

# A qualitative investigation of the perspectives and experiences women and families living on low income in Aberdeen City associated with the introduction of the Financial Inclusion Pathway in 2019/2020.

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## **Acknowledgements**

The study was commissioned for NHS Grampian's Child Health Commissioner in March 2020. The study timeline was delayed by the first COVID-19 pandemic lockdown and therefore this report provides some insights into parents' experiences of that pandemic as they compared and contrasted pre and current COVID-19 pandemic experiences. We thank all those parents who took part in the study, and who generously gave their time to share the perspectives and expertise.

This study was only made possible by the support and assistance of the staff and volunteers at CFINE and we would like to highlight and thank Dave Kilgour and Sophie Morrison for their particular support and help with this work.

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## **Executive Summary**

### **Background**

All health visitors, midwives and family nurse practitioners in Scotland must screen and offer a referral for financial advice to all pregnant women and parents/carers of families with children under five in Scotland. This innovation in clinical practice, the '*Financial Inclusion Pathway*' (FIP), was implemented as an aspect of the Child Poverty Act (2016), and included all Scottish joint Child Poverty Action Plans and is intended to maximise household incomes for all low-income families with children under five. Raising and discussing financial issues with clients is a novel aspect of clinical care for nurses and midwives. Little is also known about the women's perspectives about the acceptability and usefulness of this initiative to their lives. Furthermore, little formal research has focussed on the lived experiences of parents and mothers of infants and young children in relation to the challenges they face parenting on very low incomes in north east Scotland.

This commissioned qualitative study set out to determine any challenges parents might face engaging with the FIP policy in practice; their perspectives about aspects of clinical practice that could facilitate and / or support the aim of income maximisation through this means. In so doing, the study also aimed to capture current lived experiences of parenting on low incomes in the north east. This included consideration of current household food coping strategies. This research is particularly prescient given the pre-COVID economic context that was characterised by rising prices and declining household incomes has been further exacerbated by the COVID-19 pandemic response. Therefore, these findings should help to inform current practice, policy and nurse education based on the local needs identified in this study.

### **Objectives**

This research project aimed to investigate:

- the lived experiences of parents/carers and mothers of infants and young children in relation to the challenges of parenting on very low incomes (including food coping strategies) in Aberdeen City;
- the challenges parents may face talking to health professionals about financial problems;
- their thoughts about nursing and midwifery clinical practice that would facilitate and support the aim of income maximisation through the FIP approach;
- parents' perspectives of the acceptability and usefulness of the FIP policy concept.

This interview study took place with parents who used or were supported by the Woodside or Community Foods North East (CFINE) food pantries or food bank<sup>1</sup> between July-August 2020.

### **Findings**

Ten women, ranging from ages 20-41, took part; two participants lived with a partner, whilst the remaining eight women lived on their own with their child(ren). Each participant had between one and five child(ren), ranging in age from 2 to 18 years and all had one child under school-age. All lived in multiply deprived postcode areas within Aberdeen City.

### **Key findings**

#### **Parenting on a low income**

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<sup>1</sup>Food pantries are low-cost food outlets, sometimes referred to as social supermarkets, are concerned with supporting parents/ carers and young families living in poverty with food provisioning.

## **Impacts**

Five key impacts were reported by participants that was associated with living on a low income. These centred on: **i.** their limited participation or access to paid employment; **ii.** reliance on insufficient social security income; **iii.** household food insecurity experiences; **iv.** practical and emotional challenges concerned with limited opportunities for their children's educational and social development; **v.** and anxieties related to treats and special occasion provision.

## **General coping strategies**

In attempting to manage on a very low budget, four key themes were evident. These included, **i.** careful budgeting and prioritising household bills; **ii.** self-sacrifice; **iii.** relying on charity, friends and family, and **iv.** keeping up appearances to protect their children from social harm.

## **Food coping strategies**

Food coping strategies were explored in more depth during this study. Parent's descriptions emerged under two broad key themes: *acquisition methods* and *management techniques*. Acquisition methods included **i.** using food charities; **ii.** only taking (food) that was needed; **iii.** passing on any surplus to others and; **iv.** shopping carefully. Management techniques included: **i.** careful budgeting and self-sacrifice; **ii.** maximising available food resources by limiting snacks and treats'; 'cooking from scratch' and batch cooking.

## **COVID-19 challenges**

Our interviews took place in July this year, just as lockdown restrictions were being lifted in Scotland so there was a lot of discussion around the impact of the pandemic and the additional challenges this presented for parents raising a family on a low income. Those impacts were described in terms of **i.** losses or changes to income, **ii.** increased food and living costs, **iii.** additional demands on household income arising from long-term school closures, and **iv.** additional costs associated with the return of schools to accommodate mandates associated with regular school uniform changes and outdoor clothing provision.

## **COVID-19 restrictions and food-related issues**

Lockdown evidently exacerbated food insecurity for our participants. It did so in two ways; by increasing the **i.** demand for food in the household, with the family at home all day, and, **ii.** constraining access to normal food sources such as the food bank or pantry. Lockdown also constrained access to the support of family and friends who could normally be relied on to provide meals or snacks to participants as a regular coping strategy.

## **Early years nursing services support, their role associated with financial inclusion work and awareness of the Financial Inclusion Pathway**

Here we present the main themes that emerged from our discussions with parents about **i.** their interactions with their midwives or health visitors in relation to financial challenges they may have been experiencing in relation to parenting on a low income, **ii.** factors they believed either inhibited or facilitated conversations about household income sufficiency with health professionals, and **iii.** their awareness and views about the Financial Inclusion Pathway concept.

## **Challenges associated with discussing financial issues with health professionals**

When asked about their experiences of sharing or discussing financial issues or concerns with health professionals, three key themes emerged: **i.** fears about their parenting abilities being questioned

and their child being removed from their care; **ii.** embarrassment; and **iii.** questions about the respective role and remit of health visitors and midwives in relation to this issue.

#### **Advice for health professionals about raising the issue with parents**

In response to the fears raised by participants in sharing their financial concerns with health professionals, various approaches and strategies to aid disclosure and ultimately support the aim of household maximisation through the FIP were identified. These included: **i.** positive framing of income maximisation work, e.g. claiming social security entitlements; **ii.** building rapport and trust; **iii.** professionals initiating financial concerns conversations; and **iv.** building capacity within peer support or community-based advice groups.

#### **Knowledge and perceptions of the acceptability and usefulness of the FIP**

We probed participants' knowledge of and views about the Financial Inclusion Pathway (FIP) as a novel concept, conscious that the strategy was at an early stage of implementation. The most obvious themes noted were **i.** low levels of awareness, **ii.** positive initial assessments of its potential benefits as a means of supporting people to deal with the benefits system, and **iii.** ideas about who could benefit most from it – i.e. younger, first-time parents and lone parents.

