



# Support for staff with money worries

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Rachel Bishop, Scott Porter Research and Marketing Limited  
Alison Miller, Scott Porter Research and Marketing Limited  
Lesley McBrien, NHS Greater Glasgow and Clyde

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## Abbreviations

**NHS GGC:** NHS Greater Glasgow & Clyde

**QEUH:** Queen Elizabeth University Hospital

**RHC:** Royal Hospital for Children

**SEG:** socio-economic groups

**HR:** human resources

**OH:** occupational health

**WM:** ward managers

**CAB:** Citizen's Advice Bureau

## Glossary

**NHS Agenda for Change Pay scales:** The pay system that covers all NHS staff except doctors, dentists and very senior managers. It has 9 pay bands and each has a number of pay points. The bands go from 1 to 7, then 8a to 8d and 9.

**Money Matters:** Money Matters offers a Financial Capability Service via one to one and group information and advice sessions in the south of Glasgow. Examples of the types of information that can be offered include: managing money with confidence; moving from benefits into employment; budgeting, saving, debt prevention; affordable credit and economical options for paying bills. They also provide energy awareness sessions to offer information on heating the home effectively and saving money on fuel costs. There is a Money Matters site at the Royal Hospital for Children to help parents with financial advice.

**Citizen's Advice Bureau (CAB):** Citizens Advice Bureaux are local, independent charities that provide free and confidential advice and information for all people, whatever their problem. There is a Citizens Advice Bureau in almost every community in Scotland. As Citizens Advice Bureaux are managed and used by people within the community, they deliver services that meet the needs of local people. They provide practical advice, negotiate on behalf of clients and even represent them formally, such as at tribunal hearings.

Common areas of inquiry include:

- benefits: entitlements, support with applications and appealing decisions
- debt and money advice: how to manage debts, improve someone's financial situation and maximise income
- consumer issues: used cars to difficulties with gas and electricity suppliers
- work-related problems: terms and conditions, dismissal, redundancy, intimidation
- housing: from renting through to homelessness
- relationships: splitting up, children and bereavement.

Many bureaux have specialist advisers with expert knowledge in particular areas, such as debt and money advice, benefits or housing. Some deliver projects for people with specific needs, for example, people caring for a relative or friend's child, members of the armed forces and their families and NHS patients. As well as helping people solve their problems, bureaux provide anonymised statistics and information to Citizens Advice Scotland, so it can be used to identify things that cause people hardship and campaign for change.

**NHS Credit Union:** Started in Glasgow in 1998, this is a financial co-operative, owned and controlled by its members. While credit unions offer many of the same services as High Street banks, they operate a different business model with members electing the directors. Any operating surplus generated from a credit union's activities is re-invested in the business or distributed among members via a dividend. The ethos is providing ethical financial services to members. It offers a range of savings accounts, with members choosing how much they want to save, and also loan products suited to members' needs, with the focus being on the member's ability to afford repayments.

**Step Change:** A charity with a team of debt experts that help people deal with their debt problems. They offer free debt advice based on a comprehensive assessment of someone's situation. They then provide practical help and support for however long it's needed. They never judge someone or tell them off for being in debt. They provide debt advice online or over the phone, following a three-step process to deal with the debt: help to work out your budget, income and debts; use this information to find a solution to the debt that suits the situation; set up the debt solution, and offer support however long it's needed.

**Money Saving Expert:** a British consumer finance information and discussion website founded by Martin Lewis in February 2003 with the aim of providing information and journalistic articles enabling people to save money.

## **Executive summary**

### **Background**

NHS Greater Glasgow and Clyde's (NHS GGC) Staff Health Strategy (SHS)<sup>1</sup> has driven NHS GGC's approach to workforce health since 2008. The Staff Health Strategy identifies Financial Inclusion as a priority. Financial inclusion is the range of actions to ensure people have the skills, knowledge and understanding to make best use of appropriate financial products and services, covering budgeting, benefits maximisation, debt management, access to financial products and help in kind or through grants and minimising outgoing costs.

There is significant evidence nationally of the squeeze on income due to increasing costs contributing to a rise in socio economic inequalities. In 2014 a Unison survey showed members were affected by economic changes resulting in unaffordable items and concerns about paying for an unexpected expense. In 2017 the Cavell Nurses Trust published research which found that Nursing Staff are twice as likely to be unable to afford basic necessities than the average UK person. The Welfare Reform Act (2012) will also impact on staff including those in lower pay roles who may be entitled to working tax credits. In 2017 an NHS GGC Healthy Working Lives Survey demonstrated further the financial constraints which NHS GGC employees were experiencing. Pay has also not kept up with inflation with significant increases in costs. Staff survey results also suggest there may be a relatively high level of indebtedness amongst staff.

The NHS GGC board currently commissions and provides financial inclusion services for patients. These services are also available for staff but to effectively support staff there is a need to better understand the financial issues they face.

### **Aims and objectives**

Research was therefore needed to understand how NHS GGC can help and support staff with money worries and to assist in the development of an appropriate and effective approach by NHS GGC as an employer.

Specific objectives for Staff were to:

- understand reasons for financial issues
- establish where they go to for support
- understand if NHS GGC has a useful role to play to help solve financial issues
- review what support is appropriate
- understand when and where they would like to have that support
- establish whether money advice is part of staff wellbeing
- and also how a Financial Inclusion/Money advice service should operate.

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<sup>1</sup> <http://www.nhsggc.org.uk/working-with-us/staff-health/staff-health-strategy/> [Accessed 22/1/18]

Specific objectives for Stakeholders in Human Resources (HR), Occupational Health (OH), Support and Information Services (SIS) and Ward Managers (WM) were to:

- understand what triggers are and should be for HR and OH to intervene
- establish training, policy development, resource and communication needs for appropriate response
- explore reasons for financial issues
- establish whether staff 'profile' makes a difference to their needs
- and explore the business case for providing advice.

## Method

A qualitative individual depth interview method (face-to-face and telephone) was chosen with: Staff members with money worries and Stakeholders who deal with staff with these issues. Staff were recruited at QEUH and Stakeholders via a list of contacts from the team at NHS GGC. Interviews took place 22<sup>nd</sup> May to 8<sup>th</sup> June 2018. Each lasted 45 to 60 minutes and were completed by senior researchers. 28 interviews were completed:

<i>Staff</i> (n=18):	<ul style="list-style-type: none"> <li>• Pay levels: 7 x levels 2-4, 7 x levels 5-6, 4 x levels 7+</li> <li>• Money worries: 9 x now and 9 x past</li> <li>• Gender: 4 x male and 14 x female</li> <li>• Age: 5 x 18-29, 8 x 30-54, 5 x 55+ years old</li> <li>• Life stage: 5 x independent, 10 x family, 3 x post nester</li> </ul>
<i>Stakeholders</i> (n=10):	<ul style="list-style-type: none"> <li>• 3 each for Human resources (HR), Occupational health (OH), Ward (line) Managers (WM)</li> <li>• 1 x Support and Information Services (SIS)</li> </ul>

## Summary of key results

### Staff views

There was a myriad of individual circumstances stated as the principal causes of money worries, with no demographic or pay grade differences. The causes were consistent and could be distilled into three main areas:

- *Work*: generally seen as an ongoing issue of not earning enough to cover household costs, always on a knife edge, with no scope to save or contingency allowance and often exacerbated by specific issues
- *Relationships*: nearly always a case of a partner/spouse leaving and causing issues like being left with a partner's debts, coping as a single income earner, or adjusting to bringing up children alone.

- *Spending money that was not there*: not irresponsible spending, but rather a struggle for the basics with unexpected one-off bills the worst issue and a 'creeping' increase in money owed eventually becoming too much.

Staff felt a mix of negative emotions in the midst of money worries, including: worried, stressed, anxious, depressed, struggling, getting nowhere, relentless, vicious circle. Questions arose such as 'how am I going to do this?' and 'will I lose the house?'. There was a feeling of lost pride and not being able to contribute. Most were not comfortable talking about money in detail. There was also an inherent thought that a person simply should be able to deal with finances. It wasn't something people could admit to not knowing about.

Many Staff said they would be unlikely to fully engage until they had little or no choice but to do something. The tipping points were a mixture of the realisation and acceptance that 'it's time' and specific nudges (it's been too long, can't pay a fundamental bill, something unexpected, fear of losing the house, being hassled by companies, or friends or family expressing concern).

