

Working Together to create a Financial Inclusion Pathway between Health Visitors and Dumfries and Galloway Citizen's Advice Service



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Health visitors (HV) have been identified as having universal access to families with children under 5 years old via the Universal Health Visiting Pathway and as such hold a key role in supporting families to access money advice services and the accepted health and well-being benefits of financial inclusion. As a result 3 HVs and 1 money advice specialist collaborated to create a referral pathway between HV service and Citizen's Advice Bureau. Prior to the project, HVs did not have a financial inclusion pathway to allow consistent response to money worries raised to them by families and consequently would generally signpost to a number of local agencies. This led to a number of issues including lack of feedback to HVs about outcomes for families. A priority for the project was to develop an integrated pathway which would support HVs and in turn allow equity of support to all families. In Dumfries and Galloway 26.2% of children are living in poverty (national average is 24%). Overall Dumfries and Galloway has 19 SIMD data zones considered to be in the 20% most deprived in Scotland.

Aim: By November 2021 all health visitors across the Dumfries and Galloway HV service (circa n=40) will demonstrate routine financial inclusion enquiry as part of the Universal Health Visiting Pathway * embedded consistent application of FI referral pathway between HV DAGCAS by HVs

Method

We started with one HV team (Dumfries). We developed a questionnaire for staff and a sampling tool and audited child health records so we could better understand current practice and variability including:

- the extent to which HVs ask about financial worries
- patterns around points in the UHV pathway where enquiry took place
- factors which may influence HV to ask about money worries, including how they felt about asking the question
- range and diversity of services HV referred to

This told us that there was a range of services HVs were referring to including some which no longer existed in the local area.

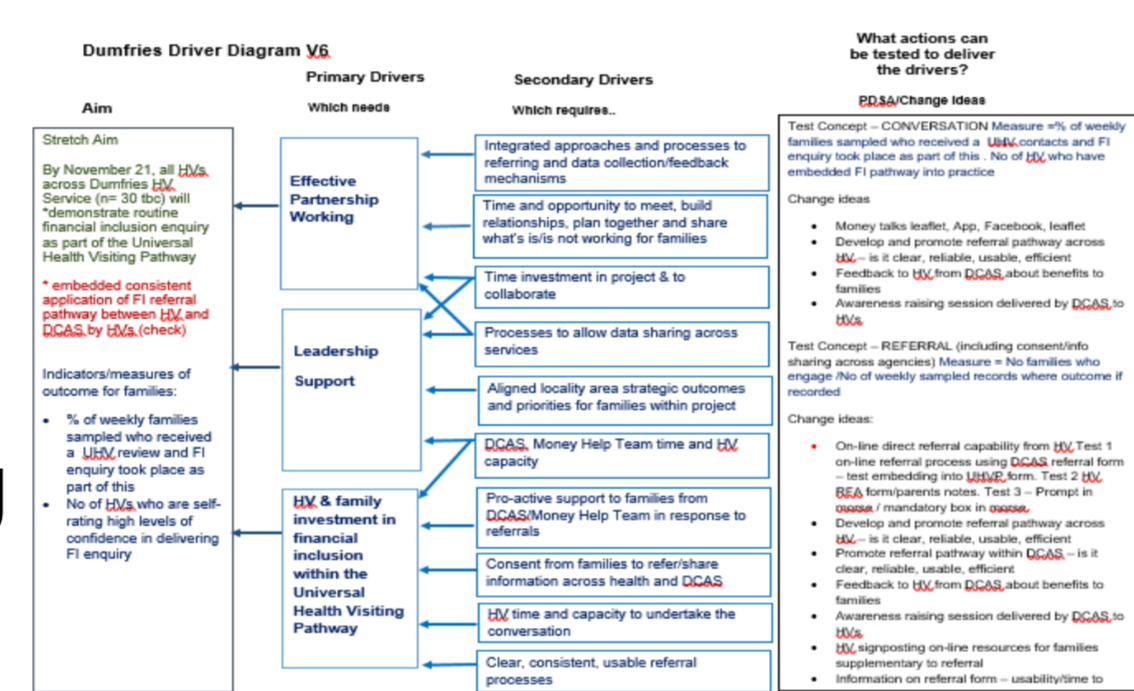
Staff also told us that a trigger to asking about finances was the 'Financial Inclusion' box on the wellbeing forms at the first and 8 month contact.