#### **Conclusions and recommendations**

This study illuminated some of the key challenges and fears, as well as skills and coping strategies of parents on low incomes in Aberdeen in 2020. Findings from this small-scale study mirrored some of the findings of previous local work in this area, yet added novel understanding around the negative impacts of poverty, parents' endeavours to promote their children's development and avoid social harms, as well as the complex system of self-sacrifice to ensure children's needs are met. In terms of interaction with early-years health professionals, most assessed health visitors as potentially being a good support in terms of financial challenges, yet were less sure about midwives remit in terms of financial issues. Disclosure of such challenges, however, may be prevented by embarrassment and fears of judgements around their parenting capacity. Relationships based on trust and rapport, careful and sensitive inquiries and the framing of financial maximisation in a positive light were all suggested as helpful in aiding disclosure and discussion of financial challenges. These issues are more relevant to more families than ever before given the backdrop of the COVID-19 pandemic and the associated financial impacts due to loss of employment.

This study was limited by the missing voices of particular groups, such as Black and Ethnic Minority parents, parents living outside Aberdeen City, or those that do not access food aid, as well as those parents that find themselves 'newly poor' due to COVID-19 job losses. We aim to address those limitations in a further related study commencing in January 2021, looking-at the experiences and perceptions around the FIP of women and early years nursing and midwifery professionals.

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## **Context and key question**

Children and families living and growing up in poverty experience significantly poorer child health, developmental and educational outcomes (1-4). Such child health inequalities are believed to arise through a combination of low household income and the stress experienced by those parents and carers living in poverty (5-11). With the introduction of the Child Poverty Act in Scotland, and as an aspect of all local Child Poverty Action Plans, all health visitors, midwives and family nurse practitioners in Scotland must screen and offer a referral for financial advice to all pregnant women and parents/carers of families with children under five (12-14). This innovation within maternity and early years nursing services, referred to as the '*Financial Inclusion Pathway*' (FIP), aims to maximise household incomes for low income families. Raising and discussing financial issues with clients is a novel aspect of clinical care for nurses and midwives. In addition, little is known about the women's perspectives of the acceptability and usefulness of this initiative. Furthermore, little formal research has focussed on the lived experiences of parents and mothers of infants and young children in relation to the challenges they face parenting on very low incomes in north east Scotland.

This small qualitative study was commissioned by NHS Grampian's Child Health Commissioner to establish how this FIP policy might be received by the intended beneficiaries; in this case parents living in Aberdeen City. The study set out to determine any challenges parents might face engaging with this policy in practice; their perspectives about aspects of clinical practice that would facilitate and or support the aim of income maximisation through this means. In so doing, the study also aimed to capture current lived experiences of parenting on low incomes in the north east. This included consideration of current household food coping strategies, in an economic context characterised by rising prices and declining household incomes; a situation that has been further exacerbated by the COVID-19 pandemic response. This knowledge is intended to inform practice, policy and nurse education based on the local needs identified in this study. This work was commissioned earlier this year, and therefore the field work was delayed till the summer due to Government restrictions.

## **Objectives**

This research project aimed to investigate:

- the lived experiences of parents/carers and mothers of infants and young children in relation to the challenges of parenting on very low incomes (including food coping strategies) in Aberdeen City;
- the challenges parents may face talking to health professionals about financial problems;
- their thoughts about nursing and midwifery clinical practice that would facilitate and support the aim of income maximisation through the FIP approach;
- parents' perspectives of the acceptability and usefulness of the FIP policy concept.

## **Methods**

This study used a qualitative, inductive approach, informed by Grounded Theory principles to address its research objectives and questions [16]. Prior to the COVID-19 lockdown, it had been agreed with all research stakeholders to undertake face-to-face interviews with study participants who used or were supported by the Woodside or Community Foods North East (CFINE) food



pantries<sup>2</sup>. However, the COVID restrictions meant the research took place via telephone interviews instead. The interview topic guide used for all interviews was developed according to the research questions, and feedback received through discussions with CFINE staff members, who agreed to check it for sense and language. The guide also included some standard demographic questions. (see Appendix 1 for the topic guide).

To be eligible to take part in the study, participants had to be fluent in English and over the age of 16 years.

### **Ethics**

The study involved community-based participants who were to be recruited from non-NHS settings. Therefore, this study was ethically reviewed by the School of Nursing and Midwifery's Ethics Review Panel. (SERP Study No. 20-02)

### **Recruitment**

Study recruitment took place in conjunction with CFINE Woodside or CFINE food pantry staff. Due to changes to the operation of the food pantries due to COVID-19, those workers contacted parents directly by phone or raised awareness about the study during food parcel drop offs. All CFINE's community food outlets had closed during the lockdown period, including the pantry service. A telephone ordering service had started up and had been notably busier with woman and young families becoming more known to staff than had previously been the case, i.e. pre-COVID lockdown. Briefing sessions were held with frontline members of staff based with the food pantries to assist with study recruitment. A frontline staff member within CFINE helped promote the study by word-of-mouth to their clients by telephone. Individuals who indicated their interest were emailed a participant information sheet, and those who expressed interest in taking part had their details passed on to the researcher (Emma MacIver) EM. EM then contacted interested individuals and arranged an interview time. Each participant would be offered a £10.00 shopping voucher to compensate them for their time and sharing their expertise with the research team once the interview had concluded.

### **Data generation**

All interviews took between 20 and 30 minutes, were audio-recorded with participants' consent. The audio recordings were transcribed verbatim and checked for accuracy by EM. The interview data and field notes were analysed thematically by EM and FD; a process that was supported by NVivo ver11 software.

### **Findings**

The findings are presented in three sections. The **first section** presents a demographic profile of the parents who took part in the study. The **second section** covers the findings that provide insights into current lived experiences of parenting on low incomes in Aberdeen City, including consideration of current household food coping strategies. The **third section** of the report presents the findings that emerged from discussions of challenges parents may face talking to health professionals about financial problems; their thoughts about nursing and midwifery clinical practice that would facilitate and support the aim of income maximisation through the FIP approach; and parents' perspectives of the acceptability and usefulness of the FIP policy concept.

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<sup>2</sup>Food pantries are low-cost food outlets, sometimes referred to as social supermarkets, are concerned with supporting parents/ carers and young families living in poverty with food provisioning.

## Study participant demographic profile

The sample comprised ten women, ranging from ages 20-41, with a mean age of 33 years. Two participants lived with a partner, whilst the remaining eight women lived on their own with their child(ren). Each participant had between one and five child(ren), ranging in age from 2 to 18 years and all had one child under school-age. Nine parents self-identified as 'White Scottish' the one other 'White British'. Eight participants were unemployed and two worked part-time. All lived in multiply deprived postcode areas within Aberdeen City. See Table in Appendix 1 for further details of the individual participants

## Interview Findings

### 1. Parenting on a low income: Impacts and coping strategies

All the participants described a range of experiences and challenges that stemmed from their having to live on insufficient household income. This was commonly linked, by participants *to barriers that prevented them securing paid employment* that provided sufficient income to cover essential costs, and reliance on and being able access *social security benefits* featured heavily in the data, either in full or part to meet those needs. *Food insecurity* was therefore another common theme evident in participant narratives, along with anxieties about being able to cover other basic needs such as heating and buying essential clothing and footwear for themselves, and their children. The other prominent theme that emerged was the *difficulties experienced, and importance placed upon accessing social and educational opportunities* for families, that were caused by insufficient income. These themes are described below and illustrated with participant narratives. This is followed by an account of themes that emerged in relation to the coping strategies parents used to manage these difficulties. Lastly, the *COVID-19 pandemic and the restrictions placed upon daily life in terms of* the loss of income and additional costs created are discussed.

