



# Boosting Family Incomes

A report for the Green Group of MSPs by Roseannah Murphy  
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# Contents

Introduction.....	3
Child Poverty in Scotland.....	4
Maximising families' incomes .....	5
Income Maximisation and the NHS .....	5
Healthier, Wealthier Children.....	6
The Healthy Start Project and Family Friendly Advice in Lothian .	6
NHS Scotland Pledges .....	7
Income Maximisation Activity across Health Boards .....	8
Projected financial gains .....	10
Legislation and Policy .....	11
Conclusion.....	13

# Introduction

Beginning a family brings about so much change in new parents' lives, not least to their financial circumstances. Many people will have had no contact with our social security system until becoming a parent, and unfortunately not all families receive all the financial support they are entitled to. Navigating our complex benefits system can be difficult enough at the best of times, without the demands of caring for a newborn baby or a child. That's why it's essential to give all new parents the opportunity to access expert financial advice when they need it most.

The Scottish Greens have campaigned for more funding for health visitors and midwives to work with families, helping them **claim all the financial support they are entitled to**. We have highlighted the impact of *Healthier, Wealthier Children* in NHS Greater Glasgow and Clyde; the Healthy Start project in Lothian; and our 2016 manifesto called for a national roll-out of these successful approaches to income maximisation.<sup>12</sup>

In September 2016, the Government committed to rolling out *Healthier, Wealthier Children* on a national basis. The Cabinet Secretary for Health and Sport confirmed that this would be progressed through the development of health and social care workforce plans:

"we must ensure that everybody – NHS staff and their partners in income maximisation – sees tackling health inequalities as part of their role. I can commit to supporting the roll-out of the project; we can build it in through the workforce plans<sup>3</sup>"

This paper outlines what progress has been made towards delivering this national roll-out, the financial gains to be realised for pregnant women and families across NHS health boards, and the part income maximisation has to play in tackling child poverty in Scotland.

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<sup>1</sup> NHS Greater Glasgow and Clyde. *Healthier, Wealthier Children*. Available at:

<http://www.nhsggc.org.uk/your-health/campaigns/healthier-wealthier-children/>

<sup>2</sup> Mackenzie, G. and Dougall, A. (2016) 'Increasing Healthy Start food and vitamin voucher uptake for low income pregnant women (Early Years Collaborative Leith Pioneer Site)'. BMJ Quality Improvement Reports, p.1. Available at: <http://bmjopenquality.bmj.com/content/bmjgir/5/1/u210506.w4243.full.pdf>

<sup>3</sup> Scottish Parliament. (2016) *Official Report 21 September 2016*. Available at: <http://www.parliament.scot/parliamentarybusiness/report>

# Child Poverty in Scotland

Almost one in four children in Scotland were living in poverty in 2014-17.<sup>4</sup> That percentage has risen to 24% from 23% in 2013-2017, with 230 000 children now living in poverty. New statistics also indicate that persistent poverty rates were higher for children compared to other age groups.<sup>5</sup> This means that children are more likely to live in poverty for many years, with long term consequences for their health, development and education. Poverty has multiple and cumulative effects for children, beginning at the very earliest stages of their development and even with their mothers' pre-natal wellbeing. Analysis of longitudinal data from the Growing Up in Scotland study also shows that financial vulnerability is "directly associated with increased maternal distress" which affects children's wellbeing.<sup>6</sup>

Due to the impact of tax and benefit reform, child poverty is predicted to rise even further. The Institute for Fiscal studies forecast that nearly 30% of children in Scotland would live in poverty by 2019-21: increasing from 23.2% in 2013-15 to 29%.<sup>7</sup> Now, new analysis estimates that 38% of children will be living in poverty by 2030/31.<sup>8</sup>

Income maximisation can help tackle poverty.

