



Healthier Wealthier Children

Induction Pack

Contents Page

- Project Specification
- Project Structure
- HWC Staff Essentials: what you should know and do
- HWC Core Objectives for Development Workers
- HWC Income Maximisers key responsibilities
- HWC Criteria for Inclusion/Referral Form (Oct-Dec 2010)
- HWC Income Maximisers: good practice template - patient consent for data sharing with any benefit payer
- HWC Central Communication Plan & Local Template
- NHSGGC Financial Inclusion Standards
- Evaluation Outline
- Core Reading List

- Project Structure: Powerpoint available on request

- **HWC Staff Essentials: what you should know and do**

Income Maximisers would participate in 1b, 2b, 4a, 4b, 5a and 5b. In addition, an assessment of training needs as regards key health issues for income maximisers will be considered (e.g. Mental Health First Aid training).

The **HWC Admin Worker** will participate in all activities, depending on time constraints.

Entity Responsibility	HWC Responsibility: HWC Team Building
1 (a) Online Corporate Induction (via Staff net). Local orientation	1 (b) HWC half day Induction (see accompanying sheet)
2 (a) Individuals Training Needs	2 (b) HWC training & PDP support <ul style="list-style-type: none"> • 1 day Welfare Benefits training • 1 day Poverty Alliance training • Input on GGC child poverty strategic approach and sharing local approaches • Employability training (via School Gates Initiative) • Once all Development workers are in post, consider requirements for sessions around structures (e.g. how maternity services work if limited experience of this) • phru.net provides links to wider health improvement learning and development opportunities
3 (a) Ongoing review of objectives PDP and e-KSF	3 (b) Core Objectives: <ul style="list-style-type: none"> • Development Workers' core objectives • For researchers – core objectives
4 (a) Ensuring problem solving and sharing learning within Local Planning Structures	4 (b) Problem solving and sharing learning in: <ul style="list-style-type: none"> • Development workers and Income Maximisers Regular Meetings (Peer support using action learning set method) • Action learning set for Line Managers, Development Workers and Income Maximisers • Researchers to attend these 2 groups as required • Use PHRU tools (e.g. reflective practice log – see phru.net)
5 (a) Ensure workers have time to access HWC Sharepoint system & staff raise awareness locally of external website	5 (b) Sharing learning: <ul style="list-style-type: none"> • HWC & PHRU will set up a sharepoint where project staff can access project documents • Core reading list • HWC will set up an external website

Training opportunities on www.phru.net and NHSGGC training calendar:

For Greater Glasgow: <http://staffnet/Human+Resources/Learning+and+Education/default.htm>

For Clyde:

<http://www.staffnet.ggc.scot.nhs.uk/Human+Resources/Learning+and+Education/default.htm>

- **HWC Core Objectives for Development Workers**

These core objectives, intended as a guide for preparing a work plan for Development Workers, have been devised by a subset of the implementation group. They are set out with a project time line in mind with early objectives reflecting the kind of work needed in the initial stages of this project.

Initial Generic Objectives

- Demonstrate the application of principles of inequalities sensitive practice in all work
- In addition to the contracted provider of financial services, identify & liaise with (or map) local organisations and agencies that provide financial inclusion services (e.g. welfare benefits officer in local housing association)
- Contribute to the development of local focussed planning and actions to address child poverty
- Agree local working arrangements with contracted provider and income maximiser to include appropriate communication & monitoring processes
- Agree and implement local and project wide communication processes and systems, fulfil own responsibilities with same
- Implement data collection processes and systems and maintain required records
- Using NHSGGC financial inclusion standards, develop, agree and implement local referral pathways
- CHCP Development Workers are required to link with the Development Worker – Addictions on referral pathways and materials for this topic
- Adapt and develop client and staff information, referral forms & marketing materials for local use
- Design and deliver (or cause to be delivered) training for local stakeholders
- Use project recordings tools and provide quarterly report for line manager to coincide with action learning sets and other project wide meetings
- Develop (or contribute to development) case studies / models of good practice (maybe the researcher will do this but they need the material to work from)
- Contribute to any project evaluation process which might include user group consultation and feedback

