



**Poverty Proofing**

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# Learning Intentions

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- Contextualise what we mean by 'poverty'
- Understand what Poverty Proofing© is all about
- Understand what a poverty informed approach is
- Look at some case studies of our work so far
- Start thinking about what you can do in your practice



# Contextualising: What is Poverty?

**I live in real poverty  
and it's not what you think**

# Defining Poverty

Poverty is when household income is less than 60% of the median income

There are currently **14.4 million people** in the UK who live below this line

Deep Poverty is when household income is less than 50% of the median income

There are currently **6 million people** in the UK who live in deep poverty

Very Deep Poverty is when household income is less than 40% of the median income

There are currently **1.8 million people** in the UK who live in very deep poverty

Median Income

Poverty Line

Deep Poverty Line

Very Deep Poverty Line



# Defining Destitution

People are considered destitute if they have lacked two or more of the following six essentials over the past month:

Shelter: they have slept rough for one or more nights

Food : they have had fewer than two meals a day for 2+ days

Heating: they have been unable to heat their home for 5+ days

Lighting their home: they have been unable to light their home for 5 + days

Clothing and footwear: that is appropriate for the weather

Basic toiletries: soap, shampoo, toothpaste and a toothbrush



# Defining Destitution

There are currently **3.8 million** people in the UK that are considered destitute. This is a 148% increase since 2017.

Around **1 million** of these people are children. This is an almost 3 fold increase since 2017.



An individual or family is in poverty if they...

“...lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies to which they belong.’ (Townsend, 1979)



# What is Poverty Proofing©

'No activity or planned activity should identify, exclude, treat differently or make assumptions about those babies, children, young people and families whose household income or resources are lower than others.'

# Poverty Proofing Principles

People

Place

Structural  
Inequalities

# Poverty Proofing in Practice

Training and initial staff consultations  
Scoping  
Patient Consultations  
Community Consultations  
Feedback, report and recommendations  
Review