Staff had very little knowledge of who could help so most searches started from scratch. Most did then go to someone for help to organise things, including Money Matters, Citizen's Advice Bureau (CAB), Step Change, other debt management organisations, NHS and Glasgow Credit Unions. It was often apparent they did not know much about the organisations they interacted with, especially debt management companies.

The best help sorted the issue for them and sorted it out well, for example Money Matters, CAB and debt management organisations, their bank and a university discretionary fund. They had expert finance knowledge of what to do and the pitfalls (again Money Matters, CAB, Step Change (free), and Credit Unions). They are convenient to the user, for example online help accessed at home and in the user's own time, Money Saving Expert, Step Change. Finally the best are known to the person, they are trustworthy, with empathy, engender comfort.

The individual's headspace and ability to filter information and make decisions at that point in time may well have influenced positive and negative thoughts here and the question could be put as to whether the individual really took in the solution and the implications of those decisions.

The negatives about help with money worries revolved around help not actually being helpful for a variety of reasons, including: couldn't find any help, 'forced' to do something or implications not clear, something not working for them, additional costs, not accessible, not convenient or not offering a tailored solution.

All Staff respondents felt that an employer can and should play a role in helping staff with financial worries. Indeed, it seemed a logical fit within Staff Wellbeing. Having said this, it was felt to be ok if the staff member had a good relationship with their line manager and it would seem pertinent if the discussion was with HR or OH as part of planning around long term sickness and getting back to work. However, virtually all felt they would worry if getting help for their money worries involved a 'formal' meeting with their line manager, HR or OH. They felt it could possibly impact in some way on their job, either in how they were perceived by their employer, or in terms of the opportunities or risks for their future position.

Pride and potential embarrassment were inevitably tied up in the discussion and all concurred that confidentiality and keeping everything firmly within the individual's control was key to any such service.

### **Stakeholder views**

Stakeholders across all areas said that only a few staff members actually approach with such worries. However, most added that this does not mean that there aren't a lot more staff with these issues who simply do not say anything to someone at work. In terms of the prevalence of money worries Stakeholders assumed there had been an increase over time, but based on anecdotal evidence, not proven in actual numbers.

The type of person coming to Stakeholders was difficult to pin down as it could happen to anyone. There was a general consensus that money worries would be more prevalent in lower pay bands, households with multiple children and single parent households. Higher pay grades would be expected to be better informed, and in a position to solve issues better, although it could also be said this group might be even less likely to get over the pride and embarrassment hurdle to actually do something about it, consequently needing help as much as anyone.

Stakeholders felt they only come across the minority, with the majority of staff who are having money issues not visible. The assumption is that they must be there as the NHS has lots of part time workers and therefore lots of staff on lower wages which would seem to indicate lots of potential for money issues to arise.

Stakeholders reiterated the mix of money worry issues that Staff voiced but also see changes occurring that are now or will be on the rise in the future.

- childcare: paying for and organising childcare
- caring for adults: be they partners or parents/relatives who become ill
- retirement: was thought to become an issue with regard to financial worries which will only increase in the future.

Stakeholders reported that there are no formal processes in place to deal with an individual staff member's financial or money worries. Everything is done via informal means: a line manager noticing something, a colleague bringing it to a line manager's attention, or something coming up during a discussion about long term sickness, return to work or counselling in HR or OH. If a money worries issue is raised, then the next step would be to talk discreetly with the staff member to see if they wish to discuss any issues or need help. From there they would signpost as appropriate to a mix of different organisations, depending on their own individual, personal knowledge and experience.

All Stakeholders believed it is up to staff to open up and that whilst they might ask an overall question if everything is ok with financial matters, they would not feel comfortable delving into the subject unless given the lead by the person raising the issue. HR, OH and the Ward Managers all felt that dealing in-depth with staff who have money worries was not within their remit.

### **A new service**

There is low awareness of any current, concrete help from NHS GGC for staff with money worries with assumptions or guesses including: Staffnet, OH counselling, Credit Union, Staff discounts, SIS, sessions on mortgages and retirement, pay slips indicate that staff can borrow money and travel expenses paid between sites is available.

All were definite there should be a dedicated service for staff with money worries. The primary reasons for this were that money worries cause both individual health and work issues, placing it firmly as part of Staff Wellbeing.

Not only does NHS GGC have a duty of care to promote staff wellbeing, both physically and emotionally, but there would also be a clear business case for having healthy staff who are doing the job they are paid for, and doing it well as well as a strong evidence base for creating a supportive environment which promotes health and wellbeing.

The views of what the service should cover were also unanimous. A new money worries service should offer comprehensive financial advice including: budgeting, debts and loans, housing rent and mortgage, benefits, child and adult care, council tax, gas and electricity, transport, food banks, retirement, legal advice, Credit Union links, staff discount information, mobile/broadband deals.

The service does not have to be expert in all of these issues, just be linked to appropriate, recommended and approved partner organisations who are. Whilst offering general information and help it must be very clear that people in immediate need can go there and find the help they need. The new service should therefore be seen as the place for all things to do with managing finances well and welcome people in without judging past actions.

Any new service would need to be flexible, accommodating those who want or need less hands-on help through to those who want or need more involvement and help. It was also felt to be important that the service was trusted and that, so everyone felt comfortable approaching the service, that it partnered with the right people, namely NHS trusted and vetted suppliers.

Whilst signposting people to services was felt to be simple and cost effective, it was also felt it could be seen as a 'fob off' to staff and does not ensure the person actually does something. The next level, providing information and making initial calls to book appointments would at least mean that people would be more likely to attend, giving confidence a solution is possible. The most complete level of help is working through to a solution to the level the individual needs. This offered absolute support, something needed for those in a potentially emotionally stressed and worried state due to their money issues.

All respondents felt multiple methods of access must be available to cater to all staff. The disparate nature of NHS GGC staff means that the service needs to have everything from face-to-face meetings to paper formats in order that all types of staff feel they can easily access the service (desk and non-desk, hospital based and community, lower and higher levels, and so on).

Face-to-face meetings were felt by all to be the ideal method of accessing the service, especially when someone is in crisis, thereby enabling the support to be personal and very tailored to the situation. These meetings, nearly all felt would need to be held somewhere at or near work. Respondents, especially Staff, felt that someone coming to their homes for a meeting would not feel right.

A telephone line would also be needed to access the service when they were not at work or it was out of hours. A text system should be used, for those who prefer this, and those whose mobile package gave unlimited free texts but not calls.

Online, all say, is of course THE place to find information but any provision must be accessible at home. Webchat received mixed views for being costly in resources to run properly, therefore was not felt to be the appropriate. An app received only positive support. It was an expected format and a very convenient format, whilst also being private and discreet for the individual. It was also seen as easy to use for all capabilities. For online, webchat and the app it was also suggested that these methods could be used as appointment booking services.

Online calculators for budgets and benefits were also seen as a good idea, but they must always be useful, and right, especially benefits calculators. Finally, it will still be necessary to have different forms of paper information.

'On site' is where the service should be based, namely in a separate office that does not shout 'I'm having money troubles', somewhere convenient and simple to get to (before, after work, in breaks). Most also recognised the need to cover multiple sites, be aware of different types of job formats and to ensure all staff had appropriate and convenient access. Given it would be unfeasible and too costly, they felt, to have a permanent service on all sites, it was suggested that the new service could consider a selection of rotational days across different sites in some form in order to allow access to all (as SIS does now).

It was emphasised the service should be independent and not formally linked to the staff member as an 'employee' (i.e. something that could 'go on your record'). The consensus across all was that it should simply be a service for employees to go to of their own free will and it should either have the experts in financial matters inhouse, or be partnered with organisations who are experts, such as Money Matters or CAB. Do not, they all said, reinvent the wheel if the service is already done by someone else and this could be accessed and used, then use it.

Stakeholders generally felt that training needs would be for all those in contact with staff and that they would be relatively simple, consisting of advice on how and what to notice that might indicate money issues, how to broach the subject and where to signpost a staff member to.

Little was mentioned about policy per se, with Stakeholders simply stating that Financial Wellbeing should be part of Staff Wellbeing and that it would need to be well promoted, with procedures in place to ensure staff are given time to attend appointments (the same as they would be, for example, for a GP appointment).

