

DOUGLAS, F., MACIVER, E., DAVIS, T. and LITTLEJOHN, C. 2022. Community midwives, health visitors and family nurses' experiences of the early implementation of the so-called financial inclusion pathway in NHS Grampian. Presented at 2022 Faculty of Public Health conference: public health: lighting the path for the next 10, 20, 50 years, 12-13 May 2022, [virtual conference].

Community midwives, health visitors and family nurses' experiences of the early implementation of the so-called financial inclusion pathway in NHS Grampian.

DOUGLAS, F., MACIVER, E., DAVIS, T. and LITTLEJOHN, C.

2022

Acknowledgements

To all the participants who gave up their time to take part in this study and share their expertise.

The study steering group members

The funders - NHS Grampian Endowments Fund

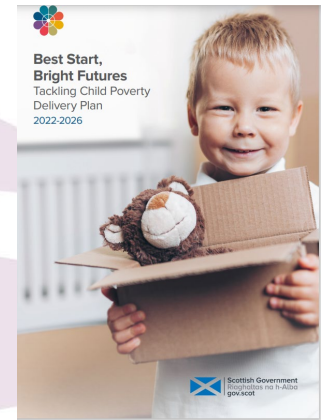
Study rationale and aims

Child Poverty Act 2017

- Child Poverty Action Plans 2018-2022
- Tackling Child Poverty Delivery Plan 2022-2026

Qualitative process evaluation of the early FIP implementation - community-based health care professionals' experiences of addressing income poverty during routine practice - pregnant women and parents/carers of children under 5.

Increasing interest in **health care professionals** and **health care systems** in addressing **social risk factors** during routine care to improve health outcomes and reduce health inequalities



[Every Child, Every Chance: The Tackling Child Poverty Delivery Plan 2018-22 \(www.gov.scot\)](http://www.gov.scot)

[Supporting documents - Best Start, Bright Futures tackling child poverty delivery plan 2022 to 2026 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Methods

Face-to face interviews via MS Teams

Topics questions :

- the nature of child poverty in practice areas
- experiences of raising financial issues during routine care
- perspectives about HCP roles in relation to discussing financial challenges with clients

Interviews were transcribed and thematically analysed.

18 health visitors, community midwives and family nurse practitioners based in urban and rural locations in north east Scotland took part between April-August 2021.

Main themes identified

Perspectives of
poverty within
caseloads

Parental financial
wellbeing concerns

Income
maximisation
within clinical
practice

Referral agency
accessibility and
utility

Tools and Training

Income maximisation work within clinical practice

Health visitors

Universal Pathway

Signposting to others

Time constrained

Caught by surprise

Not always confident knowledge is up-to-date

Ways issue is raised

Humour

Ask about "Managing"

"Going in sideways"

Midwives

Not regularly discussed

Time constrained by existing pre-natal concerns

Easier to raise when clients are claiming benefits

Family nurse partnership practitioners

Smaller caseloads - vulnerable client group

More than signposting

Keen to avoid creating dependency

Financial challenges routinely discussed

Perspectives of poverty within caseloads

Debt

Gender-based financial disempowerment

? about money management

Hidden/ Obscured

Financial control and coercion

Rural challenges

Parental financial well being concerns

Newly poor

Stigma preventing social assistance uptake

COVID Impacts

You know, if .., we're seeing repeated, they're not coming for appointments, it means we have to talk about, well, erm, does it mean that, erm, is it because they can't, they haven't got the bus fare, they can't get the taxi to get to an appointment. So, what we will do is we, we will sort of couch these things in, their neglecting their child, but actually, poverty is often the biggest barrier for them to then parent that can, erm, meet that child's needs. But, as you know, poverty's often hidden.. and they won't, they'll, they'll just say, I forgot, I didn't get the letter, but when we really start unpicking it and drilling down, it might be that they genuinely don't have the wherewithal to get to, to medical appointments. (FN)

I, have huge admiration for, you know, the whole concept of (...) supporting people who are living in food poverty, but I have seen first-hand what they get and it, it, it makes me want to cry because I wouldn't buy that food. ... (HV)

Referral agency accessibility and utility

Client accessibility challenges

Questions about agency responsiveness and advice giving

you know, it's fine me saying, oh, here's the email address, you know, here's the telephone number, but if they didn't have the finances, A, to have a phone, B, to have internet and C, to have the skills to do it. It's one thing going in face to face if they're a 15 year old, or a 16 year old with a baby, but to do it on the phone as well. And again, if they were under 16, then the Child Benefit goes through the mother, the grandmother.....So, there was lot, there's a lot of layers and a lot of complexity to, you know, the Financial Inclusion Pathway with young parents (HV)

Tools and Training

Training

Services information

Financial advice checklist

....getting a bus with two, two, well, a baby and a toddler, from Aboyne to Aberdeen.....to then queue in the Citizen's Advice, to then, you know, waiting for two hours in that situation, with two young kids, to then have a man come out with a walking stick and hearing aid, and couldn't hear me, never mind understand my benefits or situation. (HV)

Discussion / Conclusion

- This study has limitations associated the lower levels of participation in the study than were hoped for from midwives based in Moray and Aberdeenshire.
- Substantial professional awareness, concern and sensitivity associated with the reality and possibility of the existence of poverty in the lives of a proportion of their clients.
- Health visitors and family nurses - important and legitimate role in practice to raise the issue with their clients and signpost to support where need is identified.

- Health professionals' **nuanced understanding** and associated **concerns about the risks, as well as the benefits of raising financial matters during routine consultations**, their concern about their **own working knowledge of benefit entitlements** and, and their **capacity to support clients within the working time constraints they have**, suggests there are **FIP implementation gaps** in the northeast context.
- Raising financial issues in routine clinical care work remains **challenging 'emotional labour' in the context of demanding professional caseloads.**
- Implications for future working given the current context of declining incomes and rising costs of living and inflation and predictions of more severe and prolonged economic hardship for families with children.

Questions arising from the study

See next presentation

Thank you for your attention

Questions?