- **HWC Income Maximisers key responsibilities**

Purpose of the Job

- Almost half of the children in Greater Glasgow & Clyde live in low income households. Maximising families' incomes is one element of addressing child poverty and a practical action that health and social care service providers can offer with the right support.
- The 'Healthier, Wealthier Children' project will target families with children under five attending health and early years services, as well as families affected by substance misuse, and families which face additional barriers to maximising their incomes, such as in the case of Kinship Carers, or where affordable childcare is unavailable.
- The service will provide information, advice, assistance, and support in order to achieve income maximisation for these client groups.

Job Scope

- The new service, through provision of an income maximisation post, will be expected to work in the context of Healthier, Wealthier Children across NHS Greater Glasgow & Clyde. This will include linking closely with local Development Officers and the project evaluation team, and, consideration of the long term sustainability of providing advice to families at risk of experiencing child poverty.
- Successful applicants will provide information, advice and assistance on benefits and money advice.
- The focus of advice will be on particular benefits applicable to the clients of this service including Healthy Start, Child Tax Credit, Working Tax Credit, Child Benefit, Maternity Allowance, Statutory Maternity Allowance, Child Maintenance, Child Trust Fund and all other welfare benefits. It will provide direct advice and assistance to the following client groups; families with children under five attending health and early years services, pre-natal services, families affected by substance misuse, and families with a kinship carer.
- The advisers will identify other issues and make appropriate referrals to areas such as debt advice, employment advice, health services, legal advice, and housing advice.
- Project staff will provide advice, assistance and training to other services supporting these client groups as required.

Key Tasks

- To provide face to face advice, through clinic/office based provision or provided through outreach in partnership with local employability initiatives, health visiting services, midwifery services, childcare provision and other anti-poverty measures. The service will include telephone advice and home visits where appropriate, with flexibility for some early evening/weekend provision.
- To negotiate and act on behalf of service users where appropriate as required.
- To maintain an excellent working knowledge of welfare rights issues as they impact on families with young children.
- To be committed to effective management of individual caseload.
- To provide support, training and backup to other relevant staff.
- To actively participate in local implementation structures to link this service with health services.
- To contribute to the performance monitoring of the service through local advice and information case management systems. This will include the provision of any additional monitoring requirements which may be required for the Glasgow Centre for Population Health evaluation of the project.



Healthier, Wealthier Children

Referral Form, September – December 2010

Healthier, Wealthier Children income maximisation services

Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.

Healthier, Wealthier Children income maximisation services will **provide information, advice and assistance on benefits and other money matters**. Intensive support for debt management, tribunals or issues requiring long term support will not be provided by HWC but advisers will refer on to relevant services as necessary. While health staff are expected to be the main referrers, we will also accept referrals from early years education and other community-based services working with families at risk of child poverty. Referrals will be accepted on paper, electronically or by phone. However, all referrals should be followed up with a referral form (below).

Referral Form

Inclusion criteria :

(Please tick at least one from Box 1 and one from Box 2 in order to make a referral).

If one from each box cannot be ticked, normal care should be provided.

Box 1 Family Structure	Box 2. Target Group
Currently Pregnant	Total household income below £40,000
Child/children under 5yrs	Family circumstances e.g. kinship carer (i.e. children placed with relative), mental health problems, addiction problems
Child/children under 19yrs with additional support needs	Ineligible for benefits due to immigration status (Roma, asylum seeker)

Client Details.

Full Name : <input type="checkbox"/> F <input type="checkbox"/> M
Address (including flat number) : Postcode :
Telephone : <input type="checkbox"/> Home : <input type="checkbox"/> Mobile:
(Tick preferred contact no.) Email :

Does client require support for additional needs? (e.g. more time in appointment, communication support, physical access). Please describe :

.....
.....