We used process mapping to map out a FI pathway and shared with HV & DAGCAS staff for feedback as part of our initial testing

Process Change

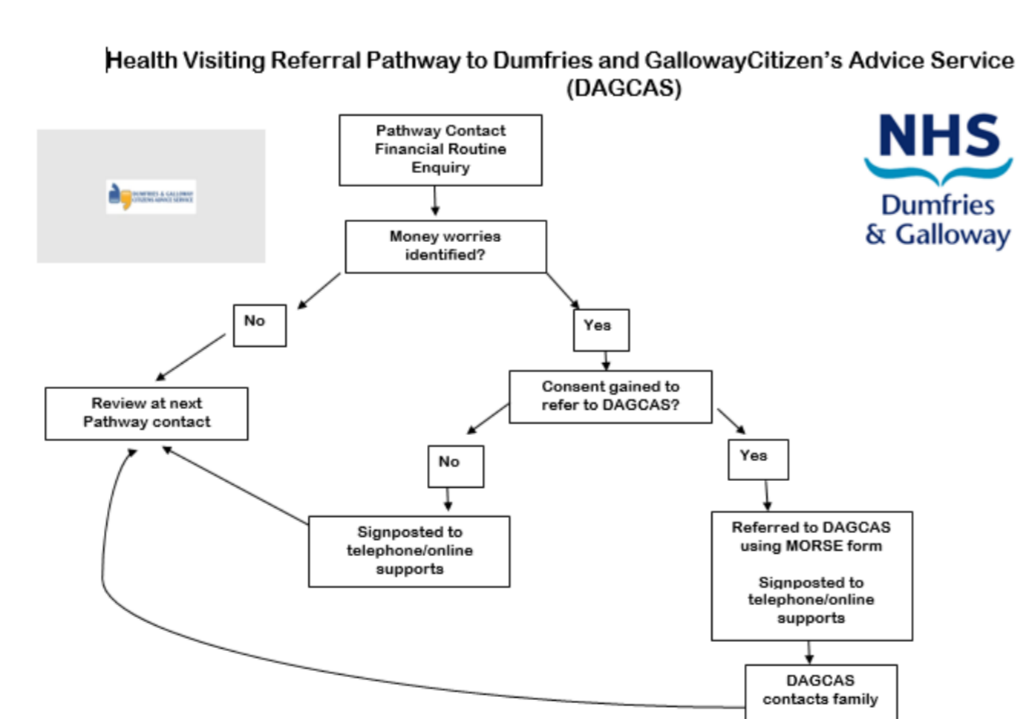
We selected key areas of the pathway to test: financial inclusion conversations; referral format and process; communication and information sharing. Our tests of change included ideas to raise awareness about the importance of FI enquiry to HVs, the FI Pathway including support staff to refer. Our testing was informed by efficiency and accessibility of the referral processes for HVs. Our theory of change being that this would increase the likelihood and consistency of referrals and in turn equity of access to specialist money support.

We quickly learned a barrier to HVs was separate form-filling and focused our testing on referral processes which would be incorporated into the child health system including prompts embedded into the Morse Form used by HVs. We also tested a Universal App, inclusion of DAGCAS on the HV Facebook page and DAGCAS leaflet.



Achievements

- ✓ Developing an integrated FI pathway and using PDSAs
- ✓ HVs increasing knowledge and understanding of DAGCAS supports available for families
- ✓ Developing a referral process for HV that is integrated into the systems they use in practice
- ✓ Keeping the project going through Covid and through all the adversities faced; maintaining momentum, passion of the team and focus on children and families throughout this very difficult time.