# Championing a Poverty Informed Care Approach

# Barriers to Access

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**Transport**

**Navigating and Negotiating Appointments**

**Patient Empowerment**

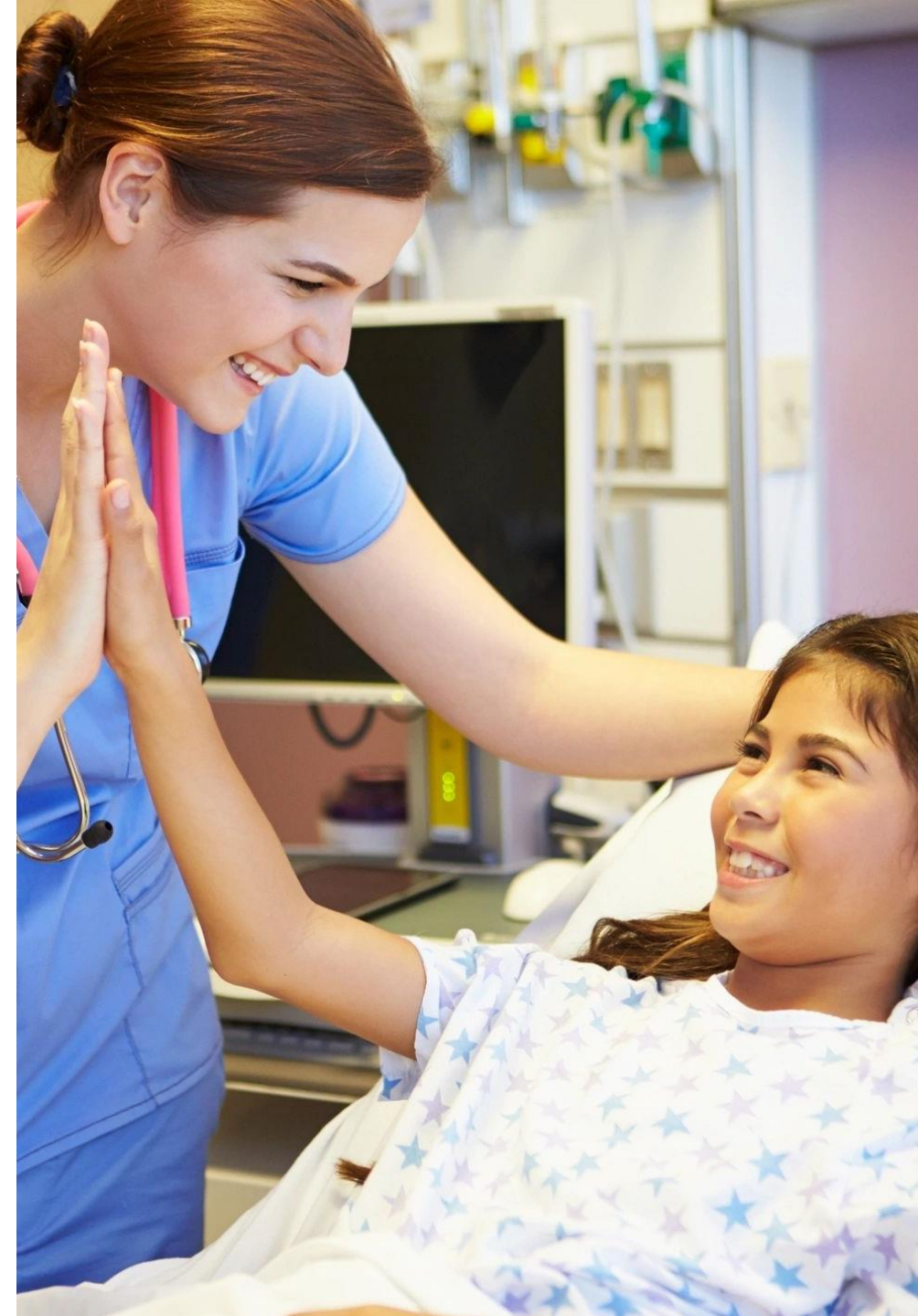
**Staff Awareness and Guidance**

**Communication**

**Cost of Health**

**Housing Challenges**

**Workforce Poverty**



# Travel

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## Top Takeaways

Promote the claiming back of travel expenses normalise it in everyone's roles and make the process as straightforward as possible.

Wherever possible deliver clinics in places close to where people live, in community settings, schools and outreach locations.

## Other Considerations

Make staff aware that the NHS Travel Costs Scheme exists who can apply and what they are entitled to claim for.

Understanding what the process is for your setting and communicate this to families.

The scheme works on a reimbursement basis. Consider introducing pre-loaded travel cards or similar for people who don't have the money upfront.

Once you know someone has claimed once is there a way for the system to remember this to save making a new claim each time?

The scheme also includes 'unavoidable car parking charges' this may help car users.

# Appointments

## Top Takeaways

Give as much notice, flexibility and autonomy over booking appointments as practically possible.

Let people know they can change their appointment if they need to and how to do it.

Communicate appointment length in advance and have measures in place for if they overrun.

## Other Considerations

Offer and promote a range of ways to book and talk about appointments that include text messaging and WhatsApp. (Free public WiFi is often the only means of communication for people without phone credit).

Where appointments are delayed or they overrun, check-in and see if they are okay to stay.

Explore whether food, drinks, snacks or vouchers can be offered to patients with long stays at clinics.

Make clear the process for rearranging appointments with clear guidance on how to do this if needed.



# Support and Education

## Top Takeaways

Work closely with schools. Teachers who can effectively manage children with diabetes can have positive effects on the socio-economic circumstances of families.

Let families know about all the charitable and community support that is available to them.

Learn about the impact that poverty has on decision-making.

## Other Considerations

How do medical staff and patients find out about the charitable and community support that is available?

How is this shared with service users universally – do you have a welcome pack or posters in clinic?

Is there a local community partnership, network or website that can provide this information?

Look at JRF report on 'How Poverty Affects People's Decision Making Process'.

Consider how patient participation groups and peer support groups include equity, diversity and inclusion in their roles.

Consider the roles receptionists and assistants can play.

# Financial Guidance & Signposting

## Top Takeaways

Open up the conversation directly and intentionally as part of their care.

Explain to people that they may be entitled to financial support and encourage them to take it.

Have a range of ways for people to let you know about their financial support needs.

Create a positive culture within teams. Celebrate and be proud in your achievements.

## Other Considerations

Openly acknowledging the additional costs of diabetes as a universally recognised condition is a good way of opening up money conversations with everyone and helps to remove stigma.