Communication is vital for the new service to ensure everyone knows about what is available and where to find it, via 'all the usual channels' to be accessible to all: posters, leaflets, core brief, staffnet, HR Connect, roadshow, pay slips, etc. All respondents felt the new service would be a good idea, but many stressed the need to make it functional and effective for the user as well as value for money for NHS GGC. They said it would need to be accessible to all staff, known to all staff, it shouldn't overpromise, it should be flexible and accessible, it should find experts and use what's already available, and take care of staff throughout the journey to solving their worries, being aware this may involve multiple contacts.

Introducing such a service it was felt would show NHS GGC as being a caring employer. Investing resources in this, it was said, shows it is important to and recognised by NHS GGC that staff have financial wellbeing needs. However, it was also pointed out by some that money worries can occur because staff feel their income does not stretch far enough to cover all costs so any communication must be careful not to seem patronising to staff members. The tone of communications will be paramount to the success of the service and care should be taken how it comes across to users.

However, all of this they said would only work if it is an effective new service with sufficient resource being made available for whatever level of service is chosen. If it does not live up to promise, then it could just be seen as a PR exercise designed to make others outside the NHS think NHS GGC is a good employer.

## **Conclusions**

For Staff money is a worry, even if often just how much of a worry is well hidden at work. Money worries can develop from a myriad of reasons, all of which result in insufficient funds to cover daily expenditure. This research shows that money worries are a household issue and can stem from causes relating to work, relationships and spending what is not available, but this would not cover all potential causes that may cause issues. Examples of gambling, financial coercion, or the more general issue of job security could also be included.

Finances are linked to a lot of pride and embarrassment, with an individual's perceptions of what help (or charity) they can accept and in what form potentially stopping them from looking for help. There is also an apparent lack of awareness of household management and budgeting for many. All of this can lead to lots of procrastination and potentially making wrong decisions, until a crunch point forces someone to action. The mindset someone is in at this point can create a 'wood for trees' situation with people feeling overwhelmed and unable to see what to do to help themselves, never mind knowing where to go and who to ask for help otherwise.

Most Staff with money worries appear to be 'muddling through' for a long time first before taking action. When the crunch point happens and help is needed 'now' there is only minimal knowledge of what and who can help. Most don't know what they don't know and might need to look out for and neither do they know what a wrong decision can potentially cost (money, time, future life).

If Google is the only source of information, finding good advice and help can be a lottery. Only the CAB and Money Matters seem to have any real awareness levels for being hands on, involved help (albeit still only limited awareness). Good, trusted, recommended sources of help would appear to be very welcome.

Stakeholders on the other hand know the issue is there and that numbers are rising, although they do not see a lot of staff who present with money worries. They also do not see giving advice as their remit, wanting to leave it to experts. They are happy to refer on by telling Staff where to go, or indeed to make an initial call if needed, but that should be the end of their involvement. This means the input and training they need is not specifically about money worries, but instead about the details of the service and help with how to recognise the signs in staff and how to approach someone suspected of having money worries.

## Recommendations

A money worries service should be made available to all NHS GGC staff members. It would have a direct link to Staff Wellbeing impacting on the health and wellbeing of staff in this situation. However, it must be done well and live up to expectations. The level of service will depend on the resources available to ensure it can be run 'properly', but the recommendation would be as follows:

- *Signposting only?* This involves the minimum input of resources, but also minimum value to staff and is therefore not recommended.
- *Face-to-face service offering signposting and initial help/calls?* This is the minimum level of actual service desired, however it is limiting for many staff (especially those who need more help, for example with literacy issues) and therefore also not recommended.
- *A face-to-face service offering different levels from signposting, initial help/calls, and full assistance to resolution* is the ideal level of service, offering something that is accessible to all people and all needs. This would therefore be the recommended route for the new service.

The service should be built in consideration of the following aspects, but all of this should be transparently, resource efficient as some do question the priority that this should get given other current budgeting issues for the NHS.

The business case for the service should focus on assisting with Staff Wellbeing by addressing money worries, which in turn will ensure staff are better equipped to complete their jobs as desired, thereby reducing potential issues such as repeated absence, stress and illness affecting work and leading to sickness.

The new service should be built around the following:

- *Goal:* to provide all staff with support and assistance in all aspects of their Financial Wellbeing, for everyday learning and crisis management.
- *Scope:* encompassing all financial matters.
- *Premise:* confidential, discreet, trustworthy, recommended, good help.
- *Level:* full tailored approach to the individual, from signposting information, to assistance at all levels and throughout until the issue is resolved.
- *Format:* primarily office based (permanent or 'clinics'), backed up by online (website and/or app) and telephone.
- *Audience:* accessible for ALL staff (level, location, home and at work, etc.) from those who want information to those who need immediate crisis help.
- *Delivery:* in a manner that is non-judgemental, confidential, trusted and tailored to them as an individual.
- *Remit:* 'independent' and not linked to formal channels, using partnerships as necessary for the best service delivery.
- *Cost:* mindful to cost as little as possible for the user (e.g. texting for appointments rather than calling).

Finally, in terms of the next steps for the design of the new service the first would be to review its feasibility and resource availability for the new service. This would involve looking internally at procedures, overall capacity and knowledge levels, primarily in SIS, as well as working with current and potential partner agencies to see what they can offer, their capacity and potential requirements. This will then allow an overview to be built of the expert knowledge available and whether it covers all the aspects of money matters needed to be included in a comprehensive service.

It will also be necessary to assess how many staff could be looking to use the service to help assess capacity needs. This would be taken from any already available data, for example, the Employee Health and Wellbeing Survey and compared to data available for the Glasgow area to estimate a likely audience size and profile. If this is not available a standalone quantitative research study with staff could also be considered to assess the size of the likely audience.

Work will also be needed on setting the brand values for the service and communications overall, looking carefully at the tone and also how Stakeholders will deal with staff in this situation. The pitch here will be vital, not only in terms of making the user feel comfortable using the service, but also from a business perspective getting across the message that the resource input is efficient and expert, that the service is needed and that it is of benefit not only for the individual, but in turn for the efficient running of the organisation as a whole.

The results from all of this this would then help finalise the service prior to conducting a working pilot in some form. This pilot would then be reviewed, and preparations made for a full roll out. Following roll out the service would be monitored for who uses it and how it is used (to what level), as well as collating overall satisfaction levels. Any final adjustments would then be made to refine ongoing service levels.

# 1. Introduction

## 1.1 Background

NHS Greater Glasgow and Clyde's (NHS GGC) Staff Health Strategy (SHS)<sup>2</sup> has driven NHS GGC's approach to workforce health since 2008.

The Staff Health Strategy identifies Financial Inclusion as a priority. Financial inclusion is the range of actions to ensure people have the skills, knowledge and understanding to make best use of appropriate financial products and services, covering budgeting, benefits maximisation, debt management, access to financial products and help in kind or through grants and minimising outgoing costs.

There is significant evidence nationally of the squeeze on income due to increasing costs with the economic recession contributing to a rise in socio economic inequalities. In 2014 Unison published the Glasgow Clyde and CVS Branch: Standards of Living Report<sup>3</sup> which surveyed Unison members on their standards of living (and perceived change in this), their ability to meet their current financial commitments and access to emergency finances. It also examined respondents' use of credit. The survey results demonstrated that NHS GGC Unison members were affected by economic changes resulting in unaffordable items together with concerns about 'resources' to pay an unexpected expense of £500.

In early 2017 the Cavell Nurses Trust published Skint, shaken yet still caring – but who is caring for our nurses?<sup>4</sup> The Trust provides money and support to Nurses, Midwives and Health Care Assistants who are facing financial hardship, often because of illness, domestic abuse and the effects of older age. It found that Nursing Staff are two times more likely to be unable to afford basic necessities and three times more likely to have experienced domestic abuse in the last year than the average person in the UK.

NHS GGC recognises that the Welfare Reform Act (2012) will also impact on staff including, but not exclusively limited to, those in lower pay roles who may be entitled to working tax credits. This, along with the impact of the wider economic recession, debt and financial insecurity can contribute to financial concerns for staff and their families. In 2015 the Health Promoting Health Service CEL 1 document<sup>5</sup> included an action to identify staff at risk of financial insecurity and ensure they receive the appropriate help and support.