Client Referral Consent :

I agree to be referred to the HWC income maximisation service
NO

YES

...../2

Referral Details :

Date of Referral :	
Reason for Referral :	
Referrer Name :	Job Title :
	Base :
Contact Telephone: <input type="checkbox"/>	Base : <input type="checkbox"/>
(Tick preferred contact no.)	Mobile
Email :	Fax :
Location where client was seen (e.g. Base, Home, Other):	
Has the family been referred before?	<input type="checkbox"/> YES <input type="checkbox"/>
NO	
If YES, date of previous referral :	
If YES, reason for re-referral :	

As part of the Healthier, Wealthier Children income maximisation service, an evaluation is being carried out to assess its contribution towards reducing child poverty. We are seeking written consent for researchers to follow up service users for evaluation purposes.

The Health Service protects personal details and CHI numbers (health service identification codes) will only be used to test whether taking part in this programme has improved the health of children in Greater Glasgow and Clyde. They will be used only if consent is given and information shared with researchers outside of the service will be anonymous.

Client consent to follow-up evaluation:

I am willing to take part in research about my experience of using the HWC project
NO

YES

I agree to my children's CHI numbers being used for follow-up research for

evaluation purposes.

YES

NO

Client Signature :		Date :	
10 digit CHI number for all children, if available		Date of Birth of all children (if available)	

PLEASE RETURN COMPLETED FORMS TO : (Insert details of local income maximisation service)

--

For Income Maximisation Service Use	
Client contacted (date)	Case accepted by HWC YES <input type="checkbox"/> NO <input type="checkbox"/>
Initial meeting (date/time/venue)	If NO, detail reasons :

Healthier Wealthier Children Communications Plan: quarterly reporting

Target	Action Required	Timescale (How Often)	Lead
1. Eligible patients	1. HWC Information (Patient leaflet, posters – referral via staff)	Project timeline	N Shields Development Workers – distributed to local staff
2. HWC staff	1. HWC Induction pack - Project specification - Criteria for Inclusion - Project diagram - Learning and Development papers - HWC referral form - HWC Central Communication Plan & local template - Definitions - Core reading list 2. Local HWC Communications Plan 3. HWC Newsletter	20 Sept 2010 By 1 Dec 2010 Bi-monthly	N Shields Development Workers + Income Maximisers Central mailing list & Development workers – forward to local contacts appropriate.
3. HWC Steering Group	1. Regular meetings	Monthly	Fiona Moss, Pauline Craig co-cha May Skelly
	2. Minutes of meetings	Monthly	
4. HWC Evaluation Group	1. Regular meetings	Monthly / as required	Morag Gillespie
	2. Minutes of meetings	As above	May Skelly
5. Local structures (e.g. ADGs) or local implementation groups	1. Criteria for inclusion, referral forms, patient leaflet	Project startup and as required	Development workers
	2. Project reports	As appropriate	
	3. HWC Newsletter	Bi-monthly	
6. Scottish Government	1. Project reports	As required	P Craig
	2. HWC Newsletter	Bi-monthly	M Skelly
7. Local child poverty strategy leads	1. Project materials as appropriate	As required	Development workers
	2. HWC Newsletter	Bi-monthly	
8. Health: Children & Families Teams - PACT teams including nursery nurses - Generic HVs	1. Local briefing (e.g. at Children & Families Team meeting) 2. Criteria for inclusion, referral forms, patient leaflet 3. HWC Newsletter	Start up and as required Start up and as required Bi-monthly	Development Workers Development Workers Development workers – forward to local contacts

