Progress Report	LOIP Project 3.4 Increase by 10% the no. of parents with children under 5 who are completing a full benefits check by 2024.
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Purpose of the Report
This report presents the results of the LOIP Improvement Project 3.4 which sought to increase by 10% the no. of parents with children under 5 who are completing a full benefits check by 2024.

Summary of Key Information

1. BACKGROUND

1.1 Nearly 13% of our children and young people across the city live in the most deprived data zones. 21.8%, around 5500 children, were identified as experiencing child poverty in 2021. Around 50% of households experiencing poverty have dependent children, as such children and young people are a key consideration as we work to combat poverty. We know that the levels of child poverty vary considerably from community to community, with the highest % in Tillydrone/Seaton/Old Aberdeen at 26.3%. As at the end of 2022, 152, families with children under 5 had completed a benefit check. Maximising income for families, where possible, is vital and supports children to reach developmental milestones.

1.2 The groups most likely to be impacted by poverty are:

- Lone parent households
- Minority Ethnic Families are less likely to be employed with the rate of employment on average being 63%.
- Families with a disabled adult or child
- Families with a younger mother (under 25)

1.3 Local research was undertaken last year with Midwives,' health visitors' and 'family nurse practitioners. The research sought to understand arrangements currently in place for families who require financial inclusion support, any potential barriers to accessing support and suggestions for improvement. Staff identified the need for a feedback loop to know if the families they referred to the pathway have been supported. Some staff also identified that they did not have a pathway and used signposting instead.

1.4 A local survey of Aberdeen City families identified that they would like simple and easy to understand information about benefits and income maximisation. Families also suggested that their health visitor should be the main source for raising family awareness of potential benefits, among others.

1.5 The main issue that the Early Years Income Maximisation Pathway was trying to resolve was to cease signposting to a service, instead having the ability to refer direct into a service that can assist the family, with the least amount of barriers possible and for the staff referring into a service to gain feedback that the family have been supported.

1.6 There is a need to ensure that all staff who work with families of children under 5 have the confidence to have financial conversations with families and the ability to refer direct, not just signpost, into a financial service that can assist the family to maximise their income and ensure that they are in receipt of all relevant benefits/payments. The families most at risk of having children living in poverty can be supported by staff at each potential touchpoint able to refer. It is important that all families in Aberdeen City are in receipt of the benefits/payments they are entitled to.

2. IMPROVEMENT PROJECT AIM

2.1 The CPA Board in 2023 approved the project charter for the initiation of an improvement project which aimed to Increase by 10% the number of new parents and parents of pre-school children who complete a full benefits check by 2024.

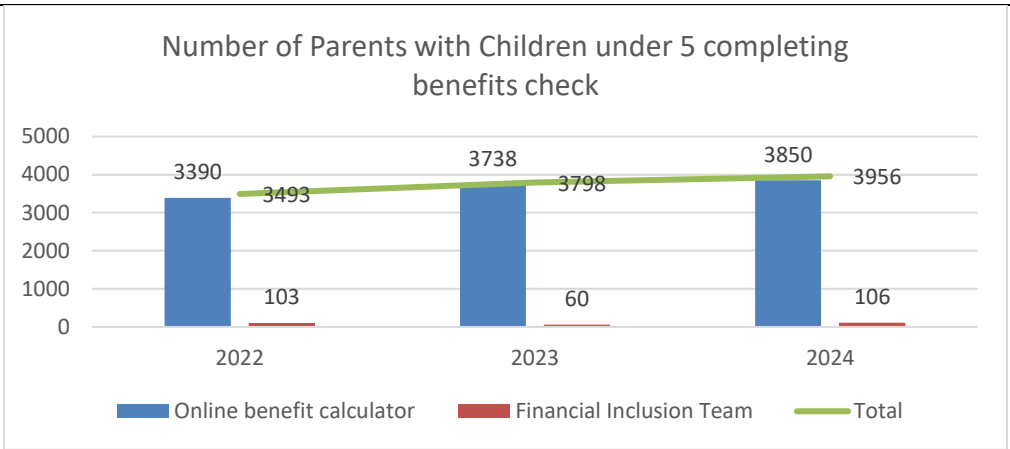
3. WHAT CHANGES DID WE MAKE?

3.1 The charter tested the following changes:

1. Establish a new direct referral route with Health visitors/Family Nurses/Midwives to the Financial Inclusion Team
2. Establish new direct referral route with Allied HP, Childsmile, Breastfeeding Peer Support Volunteers, and Healthpoint staff into the Money Talk Team.
   - Asked staff about what they currently did when supporting families with income maximisation.
   - Developed an Early Years Financial Inclusion Pathway that referred into Citizens Advice Scotland.
   - CAB developed a direct email for health professionals to use.
3. Co-design and test new ways of promoting how to access support to families with children under 5 & pregnant women, such as social media promotion, via their health professionals and community groups. This test focused on a “Support for Families” Booklet that can be used for signposting families to financial support at various stages of the child’s life, and for families to use to explore what they may be entitled to. This is available both digitally and hardcopy, and in multiple languages.
4. Test a feedback look from FIT/MMT and the staff making referrals.

4. HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 Yes, the aim has been achieved with a 13% increase in the number of new parents and parents of pre-school children who completed a full benefits check, from 3493 in 2022 to 3956 in 2024 as shown below. Completed checks have been done via the online benefit calculator and the Financial Inclusion Team.



4.2 In relation to the changes tested, two pathways were tested as per changes 1 and 2 above, 1 with referrals to the Aberdeen City Council Financial Inclusion Team and one with referrals to CAB Money Talk Team. The pathway to the Financial Inclusion Team has been impactful as shown in the data above. However, whilst the pathway to refer families to CAB financial service was co-developed and piloted this was not successful with no referrals made. A number of factors resulted in this namely:

- Concerns from NHS Grampian Information Governance to allow data sharing from the NHS to the CAB Money Talk Team. This was due to the amount of information that was required to be collected in the CAB referral form and sent via email. There were further concerns that CAB MTT was a **.org** email address. Historically, this was not advised to be used from NHS email addresses and there was concern about security.
- To address the point above, after completing a risk assessment process, CAB and NHS agreed to use a much less detailed referral form and only send the most necessary information to CAB to contact the family. However, there continued to be mixed feelings from staff about the use of the email address. Ways to address this issue are being explored as whilst the Financial Team Pathway has been successful, reliance on one agency to provide this support creates a risk.

4.3 In terms of the Financial Inclusion Team pathway, this took a targeted and more universal approach to raising awareness of financial support to parents with children under 5. Direct referrals for one-to-one financial support was available and promoted through Health visitors/Family Nurses/Midwives, but also where families were able they were directed to complete the online benefit calculator in their own time. This provided families with a choice as to how they wished to complete the full benefit check.

4.4 Comprehensive support from advisors assisted families with dealing with creditors, negotiating payment plans, and accessing emergency funds, positively impacting child poverty, wellbeing, development, participation, family resilience, and preventing family breakdowns and homelessness. Whereas the online calculator enables families to complete the benefit check themselves

<u>Online benefit calculator – child under 5</u>

4.5 Data from the online benefits calculator shows.

	Year	Total Calculations	Total financial Gains
1	2022	3390	£497,183.21
2	2023	3738	£600,667.29
3	2024	3850	£762,992.08

4.6 The data indicates a steady increase in the total number of completed calculations over the three years. In 2022, 3,390 calculations were completed, rising by 10.3% to 3,738 in 2023. The growth continued into 2024, reaching 3,850 calculations, representing a 3% increase compared to 2023 and a cumulative growth of 13.6% since 2022. While the pace of growth was higher between 2022 and 2023, it slowed slightly in 2024.

4.7 Financial gains exhibited a much steeper upward trend. In 2022, the total financial gains amounted to £497,183.21. This increased significantly by 20.8% in 2023, reaching £600,667.29. The upward trajectory continued into 2024, with financial gains totalling £762,992.08—a 27% rise from the previous year and an impressive 53.4% cumulative increase from 2022.

4.8 Overall, the data highlights a strong correlation between the number of completed calculations and financial gains, with financial gains growing at a faster rate. The marked growth in financial gains from 2023 to 2024 may reflect targeted strategies to maximise benefits or improved tools and methodologies.

Targeted communication with a link to the online benefit calculator (2024) under 5

4.9 Resources and support booklets targeted at families have been produced and made available electronically through schools and in hard copies, covering various stages of a child's development to support parents. These booklets are shared thrice yearly via early years communication channels, as well as through a social media campaign to ensure reach is as wide as possible. In addition, these booklets are also regularly shared among families with school age children. The data below shows the impact of the targeted promotion of the online calculator.

Key Metrics Comparison

Metric	Baseline (2–9 July)	Post-Email (10–16 July)	Change
Completed Calculations	15	172	+157 (1,047% increase)
Total New Weekly Benefits	£5,898.77	£49,112.71	+£43,213.94 (733% increase)
Percentage Entitled to Benefits	100%	100%	No change

4.10 The data highlights the significant impact of the email campaign on households with a child under 5. Completed calculations rose from 15 during the baseline week (2–9 July) to 172 in the week following the email (10–16 July), a remarkable 1,047% increase. Weekly financial gains identified for these households increased by 733%, from £5,898.77 to £49,112.71. These figures illustrate both the effectiveness of the campaign in driving engagement and the considerable financial support uncovered for this demographic.

4.11 Importantly, 100% of completed calculations in both periods showed an entitlement to benefits, underscoring that families with young children are highly likely to qualify for assistance. This highlights the importance of targeted outreach to ensure such vulnerable groups receive the support to which they are entitled.

4.12 Moving forward, sustaining focus on families with young children through similar campaigns can help unlock critical financial support for more households. The substantial increase in engagement also emphasises the need for sufficient resources to handle the higher demand and maintain a seamless user experience. This analysis demonstrates how well-designed, targeted communications can address financial vulnerabilities and create meaningful impact.