### Impacts

#### ***Limited participation or access to paid employment***

Two participants were in paid employment (both part-time) - one lived with her unemployed partner and the other was a lone parent. The remainder did not have paid work and seven participants were lone parents with childcare responsibilities, and at least one pre-school aged child to look after. One further participant lived with their employed spouse. Two participants were actively seeking work but struggling to do so, and all participants described various difficulties seeking or securing paid work outside the home. These were mainly related to limited or no access to affordable childcare that fitted with their working patterns or financial circumstances, as described by this unemployed health care professional:

*I'm a qualified mental health nurse but I've not worked since having my youngest.....so if I go and get a job, I have to work my bum off to get the amount of money I would need to cover childcare costs, let alone provide for my family...it's like people don't understand the difficulties of, because I would start at seven in the morning so where on earth do I put a two year old at half past six in the morning? And it's like, even if I was to work two days a week so, two 12 and half hour shifts a week it's like not really 12 and half hour shifts it's like a 16 hour shift by the time you get the kids up, you get them ready, by the time you get home, get them sat down, get them suppered, you're literally, like that's two full, full days and then you're like not even seeing them, it's just, it's not just as simple as some people make out. (005)*

This example also reflects the experiences of other participants who had given up work during their pregnancy and had not returned because their childcare and other costs could not be covered by the money they could earn. The participant with the employed partner, recounted how his employment status affected her eligibility to social security payments.

Not having the necessary skills, (higher level) qualifications or experience required for advertised positions also created difficulties accessing employment. In addition, practical difficulties completing online application forms due uncertain access to necessary I.T. resources, like mobile phones also created challenges. There was a common perception amongst some participants that there was both greater competition for jobs and increased requirement for qualifications for jobs that were previously viewed or experienced as having no qualification requirements (such as shop work).

Resources that helped participants gain paid work included informal free childcare from family members. One participant who was nursery worker was able to get free child care because of her job.

### ***Reliance on insufficient social security income***

Most participants were reliant on social security benefits for their household income. Half were in receipt of Universal Credit payments, and the remainder were on Income Support Allowance. Most participants said they received additional benefits such as Disability Living Allowance, Personal Independent Living Payment and Child Tax Credits, and Free School Meals benefits. One parent could not access any social security benefit as her partner worked full-time as mentioned above.

Most participants said their benefits were insufficient to cover their basic household costs. However, three participants indicated that recent changes in their benefit entitlement had increased their income, which meant that they were better able to meet their own needs as well as their children's:

*Before I got the PIP it was literally, basically, erm, I was, like I didn't eat what I wanted to eat, I'll make what I could, what we could afford the same as the kids, it was basically like what we could afford and how do I make like the shopping last kind of thing. Erm, erm, and I, I've even seen me going without food at all, having to budget gas and electric, like not being to have heating or having a hot shower because I just dinna, like dinna hae the money to put in for gas...just, I canna remember the last time, before I got the PIP, that I even bought myself a new pair of leggings or underwear, do you know what I mean, like, when wearing underwear from years ago, even though I keep saying I really need new underwear... (005)*

Lack of sufficient income also impacted on parent's ability to move about and gain access to the goods and services necessary for daily living. For example, not owning a car and having to find alternative, means of transport such as a bus or a taxi, made trips to the food bank, shops or social activities, difficult for some. Other commonly mentioned income-based constraints that impacted on participants childcare and household management practices included dealing with limited living space in cramped accommodation, lacking basic household appliances for food storage and the means to run them, or for managing the household's laundry needs.

### ***Household food insecurity***

We understood at the outset that we were talking to people who were food insecure, according to expert definition (15) on the basis that they were CFINE clients who were, either occasional users of the food bank or a member of one of two food pantries run by CFINE, Woodside Food Pantry or city-

centred CFine Pantry. Prior to the COVID lockdown, two parents used the CFine Foodbank, three - the CFine Pantry, two – the Woodside Pantry, with the remaining three using more than one of these sources. At the time of interview, (three months after the COVID restrictions were introduced), none had access to these services in person due to the lockdown restrictions. Instead, six stated that they had received regular deliveries of food parcels, and one had received a one-off supermarket voucher. Some participants indicated practical issues constraining their use of these services, including the opening times, getting there and parking issues, illustrated here:

*...the challenge that I had was the time, one till three o'clock it was open. Now, parking is an issues there...I ended up getting a parking ticket once because I parked outside, to go in to get a food parcel, erm, and I came out, I appealed it, erm, because I just said, you know, at the end of the day, like I'm there for a reason...they done away with the parking ticket, thankfully... (002)*

A key question in this study centred round how participants coped with feeding their families on a low income, and themes that emerged from conversations around this issue are presented below.

### ***Limiting children's educational and social development***

When asked how their lives were impacted by living on a low income, most participants talked about how it limited the social activities and opportunities they could give to their child(ren). This related to both leisure/ recreational activities, as well as more structured extra-curricular or educational activities. Notably, their own social needs were either not mentioned or were viewed as less important than their child's.

Extra-curricular and educational activities, including sports and structured after-school activities, were considered essential to growing up, and some participants regarded these as a priority 'bill', as far as ensuring their child's 'lifeskills' development was concerned. Activity and transport costs, and in some cases, the hidden costs associated with some activities prevented their child's participation in those. Some of these challenges are described in the quotes below:

*something that she's been in since she's been three, erm, is swimming and that's something that I want her to continue with...cause I think that's kind of very much a life skill. (001)*

and

*I mean they see a lot of their friends going to like, erm, Girl's Brigade but, what they don't realise is, you know, the end of the, the term, or whatever it is, there's like a hidden, there's like a cost for something, like a certificate or something, but I'm pretty sure it like £75 and that's just for one child so, if I had all four of mine going that's like £300. (002)*

Leisure and recreational activities participants considered integral to their children's emotional needs and social lives included going to (and getting to) popular attractions, such as a carnival or cinema, highlighted in these quotes:

*...if you're taking your family out for the day, it's very expensive, erm, but, at the end of the day, you know, you chose to have a bigger family so, it's kind of, it's a double edged sword, you know because before you even start you have your bus fares...and then if you are, say they want to go to the cinema, you know, it's, it's nearly impossible cause you know, you don't have a spare £80. I mean, I suppose you can take your kids to the park, you can do but, there's some social things they definitely do miss out on. (004)*

Participants with more than one child described more financial stress associated with enabling their children to engage in all the social activities they would like them to. One parent indicated that a professional from a 'learning team' had played a key role in setting-up social opportunities and activities for their whole family.

Holidays were also mentioned by a few participants as something that either didn't happen or only rarely happened. One participant reflected on how an increase in her benefits (mentioned above) had improved her children's access to social activities. Several of the participants reflected on how the area they lived in was a key factor in being able to access (or not) social activities and services for their children.