Make links with organisations and charities such as CAB or Carers UK and explore mechanisms for direct referrals. Again, think about language in this. Not everyone is comfortable with the word 'referral' (RCPCH, 2022)

In many cases, people are eligible for disability benefits such as PIP, DLA or AA

The NHS Low Income Scheme can provide financial support. Including questions on pre-assessment forms about financial circumstances can be a discrete way of letting care professionals know. Consider offering as many channels as possible - not everyone is comfortable talking about money.

# Technology

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## Top Takeaways

Work with charities who can offer educational and financial support in getting access to technology.

Have opportunities available in clinic to access WIFI and download data.

Consider partnering with other trusts to redistribute technology

## Other Considerations

Charitable support and access to technology for families although much needed is under resourced. Is this something that can be addressed perhaps in partnership with the business or tech sector?

Explore digital literacy tools

Don't assume everyone has access to tech- always ask



Because growing  
up can be hard

# Paediatric Diabetes: A Case Study

## POVERTY PROOFING

**'No activity or planned activity within a Paediatric Diabetes Team should identify, exclude, treat differently or make assumptions about those babies, children, young people and families whose household income is lower than others'**

### FEBRUARY 2021

Funding application submitted for £8,250 to the Child Health and Wellbeing Network for Children NE to run a programme to Poverty Proof the CYP Diabetes Team at Gateshead

FEB  
2021

### JULY 2022

On hearing of the Poverty Proofing work at Gateshead, two teams in the Y&H network secured funding to deliver the same programme within their teams – Hull and Grimsby

### October 2022 –January 2023

Children NE developed a training package. The Y&H and NENC CYP Diabetes Networks organised 7 training events for which ALL MDT members were invited and encouraged to attend. Supporting Documentation including a common themes report, recommendations and considerations were published

### February – April 2023

The 7 training events took place at venues across the NE and Yorkshire and were attended by a total of 210 HCPs from CYA diabetes MDTs

### April 2023

Gateshead team received their report and the 6 month follow up review was completed.

DEC  
2023

### THE FUTURE

Investigate ways to improve access to services based on recommendations and follow up on implementation of changes to support those living in poverty whilst sharing of best practice through CYP diabetes networks and ICB workstreams.

### APRIL 2021 – APRIL 2022

Children NE delivered the 5 stages of the programme, which was a first-of-its-kind  
**'Poverty Proofing a Healthcare Setting'**

### October 2022

NHSE Inequalities funding launch.  
Application submitted to take learning from Gateshead, Hull and Grimsby and develop a 1-day training course for ALL HCPs across NEY to access.

### July 2023

Final report of 7 training sessions received from Children NE  
Overwhelmingly positive feedback 99% of participants would recommend training to colleagues. Workforce Guide published.

### Nov 2023

Featured in Diabetes UK Tackling Inequality Commission Report and invited to present at their launch event.

### Dec 2023

Widespread invitations to present and subsequent implementation of PP training across the UK

### Programme Stages

**Stage 1** - training team HCPs to have an understanding and an empathy for families suffering the effects of poverty, and help them unpick the impact poverty may have on the accessibility of their work and the work of their team.

**Stage 2** - scoping exercise to grasp an understanding of the current work of the team, exploring the processes employed when engaging with individual children and their families

**Stage 3** – consultation with patients and families receiving their diabetes care from the team, 12 days work over 2 months to unpick patient experiences via questionnaire and face to face discussion.

**Stage 4** – at the end of the consultation phase a comprehensive report with recommendations and discussion points will be produced and presented back to the senior team.

**Stage 5** - Six months following the completion of the work CNE will return to the setting and complete a short review of the progress the team has made, and an early analysis of the impact of any interventions.