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<sup>4</sup> Relative poverty after housing costs. Scottish Government. (2018) *Poverty and Income Inequality in Scotland: 2014-2017*, p.10. Available at: <http://www.gov.scot/Resource/0053/00533112.pdf>

<sup>5</sup> 'Persistent poverty' identifies the number of individuals living in poverty for three or more of the last four years. Scottish Government. (2018) *Persistent poverty in Scotland: 2010 – 2016*, p.2. Available at: <http://www.gov.scot/Resource/0053/00533047.pdf>

<sup>6</sup> Treanor, M. Centre for Families and Relationships (2016) 'A 'Pockets' approach to addressing financial vulnerability'. Available at: <https://www.era.lib.ed.ac.uk/CRFRbriefing83.pdf>

<sup>7</sup> Hood, A. and Waters, T. (2017) *Living Standards, Poverty and Inequality in the UK: 2017-18 to 2021*. R136 Online Appendix. Figure 2.8. Available at: <https://www.ifs.org.uk/publications/10028>

<sup>8</sup> Scottish Government. (2018) *Tackling Child Poverty*. Available at: <https://news.gov.scot/news/tackling-child-poverty-2>

# Maximising families' incomes

Many families living on low incomes do not currently receive the support they are entitled to from our social security system. As a review of evidence led by Dr Morag Treanor for *What Works Scotland* outlines, "Significant proportions of people in low income working families with children" do not apply for "their full tax credit or benefit entitlement", often because they are not aware that they are entitled to support in the first place: "This is especially true of those having their first child [...] who are likely to be negotiating the confusing tax credit and benefit system for the first time".<sup>9</sup>

Income maximisation is therefore an "increasingly important" way to tackle poverty, especially since it is "one of few poverty reduction strategies that affects children and families" before during and after pregnancy, making sure that families who need financial support get it at the earliest possible stage.<sup>10</sup>

## Income Maximisation and the NHS

Work led by NHS Health Scotland, many NHS health boards, local authorities and third sector partners recognises the benefits of making income maximisation a mainstream part of our health service. Our NHS is a trusted, non-stigmatised source of support, and healthcare staff are ideally placed to open up conversations about financial difficulties which can affect patients' health and wellbeing. They can then refer people directly to a local money and welfare rights advisor, who can help them apply for benefits they may be entitled to, as well as other sources of support with housing and childcare costs, debt reduction and grants.

Developing strong relationships between the NHS and money advice services leads to significant gains for patients. The Building Connections programme, based in Glasgow, included the 'Deep End Advice Worker Project' which co-located an advice worker in two General Practices serving areas of multiple deprivation in the North East of the City.<sup>11</sup> Locating advice services in these two practices alone led to £848,001 in financial gains for patients, and also helped patients to manage debts worth £155,766. On average, this represents £6,084 for every patient who engaged with advice workers.<sup>12</sup>

There is a particular need for money worries to be discussed as a matter of routine with pregnant women and new families. Having a baby presents unexpected financial challenges for many families - including parents who may not have considered themselves to be at risk of poverty, or living on a low income, and have no previous experience of our social security system. It is crucial that people entering into parenthood can access financial advice and support without delay.

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<sup>9</sup> Treanor, M. What Works Scotland Evidence Review (2017) 'Actions to prevent and mitigate child poverty in South Ayrshire Community Planning Partnership', p.7. Available at: <http://whatworksscotland.ac.uk/WWWS-SAreview-April2017.pdf>

<sup>10</sup> Treanor, M. (2017), p.6.

<sup>11</sup> General Practitioners at the 'Deep End' work in the 100 most deprived populations in Scotland, based on SIMD data. See University of Glasgow. 'GPs at the Deep End'. Available at: <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/about/>

<sup>12</sup> Sinclair, J. Glasgow Centre for Population Health (2017) 'Building Connections: co-locating advice service in general practices and job centers' p.6. Available at: [http://www.gcph.co.uk/assets/0000/6377/Building\\_Connections.pdf](http://www.gcph.co.uk/assets/0000/6377/Building_Connections.pdf)

The following two case studies illustrate the difference strong income maximisation referral pathways have made to new families in Scotland.

### Healthier, Wealthier Children

In NHS Greater Glasgow and Clyde, collaboration between early years and maternity services and local money and welfare rights advice workers has made income maximisation a mainstream part of early years services across the health board. Trusted frontline NHS staff, including midwives and health visitors help new parents to discuss their financial circumstances during routine appointments. They can then refer people in financial difficulty directly to experienced, local money advice workers, who check families' eligibility for benefits and help them apply for assistance they're entitled to.