### ***Anxiety related to treats and special occasion provision***

A prominent theme in these conversations were anxieties about not being able to afford to buy treats and luxuries for their child(ren), to make life a bit more pleasant. Not being able to buy small treats while out shopping for food, was often cited to illustrate this point. Participants were also troubled by not being able to meet their aspirations about giving gifts to their children on special occasions such as birthdays and Christmas. This not only caused them anxiety, and concern about their children's mental wellbeing but also their social wellbeing. Fears about their child being bullied because they might appear poor to their peers and friends were commonly expressed by participants, illustrated here:

*Yeah, I mean, even when it comes to birthdays and Christmas, you know what I mean, it's a, it's a struggle and then you have to take a loan out and then you have to pay back that loan and, I mean...it's just, it's absolutely crap...you know, you're just worried all the time if you're kids are getting enough, you know, if you're doing right by your kids or, is there anything you can do but you realistically know there's not much more you can do. (003)*

and

*Like I do feel, like birthday and Christmases, if they dinna get enough compared to their friends then obviously they get bullied. (005)*

### **Coping strategies**

In attempting to manage on a very low budget, four key strategies were evident. These included, i. careful budgeting and prioritising household bills; ii. self-sacrifice; iii. relying on charity, friends and family, and iv. keeping up appearances to protect their children from social harm.

### ***Budgeting and prioritising***

Most participants described the creation of and working with a known (limited) budget and planning their spending accordingly plan:

*...didn't used to be good at budgeting but, erm, I've kind of had to knuckle down and say, okay, this is how much money I have and I have to write down all my outgoings, erm, so that I know how much money I have to spend. (002)*

Despite good budgeting skills, living on a very limited income necessitated a household financial management system of prioritising and sacrificing. We gained a strong sense from the data that

over half of the participants were living 'hand-to-mouth' to merely survive and thus, it seems that, priority was given to ensuring food and household bills were covered first:

*...you know, we literally, every month we live hand to mouth...so the first thing we do, we know now exactly how much goes out on bills and we have all the bills come out on the 1st...so we get (at the end of the month, everything comes out...once everything comes out then we go food shopping and we look at what we've got for the month (009)*

This participant also highlighted the difficulty of living on a very tight budget, when unexpected costs arise:*...things in the house break, the kettle breaks, the cooker breaks, the washing machine breaks. When any of these bigger things come up, we're just in trouble.. (009)*

Additionally, accessing free or inexpensive activities was discussed. Using older children to babysit while taking another child to an activity, and, paying for only one child in a family at a time to learn a new skill, was described as another means of coping:

*...I got K [daughter 1] her swimming lessons, waited until she did her's and then I got E [daughter 2] in so it's not a, a pay out, you now, so I'm not paying out double kind of thing. So then once E-'s done, I'll try and get, A [daughter 3] in, but of course, it's trying to keep that and then obviously I get my son to babysit so I just have myself and E-'s bus fares...but it's still quite a chunk, you know. (004)*

### **Self-sacrifice**

Generally, this financial management system involved sacrificing participant's own needs and to meet their children's, first. This related to both food, as well as other needs. Indeed, across the participants, there was a general sense that providing children with adequate food was a top priority, which in some cases, meant that their own food needs had to be sacrificed (as discussed in RQ2 below). In some cases, parents' food needs were also sacrificed to allow their children to access social opportunities and branded consumer goods.

Parental self-sacrifice practices were employed due to fears that it would increase the risk of their children being stigmatised and bullied, as mentioned above:

*...there's quite a few challenges actually. Erm, one being, obviously, kind of like keeping up with Jones's with other families, it's like sometimes, erm, cause of this benefit cut, sometimes it's like basically I go without even simple things like food and that just so that my kids can get to do stuff. (005)*

### **Keeping up appearances to protect their children from social harm**

This fear of their child being bullied or stigmatised turned out to be a particularly evident theme within the data as most participants highlighted their concern children having access to popular or branded clothing or consumer goods to avoid being bullied by others.

*the children always want the named things...especially like for school. I mean, I've got the school grants but, by the time they get their Smiggle bag and by the time they get their gym kit and stuff...there's nothing left.. I mean, the, my kids come first...for example, I have about two pairs of trousers, four tops and a jacket and shoes... (004)*

Other parents whilst acknowledging this pressure, simply could not afford to buy expensive clothing for their children. Instead, parents had to refuse or alternatively, source cheaper or free items:

*I only get £130 a week for my children...it's not a lot of money when you're trying to put electric and gas in, feed your kids and like I says as well, when they want nice things you have to explain to them you don't have the money to do it, you know, and it's crappy.... I must admit sometimes I feel crying cause I can't give the kids the things that they want. (003)*

### ***Relying on charity and family***

The same participant also highlighted how accepting sacrifice and charity also extended to other important household necessities including furniture, carpets and curtains. Various strategies and measures were described by participants to overcome the challenges described above, i.e. to provide social opportunities, treats and luxuries. Some of those already mentioned, included taking out loans to pay for Christmas and birthday gifts and getting free use of a caravan for a short-break. Other strategies mentioned included using a food bank for Christmas foods:

*I mean, the variety of stuff they have, Chris, Christmas last year, we managed to pick up this absolute humongous turkey, erm, it was, and we were eating it for about a week, turkey sandwiches, turkey toasties, turkey tatties and veg. Erm, it was literally every day we were eating it for a week. (002)*

A minority of participants described also receiving financial assistance from family in different ways, to supplement their income when necessary, either in cash or kind. One participant referenced her child's father as an occasional source of money that she could turn to, and mentioned her mother buying items for her when out shopping. Another participant described her sister's (also not well off) partner buying essential clothing for her children:

*I spoke to my mum and my mum has very kindly bought their school bags and their pack lunch boxes...I spoke to my sister, who isn't really much better off from her, erm, but her fella got a short-term off, off-shore for, erm, three weeks...and he got a decent pay out from it, erm, so he's very kindly offered to buy the kids their shoes and their jacket. (009)*

Two participants stated that the assistance and support that their family could provide was limited because they were on very low income too.

### **Food coping strategies**

As highlighted, food coping strategies were explored in some depth during this study. Parent's descriptions emerged and are described under two broad key themes: *acquisition methods* and *management techniques*.

#### **Acquisition methods**

##### ***Using food charities***

At the outset, it is important to point out that all participants described having difficulties in acquiring enough, suitable food for their families. As highlighted, all our participants were clients of CFINE either as an occasional user of the food bank or as a member of one of two food pantries supported by CFINE. All participants expressed gratitude for the help they received from the foodbank and both food pantries, but recipients of food bank parcels often highlighted the challenges they faced using the

foods supplied within them to make meals their families could eat. It was also the case that the parcels contained food they couldn't use, or didn't contain enough food for their families' needs, such as described here:

*I'm not, I'm not turning my nose up at [foodbank] at all, cause I've relied on them a lot but I find a lot of the time it's not, like your food parcels are not anything you can really work with. Like you'll maybe get a little bag of pasta and tin of beans and tins of soup but really, when I'm a family of five that's not anything you could really work with. (005)*

On the other hand, participants spoke more enthusiastically about the food pantries (which required a weekly/ monthly payment of £2.50), helping them feed their young children. This appeared to be due to their being able to choose foods, such as fresh meat, fruit and vegetables, that they could make meals from. This had the added advantage that it enabled them to give their children food they knew they liked, compared to the food bank parcel contents that they had no choice over, and risked receiving items their children disliked:

*because you can get three oranges, you can pick two meats...I mean that two meats could do anywhere up to four meals...you know, so if you get a big enough pack of meat...then you can actually make either two meals out of it or, you can like cook it...with a sauce, again, from the Pantry...you know, erm, and then either freeze it or, store it in the fridge and you could use it the next night. (002)*

### ***Taking what was needed, passing it on, shopping carefully***

Rather than wasting food, items received from the food bank or in the delivered food parcels that children would not eat would be either consumed by the parent or passed onto someone else such as a neighbour to use, and one participant talked about times when they assessed they had enough food in the home, that they would refuse the offer of a food parcel. They also indicated detailed knowledge of the fresh food that was available in each food pantry they used, which appeared to differ in different pantries, particularly in terms of the availability of fresh produce.