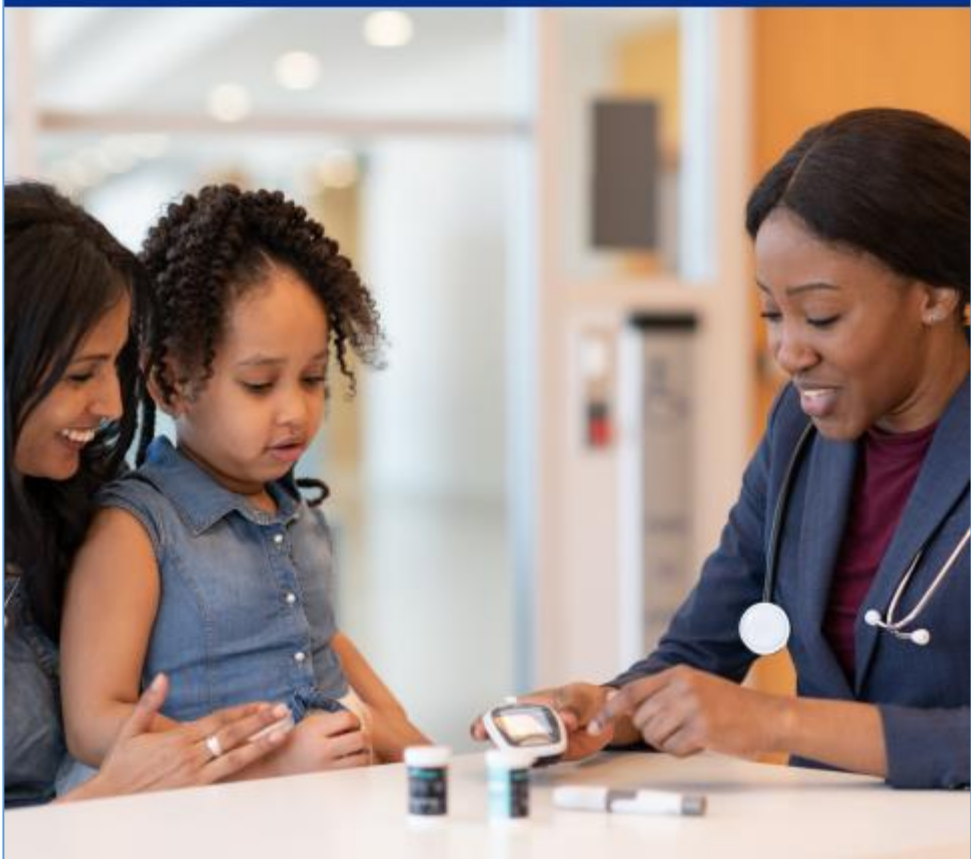


Gateshead Health NHS  
NHS Foundation Trust

# Children North East Poverty Proofing© Health Care Common Themes Poverty Proofing© Paediatric Diabetes Care



March 2023



## The Five Common Themes

The report is broken up into the five areas that make up the common themes, these are:



Travel



Appointments



Support and  
Education



Financial  
Guidance



Technology

Children North East Poverty  
Proofing© Health Care

## Common Themes Paediatric Diabetes Care

### Agenda

Join the Poverty Proofing Health Team from Children North East for a three-hour conversation & learning session about the impact of poverty on paediatric diabetes.

- Introduction to the work and poverty proofing (Principles, process and practice)
- An exploration of poverty  
What it looks like within a regional and national context
- Chance for reflection: What does poverty look like in your role?
- The impact and consequences of child poverty

### Break

- Causes of poverty
- Poverty and health
- Poverty Proofing Paediatric Diabetes Common Themes
- Chance for reflection & questions