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<sup>2</sup> <http://www.nhsggc.org.uk/working-with-us/staff-health/staff-health-strategy/> [Accessed 22/1/18]

<sup>3</sup> <http://www.unison-scotland.org.uk/healthcare/UnisonFinalReportStandardsofLiving.pdf>  
[Accessed 22/1/18]

<sup>4</sup> <https://www.cavellnursestrust.org/documents/s/k/skint-shaken-yet-still-caring-key-findings.pdf>  
[Accessed 22/1/18]

<sup>5</sup> [http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)19.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)19.pdf) [Accessed 22/1/18]

In 2017 a NHS GGC Healthy Working Lives Survey was conducted which included questions on money. This demonstrated further the financial constraints which NHS GGC employees were experiencing. This survey is the benchmark to measure future surveys against (repeated every 3 years). The responses to the survey showed that over the last 12 months:

- 30% had often/occasionally found it difficult to pay for a loan/credit card
- 18% had often/occasionally found it difficult to pay for food
- 16% had often/occasionally found it difficult to pay for Council Tax/ insurance
- 15% had often/occasionally found it difficult to pay for gas/electricity
- 15% had often/occasionally found it difficult to pay for a telephone bill.

7% of survey respondents had been affected by changes to the benefit system in the last 12 months. This is most likely due to changes in Working Tax Credits and Child Benefit but also due to loss of income in a family (e.g. a partner losing their job). There are significant further changes to Social Security still to come and it is likely that this will have a greater impact on NHS Staff where around one in ten Health and Social Care Staff are in receipt of Working Tax Credits.

Pay has also not kept up with inflation with significant increases in costs, for example since 2010 gas has risen by 38%, electricity by 28%, food 13% and rent 11%. The staff survey results also suggest that there may be a relatively high level of indebtedness amongst staff. At present interest rates on credit cards may be competitive and low however when these deals finish it is not clear whether individuals would be able to continue to make payments at a higher rate. Also, this assumes that staff have access to affordable credit and good financial capability skills to manage finances effectively.

NHS GGC employs approximately 39,000 staff.<sup>6</sup> The board currently commissions and provides financial inclusion services for its patient population. These services are also available for staff but to effectively support staff there is a need to better understand the financial issues that they are facing. While it is known that there are groups of staff who are vulnerable to financial stress, for example people who are affected by disability, caring responsibilities, family job loss and mental ill health, money worries can affect anyone.

Research was therefore needed to understand how NHS GGC can help and support staff with money worries or financial difficulties and to assist in the development of an appropriate and effective approach by NHS GGC as an employer.

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<sup>6</sup> <http://www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables2017.asp>  
[Accessed 26/1/2018]

## **1.2 Aims and objectives**

The main aim of the research was to understand how NHS GGC can help and support staff with money worries or financial difficulties.

Specific objectives for the consultation with NHS GGC staff were:

- to understand why staff have or have had financial issues
- to establish where staff currently go to for support with money worries
- to explore whether staff think NHS GGC as their employer has a useful role to play to help solve financial issues
- to review what support staff would consider appropriate
- to understand when staff would like to have that support
- to establish where staff would like to access support
- to understand whether Financial Inclusion/Money advice should be part of overall staff wellbeing and reasons for this response
- to explore how a Financial Inclusion/Money advice service should operate.

Specific objectives for the consultation with stakeholders in Human Resources (HR), Occupational Health (OH), Support and Information Services (SIS) and Ward Managers (WM) were:

- to understand what triggers are and should be for HR and OH to intervene
- to establish training needs to enable NHS GGC to respond appropriately
- to establish policy development needs to enable an appropriate response
- to establish resource needs to enable an appropriate response
- to establish communication needs to enable an appropriate response
- to explore why have staff financial issues, what have they presented with
- to explore whether the 'profile' of the staff member makes a difference to their Financial Inclusion/Money advice needs
- to explore the business case for providing Financial Inclusion/Money advice.

## **1.3 Report structure**

The report will firstly describe the method and sample used, then detail the main findings from the research. The main findings will initially discuss Staff thoughts on money worries and what they do now or have done in the past to solve them before looking at the Stakeholders' views on the current situation. The report will then detail all the thoughts from both audiences on a potential new service and look at suggestions for the future. Following this, conclusions will be drawn and recommendations provided.

## **2. Methodology**

### **2.1 Study design**

Given that the requirements needed to review the subject of personal finance and money worries in-depth it was prudent to focus on a qualitative methodology for this study. The method chosen needed to facilitate easy and open interviews to elicit honest and open responses to the respondent's situation. Indeed, the delicate and sensitive subject recommended itself to individual in-depth interviews to allow the moderator and respondent time to work through the issues and tease out the rationale behind people's actions and thoughts on this subject and therefore how NHS GGC could help as an employer via their Financial Inclusion/Money advice services. For these reasons it was decided to complete the research by individual depth interviews.

### **2.2 Method**

Two audiences were approached for this study to view both sides of any potential service. The first was Staff members with money worries and the second was Stakeholders from appropriate departments who deal with staff members who may have these issues.

Staff respondents were recruited for the depth interviews at QEUH via local recruiters using a free find method and a recruitment screener (see Appendix 1) and incentivised with £25 cash to take part. Interviews were conducted face-to-face and via the telephone, a method which during recruitment turned out to be the preferred format for many Staff respondents. This gave an initial insight at recruitment into the very personal nature of the issue and the fact that people did not feel very comfortable talking about their financial situation. Indeed, it should be noted that Staff recruitment proved difficult to convert to actual interviews. Many of those we recruited then decided they did not want to be interviewed, even though they were given details of the project and reassured on multiple occasions that everything was confidential.

Stakeholder respondents were recruited via a list of contacts created by the team at NHS GGC and then approached by the researchers at Scott Porter to organise a time and date for interview at QEUH, West ACH and via the telephone. They were not incentivised.

All the depth interviews were conducted between 22<sup>nd</sup> May and 8<sup>th</sup> June 2018. They each lasted 45 to 60 minutes and were completed by Scott Porter senior researchers using a discussion guide devised by the research team and signed off by NHS GGC prior to fieldwork, that covered all areas of enquiry pertaining to the objectives of the study. The discussion guides for Staff and Stakeholders can be found in Appendix 2 and 3 respectively of this report. Appendix 4 also shows the showcard used to aid and prompt the discussion of the potential new service.

## 2.3 Sample

A total of 28 depth interviews were completed, 18 with Staff and 10 with Stakeholders.

At briefing it was decided that the Staff interviews would be recruited to be a mix of gender, age and life stage and that all would have or have had money worries in the past 2 years to ensure they could recall their thoughts and actions during this time. It was also decided to make the primary variable for their recruitment their Agenda for Change pay bands. These were split into 3 groups: pay levels 2 to 4, 5 and 6, and 7 and above. The decision was also taken by the NHS GGC team not to include doctors within the sample.

The final respondents recruited showed that the sample reflected the general NHS staff gender and age demographics.

The Stakeholders were taken from different working areas, all anticipated to be potentially seeing staff in this situation.

The sample split can be seen in Table 1 below.

**Table 1: Sample profile – Staff and Stakeholders**

<b>Staff</b>	<b>n=18</b>	<b>Stakeholders</b>	<b>n=10</b>
Pay levels 2 to 4	7	Human resources (HR)	3
Pay levels 5 and 6	7	Occupational Health (OH)	3
Pay levels 7+	4	Ward (line) Managers (WM)	3
		Support and Information Services (SIS)	1
Money worries now	9		
Money worries past	9		
Male	4		
Female	14		
18-29 years old	5		
30-54 years old	8		
55+ years old	5		
Independent life stage (own household, no children)	5		
Family life stage (children under 18 at home)	10		
Post nester life stage (children grown and left home)	3		

## 3. Results

### 3.1 Staff views

This section of the report reviews the findings from the Staff interviews pertaining to their current situation and the help and support available to them at this point in time with regards to their financial issues.

#### 3.1.1 The causes of money worries

There was, perhaps as to be expected, a myriad of individual circumstances stated as the principal causes of any one respondent's money worries. There were no demographic differences, nor were there any differences by pay grade. Indeed, across all the Staff interviewed the causes were consistent and could be distilled into three main areas.