*...you know, so there is some amazing stuff that comes with it but, the Pantry, I really miss that, cause you could pick what, especially when you've got young kids...cause they've got mince and you, the jars or sauce and you can get the spaghetti, and you've got spag bol as a whole meal...and then you can get sausages and a bag of potatoes and you've got bangers and mash... (010)*

## **Management techniques**

### ***Budgeting and self-sacrifice***

It is important to note that *careful budgeting and sacrificing their own needs to feed their children*, discussed above were also prominent in descriptions of food coping strategies, as were strongly evidenced too in descriptions around how participants managed to put food on the table.

### ***Maximising available food resources***

Various strategies to make food go further were described. These included: *limiting snacks and food 'treats'; preparing home-cooked meals or batch-cooking.*



### *Limiting snacks and treats*

In terms of limiting snacks and treats, some felt sticking to a routine helped:

*I don't know if I'm too strict, but I have a strict routine. I try and keep to it, you know, where they get their breakfast and then they'll get a snack, then their lunch, then they'll get another snack, erm, between lunch and, and supper...So, sort of tried to maintain the same routine as I do when they're at school. I think snacks and stuff for the kids...sometimes have to be sacrificed so that we can get like main meals...cause I feel that's more important. (002)*

### *'Cooking from scratch'*

Preparing home-cooked meals and batch cooking were used to save on cost and make meals stretch further. It was notable that during their interviews, participants indicated that they had a large range of skills and knowledge about cooking with basic ingredients, and ways of maximising the numbers of meals they could produce with the food items they were able to acquire.

One participant described the challenges she faced feeding her son home-cooked meals as he would eat only a very limited range of food and mainly shop-bought, rather than home-cooked meals. Sacrificing their own food needs, to provide enough food for their children was commonly reported too:

*I mean, there's been days that...we've not had enough for all of us to eat...we'll [self and husband] just have a bit of bread, a bit of toast or whatever cause there's not enough to sort of have a for everyone...you always have to put your kids first. (009)*

### **COVID-19 challenges**

Our interviews took place in July this year, just as lockdown restriction were being lifted in Scotland so much of the interview were taken up with discussion on the impact of the pandemic and the restriction on the lives of parents who were clearly already dealing with the challenges of raising a family in a low income. Loss or change in income for some of the participants featured here in addition to an increase in food and living costs, and additional demands on household income arising from long-term school closures.

### ***Loss of income***

The effects of additional costs related to COVID-19 restrictions was further compounded for some participants due to a change in income or financial support, due to job loss or furlough. One woman with a young baby felt she couldn't return to her previous job in a care home at the end of her maternity leave, because it posed too great a health risk to her family. One participant discussed how her partner's loss of work due to COVID had adversely affected the family income. Lockdown restrictions and social distancing measures meant that previous ad-hoc, casual work ceased for another participant:

*Before the COVID lockdown I would do some babysitting or, erm, you know, I, I do like a lot of arts and crafts stuff, so I would do painting or, you know, things, commissions for people just to kind of bring in some little bits of pennies here and there to help towards food and maybe nappy cakes or... (009)*

Another participant who had lost her income from ad-hoc and casual work due to COVID-19 restrictions appreciated the Government 'payment holiday' scheme for repaying longstanding debts. In addition, social security receipts were considered inadequate to meet this loss of income.

### **Increased living costs**

The additional food costs associated with the COVID-19 lockdown are discussed in relation to RQ2 below, but it's important to also highlight the other additional living costs associated with the impact of the COVID restrictions. Being at home more meant having to use more energy for heating and lighting and, trying to find ways and means to entertain their children for example because of having to *buy more games and more arts and crafts*. Lacking access to discount stores meant that families also had to buy things via the internet which was regarded as more expensive.

### **School related costs**

Lockdown necessitated school closures, which in turn led to children being at home full-time creating additional costs. This included food costs, at home activities, clothing and equipment for home schooling:

*as much as we can do class work from home, I don't think the teachers are realising, you know, all these laptops that are getting used, they're needing charged...so that's obviously eating electric. Kids are being at home more so, erm, yeah, it's a struggle..... and if you're putting out like money for all these jotters, pencils, whatever you need for the kids to be able to do their class work, erm, something else has to give. (002)*

A further challenge that was associated with having to home-school was the need for IT equipment. Whilst schools had laptops for hire, these were in limited supply. Internet access was problematic for some households too. One participant discussed how her daughter's laptop (on loan from social worker) had a dongle and she could only access her work during office hours.

Returning to school, with COVID-19 related restrictions and requirements, also involved additional costs, as discussed by one of the participants:

*...we've been told they've got to wear tracksuit bottoms this year instead of PE kit cause they're going to be doing PE outside, but they also need to more outdoor appropriate clothing for the winter...we get another payment on the 10th and with that I'm going to buy waterproof trousers. So that if it's raining and they're outside that they're, they're kind of covered...but, yeah, I mean, it really, by the time you buy them their shoes and their trousers and their t-shirts and their jumpers and, they've said that we have, have to wear clean fresh clothes every day so we've had to make sure that we've got at least five sets of clothes for them. And they're all in packs of two so I've had to buy six. (009)*

### **COVID-19 restrictions and food-related issues**

Lockdown evidently exacerbated food insecurity for our participants. It did so in two ways; by increasing the demand for food in the household, as the family was at home all day, and, constraining access to normal food sources such as the food bank or pantry. Lockdown also constrained access to the support of family and friends who could normally be relied on to provide meals or snacks participants then didn't have to provide, as illustrated here:

*...Way more food than normal. The fruit bowl, you blink and the fruit bowls empty, you're like, there was six apples in there, what happened? ..Especially with lunches, that's a full meal for,*

*for, you know, the three of us stuck in the house. And again, when lockdown's not on, they'd go to grandma's house for a weekend or you'd visit your friend and you'd have dinner there (009)*

Increased hunger and boredom-eating were commonly reported as a reason that demand for food in the household increased during lockdown. Recognition of this link by parents led some to instigate a strategy of sticking to a food routine, to avoid unnecessary and expensive snacking.

It was notable that food charities changed the way they engaged with participants by providing a delivery service and which seems to have increased the use of food bank parcels by our participants during this period, compared to the past. These deliveries provided much-needed basic supplies and as indicated by one participant, an invaluable source of fresh produce. However, lack of choice featured as problematic for the same reasons described above.

Vouchers provided over the lockdown period to cover school lunches were deemed helpful by some, relieving anxiety for some participants that they had this support to rely when they were running out of food for the family at the end of the week. However, the value of free school meal vouchers was not deemed to cover the actual costs of providing food bought from the supermarket for one participant.