<ul style="list-style-type: none"> - Parenting Coordinators - Dental Health Support Workers - Infant feeding advisors - HI Practitioners: Oral Health 	<p>4. Project reports</p>	<p>As appropriate</p>	<p>Development workers – forward to local contacts[</p>
<p>9. Children & Families Social Work</p>	<ol style="list-style-type: none"> 1. Local briefing (e.g. at Children & Families Team meeting) 2. Criteria for inclusion, referral forms, patient leaflet 3. HWC Newsletter 4. Project reports 	<p>Start up and as required</p> <p>Start up and as required</p> <p>Bi-monthly</p> <p>As appropriate</p>	<p>Development Workers</p> <p>Development Workers</p> <p>Development workers – forward to local contacts</p> <p>Development workers – forward to local contacts[</p>
<p>10. Midwives</p>	<ol style="list-style-type: none"> 1. Local briefing 2. Criteria for inclusion, referral forms, patient leaflet at hospital antenatal clinics and community midwives 3. HWC Newsletter 	<p>Start up and as required</p> <p>Start up</p> <p>Bi-monthly</p>	<p>Development workers</p> <p>Development workers – distribute local contacts</p> <p>Development workers – forward to local contacts</p>
<p>11. Early Years establishments</p>	<ol style="list-style-type: none"> 1. Local briefings 2. Criteria for inclusion, referral forms, patient leaflet 3. HWC Newsletter 	<p>Start up</p> <p>Start up</p> <p>Bi-Monthly</p>	<p>Development workers</p> <p>Development workers – forward to local contacts</p>
<p>12. Health Improvement Teams</p>	<ol style="list-style-type: none"> 1. HI Team meeting 2. Input to CHCP newsletters 3. Input at all appropriate community health events 4. HWC Newsletter 	<p>Start up</p> <p>Start up and as appropriate</p> <p>As appropriate</p> <p>Bi-monthly</p>	<p>Development workers</p> <p>Development workers</p> <p>Devt workers</p> <p>Development workers – forward to local contacts</p>
<p>13. Education services</p> <ul style="list-style-type: none"> - early years leads - young peoples services 	<ol style="list-style-type: none"> 1. Local briefing 2. Criteria for inclusion, referral forms, patient leaflet at hospital antenatal clinics and community midwives 3. HWC Newsletter 	<p>Start up and as required</p> <p>Start up</p> <p>Bi-monthly</p>	<p>Development workers</p> <p>Development workers – distribute local contacts</p> <p>Development workers – forward to local contacts</p>
<p>14. GPs/Practice Nurses</p>	<ol style="list-style-type: none"> 1. Local briefing 2. Criteria for inclusion, referral forms, patient leaflet at hospital antenatal clinics and community midwives 	<p>Start up and as required</p> <p>Start up</p>	<p>Development workers</p> <p>Development workers – distribute local contacts</p> <p>Development workers – forward to</p>

	3. HWC Newsletter	Bi-monthly	local contacts
15. Local Employability Leads	1. Local briefing 2. HWC Newsletter	Start up and as required Bi-monthly	Development workers Development workers – forward to local contacts
16. NHS: Local CHCPs	1. ?advertising referral via member of staff on Solus screens	?	?
17. Media Press release	1. Holyrood conference 2. GGC launch 3. Press release ??? No marketing of service in local press	Sep 29 2010 2 Nov 2010 2 Nov 2010	P Craig
18. Contracted F.I services	1. Input to local agency Newsletter ??Input to CVS Newsletter	Start up	Devt workers ??N Shields/P Craig/ Devt worker
19. User engagement structures	1. Marketing materials distributed 2. HWC Newsletter 3. User engagement reports	Start up and as required Start up Bi-monthly	J Erdman
20. School gates project	1. Marketing materials distributed 2. HWC Newsletter 3. Project reports	Start up and as required Bi-monthly As required	M Skelly M Skelly M Skelly
21. External agencies: Poverty Alliance Engender	1. HWC Newsletter 2. Project reports	Bi-monthly As required	M Skelly M Skelly

NB: Depending on availability income maximisers will do local briefings with staff at project start up

- **NHSGGC Financial Inclusion Standards**

**NHS Greater Glasgow and Clyde
Financial Inclusion Standards**

- **Introduction**

The following standards have been developed by NHS Greater Glasgow and Clyde Financial Inclusion Group. The standards will be reviewed annually.