The first of these was money worries that had work as their basis. Those who said this was the main cause generally saw it as an ongoing issue whereby respondents said they simply did not earn enough to cover household costs. For some insufficient income was then exacerbated further by specific issues.

One example here was one partner being made redundant and not finding new employment thereby cutting household finances to a critical level. Another was someone getting a job with the aim of getting off benefits and contributing to the household only to find that their income did not cover the benefits they lost as a result of getting the job and consequently they could no longer afford to pay the rent or bills. It was also mentioned by a couple that having to move work locations (e.g. from one hospital to another) or change shift patterns could also create financial issues, in that it affected travel, and also childcare.

*“My wife was made redundant 2 years ago and she’s not working now. It made everything just a lot harder. She used to get a lot more than me” Level 2-4*

*“The NHS paid a lot of people off, moving them from one hospital to another. A lot of people were displaced. I was displaced and thought what happens if I don’t get another job. It was a worry. It ended up everything being fine, I eventually got placed. It’s a worry for everybody just now, especially with all the cuts, or what if they put me somewhere far and my son would need to look after himself for a bit after school ...” Level 5-6*

All in all, insufficient income for the household some said meant that finances were always on a knife edge, income levels meaning that they had to live with no scope to save anything and therefore no allowance built in to their budgeting for contingency for unexpected costs or emergencies.

It is also worth mentioning here that there appeared to be a mindset amongst some Staff that, following the past years of pay cap for the NHS, they were simply not paid enough for their work. This mindset could have affected how they saw their finances in terms of what they might have expected to be able to afford and what they used to define if they were well off. It appeared to be a very personal and subjective view.

*“It’s scary how many don’t have enough to lead the life they should be and we have jobs that have people’s lives in our hands! We just don’t get paid enough” Level 5-6*

The second general area that often contributed to money worries was relationships and with this particular audience this was nearly always a case of a partner or spouse leaving the relationship and home. This caused major issues for these respondents.

Examples of how it affected finances included being left with a partner’s debts and having to deal with and pay them off. There was also the issue of being a single, therefore one-income parent and also, for some, the seemingly overwhelming and formidable task of simply adjusting and learning to cope with a household, and also often bringing up children alone.

It seemed to be that this was often worst for those where the partner had previously been the one who ran the household and was in charge of the finances and organising money matters. In these cases especially, it was very difficult for the remaining partner to re-learn, or remember the skills necessary to keep things organised, never mind to adjust to the fact that there was simply less money to go round. Those who cited this in this survey also all said they were not receiving any help from their ex-partners, so they were forced to make ends meet for themselves and their children alone, on one salary.

*“I used to be (confident), but less so now. I used to just spend and my husband did everything. Now it’s ‘oh s\*\*t, I’ve got to do it!’ I’m not used to it. ...Before with my husband I didn’t worry, now I don’t get any support so have to make do on my own” Level 7+*

It should be noted here that, within the readjustments needed after a partner leaves, was the issue of childcare, both in terms of covering who does this across work hours and also how much it costs within the reduced household income.

The third area was spending money that was not there. Whilst this might sound like irresponsible spending this was not by any means the case for this group, as most said they struggled to find sufficient for the basics, never mind nice-to-haves. Unexpected one-off bills were the worst issue in these cases where Staff were living on a strict money in-money out basis with no scope to put aside any savings. The result for these Staff respondents was that over time a continuing lack of contingency funds led to a 'creeping' increase in money owed, eventually becoming too much and leading Staff to look to measures to help, including opening and using multiple credit cards, pay day loans and door step loans.

*"It was too easy to get into debt, I didn't say no to all the things I was being offered. It escalated. As the kids have got older they need more money too, like growing out of things. I bought a new pair of shoes for my youngest on Saturday and they were ruined by Sunday! I had to go and buy him another pair I couldn't afford. ...It's a nightmare. I owe the Council Tax a fortune as well. My mortgage is up to date. I owed a fortune to the electric, so now I have a pre-paid meter. I switched myself to that" Level 2-4*

*"People were saying you're spending more than is coming in and I only realised really when I looked at it in a (budget) list" Level 7+*

Clearly it would seem that whatever the cause of the money issue, the root problem was insufficient funds to cover what was owed in bills and debts for the household on a regular basis and the propensity for such shortfalls to escalate, thereby causing more issues.

### 3.1.2 How it feels to have money worries

There is perhaps no surprise here that Staff stated they felt a mix of negative emotions when in the midst of money worries.

These included, they stated, feeling: worried, stressed, anxious and depressed, that it was a nightmare, and horrible. They also stated they felt like they were struggling, getting nowhere, that it was relentless, a vicious circle. This feeling was reiterated by all, money worries had become a seemingly 'never-ending' issue which often also seemed overwhelming and insurmountable with little hope of finding a way out of the situation.

Most knew they wanted to make things work again and said that they also knew they would need to make some hard choices in order to solve the issues.

Others likened the feeling to pressure being placed on them, whether the pressure was to 'make things work' or to work more to bring more money into the household. Questions also arose here with Staff saying they wondered 'how am I going to do this?' and often and most worryingly 'will I lose the house?'

*"The pressure's on me to make it work, and do the extra hours to make up the extra money" Level 2-4*

*"It's a worry. It's just because of school. They seem to be asking for money every week. Fundraising for football, older one goes to a play scheme club, they're going on a trip in summer so it was £100 for him to go there. I can't say no, or yes to one and no to the other. The older one is going to primary next year. So that's £152 for a trip next year. But they want the money now! But I'm not paid till the end of the month. That's all I'll have at the end of the month and it's going to have to go to the school. And I still need to buy food and petrol for the car, 'cos I need to get them to school in the morning before coming to work" Level 2-4*

Alongside this was generally a feeling of lost pride and not being able to contribute enough to the household.

*"Stressed, depressed, pure anxiety, how am I going to do this (bring up 4 children alone) if I lose the house?" Level 2-4*

A couple of Staff however did mention that, almost in order to keep their heads straight, they had decided to stop the worrying and stressing and tried to adopt a more 'can do, won't worry' attitude instead. Their rationale for this seemed to be that, when thinking sensibly, they knew they could work it out somehow, along the lines of 'it's always difficult and we always scrape through!'

Alongside all of these thoughts was a tendency for money not to be something most said they were comfortable talking about in any detail. There was a general feeling across Staff respondents that whilst people might say quite freely they're 'skint' they may not want to reveal details. There was also an inherent thought for most that a person simply should be able to deal with finances. It doesn't seem to be something that people can admit to not knowing about.

As a consequence, pride and embarrassment and a feeling of inadequacy tended to kick in if someone couldn't manage the household finances or didn't know how to (even if they also felt they had never been taught how to do this), especially at the thought of having to ask someone what to do, how to budget.

*"A lot of people are like me. I mean I didn't tell anyone about it because I was ashamed, but it would be good to know there was someone there, I do think it would help people" Level 2-4*

The result of all of this coming together led many Staff to say they would be unlikely to fully engage with the issue, or talk with someone about the issue, until they had little or no choice but to do something. It seems therefore to take a long time to get to the point of action and generally, most worked on the 'I'll keep going for now, it'll work out' principle.

This resulted in many trying to keep going, much procrastination of accepting the full situation, and an initial avoidance of finding a solution. All of this showed that the mix of worry and pride had worked together to become a hurdle to action and finding a solution to the issue.

*'There were constant letters and then they started mentioning court, so I had to sort it out then' Level 2-4*

*'I was getting hassled. Things were getting out of hand. Then my home became a bit of a worry, I thought they were going to take my house for the sake of £1,500 on credit cards... I realised I had to sort it out' Level 2-4*

*'I really struggle. I've been to Citizen's Advice Bureau in the last few weeks to get help to pay the rent as it's just not easy to pay now I'm working. It's been getting worse. I get the kids to eat at my Mum and Dad's so I can get through the week' Level 2-4*

*'Knowledge is power, but it doesn't always work when you're struggling as you're not in the right head space to deal with it' Level 7+*

The tipping points to action seemed to be made up of a mixture of the realisation and acceptance that 'it's time' and also specific nudges to do something. For some the fact that their 'mess' had been there for years was enough to push to start to find a solution. Others found they couldn't pay a fundamental bill, such as the mortgage, or something unexpected caused a large bill (e.g. car repairs). A push to action then was often linked to a fear of losing their house or being unable to care for their children (feed, clothe or pay for all the school 'stuff' – uniforms, trips, events, etc.).