*I mean, they have, I do get the school, free meals for my oldest daughter, the oldest one, I mean, but that's only £25 and when you're shopping at Tesco's or Asda's it doesn't go far. I mean, I don't know how they think that £25 for two weeks is...enough to feed your kids for two weeks for their lunches, you know, cause it definitely is not enough for two week lunches, you know what I mean? (003)*

Lastly, budget supermarkets (such as Aldi, Lidl and Iceland) and local shops within easy travelling distance were used to supplement the food accessed via food parcels, though the higher cost (compared to the pantry) and the general inflated prices for basic staples were noted.

## **2. Early years nursing services support, their role associated with financial inclusion work and awareness of the Financial Inclusion Pathway**

In the second part of this findings section we present the main themes that emerged from our discussions with parents about i. their interactions with their midwives or health visitors in relation to financial challenges they may have been experiencing in relation to parenting on a low income, ii. factors they believed either inhibited or facilitated conversations about household income sufficiency with health professionals, and iii. their awareness and views about the Financial Inclusion Pathway concept.

Nine parents had a named health visitor and one had a family nurse. Most stated that their contact with their health visitor was very rare (in six cases), whilst three said they had regular contact and one, very regular contact. Most health visitor contact was associated with child's health needs such as vaccinations and some specific health issues but most also talked about knowing they could phone for help from their health visitor if needed. Those indicating regular or very regular professional contact, also indicated that either they had mental health problems, or, their child(ren) had additional, complex health needs. Two parents stated that they also had contact with other professionals – namely, a psychiatrist, support worker and speech therapist. One participant with a very young baby described having fortnightly meetings with a family nurse practitioner instead of a

health visitor. Most participants indicated that they had received a similar level of support from their health visitors or family nurse throughout the COVID lockdown period, by phone or Facetime.

### **Challenges associated with discussing financial issues with health professionals**

When asked about their experiences of sharing or discussing financial issues or concerns with health professionals, three key themes emerged: i. fears about their parenting abilities being questioned and their child being removed from their care, ii. embarrassment; and iii. questions about the respective role and remit of health visitors and midwives to do so.

### ***Judgements about parenting ability and child removal risk***

By far the main concern to emerge in the interviews in relation to barriers about discussing financial issues with health professionals, were fears about being judged or questions being raised about their parenting abilities. Raising financial challenges and admitting you were struggling was considered tantamount to being considered “a bad parent”, who hadn’t planned for the future well enough, and risked drawing themselves to the attention of the social worker and other agencies: something that invoked more fear. A few mentioned or alluded to the danger that this uninvited attention might lead to the removal of your children into care, highlighted by the following two quotes:

*You see, my only issue with, again, it's, if people think they're being judged...I think it would be, as long as there was no, you know, like stigma kind of attached to it, to like, would you financially be able to support your child, you know, as long as people don't feel like they're judging them and saying to them that they wouldn't be able to support their family...it's, you know, especially when kids are involved, people are going to be a bit like, can I be honest or, are you going to look at me like I'm a bad mother and are you going to try and take my kids away... (004)*

This second quote illustrates an issue that a few participants alluded to in their responses, that was associated questions of health visitors’ intentions and motivations in their practice, and that by adding the financial situation questions, could increase the risk of children being removed into social work care:

*There seems be some people who think that health visitors are bad people. My friend had an issue with her health visitor, and she felt that her health visitor was always sticking her nose in trying to find out her business. So, if they bring up finance that, that side of it might make it a little bit worse for some women are on that, that paranoid level of, they're just trying to take my baby away, now they're asking about my finance, you know, maybe they don't think I'm able to look after my kid. Or maybe they think, oh, they think I'm too poor to look after my own children, will they take them away? There seems to be that fear with health visitors that they're there to report you to social services to take your children away. (009)*

### ***Embarrassment***

Barriers included feeling self-conscious or embarrassed about talking about financial difficulties with professionals, and expressions like the following were commonplace:

*I do think, like, it is embarrassing. Like, it's embarrassing as a parent, as a mother, as a woman, to be admitting that you canna afford things, you canna, like provide everything that you want to for your kids. (005)*

For a few, perceptions of lack of rapport with their health professional was considered a barrier to open discussion and disclosure. Most of the participants claimed good relationships with their own

health visitors, but told of some of their friends and peers complaining of a few as being “unapproachable” or “pushy”.

### ***Raising the issue: Whose role?***

Despite the misgivings cited above about some health visitors, most believed they had a legitimate role to play in helping parents with financial challenges to get the support and advice that might help. Health visitors were regarded as trustworthy (a key consideration), and involved with new parents’ lives in a manner no other professionals were likely to be.

*I think the best place to start would be with the, the, the health visitors, because when you have a child you have to see a health visitor, you don't have a choice on it...you have to go in for your injections and you have to, you know, they'll keep coming out to see you, and I think, as a mum, it was the only people that I really had any contact with, as professionals...so, I don't know who else would've had the opportunity to reach out to me when I had young kids. I don't think there was anybody else that could've reached out to me. (009)*

They were also considered to be highly knowledgeable about families’ particular circumstances, which meant they were often best placed to give the most appropriate advice needed.

However, other professional groups and frontline service staff, particularly nursery workers, child care staff and school support workers, were nominated, as key groups involved with young families, as additional and appropriate sources of information and support as described here:

*I think all professionals that have got an interest in children, so whether it be like childcare sector, cause I know that personally, we have a lot of low incomes families in my work as well...and that I'm kind of like speaking to them on a personal level of what I do with benefits... your nursery staff, from when your children are two, obviously they can come into nursery, so, it's primarily the nursery staff that you're kind of dealing with, not really health visitors, unless there's a reason to be going to the health visitor. (001)*

Several participants were surprised to learn that midwives were involved in the FIP, as they had assumed that financial issues were outside their professional remit. Midwives were viewed as having very limited time in the first instance, given the pressure of the health services and because of this, were viewed as having limited opportunities to talk to new parents-to-be about this issue when they had so much else to do. In addition, participants described their personal contact time with midwives to be quite limited, in the context of their individual paths from pregnancy to parenthood. They were sceptical about the likelihood that there could be meaningful engagement, one with the other, about the subject of financial concerns and advice. Midwives in general were not perceived to have much knowledge about financial issues highlighted here:

*I was quite surprised that midwives and all that was doing that anyway, erm, I think with the NHS, you know, kind of being short-staffed and everything being on a kind of time limit. I didn't know if they were qualified in giving that kind of information to people. (002)*

### **Advice for health professionals about raising the issue with parents**

In response to the fears raised by participants in sharing their financial concerns with health professionals, various approaches and strategies to aid disclosure and ultimately support the aim of household maximisation through the FIP were identified. These included: i. positive framing of income

maximisation work; ii. building rapport and trust; iii. professionals initiating financial concerns conversations; and iv. building capacity within peer support or community-based advice groups.

***Positive framing: Applying for benefits and maximising income***

A key theme here was the critical point that parents be offered reassurance that they will not be penalised for admitting to their financial difficulties. Crucially, this reassurance should be framed in a positive way as a proactive strategy that parents should be using to gain access to more money for their bills and children's needs. These illustrative quotes show how using the emotional touchpoint of parents' views of themselves as capable agents (or their desire to downplay anything that might signify the opposite) would hold promise as a means of supporting more parents to open up about financial challenges and enable them to be at least signposted to sources of financial advice they may never have been previously aware of, or thought they were entitled to.