The standards outline responsibilities of Partnerships and the Acute Division, and their contracted services, in relation to financial inclusion. They incorporate responsibilities outlined in the Employability, Financial Inclusion and Responding to the Recession policy framework.

Progress towards the standards will be assessed as part of NHSGGC's performance framework.

- **NHSGGC Financial Inclusion Standards**

Standard 1, 2 and 3 applies to Partnerships and the Acute Division:

1. **Terms of reference:** Entities must adhere to the NHSGGC agreed definition of financial inclusion:

“Financial inclusion means that individuals have access to appropriate financial products and services. This includes people having the skills, knowledge and confidence to use these products and services”

An inequalities sensitive approach to financial inclusion must be adopted. For example, poverty is highly gendered and this can be compounded by disability and ethnic grouping.

2. **Leadership:** Entities must have a Lead member of staff for financial inclusion. They should have the delegated authority to act on behalf of the entity and ensure arrangements for their part of the system in meeting the outcomes in the Policy Framework on financial inclusion. They should represent the entity on the NHSGGC Financial Inclusion Group, communicating good practice and monitoring information to and from the entity.

3. **NHS assessment and referral pathways to local contractors:** Entities must have a plan in place to assess the financial inclusion needs of patients and ensure the majority of NHS staff know where and how to refer patients for financial inclusion advice. Good practice would include drop-in services.

This should include:

3a) Entities must routinely ask standard questions around money worries in the majority of NHS settings. This should be part of a 'conversation' with clients on social issues currently affecting their health (i.e. as part of inequalities sensitive practice). Questions should be asked along the patients pathway at appropriate times to meet their needs. In some settings (e.g. Acute Services) it is recognised it is more appropriate for staff to be skilled in raising the issue and responding to clients range of different needs in relation to this.

3b) Entities must ensure NHS staff awareness of what contractors provide and have a written referral pathway in place

3c) Entities must have a mechanism for measuring progress on:

- whether clients get asked the standard questions / issue raised at appropriate times on their patients journey
- Referrals onwards. Where data is available, this should be broken down by equalities groups

3d) Entities must have appropriate training and awareness for staff on referral pathways, which incorporates the impact of financial inclusion on health outcomes. Support with training may be available from local financial inclusion providers

3e) Entities must use proactive marketing methods (e.g. short briefing sessions before community nurse rounds; leaflets in GP surgeries & disseminating marketing materials from local providers to NHS premises)

3f) Entities must ensure actions for financial inclusion remain prioritised in light of the current economic climate

Standard 4 applies to contracted services:

4. Contracted services standards: contractors must meet the 2009 Scottish National Standards for Advice providers or equivalent. This should include:

4a) Contractors must provide Type 1, Type 2 and Type 3 financial inclusion advice including income maximisation and debt management advice (see Appendix). If the client has other identified needs (e.g. housing issues, financial capability issues), they should be referred to additional appropriate support

4b) Contractors must be aware of the health issues which impact on different patient groups and ensure staff are adequately trained (e.g. such as Scottish Mental Health First Aid, Alcohol Brief Interventions)

4c) Contractors must have some out of hours provision and have open access services (e.g. in GP surgeries, mental health inpatient sites)

4d) For some priority groups (e.g. older people, people with physical disabilities) and some individuals; advice must take place at home if the client requires this

4e) NHS referrals to be dealt within 5 working days

4f) Contractors must have a computerised monitoring and outcome system. This must include:

- referral source (i.e. which part of the NHS the referral came from)
 - type of case
 - nature of intervention (Type 1, 2 or 3 advice)
 - outcome where known
- quarterly reports from contractors must be broken down by client postcode, gender, age, ethnicity and disability, where possible. These must be submitted to the NHSGGC Financial Inclusion Group