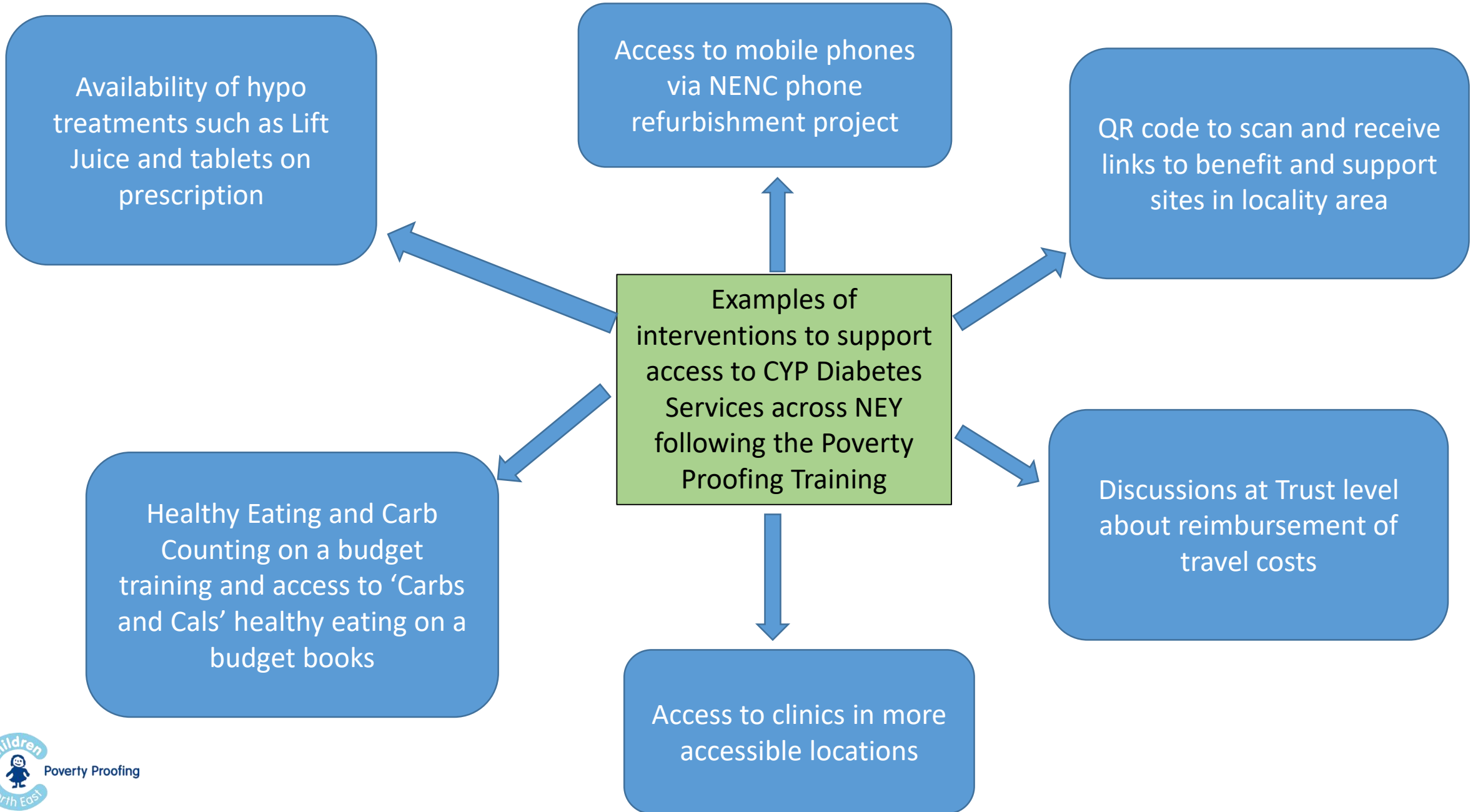
### Close

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## Poverty Proofing© Paediatric Diabetes Workforce Guide







Because growing  
up can be hard

# Palliative Care: A Case Study



# Background

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Ryan\* was diagnosed with motor neurons disease at age 38 and was consequently unable to work. His condition has now left him bed bound, unable to move in a hospice bed. His wife works 40 hours a week in the next city over and gets the children ready every morning for school, relying on their 14 year old to help with their three younger siblings. Ryan's wife then travels by public transport to her job, works 8 hours and then immediately gets on the train and bus and travels an hour to see Ryan every evening, spending some time with him before going home to see the children before they go to bed.

# Background

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Ryan\* came to the UK 5 years ago. Part of his visa condition is that he does not claim any state benefits. Consequently his wife is single handedly supporting their family and paying the bills, whilst also spending £100 per week on public transport for herself and her children. Ryan has been moved to a home that is much further away and the thing that scares him most is that his family will be unable to keep up with the bills. He specifically mentions council tax as something that is always on his mind.

No one had asked Ryan if him or his family were struggling at any point in this process.

# Our recommendations

- Each and every patient to have a financial/ resource assessment
- Employ a full time income maximisation specialist on site
- Create a local community of practice
- Keep an up to date list of all charitable organisations in the area to distribute to patients
- To actively use the fundamentals of poverty proofing (more on that later)



# What Can You Take Back to your Practice

# Talking about poverty

## Do:

Recognise that poverty is structural- therefore it is the structures and not the individuals that need to change  
Examine your own subconscious biases

## Don't:

'Other' people experiencing poverty  
Blame systemic failures on the individual





# Fundamentals of Poverty Informed Services



# Poverty Proofing © Health

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[Poverty Proofing health settings - Children North East \(children-ne.org.uk\)](#)

[See an example of our work here](#)



## Training & Leadership:

- Awareness of barriers

## Poverty Proofing

**Audit** (approx. 20 days) depending on size of service

## Delivery Partner Model –

Train the Trainer & ongoing licence to peer review services

