presentation, Mark Willis, 2010).

Income maximisation and child poverty

- Case study for *Healthy Start*: Is £3.10 worth the hassle?
 - Single mother, no work, two children (8 and 3), four months pregnant, difficult relationship with partner who recently left the home
 - Food budget £3 per day per head = £63 per week (*Guardian Society*, April 2009)
 - Eligible for two vouchers = 10% of weekly shopping bill
- Income maximisation and health relationships currently focusing mostly on elderly and employability, less so on families with young children
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- £1,058,000 for 15 months from SG *Achieving our Potential* Programme for NHS GGC in partnership with GCPH, GCC and CH/CPs
- Working through universal health and other service provision to identify need and access to income maximisation
- Target life stages at high risk of child poverty: pregnant women and families with young children or older children with high risk family circumstances (incl disability, kinship carers, asylum seekers)
- Development workers in all 10 CH/CPs and Addictions to link with income maximisation services across NHS Greater Glasgow and Clyde including
- Local links to children and families services, antenatal, mental health and addictions, early years, childcare, employability, fuel poverty and other financial inclusion support services

Aims

1. Strengthen and develop knowledge and expertise within mainstream financial inclusion and health services for addressing child poverty: focus mostly on antenatal services, health visitors, and other early years services; develop financial inclusion expertise for child poverty
- 2. Influence future commissioning and delivery of mainstream services for **sustainability** of information and referral pathways beyond project: inquiry about need for money advice becoming part of health service assessment, together with knowledge of local services
- 3. Evaluate impact, clarify levels of need for service and identify models of good practice for dissemination across Scotland

Outcomes:

Income maximisation

- Higher numbers of families with young children receiving financial information, advice and support
- Improved financial awareness for pregnant women, new families and families with young children
- Additional income generated for families using the service
- Benefits assistance plus identifying other issues and referring on as appropriate
- Provision of advice, assistance and training to service providers supporting the client group

Outcomes:

Development work

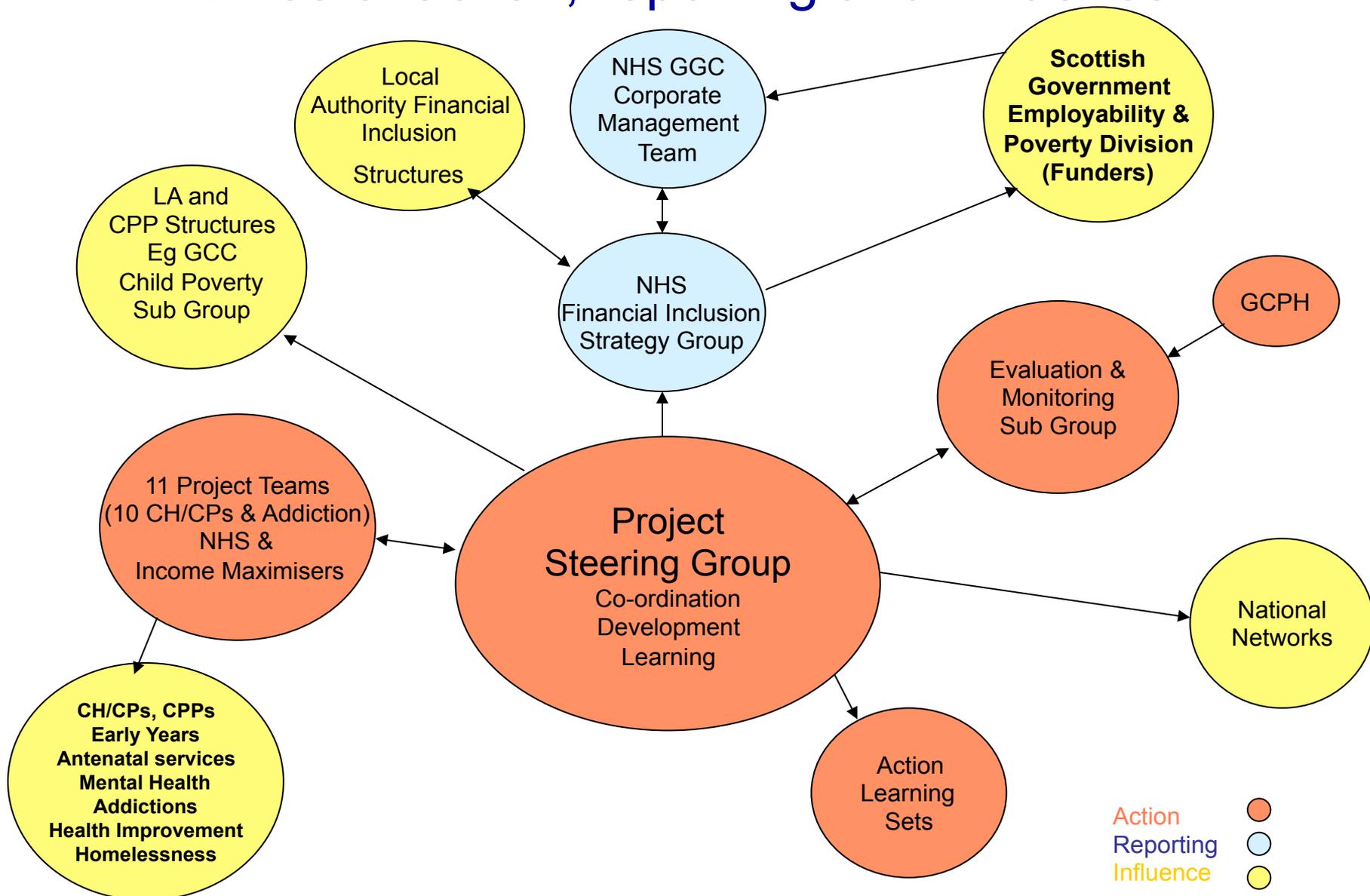
- Improved knowledge of benefits and other financial support available for pregnant women and families with young children among staff
- Clear referral and information pathways for pregnant women and families with young children between health, early years and social services and financial inclusion services
- Guidelines for future contracting of financial inclusion services for pregnant women and families with young children at risk of child poverty, based on evidence of local need and successful models of practice

Outcomes: Evaluation

- Estimation of the added value of a child poverty-focused income maximisation service to a CH/CP population
- Description of effective information and referral pathways between health, social and early years services and financial inclusion services for pregnant women and families with young children at risk of poverty
- Interim report and final report on the initiative
- Models of good practice and learning disseminated across Scotland

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Lines of action, reporting and influence



Progress, Nov 2010

- Multidisciplinary and multiagency Steering Group established and active since March: health, councils financial inclusion, early years, voluntary sector, university, Scottish Government
- Local networks established and development workers almost all in place
- Income maximisation services open for business from October
- Evaluation team established monitoring, gathering baseline data and finalising evaluation programme
- Strategies for EQIA, engagement and communication underway

Reviewing and reporting

- Review in January: criteria for access to services, monitoring strategy, referral/signposting processes
- Interim report summer 2011
- Final report early 2012.

www.nhsggc.org.uk/hwc

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