Since 2010, with just £1.3m in initial funding, *Healthier Wealthier Children* has gained at least £15,989,466 for over 14,000 families by August 2017.<sup>13</sup> An evaluation of the programme showed that, between October 2010 and January 2012, families who found they were entitled to financial support as a result of the programme gained an average of £3,404.<sup>14</sup> One in five of those families were entitled to a Disability Living Allowance payment.<sup>15</sup> Almost 60% of those who took up advice were lone parent families.<sup>16</sup>

Follow up interviews with parents who received advice and support found that parents valued the significant impact that even modest financial gains had on their family life - such as "better quality food", fewer "worries about putting the heating on", and time and money for activities with children.<sup>17</sup> Many also felt improvements in their own mental wellbeing, such as reduced levels of stress.<sup>18</sup>

### The Healthy Start Project and Family Friendly Advice in Lothian

The Healthy Start Project in Lothian saw NHS services work in partnership with local authorities and the third sector to increase referrals to advice services.<sup>19</sup> The project began in midwifery services in Leith in 2014, and initially focused on increasing uptake of Healthy Start food and vitamin vouchers. These are an essential source of support for low income families, but at that time at least a quarter of eligible women and children in the UK did not receive them.<sup>20</sup> In Scotland, the number of families receiving healthy start vouchers has fallen every

<sup>13</sup> From October 2010 to August 2017, 'Learning from the Healthier, Wealthier Children Journey', *What Works Scotland* Presentation(2017). Available at: <http://whatworksscotland.ac.uk/wp-content/uploads/2017/09/HWC-outcomes1.pdf>

<sup>14</sup> Naven, L. and Egan, J. Glasgow Centre for Population Health (2012) 'Maximising Opportunities: Final evaluation report of the Healthier, Wealthier Children (HWC) project', p.6. Available at: [http://www.gcph.co.uk/assets/0000/3649/HWC\\_final\\_report\\_FINAL.pdf](http://www.gcph.co.uk/assets/0000/3649/HWC_final_report_FINAL.pdf)

<sup>15</sup> Naven and Egan, p.6.

<sup>16</sup> Ibid.

<sup>17</sup> Naven and Egan, p.26.

<sup>18</sup> Naven and Egan, p.27.

<sup>19</sup> 'Family Friendly Advice', NHS Health Scotland, Financial Inclusion Pathways Event (2017). Available at: <http://www.healthscotland.scot/media/1315/financial-inclusion-pathways-event-presentationspart3.pdf>

<sup>20</sup> Mackenzie, G. and Dougall, A. p.1



year since 2012-13.<sup>21</sup> In 2016-17, only 67.5% of eligible families in Scotland received them.<sup>22</sup>

Using improvement methodology, the project introduced 'Family Friendly Advice' with welfare rights advisors supporting community midwife teams. Advisors hold honorary NHS contracts with NHS email addresses and the referral process is integrated into existing electronic patient records.

Over the first 12 weeks of the project, over half of patients who booked in for antenatal care had asked or been asked questions about debt or money, but less than 1% had clearly been referred for welfare rights advice. By November 2015, the project had increased the uptake of healthy start vouchers in Lothian by 13.3%, at a time when the receipt of vouchers fell nationally by 8.4%. What's more, the project gained, on average, £4,500 for every family who was referred for welfare rights advice.<sup>23</sup>

Both these projects demonstrate that there is a high level of unmet need for money and welfare rights advice among families with young children, and that referring parents directly to an adviser is far more effective than signposting. Welfare rights advisers working with NHS services have reported that they are now helping families who would not have approached a 'traditional' drop-in advice service. To better meet the needs of families with young children, advisers working with the NHS may visit clients at home, offer support on the phone and attend outreach services.<sup>24</sup>

Good advice will not only boost family incomes, but can provides better access to healthy food and, by reducing financial stress and vulnerability, support parents' mental health and improve families' wider wellbeing.

There are many other pockets of good practice around Scotland, but we need this approach to reach every pregnant woman and new family who could benefit.

## NHS Scotland Pledges

As part of the *Fairer Scotland Action Plan* (2016), NHS Health Scotland pledged to help end child poverty through the following key actions:

- "By March 2018, work in partnership with NHS Boards to develop national referral pathways between NHS services and local advice services to maximise the incomes of patients"
- By March 2018, promote the importance and adoption of routine enquiry about money worries by NHS staff to help patients maximise their incomes and referral to advice services when necessary".<sup>25</sup>

<sup>21</sup> Scottish Parliament. (2016) *Written Answers S5W-02349*. Available at: <http://www.parliament.scot/parliamentarybusiness/S5W-03249>

<sup>22</sup> Scottish Parliament. (2017) *Written Answers S5W-02349S5W-11760*. Available at: <http://www.parliament.scot/parliamentarybusiness/S5W-11760>

<sup>23</sup> £404,000 was gained for 89 clients by mid-September 2015. McKenzie, G. and Dougall, A. p.4, p.1.