Several also talked of being hassled by companies wanting money and threats about court action which brought into sharp focus the need to find a solution. Likewise, friends or family overtly expressing concern about the situation also provided a suitable push to action.

### 3.1.3 Actions taken by Staff to solve money worries

Alongside this desire to do something however was the realisation for most that they didn't know what to do, indeed they did not know what they didn't know, which made it hard to know what the right solution was, and who the right people were to help. This made it hard to find out what the implications of a particular course of action might be and added to the potential list of things to worry about. All of this then was not helped they said by being in a potentially very difficult headspace that was not conducive to straight thinking.

The vast majority of Staff respondents had very little knowledge of who could help prior to needing help. This meant that most searches started from scratch and starting at this point meant people were likely to be feeling at their worst, very stressed, worried and not in the best mind-set to rationally work things out.

A few got recommendations from friends or colleagues and some searched the net. Only the Citizen's Advice Bureau (CAB) and Money Matters appeared to have any, albeit low brand awareness or any latent knowledge as a source for help. Support and Information Services (SIS) was only mentioned by a couple spontaneously and it was assumed to be solely for patients, not for Staff.

Having said this, at the point when Staff had decided that they needed to action their money worries and find a solution around three quarters of them went to someone for help to organise things.

Those who did this went to a mix of different sources including Money Matters (5 Staff respondents), Citizen's Advice Bureau (CAB), Step Change, other debt management organisations, the NHS Credit Union, and the Glasgow Credit Union. Interestingly here, when talking to Staff respondents it was often apparent that they did not know much about the organisations they interacted with, especially the debt management companies. Many were also not sure what the Credit Unions did, just that they were assumed to be 'good'.

A couple said they had called each company they had a debt with and arranged low pay back terms having been advised to do this and one said she had been sequestered. Only one said their main source of help was a friend who showed them how to budget and worked through everything with them.

Otherwise a couple asked directly for money from their parents and one asked their parents to feed the children (thereby allowing them to scrape through the week otherwise). A couple also used multiple credit cards to 'find money' and one went to the University discretionary fund and asked them for funds. Further to this three looked at getting a job, or another second job, with other Staff adding more shifts to their week to bring in more cash.

Finally, Staff mentioned looking for help and advice to save money, use it better, be canny with money, for example using Money Saving Expert for tips, looking generally for money saving tips online, and also using budget and benefit calculators they came across.

It would appear that there was not one, single method used and indeed that often more than one method was used to help solve the problem. It would also appear that there is very little in-depth knowledge about the organisations used to help.

#### 3.1.4 Views of organisations that help to solve money worries

When talking about the help they had found all responses generally led respondents to the conclusion that the best help had sorted the issue for them and sorted it out well. Four main positives came to the fore during the discussion:

1. That the help **actually 'sorted it out'** and helped solve the issue.
  - Money Matters were cited as being helpful generally and specifically in that they made calls to creditors and also kept in touch with Staff with progress updates.
  - CAB and debt management organisations also received positive comment, as did one bank who arranged a payment schedule they could adhere to. A university discretionary fund had also paid out to help one respondent cover utility bills.
2. That the help had **expert knowledge** of the aspects of finance that were needed in terms of what to do, but also the pitfalls (what not to do, the questions to check and who to avoid) – for example, benefits, debt arrears, and so on.
  - Money Matters again was praised here for giving good advice and for enabling people to find out what they really needed to know at that point in time (the dos and don'ts).
  - CAB was again linked into this positive, as was Step Change, praised specifically for being a free service, unlike some of the debt management organisations, who charged for their expertise.
  - The Credit Unions were also mentioned by a couple as being expert in their field, a 'back up plan' that can help at times.
3. That the help was **convenient** to the user.
  - Online help generally was felt to be the most convenient as it can be accessed at home and in the user's own time, therefore being seen as always 'worth a search'.
  - Money Saving Expert specifically was highlighted here by some as a good source of tips on saving money generally (as opposed to solving specific money worry issues).

- Step Change was also highlighted as it does not require the user to visit its offices, instead everything can be completed over the telephone and email.
4. The final positive is that the help is **known to the person**. Here, parents, family and friends were often cited as being a source that will always help if they can, being trustworthy and indeed someone that may perhaps have been through the same thing so will have empathy with the Staff member in trouble at that point. This also had implications for working with different case managers at organisations, namely that people felt comfortable with their allocated helper.

The negatives stated by Staff about sources often included comments about the same organisations that were praised by others for being positive in the experience. It would seem that the individual's headspace and ability to filter information and make decisions at that point in time may well have influenced their thoughts. In some cases the question could be put as to whether the individual really took in the solution and the implications of those decisions. It also became clear that the advisor themselves also played a major role in perceptions.

The negatives stated by Staff about sources they had used for help with money worries revolved around the fact that the help was not actually helpful to them at that point in time for a variety of reasons, including:

- online (general): some said they 'couldn't find anything', or only found what later turned out to be the 'wrong people'
- Money Matters: one felt 'forced' to go with a Trust Deed, one didn't like the person they dealt with, and there was mention that budget calculators don't work for 4-week (as opposed to monthly) payment schedules

*"I did the calculation on a benefits calculator, but the council say I can only have less. It's really hard dealing with benefits, so stressful!"*

*Level 2-4*

- debt management agencies: some it was said charge handling fees which is not always made clear, and it was said they pitch their services as 'we'll solve it' but again they do not always highlight the implications for the future of some solutions clearly enough for the individual (for example if the person chooses sequestration or a Trust Deed)

*“We were being pursued relentlessly by multiple companies, it was really hard to cope with. We were both on decent incomes but didn't have enough. I was pitched to by a debt management company to solve it and I bought it. They said they'd put it all in one manageable debt and sort it. They bushwhacked me with it all. But they default you to do that. They didn't tell me they did that and it's horrific. It's too late then, it seals your financial character forever. A default marks your record. I still couldn't borrow now. Once I got myself together again I terminated it but the damage had been done” Level 7+*

- National Debt Agency: it was said they never answer the phone but also won't give out what's needed on webchat
- ScottishPower: linked to the above, it was said they will not look at hardship cases unless the person has a number from the National Debt Agency (which cannot be given over webchat)
- high street banks: it was said the most they offered was an expensive loan
- Job Centre: experience here said they were all about courses and training and the person felt all they needed was a chance at a job.

*“I went to the Job Centre, but they weren't really helpful. They wanted to put me on college courses and I didn't want that, I just wanted to get to work and make some money. My partner helped me look for domestic jobs and I tried it and I got it!!!” Level 2-4*

The other main negative was that services are not convenient when juggling job and home commitments and trying to earn as much as possible, for example with the CAB there was a need to get appointments around work hours. It was not surprising therefore to also hear that these initial reactions had turned people off seeking help completely. There appeared to be few second chances.

When talking about help for money worries the main indicators of good help were therefore summarised by Staff respondents as being something:

- convenient
- expert, knowledgeable
- clear in all things
- approachable, with a personality that clicks.

For the first of these, convenient, it was stated that the organisation needed to be easy to get hold of and to visit and to be flexible in their dealings with people. Such an organisation also needed to be expert and knowledgeable in financial matters, as well as the ins and outs of the processes involved in solving money worries. This would mean Staff said that they would need to know what not to do as well as what to do, and who to use and who not to use.

To be good it was also important that the organisation helping was absolutely clear in all things, ensuring complete understanding of all processes and the rationale for choices, recommendations and subsequent processes. The responses from a few Staff respondents clearly led to the conclusion that they had dealt with solving the immediate problem, rather than putting any focus on what the implications of this might mean for their later lives.

Finally, it was said a good organisation needed to be approachable, with staff having personalities that 'clicked' with their clients in order for the user to feel they were 'the right person for me'. Staff said they were looking for an empathetic helper (be that individual or organisation), understanding of the likely mind-set of the person at that point in time, someone trustworthy and ideally recommended by someone else as a good place to find the right help.

### 3.1.5 Thoughts on talking money with an employer

All Staff respondents felt that an employer can and should play a role in helping staff with financial worries. Indeed, it seemed a logical fit within Staff Wellbeing.