Key Learning Points

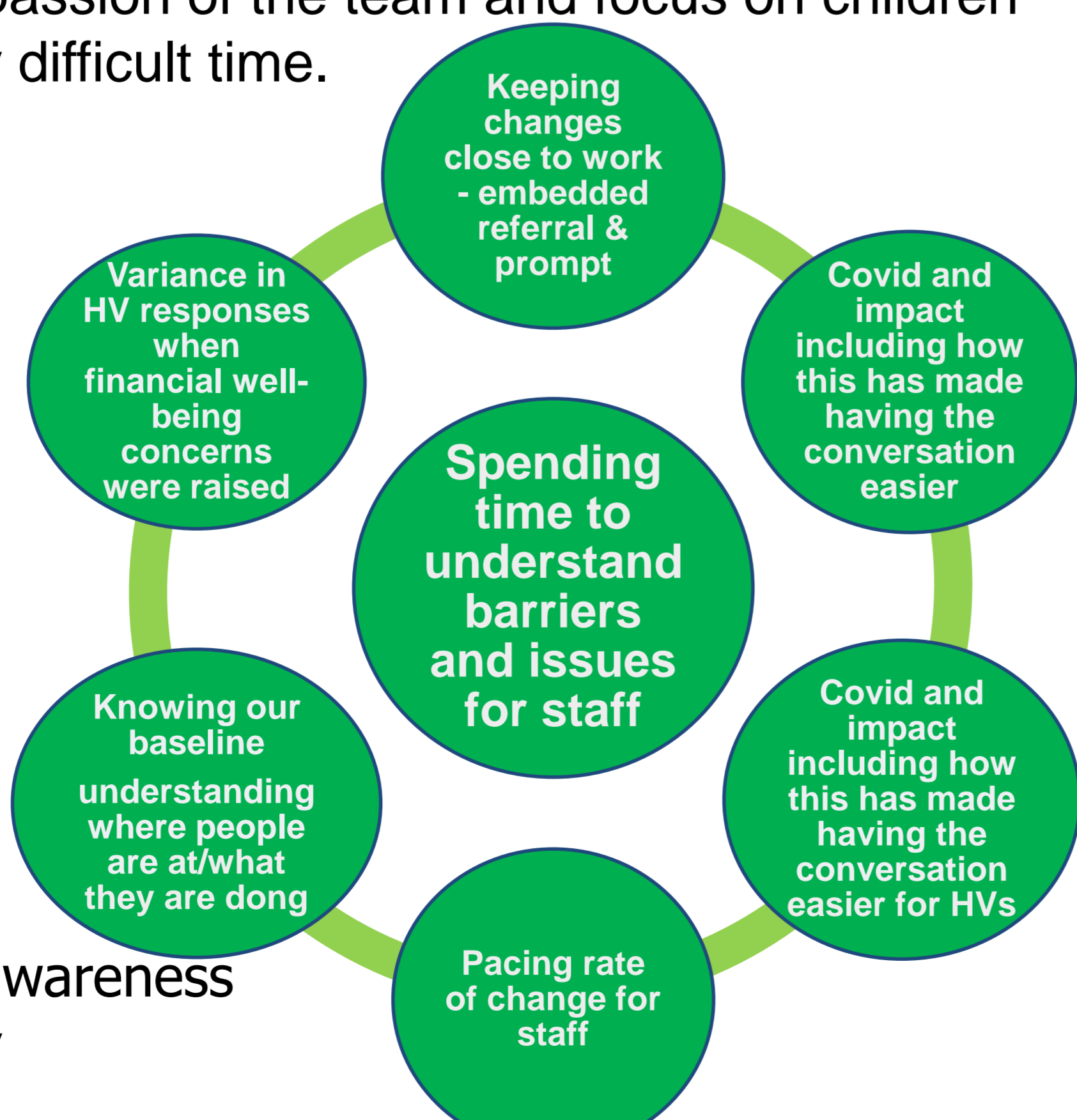
Taking 'temperature' through Covid

Meeting regularly as a project team and especially having HVs & Carol's team (DAGCAS) take an active role in pathway design