<sup>24</sup> NHS Health Scotland, p.15.

<sup>25</sup> McLaughlin, G. Chief Executive, NHS Health Scotland in Scottish Government. (2016) *Fairer Scotland Action Plan*. p.39. Available at: <http://www.gov.scot/Resource/0050/00506841.pdf>

## Income Maximisation Activity across Health Boards

From October 2016 onwards, we wrote to NHS Boards asking for information about steps they were taking to promote income maximisation and deliver on NHS Health Scotland's pledge.

We found that there was a lot of ongoing activity in many health boards. Some had long established referral pathways between early years and maternity health services and local money advice services. Most, however, were still in the course of developing strong links between NHS services and income maximisation support. Others are still to begin developing referral pathways and rely on signposting to make families aware that help with their financial circumstances might be available.

Some examples of the work NHS health boards told us about include:

<b>NHS Borders</b>	Midwives regularly refer parents to the Scottish Borders Council Early Years Welfare Benefits Adviser. Electronic patient information systems can provide data on referrals to advice services. In 2016-17 "around 20% of all families with a new baby in the Borders" were referred to the Welfare Benefits service. Bump2Babies outreach events held in every locality provide "information on entitlements" and advice about home energy efficiency, while the "Early Years Welfare Benefits Adviser regularly attends and can advise families on unclaimed income". <sup>26</sup>
<b>NHS Grampian</b>	'Making Every Opportunity Count' – the board's approach to health improvement, which encourages staff to "engage in conversations" about circumstances including "money and housing issues" is being rolled out. There is "growing understanding" of the importance and feasibility of discussing money worries, though making direct referrals to services is still "much less common" than signposting. In the ante-natal clinic at Aberdeen maternity hospital all patients are "offered 'cash in your pocket' information" and NHS Grampian's 'Your wellbeing' booklet. This includes "information on local sources of support for income maximization". The clinic also holds "several sessions in the waiting area with Cash in Your Pocket, to encourage direct contact for patients with money worries". <sup>27</sup>
<b>NHS Lanarkshire</b>	Their 'Financial Inclusion Programme' aims to "make welfare rights an integral part of mainstream health and social care services" and "encourage all staff to raise financial concerns during routine assessments and appointments, and know how to make a referral". Work includes "developing and testing a Health Visiting Financial Inclusion Patient Pathway" being rolled out for "all health visitors in South Lanarkshire". Their Money Matters Pregnant Women and Young Families Advice Line in South Lanarkshire receives "an average of 43 new referrals a month mostly from midwives and other health professionals" <sup>28</sup> .

<sup>26</sup> In correspondence.

<sup>27</sup> In correspondence.

<sup>28</sup> In correspondence.



<b>NHS Lothian</b>	In 2015/16, partnership work with welfare advice agencies in North Edinburgh and West Lothian “led to over £1.3 million total financial gain” for clients. There are quarterly meetings for welfare advisors who work in NHS settings to identify service improvements. Work on income maximisation for families has also been extended to school settings. In Leith, questions about ‘money worries’ for pregnant women and families with young children a standard part of the electronic record system for patients, prompting “referral to welfare advice” if needed and “well documented by staff”. Between 80 and 91% of the parents referred to welfare rights advice in Leith take up appointments. <sup>29</sup> In Midlothian, the Midlothian Area Resource Co-ordination for Hardship (MARCH) project developed a ‘Money Matters Health Check Toolkit’ to help midwives, health visitors and other healthcare professionals identify people who are at risk of poverty. <sup>30</sup>
<b>NHS Tayside</b>	A “small-scale test of change” improvement project in Perth and Kinross aims to ensure that “pregnant women, at both pre and post-natal stages, can access advice in relation to benefits and income maximisation. Midwives raise awareness of the Healthy Start Scheme and, with patients’ permission, trigger a referral to Welfare Rights for a more in-depth discussion of benefits eligibility.” The advice centre in Ninewells Hospital provides welfare rights and money advice for patients, visitors and staff, in collaboration with local authority and third sector services. <sup>31</sup>
<b>NHS Western Isles</b>	Income maximisation work has been developed through the Early Years Collaborative. Financial circumstances are now discussed “with everyone” at the point of booking midwifery services “and if the situation warrants, immediate referral” can be made to specialists at Citizens Advice Bureau Services. Financial matters are discussed further “at the 24 week appointment”.