Targeted contact - Policy in Practice LIFT Dashboard

4.13 Following the above, a further change was developed to implement the Policy in Practice LIFT Dashboard. This has further enabled the Local Authority to identify households most in need, allowing for targeted support and effective resource prioritisation. Since 1 November 2024, targeted communications have been initiated with 86 families affected by the benefit cap, of which 44 had a child agreed under 5. These efforts involve engaging households through various channels, offering specific discretionary housing payments to mitigate income losses caused by the benefit cap, and working towards long-term financial improvements to achieve exemptions from the cap.

4.14 From a review of the pathways and the impact of the targeted communication on the uptake of financial benefits, it is clear that the project has been effective, and the pathways should be maintained.

4.15 However, as above, only referring to the Financial Inclusion Team presents a significant risk around sustainability and potentially limits the availability of support available elsewhere in the city for example, from CAB. Therefore, it is recommended that a mapping of existing financial support services across the city be undertaken with a view to exploring development of a single referral system for financial support from which people are supported by the most appropriate service. A single referral system would remove the risk of all referrals going to one team, but also address the barriers raised above in relation to the testing of referrals to CAB.

5. HOW HAVE OUR COMMUNITIES/PROTECTED GROUPS PARTICIPATED IN THE PROJECT AND THE IMPACT OF THIS

5.1 From the testing of the pathways feedback was sought and from the data it was clear that the single pathway which would continue at all stages of the child's life was preferred as well as the ability to complete the check in their own time through the calculator. The project has reflected upon this and adopted the single pathway and the online platform and 121 support depending on the individuals' circumstances and needs.

6. HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

6.1 The pathway and calculator are well established and embedded and the project will expand and further raise awareness as detailed at section 6 below. However, as detailed at section 4.15 the risks of reliance on one team are recognised. It is recommended that a single referral system that would then utilise all financial services be explored to help sustain the improvement and ensure that we are maximising the resources and services available across the city.

6.2 We will continue to deliver a rolling programme of awareness raising sessions for key staff members about the pathway, the Support for Families Booklet, and updates to changes to benefits relevant to families with children under the age of 5 years. We will also continue to raise awareness and encourage the use of the online benefits calculator with families that key staff support.

7. HOW WILL WE MONITOR THESE IMPROVEMENTS?

7.1 Quarterly meeting between public health, Health Visitor (HV) leads and Family Nurse (FN) Supervisors to explore any changes to the pathway and give feedback about any issues being experienced.

7.2 Quarterly data capture from the Financial Inclusion Team for referrals from health visiting and family nursing would be helpful to demonstrate support to families.

7.3 Capture Income maximisation referrals from the Morse system that Health Visitors/Family Nurses use.

7.4 Capturing our families' feedback about the pathway and the support they receive would be a great way evaluating and gaining qualitative stories.

8. OPPORTUNITIES FOR SCALE UP AND SPREAD

8.1 Building on the success of the FIT Pathways, opportunity to continue to expand the use of the pathway to midwifery and allied health professionals (AHP) who support families with children under the age of 5 years. This will allow all NHS staff to have the opportunity to support families that they work with to maximise their income and complete full benefit checks. This should be spoken about every contact with the family as a routine enquiry in the event that the family circumstances have changed. However as above, risk re reliance on one financial support team and recommendation below in relation to this.

8.2 For expansion to staff who are not HV/FN/Midwives, we need to be mindful that the process will be slightly different for the following services. We need to ensure that if they directly refer a family into the pathway, they also let the health professional know that this has happened, and they can ensure family are supported further.

- Our Breastfeeding Peer Supporter Volunteers see families at all stages of life. We can roll out this pathway to them to use.
- Allied Health Professionals that see families from birth, e.g. Physiotherapy, Speech and Language, Occupational Therapy etc, have the ability to support a family via the pathway if the need arose.

8.3 Communications and referrals to wider teams engaging with families under 5 be promoted, with promotion of use of the online calculator where parents can self-serve to ensure that the FIT team are not overwhelmed with requests and that the one-to-one support is for people who need it.

8.4 Policy in Practice LIFT Dashboard, low-income family dashboard further utilised to identify and target families with children at any age where there is a potential child poverty.

Recommendations for Action
i) Note that the aim has been achieved with a 13% increase and to agree to recommend to the CPA Board that the project be ended on the basis that the impactful changes have been embedded as business as usual; ii) Note that the dataset for the overall aim will continue to be reported via the Children's Services Board and through the annual outcome report to ensure progress is monitored; and iii) Note the opportunities for scale up and spread, however the risk of reliance on one service and therefore recommend that the Children's Services Board explore the development of a single referral system for financial support from which people are supported by the most appropriate service.

Opportunities and Risks
Opportunities: • Work much closer with Financial Inclusion Team to train our staff to refer into their pathway. • Use and share the Support for Family booklet. • Promote the online benefit calculator. • Expansion to other services that support families with young children and infants.

- Expand uptake further by exploring the feasibility of a single referral route into a number of partners offering financial support
- Regular promotion via social media pages belonging to NHS Grampian.

Risks:

- Confusion about what pathway to use. We need to adopt the Financial Inclusion team's pathway. It is robust and can help families with full benefit checks.
- Reliance on one service risks financial sustainability but also impacts on the ability to scale up and spread.

CONSULTATION

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