*...if it was explained that, you know, the whole point of them is, is to try and see if there's money that you're entitled to that you don't know about it...and that going along could make you financially better off and more able to pay your bills... (009)*

and

*Just, just being open and saying there is support and help there, you know, just to get your money situation in order...More of a friendly approach...have you got on, have you got any debts that you're concerned about or, have you got any financial worries...if you do, there's this help, there's this support and we can get you on, on the right track kind of thing. Instead of kind of saying, have you got heaps of debts that you can't control...if it's said more openly and friendlier, people are more likely to open up about it... (004)*

***Building rapport and trust***

Having a good quality, trusting relationship with health professional was considered key to disclosure and open discussion. Our data indicated that most participants had good relationships with their health visitors and that these were highly valued by them. There also seemed to be a strong sense of the long-term nature of some of those relationships and how this played an important role in the levels of trust found in our study sample, and therefore, continuity of carer seemed to be key to this for many. The importance of creating a safe space to talk, highlighted by this example, also emerged as a key consideration for health professionals to be aware of.

*...it's about, well, making sure you're building up that therapeutic relationship, in the first instance...but then being approachable and being, like having the kind of communication where, like the open communication...where you're encouraging your patients to open up...and it's about allowing them to feel like they're safe in the environment where you are having your meetings and, allowing, letting them know that that's a safe space you can go to... (005)*

This also emerged as an important issue in relation to creating environments where the presence of a controlling or abusive partner may prevent women from discussing their financial difficulties, was minimised. The need to create spaces for one-to-one discussions about finances was highlighted by this participant:

*I also think that every midwife, or every health professional, should also meet with the woman one on one by them, you know, without the partner or the male there. Just maybe once, just, just in case there is any of that concerns because the likelihood of them being honest or, bringing it up in front of their partner if they do have concerns, a lot of females aren't going to do that. (004)*

### **Initiating the conversation - Onus on the professional**

Further, and indeed as raised by many, was a common view that it should be down to the professional to initiate any conversations about financial issues (as embedded in the FIP), rather than leaving it to the parent to bring up. For the reasons already outlined, (i.e. fear, embarrassment, or uncertainty about health professionals' remit related to financial advising) many participants felt that unless asked, parents would probably not share their financial concerns:

*I think some people might be reluctant to even ask for the help in the first place, if I'm being honest. I think, I mean, most people think, oh, if they ask for help it doesn't look good on them, you know what I mean. If they're struggling and they say, oh look I'm struggling, I don't think they feel that they can say they're struggling or ask for the help...I think that's the most part in women, they're scared and not confident enough to maybe ask for it... (003)*

### **Capacity building within peers and community-based support networks**

Several participants discussed finding-out about services and benefit entitlements through 'word of mouth' from their peers or via social media, rather than their health professional or official sources. In some cases, their peers and friends had sent them forms or links they used to claim new benefit entitlements. In other cases, participants talked about doing the same thing for their friends, described in this example:

*Well I've got a friend who's a few years younger, well, she's in her early 20's and it's just basically through word of mouth, you know, it's like my friend never knew about, erm, family funds, you know if you've got a disabled child they can help you with it...and so I've helped them and things like, it's just through other people. (006)*

Because of this, some women felt that sort of formalised community-based or peer support facility may be the more effective way of delivering financial benefits information, and at the same time, engendering a sense of solidarity. There was a strong sense in these narratives that that peer support networks, virtual or otherwise, could also help overcome the sense of isolation people may feel when struggling with money worries, by enabling them to be aware of and talk with others in the same position as themselves. This example illustrates this view and also draws attention to the fact that some parents find it intimidating to talk to professionals about these issues, as highlighted above:

*I do think that, obviously, things like, erm, encouraging people, like mothers and that to have like peer support groups and stuff, like where they can speak about like financial problems or, give each other advice because sometimes it is daunting speaking to a professional and, like, especially if you're not really educated you feel like intimidated speaking, erm, like to a professional. I think it could be, like, better if you had like peers...I used to go to a lot of the mother and toddler groups and it was really, we took that opportunity to speak about what there was for kids or what there was for mothers and if we were getting the right benefits... (005)*

Such groups were viewed as being particularly beneficial for young parents, with limited knowledge and experience.

### 3. Knowledge and perceptions of the acceptability of the FIP

We probed participants' knowledge of and views about the Financial Inclusion Pathway (FIP) as a novel concept, conscious that the strategy was at an early stage of implementation. The most obvious themes noted were i. low levels of awareness, ii. positive initial assessments of its potential benefits as a means of supporting people deal with the benefits system, and iii. ideas about who could benefit most from it.

Of the two participants who mentioned they were aware of the FIP before the interview, one said this was because she worked in childcare where the information about it had circulated there. Another said she was aware of it and had been referred by her health visitor to a community links worker who had been instrumental in helping her to apply for social security entitlements. A further participant hadn't heard of the FIP specifically, but stated that her health visitor enquired about her financial situation and "*to make sure we've got enough food and gas and electric and stuff*". Another participant had received financial support from a link worker via her GP, which also appears to have been a very positive experience.

#### ***Perceived acceptability of the FIP***

While few participants had previously heard of or had experience of the FIP, having experienced financial difficulties and the associated stress themselves, all felt it was a useful scheme for families on limited incomes. Attention was drawn to the benefits this sort of approach could bring to people who might struggle to discuss, navigate and negotiate their entitlements within the welfare system. This is illustrated by this participant who talks about her anxiety associated with the interview process she perceived to be too daunting to deal with as she coped with mental health issues.

*One thing I haven't went for is sick benefits, benefits with my mental health and stuff because, I mean, obviously, now...you've got to do interviews and, you know, all that crap, ..this anxiety, I can't just go to meetings like that cause obviously I just, like, I can't, I can't handle it, you know, I panic. So, for people like myself that need the help, I think yeah, that would be beneficial. (003)*

In particular, having an open discussion with their appointed health professional about financial difficulties was considered to have potential in supporting people to find out about and access both mainstream and 'hidden' benefits, and negotiate a welfare system that was considered complex and in a state of flux, illustrated in this case:

*...there's not enough knowledge, especially with all of the changes they've done recently when they've, they've changed everything to this, this new system now, haven't they, it's not really benefits and Job Centre and such, everything's changed so people don't really know what they're entitled to and there seems to be, I mean, I didn't know I was entitled to the PIP at first, until somebody else told me about it, so, I think it would be really, really valuable if health visitors had to talk to the parents about it... (009)*

#### ***Perceptions of FIP beneficiaries***

A commonly held view was that particular groups of parents may encounter even greater disadvantage across various spheres including access to work, money and benefits and interactions with healthcare professionals. Groups considered most vulnerable and viewed as having most to gain from the FIP included younger and first-time parents. These parents were perceived to have fewer available financial resources, such as savings to fall back on, and might not know about the grants and social security benefits they were entitled to.



Lone parents were also perceived to be more at risk of financial challenges. They were also viewed as being even more vulnerable since the onset of the COVID restrictions. This heightened vulnerability centred round concerns about a lack of suitable employment opportunities for people trying to find work, that could fit round child care responsibilities.

Parents living with domestic abuse including financial manipulation or coercion, also featured as a group likely to benefit from the FIP.