These examples are just a snapshot of some the actions NHS boards have told us they are leading to improve families’ financial health. The following map gives a broad indication of the extent to which each health board has established strong referral pathways in whole, or in part, between maternity and/or health visitor services and local money and welfare rights advice.

## Projected financial gains

We estimate that this approach to income maximisation could boost the incomes of pregnant women and new families across Scotland by at least £9,300,000 if it was implemented as successfully as in the early stages of *Healthier, Wealthier Children* in NHS Greater Glasgow and Clyde.

The following map presents indicative figures of the minimum financial gains for new families in each health board, based on the annualised client gains in the 2012 evaluation

<sup>29</sup> In correspondence.

<sup>30</sup> NHS Health Scotland. (2016) *Financial Inclusion Referral Pathway Toolkit*. p.14. Available at: <http://www.healthscotland.scot/media/1255/financial-inclusion-referral-pathway-toolkit.pdf>

<sup>31</sup> In correspondence.

of *Healthier, Wealthier Children* and the proportion of children living in poverty in each board, according to the 2018 End Child Poverty statistics.<sup>32</sup>

As income maximisation can also lead to financial gains for many women and families whose income does not fall below formal thresholds for measuring poverty, the overall reach and financial impact of rolling out this approach is likely to be much higher.<sup>33</sup>

It also should be noted that since *Healthier, Wealthier Children* was introduced and evaluated in 2012, the project has led to much greater average financial gains for families. NHS Greater Glasgow and Clyde report that by November 2017 the approach had raised £16,840,817 - with an average annual gain of around £4000 per family.<sup>34</sup> Evaluations of other income maximisation projects concentrated in areas of high deprivation report even higher average gains, including the Healthy Start Project in NHS Lothian.<sup>35</sup> The figures we have indicated for each health board are therefore a very modest estimate of the impact of a national rollout.

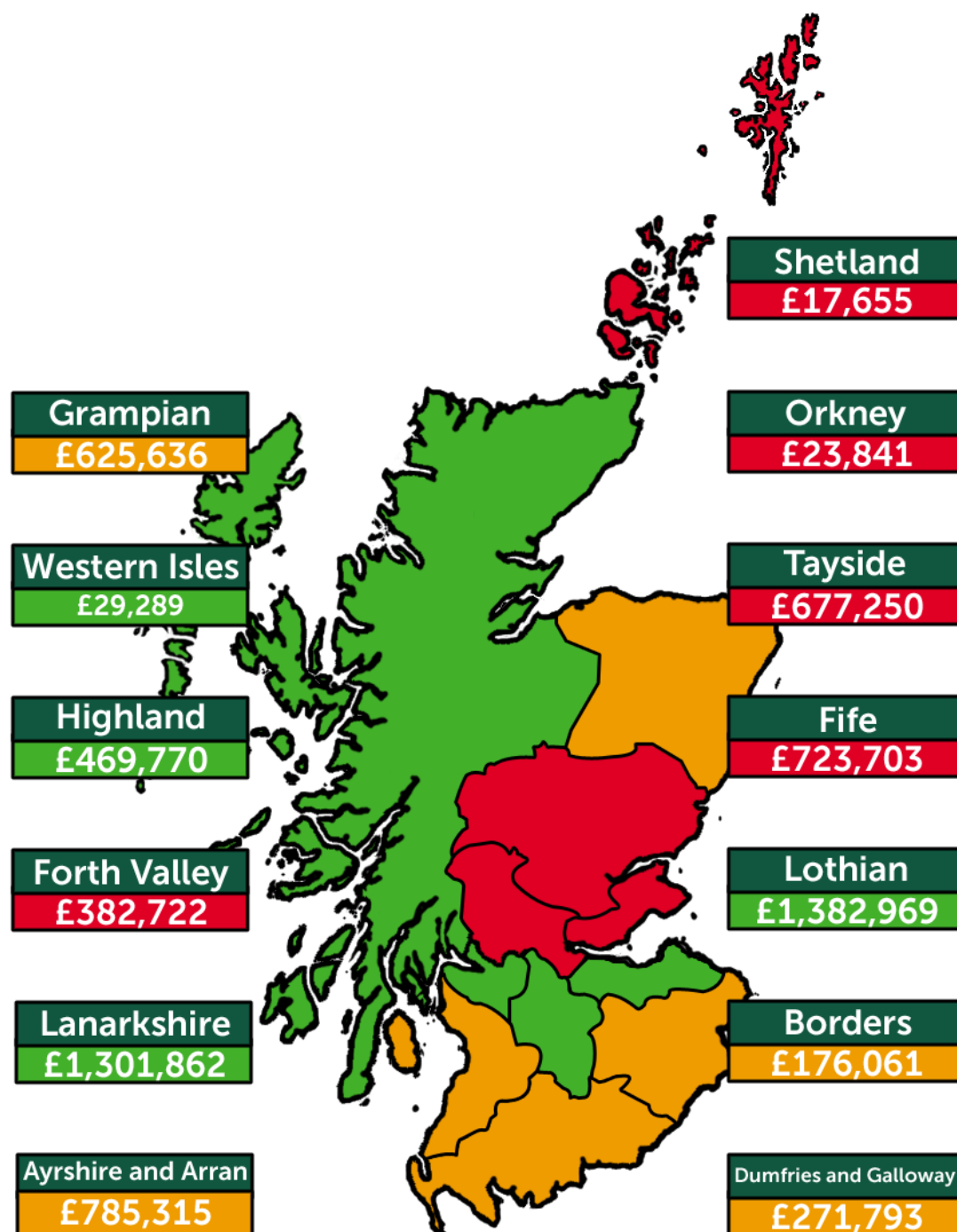
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<sup>32</sup> We have based this estimate on the 2012 evaluation of *Healthier, Wealthier Children* as it offers the most comprehensive data on the reach and impact of an income maximization approach aimed at families with young children, and was evaluated across an entire health board. The actual and estimated client gains for all clients during the evaluation period (October 2010 to March 2012) was £3,093,565. We have used an annualized figure to estimate equivalent gains in Scotland and in each health board, based on local authority data from End Child Poverty. The map presented in this report does not include a projected minimum financial gain figure for NHS GGC because this Board area is the source of the baseline data. (2018) *Scotland and Local Authority Ward Data*. Available at: <http://www.endchildpoverty.org.uk/poverty-in-your-area-2018/>