4g) Contractors should be able to support training for health staff on financial inclusion awareness

4h) Contractors should be able to support research into the health benefits of financial inclusion by gathering and analysing additional data

Appendix: Scottish National Standards for Information and Advice providers - Definition of Services

Administrative structure of the benefits and tax credits system	1, 2
National Insurance	1, 2
Claims and backdating	1, 2
Decision making, revision, supersessions and appeals	1, 2
Benefits and tax credit overpayments	1, 2
Means tested benefits	1, 2
Housing benefit and council tax benefit	1, 2
Healthy Start	1, 2
Tax credits	1, 2
The Social Fund	1, 2
In-work benefits	1, 2
Child Benefit and Guardians Allowance	1, 2
State Retirement pension	1, 2
Disability Living Allowance and Attendance Allowance	1, 2
Benefits for people incapable of work	1, 2
Benefits for work related illnesses and disabilities	1, 2
Benefits for veterans	1, 2
Carers Allowance	1, 2
Jobseeker's Allowance	1, 2
Benefits for maternity, paternity and adoption	1, 2
Bereavement benefits	1, 2
Benefits for people in public care	1, 2
Benefits for students	1, 2
Benefits for people from abroad and/ or who are Subject to Immigration Control	1, 2
Ancillary benefits	1, 2

Types of Advice:

- **Type 1: Active Information, Sign-posting and Explanation**

This refers to activities such as providing information either orally or in writing, sign-posting or referring the user to other available resources or services, and the explanation of technical terms or clarifying an official document, such as a tenancy agreement or possession order. It could also include the activities undertaken by independent advocacy organisations to assist people to access Statutory Services.

- **Type 2: Casework**

Initially this work will include:

- A diagnostic interview where the problem and all relevant issues are identified
- Making a judgement as to whether the individual has a case that can be pursued

Once it has been established that the individual has a case that can be pursued activities may include:

- Setting out an individual's options or course of action
- Encouraging users to take action on their own behalf
- Providing practical aid with letters or forms
- Negotiating with third parties on the user's behalf
- Introducing the enquirer by referral to another source of help
- Support users in making their own case

- **Type 3: Advocacy, Representation and Mediation at Tribunal or Court Action Level**

This work will include a range of further actions arising from casework undertaken above. This may have been undertaken by the adviser preparing for tertiary work or may have come to the adviser by referral from another organisation or adviser.

The principal activities may include:

- Advocacy and representation- where the adviser may prepare a case for the user and represent or speak on their behalf at a tribunal or court
- Mediation- where the adviser may act on behalf of the user by seeking to mediate between the user and a third party.

NB Some Type 3 work can only be carried out by lawyers

- **HWC Evaluation Outline**

HEALTHIER, WEALTHIER CHILDREN PROJECT: EVALUATION

The aims of the project are to :

- Test out a partnership model of providing maximisation advice at a local level
- To develop a strategic approach to linking income maximisation service provision to health and other local services in the longer term.

Intended outcomes :

- Higher numbers of families receiving and acting on help (throughput)
- Additional income generated (for families)
- Improved debt management
- Demonstrable models of good practice
- Health, social and educational professionals with improved knowledge of benefits and child poverty
- Improved knowledge of local financial inclusion services (i.e. beyond income maximisation) and how to access them
- Evidence-base for future contracting of financial inclusion to address child poverty

The evaluation

The evaluation will be managed and delivered by Glasgow Centre for Population Health (GCPH).

The aims of the evaluation are:

- To estimate the added value of a child poverty financial inclusion service to a CH/CP population
- To assess and define effective pathways between health, social and education services and financial inclusion services for pregnant women and families with young children at risk of poverty
- To produce an interim report and final report on the initiative
- To disseminate models of good practice and learning to CH/CPs across Scotland.