Having said this there were mixed feelings as to how this would work. It was felt to be ok if the staff member had a good relationship with their line manager as 'chatting' to them about this subject would seem ok to do. It would also seem pertinent, they said, if the discussion was with HR or OH as part of planning around long term sickness and getting back to work.

However, virtually all the Staff felt they would worry if otherwise getting help for their money worries involved a 'formal' meeting with either their line manager, HR or OH. They felt it could possibly impact in some way on their job, either in how they were perceived by their employer, or in terms of the opportunities or risks for their future position.

*"As long as line managers know about it and would give you time to go, that's all I need from them" Level 5-6*

All in all, as mentioned previously, for many of these Staff respondents finance was not a subject that was easily talked about and pride and potential embarrassment were inevitably tied up in the discussion. It was a very personal issue and all said they would only discuss the details with someone they trusted and felt comfortable with. All Staff respondents concurred that confidentiality and keeping everything firmly within the individual's control was key to any service.

## 3.2 Stakeholder views

The report now looks at the findings from the Stakeholder interviews pertaining to how they currently deal with staff they might see in this situation and the help and support they have available to them to help staff at this point in time. It should be noted that all Stakeholders looked at this from their professional standpoint, but also had thoughts on how this subject was tackled from their own, individual point of view as an employee.

The Stakeholders had very consistent views in general, albeit with the inevitable differences between the departments, HR, OH, Ward Managers and SIS.

### 3.2.1 Who presents with money worries

When Stakeholders were asked if staff present to them with money worries the general response from Stakeholders across all areas was that only a few staff members actually come to light as having such worries.

However, most added that this does not mean that there aren't a lot more staff out there with these issues who simply do not say anything about it to someone at work. Ward (line) Managers were likely to hear and see most in this regard in their day to day close work with team members. HR and OH tended to come across people in a more formal context of meetings for discussions pertaining to long term sickness or return to work scenarios. SIS saw many patients but also said that they only see relatively few staff, probably because the service is not promoted as being for staff, so staff tended to come across SIS more by chance, or if they happened to be there for a patient.

*"The young ones do a lot on call, so you do catch up with them if it's too much to check what the reason is and tell them to rest. If you see a reason then that's fine, like a wedding, if not then you need to watch them!" Stakeholder*

*"We see it when it impacts on health issues, those on long term sick, especially when they then get less pay, or come back to work too soon. ... We do see more trying to come back before they're fit" Stakeholder*

*"Yes, we see it, for long term absence. Especially families, those caring for elderly relatives. And when pay goes down, that's an issue too. It can affect the choices they make. Even for example if they need surgery for something and they put it off." Stakeholder*

In terms of the prevalence of money worries Stakeholders generally assumed that there has been an increase over time, but they stated that this was based on anecdotal evidence based on the general economic situation, not proven in actual numbers of staff presenting to them with specific money worries.

*“You can see there are issues when there’s lots of bank work done, for example. When you see them about that they say they’ve not got enough money. It’s usually those that earn less. You don’t usually see consultants. They’d have different issues, relevant to them”*  
Stakeholder

It was also pointed out that if the cause of the financial difficulties was connected with a staff member’s partner then it was not necessarily something that a Staff member may feel they could talk about to someone from work as it’s a personal issue, not a professional one.

Perhaps not surprisingly, the type of person coming to Stakeholders with these issues was, Stakeholders felt, difficult to pin down. All felt that whilst general assumptions can be made, the issue could happen to anyone.

There was a general consensus from all Stakeholders that they would expect money worries to be more prevalent in groups such as the lower pay bands, households with multiple children and single parent households. However, apart from the fact that, with a predominantly female workforce they are likely to see more women, they felt there were no apparent gender or age differences. In terms of the higher pay grades (and indeed, linked to this therefore, the higher social grades) Stakeholders felt these staff members would be expected to have more access to credit sources, be better informed, and so on, so may be in a position to solve issues better, or more easily.

Nevertheless, some felt it could also be said that this group might be perhaps be even less likely to get over the pride and embarrassment hurdle to actually do something about it, consequently needing help as much as anyone. It was noted that this group may have very different expectations in terms of their lifestyles and how they are viewed by others which could also impact on their willingness to admit to financial issues at work.

When talking about who might present with money worries therefore Stakeholders appeared to be of the view that they only come across the minority, akin to seeing the tip of the iceberg, with the majority of staff who are having money issues not visible.

They felt that those who do mention something often do so because work is affected, or someone has 'noticed', in other words they 'have to' say something. This could be, for example, as a result of someone being late in, or taking sick days off, being noticeably tired or irritable, doing lots of bank shifts, missing lunch, or not going out with colleagues after work. They felt the majority who struggle on with money worries do so quietly, 'hiding' it better at work. Whilst therefore in the ongoing working day the Ward Managers said they were more likely to come across people, HR and OH who see people for specific reasons in a more formal approach it was felt may not lead people to open up (perhaps worrying about the potential implications for their working life).

The assumption made by Stakeholders is that this group of staff who do not say anything must be there as the NHS has lots of part time workers and therefore lots of staff on lower wages which would seem to indicate lots of potential for money issues to arise. This lack of presentation of or knowledge about staff with such worries also meant, they said, that calculating the actual number of staff who potentially might need help would not be easy.

### 3.2.2 What money worries do Stakeholder see

Stakeholders reiterated the mix of money worry issues that Staff voiced and stated that money worries tended to be due to work issues, relationship issues, or spending what's not there.

However, Stakeholders said they see changes occurring in some issues that they hear about and highlighted that these issues are now or will be on the rise in the future.

The first of these is childcare in terms of paying for and organising childcare so that staff can come to work. This was felt to become an issue especially if a regular childminder could no longer cover the hours, childminding went from free (family/friends) to paid for (nursery), or work patterns changed and cover could not be found. This, some Stakeholders said was something that staff mentioned as a reason for missing work or being late and it was felt that this would probably increase as an issue due to the high cost and limited amount of childcare available.

*"Childcare is a main issue we hear about. With long shifts nursery fees are an issue, if they can't sort shifts to work around childcare, or they go off sick for days if their circumstances change. Some have even resigned if they can't work it out. Then they go to the nurse bank as they can control it much more and it's easier to work" Stakeholder*

Likewise, it was also felt that caring for adults, be they partners or parents or relatives who become ill, will be on the increase in the future due to the ageing population. This type of care they said would also need organisation and payment, both of which, from some Stakeholders experiences can be an issue that can impinge on work.

Finally, retirement was also thought to become an issue with regards to financial worries which will only increase in the future. It was noted that with some staff already working into their 70s, more people working longer and later in life could bring additional issues. These it was felt would impact in terms of the amount of work people realistically could achieve, the potential for needing time off for illness and indeed the potential for people to want to work on when they should perhaps be retiring from work completely. If money worries are an issue, then it was felt that staff might feel pressured to continue working to bring in more contributions to the household regardless of whether they perhaps should.

*“Pensions and retirement comes up more and more. We’re got people in their seventies still working to pay a private rent. They have to keep going, they have no choice” Stakeholder*

### 3.2.3 The current process when staff present with money worries

Stakeholders reported that there are no formal processes in place to deal with an individual staff member's financial or money worries. They said that everything is done via informal means, such as a line manager noticing something, (very seldomly) a colleague noticing something and bringing it to a line manager's attention, or something coming up during a discussion about long term sickness, return to work or counselling in HR or OH.

*“It’s all informal, tea room chat or overhearing something, or colleagues mention something” Stakeholder*

*“You see people at work who stop eating lunch, so we tend to offer ‘extra’, saying take it ‘so it doesn’t go to waste’. Care parcels really. We swap clothes on the unit too” Stakeholder*

If an issue surrounding money worries is raised then Stakeholders said that the next step would be to talk discreetly with the staff member to see if they wish to discuss any issues or need help. From there all said they would signpost as appropriate to a mix of different organisations, depending on their own individual, personal knowledge and experience.

This means that staff would be told different things depending on which Stakeholder they spoke to. This could therefore include suggestions for staff to get in touch with the CAB, debt management organisations like Step Change, the Credit Union, the union welfare officer, 'financial advice people', or for a couple, 'maybe try SIS'.