<sup>33</sup> The 2012 evaluation of *Healthier, Wealthier Children* showed that 77% of families who accessed advice as a result of the project had a monthly income "of less than £1,399 which is slightly above the £1,349 eligibility threshold for Healthy Start vouchers, primarily offered to low income groups on certain types of benefits and tax credits". Naven, L. and Egan, J. p.6.

<sup>34</sup> In correspondence. NHS Greater Glasgow and Clyde, 28 November 2017.

<sup>35</sup> McKenzie, G. and Dougall, A. p.4, p.1.



Health board progress<sup>36</sup> in developing approaches to income maximisation.<sup>37</sup>

<sup>36</sup> 'Green' indicates that the health board has, or is making very clear progress towards having, strong referral pathways in place across the board or significant parts of the board, with ongoing work to mainstream successful approaches to income maximisation.

The range of activity in boards marked 'Amber' is very broad, and suggests that boards has formal referral pathways in some areas, or is in the process of developing them and/or co-ordinating a strong strategic approach to income maximisation.

Boards which did not appear to have begun developing comprehensive work in this area by the end of 2017 are marked 'Red'. If Health Boards wish to inform us about ongoing work, we would be glad to update this information.

<sup>37</sup> This map only reflects income maximisation pathways related specifically to pregnant women and families with young children, and may not reflect a board's wider approach to income maximisation and financial inclusion.

During the passage of the Child Poverty Bill, Alison Johnstone MSP brought forward an amendment to ensure that local authorities and health boards describe measures they have taken to support income maximisation for pregnant women and families in their child poverty action reports. Section 13(5) of the Child Poverty Act now specifies that:

“A local child poverty action report must, in particular, describe any income maximisation measures taken in the area of the local authority during the reporting year to provide pregnant women and families with children with—

- (a) information, advice and assistance about eligibility for financial support, and
- (b) assistance to apply for financial support.”