Research will be carried out at regular intervals (including at the implementation stage) with all stakeholders at CHCP/local level to address the aims of the evaluation. The detailed evaluation plan is currently being drafted.

- **HWC Core Reading List**

Scotland:

Scottish Government (2010) Growing up in Scotland: Health Inequalities in the early years. Edinburgh. and associated reports (e.g. report on circumstances of persistently poor children) www.growingupinScotland.org.uk

Wakefield S (2008) Child Poverty: prevalence in Scotland, causes and effects and policy responses. www.scottish.parliament.uk/business/research/briefings-08/SB08-05.pdf

Scottish Government (2007) Getting it Right For Every Child www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec

Scottish Government (2008) Achieving our potential: a framework to tackle income inequality and poverty in Scotland <http://www.scotland.gov.uk/Publications/2008/11/20103815/0>

Scottish Government (2008) Early years Framework www.scotland.gov.uk/Topics/People/Young-People/Early-years-framework

Scottish Government (2008) Equally Well: Report of the Ministerial Task Force on Health Inequalities www.scotland.gov.uk/Publications/2008/06/25104032/0

NHSGGC:

Increasing Uptake of Healthy Start: a financial inclusion funding outline bid - Children and families income maximisation service 2010 www.nhsggc.org.uk/hwc

Healthier Wealthier Children Project Specification www.nhsggc.org.uk/hwc

NHSGGC Director of Public Health Annual Report: Chapter 3: Early Years Chapter <http://www.nhsggc.org.uk/dphreport>

NHSGGC Employability Financial Inclusion And Responding To The Recession Policy Framework 2010 www.nhsggc.org.uk/hwc

NHSGGC Tackling Inequalities Policy Framework 2010 www.nhsggc.org.uk/hwc

NHSGGC Financial Inclusion Standards 2010 www.nhsggc.org.uk/hwc

Glasgow City Council. (2008) Glasgow Health Commission Report www.glasgow.gov.uk/en/Residents/HealthCommission

Health benefits of financial inclusion: a literature review. NHSGGC Commissioned research from Scottish Poverty Information Unit www.nhsggc.org.uk/hwc

Working paper - setting the Context for Glasgow's Response to Child Poverty. Paper produced for the Child Poverty Sub Group, July 2010 www.nhsggc.org.uk/hwc

Child Poverty Sub Group: Developing a strategic response to child poverty in Glasgow July 2010 www.nhsggc.org.uk/hwc

Women, Children and Poverty: Report of a Public Health Network seminar, jointly sponsored by NHSGGC and Glasgow Caledonian University, exploring gender and poverty 2010. www.nhsggc.org.uk/hwc

Changes in UK welfare benefits: NHSGGC Financial Inclusion Group briefing. 2010 www.nhsggc.org.uk/hwc

Local Authority Financial Inclusion Strategies (Some Local Authorities have these, please check your own Local Authority website)

Cathy McCormack (2009) *The Wee Yellow Butterfly* Glasgow: Argyle Publishing

UK:

Joseph Rowantree Foundation (2008) *The costs of child poverty to individuals and society*
<http://www.jrf.org.uk/system/files/2301-child-poverty-costs.pdf>

Wilkinson R, Pickett (2009). *The Spirit Level: Why More Equal Societies Almost Always Do Better*. London: Allen Lane. In PHRU Library.

Commentaries on criticisms of the Spirit Level. www.equalitytrust.co.uk

Website links:

Child Poverty Action Group in Scotland www.cpaq.org.uk/scotland

End Child Poverty www.endchildpoverty.org.uk/

Engender <http://www.engender.org.uk/>

Joseph Rowantree Foundation www.jrf.org.uk

Oxfam <http://www.oxfam.org.uk/>

Poverty Alliance <http://www.povertyalliance.org/>

Money Advice Scotland <http://www.moneyadvicescotland.org.uk/>

Save the Children <http://www.savethechildren.org.uk/en/scotland.htm>