### **Discussion and conclusion**

This relatively small, in-depth study has generated rich detail about the key challenges and fears experienced, and the skills and coping strategies used by parents with young children, as they live life on very low incomes in Aberdeen City in 2020. Our study participants generously shared their experiences, including some of their innermost fears and vulnerabilities, and their preparedness to do so was notable. Some of our findings mirrored those we expected, due to previous work with parents and mothers in the north east related to parenting and family feeding practices (including those on low incomes). However, we were struck by a number of particularly prominent themes in our participants' narratives we hadn't anticipated would be so evident at the outset of the study. These included: the negative impact poverty had on their endeavours to help their children develop (across different domains) as young human beings; the pronounced fear and anxiety that their children should not appear to be living in poverty and suffer social harm in the form of bullying or other negative behaviours from their peers as a consequence; and the self-sacrifice parents practiced to provide their children with the food, clothing, consumer goods, and access to education and social occasions they believed they needed, in order to prevent those negative impacts being felt by their children.

Other notable themes included the positive assessment of the support experienced and perceived to exist from health visitors for parents with very young children, and the generally positive endorsement they gave to the idea that health visitors could be good sources of support in relation to assisting with financial challenges, but were less convinced of the capacity of midwives to be able to do so. However, at the same time, it was very clear that real fears exist around disclosure of any such challenges to health professionals, and that significant risks existed for some parents who might do so i.e. having their children removed from their care. This was viewed as a major barrier to any positive and fruitful conversations that might take place between health visitors and parents on this issue. We think this is particularly important to note given the numbers of families who may be about to experience financial difficulties (or are currently doing so) due to recent unemployment and/or reduced household incomes due to COVID-19. In other words, these fears might prevent conversations taking place with parents who may not appear to be struggling financially, who wouldn't have previously been considered to be at risk of poverty and may not believe themselves eligible for social security benefits they now will be.

Finally, participants suggestion that this barrier might be overcome by health professionals reframing financial challenges conversations, to one that promotes the idea that parents seeking and claiming social security benefits be aligned with a positive parenting attribute, as opposed a negative 'failing parent' narrative, is worth careful consideration in terms of its implications for possible changes to existing clinical practice. This 'being judged as a failing parent because you can't afford to feed your children' image was highlighted as a prominent fear in this study; so, we thought this is a particularly helpful suggestion that might be tested in the context of the FIP intervention going forward.

In terms of the limitations of this study, there were a number of missing groups and voices that require further consideration. These include parents of black and ethnic minority backgrounds, and parents living outside Aberdeen City. In addition, other north east parents who do not use food banks or food charities, either because they have no access to one, or would never present at one, even if they knew one was available, would be important to understand as they may have different ideas about engaging with early years nurses or midwives compared to our study group on these issues. Finally, speaking to newly poor parents who have suffered a dramatic decline in their household income due to recent COVID-related job loss would also be important to undertake, in order to understand what might support them better too.

Finally, it is important to note that we are about to embark on an NHS Grampian Endowment funded study in January 2021, which is focused on early years nursing and midwifery professionals' experiences and perspectives of the FIP, as well as on parents they engage with directly, through their clinical roles. Therefore, we hope to recruit some parents from those missing groups to this Endowments funded study. Consequently, we will integrate the findings of this about to commence study, with the findings from this current study, before making any final concrete recommendations for policy and practice.

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<b>INN</b>	<b>Sex</b>	<b>Age</b>	<b>No in Household</b>	<b>Work Status</b>	<b>Ethnicity</b>	<b>Current Benefits</b>	<b>Food bank/ pantry use</b>	<b>Professional contact</b>	<b>Knowledge/ Experience of FIP</b>
1	F	20-30	2 (self + child)	P/T employed	White Scottish	Universal credit	sometimes uses CFine foodbank (but problems getting there during opening hours)	very rare contact with HV (for vaccinations only)	had heard of FIP through her employment in childcare
2	F	30-40	7 (self + partner + 5 kids)	P/T self-employed, about to start carer job	White British	Universal credit	uses CFine pantry, previously used Woodside	very rare contact with HV (left to woman to call if queries or concerns)	No
3	F	30-40	3 (self + 2 children)	Unemployed, childcare responsibilities	White Scottish	Universal credit, free school lunches	uses CFine foodbank and received food parcels during lockdown	regular contact with HV (as and when required)	No
4	F	30-40	5 (self + 4 children)	Unemployed	White Scottish	Income Support, free school meals	previously used Woodside pantry, then CFine pantry. Received a Tesco food voucher	very rare contact with HV (left to woman to call if queries or concerns)	No
5	F	30-40	5 (self + 4 children)	Unemployed, childcare responsibilities	White Scottish	Income Support, PIP	uses CFine foodbank and pantry, received AFC food parcels during lockdown	regular contact with HV, also sees psychiatrist (for own mental health issues)	yes and was also referred to a link practitioner in the GP surgery by health visitor
6	F	30-40	4 (self + 3 children)	Unemployed/ F/T carer	White Scottish	Universal credit, DLA	uses CFine pantry and received AFC food parcels during lockdown	regular contact with support worker, contact with HV (as and when required). Regular contact with speech therapist. (2 sons with disabilities)	not specifically FIP, but health visitor asks about financial situation
7	F	30-40	6 (self + 5 kids)	Unemployed	White Scottish	Universal credit	uses CFine pantry and received AFC food parcels during lockdown	very rare contact with HV	No
8	F	30-40	2 (self + child)	Unemployed, childcare responsibilities	White Scottish	Income Support	uses CFine pantry and received AFC food parcels during lockdown	Very rare contact with HV (last contact pre-lockdown)	No
9	F	40-50	4 (self + husband + 2 kids)	Unemployed, husband works FT	White British	None (husband working FT)	Uses Woodside pantry and received food parcels during lockdown	very rare contact with HV (for vaccinations only)	no but was referred to a link practitioner in GP surgery by GP.
10	F	20-30	2 (self + child)	Unemployed	White Scottish	Universal Credit, child tax credit	uses Woodside pantry – no food parcels or food aid during lockdown	very regular contact with family nurse	No

The sample comprised ten women, ranging from ages 20-41, with a mean age of 33 years.

Two lived with a partner, eight women lived on their own with their child(ren).

Each had one and five child(ren), aged 2-18 years and all had one pre-school age.

Nine self-identified as 'White Scottish' and one, as 'White British'.

Eight were unemployed and two worked part-time.

All lived in Aberdeen City in areas of high socio-economic deprivation.

Nine were in receipt of welfare benefits including Universal Credit, Income Support, Personal Independence Payment (PIP) and Disability Living Allowance (DLA).

All had used one or more of the following - the Woodside Food Pantry, the CFine Pantry and the CFine Foodbank.

Nine had a named health visitor and one, a family nurse. Contact varied from 'very rare' in six cases, 'regular' in three and 'very regular' in one case. Those reporting regular or very regular contact also had mental health problems or their child(ren) had additional needs.

Two had contact with other professionals too – namely, a psychiatrist, support worker and speech therapist.

Two had heard of the 'Financial Inclusion Pathway' (FIP) – one through her work in childcare and the other through her health visitor. Of the other eight, one had not heard of the scheme, but her health visitor had asked about her financial situation and the other had had a conversation about her financial difficulties with her GP and had been referred to a link worker at the practice for financial support.