Targeted and pro-active response to HV referrals from DAGCAS

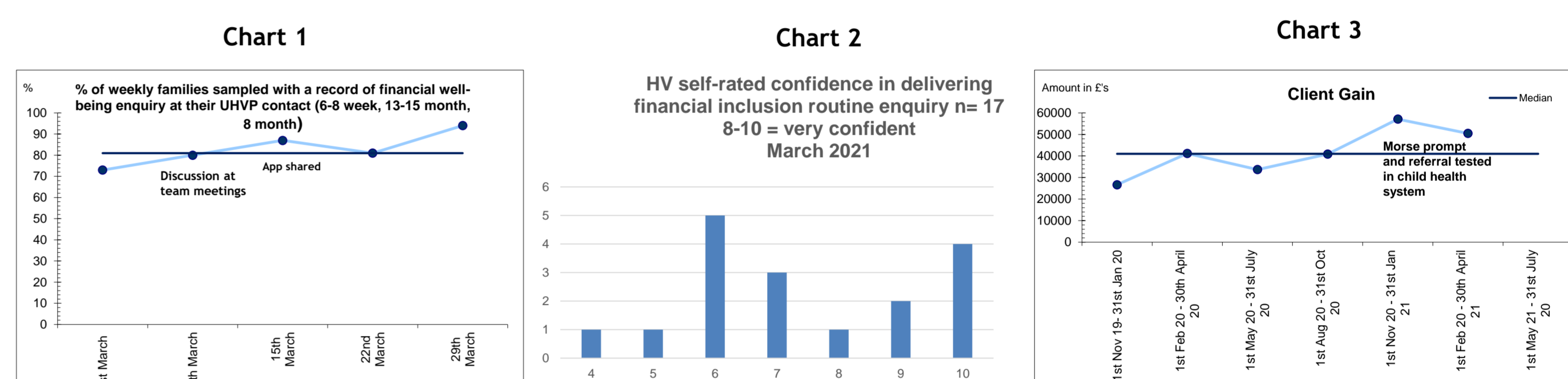
HV having a solid and consistent awareness and understanding of the pathway

HVs understanding of breadth of support provided by DAGCAS including outcomes for families referred



Results

We completed a 5 weekly audit of 15 case notes across 3 stages in the pathway (6-8 weeks, 13-15 months, 8 months) and this showed us that for the sample group 94% of HVs (n= 14) were asking about FI routinely (Chart 1). We had planned to repeat this several times however this was not achievable due to Covid related service pressures. We also planned to ask a series of questions over time in relation to staff confidence in 2 areas: raising question of money worries and knowing what action to take when the issue of money worries was shared. Again Covid related service pressures prevented this happening however we intend to revisit this and discussion with staff about these aspects is ongoing. Chart 2 shows feedback from Questionnaire 1. Chart 3 shows quarterly gain. This provides impact over time in relation to monetary figures, case studies also show impact for families across other health and well-being indicators.



Conclusions

We are continuing with the project and our implementation plan for spread is to embed the FI pathway across all HVs in Dumfries & Galloway. Feedback such as below about the impact of the project has been a powerful boost to the project team as well as wider HV & DAGCAS teams involved in the project

*"Getting the Disability Living Allowance means we can pay for equipment that allows him to be the same as his brother".
Getting the DLA means I can take my boy on holiday – we haven't been on holiday for years".* Feedback from families

"For me, the biggest impact is in seeing the difference the financial gains make to families and knowing that I was part of that". HV

"The team achievement and their persistent focus on families in need when faced with challenges through Covid 19 including staff redeployment, is commendable. They have focused their efforts and collaborative working by continuing with the project which has led to this positive impact for families". Sponsor

Next Steps

Continue testing and data collection as we implement the FI pathway to Annandale, Stewartry, Upper Nithsdale and Wigtownshire. The questionnaire and sampling tested and developed as part of this phase of the project will be utilised.

Routine enquiry FI question incorporated into GIRFEC well-being assessment at every Health Visitor Pathway contact.

Training rolled out across HV staff delivered by DAGCAS. This was delayed due to COVID.

Share knowledge with health visitors across the region via national and local celebration events.