The Child Poverty Act also specifies that Child Poverty Delivery Plans must set out what measures Ministers propose to take in relation to income maximisation.<sup>38</sup> The Poverty and Inequality Commission made income maximisation one of the areas of focus in its advice on the first Child Poverty Delivery Plan. The Commission’s advice recognises that “Action to ensure that families are claiming all the benefits that they are entitled to can have “an immediate impact on quality of life for children and families”.<sup>39</sup> It highlights the role that the Universal Health Visiting Pathway could play in supporting families to maximise their income, as it “includes regular routine inquiry about family finances and the potential to refer families to advice services”.<sup>40</sup>

The 2018 Child Poverty Delivery Plan has now committed £500,000 of the Tackling Child Poverty fund over two years specifically to support income maximisation services in health settings.<sup>41</sup> The Scottish Government has confirmed that it will act on the recommendations of a group of Health Promotion Managers, and work with NHS boards, integration authorities, and local authorities “to ensure referral pathways are embedded in all health boards by the end of this Parliament”.<sup>42</sup>

The Scottish Government also intends to roll out its Financial Health Check programme for families in 2018. The Poverty and Inequality Commission has recommended that this programme is monitored, to see “who is being reached by the Health Check and consider what action is needed to ensure that it is accessible to all those who might benefit.”<sup>43</sup>

The delivery of the Best Start Grant should afford further opportunities to ensure that all pregnant women and new families receive the financial help and nutritional support they are entitled to. The Social Security Bill as passed now requires Ministers to “prepare a strategy to promote take-up” of support available from the Scottish social security system.<sup>44</sup> Ensuring that there are robust formal referral pathways in place between NHS services and income maximisation services should be a key part of that strategy.

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<sup>38</sup> Child Poverty (Scotland) Act 2017 asp 6. s.9 (3)(d)(ii). Available at: [http://www.legislation.gov.uk/asp/2017/6/pdfs/asp\\_20170006\\_en.pdf](http://www.legislation.gov.uk/asp/2017/6/pdfs/asp_20170006_en.pdf)

<sup>39</sup> Poverty and Inequality Commission. (2018) *Advice on the Scottish Government’s Child Poverty Delivery Plan*, p.35. Available at: <https://povertyinequality.scot/wp-content/uploads/2018/02/Child-Poverty-Delivery-Plan-advice-23-February-2018.pdf>

<sup>40</sup> Ibid.

<sup>41</sup> Scottish Government. (2018) *Every Child, Every Chance: The Tackling Child Poverty Delivery Plan 2018-2022*, p.102. Available at: <http://www.gov.scot/Resource/0053/00533606.pdf>

<sup>42</sup> Ibid.

<sup>43</sup> Poverty and Inequality Commission, p.42.

<sup>44</sup> Social Security (Scotland) Bill [as passed] 2017, s.1GB. Available at: [http://www.parliament.scot/SocialSecurity\(Scotland\)Bill/SPBill18BS052017.pdf](http://www.parliament.scot/SocialSecurity(Scotland)Bill/SPBill18BS052017.pdf)

# Conclusion

The Child Poverty Act has set robust targets for reducing child poverty, and specified that Ministers must set out measures propose to take in relation to income maximisation. NHS boards and local authorities must describe what measures they have taken to provide information, advice and assistance in relation to financial support for pregnant women and families.

The first Child Poverty Delivery Plan has set out a range of long-term and shorter-term measures to reduce the number and proportion of children living in poverty, but as the Poverty and Inequality Commission have stated, income maximisation can have an “immediate impact” on children’s quality of life.

**Making income maximisation a mainstream part of NHS services as soon as possible will boost the income of thousands of families across Scotland, tackling child poverty and helping to reduce health inequalities.** There are pockets of good practice throughout Scotland, but strong referral pathways are not yet in place throughout many midwifery and early years services.

In the long-term, it is not sufficient to rely on targeting areas of high deprivation to tackle child poverty and reduce financial vulnerability among new families. Poverty exists across Scotland. As research led by Professor John McKendrick for the Poverty and Inequality Commission stresses, “even within those local authorities with the lowest levels of child poverty in Scotland, there are pockets of intense child poverty in which more than one in every four children are living in poverty”.<sup>45</sup> In this context, the universal reach of midwifery services and the health visiting pathway presents an especially valuable way to support all new families in financial need.

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<sup>45</sup> McKendrick, J. (2018) *Local Contributions to Tackling Poverty and Inequality in Scotland*, p.21. Available at: [https://policyscotland.gla.ac.uk/wp-content/uploads/2018/02/Local-Poverty-Report-Feb\\_2018.pdf](https://policyscotland.gla.ac.uk/wp-content/uploads/2018/02/Local-Poverty-Report-Feb_2018.pdf)