*"I usually send them to a debt advice service, like Step Change or Grant Thornton, or I send them to the Union and say ask them"*  
Stakeholder

All Stakeholders therefore said it is up to the staff member to open up about the subject and that whilst they might ask an overall question if everything is ok with financial matters, they would not delve into the subject unless given the lead by a staff member raising the issue. It would appear that this is equally not a subject that Stakeholders would want to bring up with Staff unless asked, suggesting they said that it needs to be easier all round for both sides to feel comfortable raising the subject of money.

*"I've never had anything really serious, I'm not sure what I'd do if that happened"* Stakeholder

This current process then tied in with Stakeholders' views of whose remit it was to deal with staff money worries. HR, OH and the Ward Managers all felt that dealing in-depth with staff who have money worries was not within their remit. They placed it instead firmly as something for experts to do. Their view was that if they came across a staff member with money worries they would at most establish the broad issues before advising them of possible points of help (or a new service as appropriate). These would be the experts in sorting out financial issues and solving the issue for the staff member. Here they included SIS, who they assumed had all the expertise needed, but they said they were not sure whether there were sufficient resources within SIS to cover both patients and staff as it stands at present.

*"It'd be better to have someone who knows where to go, to send people to, to work out what's best for them in an action plan and then refer them on for specific details"* Stakeholder

*"Money Matters at the Children's Hospital, they work with family support, they're great, Use them. It's all there, just use them"*  
Stakeholder

### 3.3 A new service

Having reviewed what is currently available in terms of services for staff regarding financial matters all respondents were then asked to think about a new service at a spontaneous level before being prompted with a showcard of suggestions for the service (see Appendix 4). The discussion was broken down to understand what the service might include, what level it might work at, how it would be accessed, who should lead it, and so on. This section of the report details these findings. It should be noted that both Staff and Stakeholder respondents were of one mind with regard to what the new service should consist of, their views being overall very consistent with each other.

#### 3.3.1 Awareness of what is currently available

Initially all were asked what is currently available and there proved to be a generally low awareness by both Staff and Stakeholder respondents of any current help from NHS GGC for staff with money worries. Indeed 12 of the 18 Staff and 5 of the 10 Stakeholders said they knew of nothing available.

The remainder noted the following as possible current sources of help for staff in this situation at present. However, it should be noted that many of these were more assumptions or guesses that this is where help should be found, rather than actual knowledge. Also, the assumption was always made that the help would be in the form of information which a staff member could use to refer them on to someone expert in the matter. The only exception to this was SIS where it was known that they could help on a more personal basis.

- Staffnet – 1 Staff (plus 3 who assumed it might be) and 5 Stakeholders
- OH counselling – 1 Staff and 3 Stakeholders
- Credit Union – 2 Staff and 1 Stakeholder
- Staff discounts – 1 Stakeholder
- SIS – 2 Stakeholders
- Sessions on mortgages, retirement – 1 Staff
- Pay slips, says can borrow money – 1 Staff
- Travel expenses paid – 1 Staff

All in all, there was a feeling that there is little very that is concrete in terms of support currently, with most of what is available being information, rather than tangible help and support for staff with money issues.

*“Staff aren’t always aware of what’s available on Staffnet. It’s not easy to navigate. No one has time to search, so unless they’re told of something they wouldn’t look for it. Like you have to use exact words on Staffnet or it won’t find things. Google would!” Stakeholder*

### 3.3.2 Should there be a dedicated service

Staff and Stakeholders were definite in their response to whether there should be a dedicated service for money worries, that being a clear yes, there should be a service for staff with money worries. Indeed 16 of 18 Staff said yes, with only 2 being a little more 'maybe' in their views. Likewise, 8 of 10 Stakeholders voiced a clear yes, with again 2 being more 'maybe'.

*"Definitely yes! There must be lots of us out there struggling like me"  
Level 2-4*

*"Yes, because it's a big issue and people do struggle. I've had a couple of my staff coming to me with queries and concerns. I signposted them to Citizen's Advice Bureau, but I'm not an expert and I couldn't really think of anywhere else for them to go to at the time"  
Level 5-6*

*"Definitely. It affects you at work. Like I couldn't say to someone I'm worried I can't pay for the petrol to do my work! If I could have gone somewhere else I might of. Otherwise I'd just think it would go on your file" Level 7+*

The primary reasons for the positive views of such a service were the same across both sample groups, namely that money worries cause both individual health issues and work issues for those involved. This therefore places a new money worries service firmly by all respondents as part of Staff Wellbeing.

*"Just to be there for us. The worry, it makes you stressed, I remember I wasn't sleeping, I wasn't eating and I felt depressed. If I'd had someone like that to go to, to talk to, then I might have tried to sort it out sooner" Level 5-6*

They said that not only does NHS GGC have a duty of care to help staff wellbeing, both physically and emotionally, but there would also be a clear business case for having healthy staff who are doing the job they are paid for, and doing it well, thereby enabling the organisation to run more efficiently.

*'It'd be great if there was someone in the hospital, even for 2 days a week. Somewhere you could go and ask how do I tackle paying off my debts. Some people just don't know how to do it, like me, they'll probably think if I don't answer the phone to people or I just don't answer the door I can just ignore it!!' Level 5-6*

*"It's a good idea, but be careful. Good, compact and not expensive is the way to go" Stakeholder*

### 3.3.3 What the service should cover

Views of what the service should cover were also unanimous across both Staff and Stakeholder respondents. Interestingly here when talking about what to include it became clear to respondents that this would be more than a crisis only service, instead focussing in on all aspects of dealing with money.

A new money worries service therefore should offer comprehensive financial advice across a range of different subjects linked to financial matters that might affect staff. Respondents included all of the following on their list of possible subjects, but in essence said 'everything' was needed.

- *budgeting*: how to budget for a household, what to look out for and how to prioritise, budget calculators (flexible for those on weekly, 4-weekly and monthly pay), working out with people their actual budgets for now and for the future

*"The relief of doing a budget plan is great, just knowing I can pay the bills. You need a personalised approach, it's critical" Level 2-4*

- *debts and loans*: general information on getting debts and loans, information on what to do if the debt/loan cannot be repaid, advice on the best methods and contacts to the best debt management organisations (that are free of charge), advice on the pros and cons and implications for now and the future of debt solutions
- *housing: rent, mortgage*: general advice as well as what to do if they cannot be paid
- *benefits*: what someone might be eligible for, calculators to check this (that are accurate) and help with completing forms to apply for benefits
- *care – child and adult*: information on what is available, how to access it and advice on how to manage both budgets and time
- *council tax*: information and help with all details
- *gas and electricity*: information on potential help with fuel bills, how to save money on bills and energy usage
- *transport, public and fuel*: looking into the best and cheapest methods to get to different sites and raising awareness of any potential help

- *food banks*: raise awareness of their availability and application criteria
  - note: this was an incredibly sensitive subject, reaching far into an individual's propensity to deal with accepting charity and highlighting that different people will have different levels of acceptance with help based on such perceptions
- *retirement*: advice and help with carrying on after retirement age, pensions and associated issues
- *legal advice (separation, divorce, non-payments)*: advice and help with basic information on what can be done and what is available (prior to sending on to an expert)
- *Credit Union links*: wanting to see a more integrated approach
- *staff discount information*: awareness of the staff discounts available to all
  - including fitness, telecoms, local businesses, public transport, school uniforms and other school help, etc.
- *mobile/broadband deals*: linked to staff discounts, help to get mobile and broadband access.

When talking about what the service should cover both Staff and Stakeholder respondents said the service does not have to be expert in all of these issues, just be linked to appropriate, recommended and approved partner organisations who are.

*"Make sure they're professionally trained experts, the proper advice. You can't let people down, it needs to be the best advice" Level 7+*

They stated that it should not be simply a crisis or emergency service per se. However, whilst offering general information and help it must be very clear that people in immediate need can go there and find the immediate help they need. The new service they said should therefore be seen as the place for all things to do with managing finances well and welcome people in, without judging their past actions, for whatever reason.

*"Not just a crisis service, just something to keep finances as good as they can be, like Martin Lewis' Money Saving Expert, be canny and get value for money. Put all staff discounts on there too, make it known so people do use them. It's all about getting the best finances, crisis help is only one part of it" Level 2-4*

*"We need to say it's ok to ask, it's ok to need help, it can get sorted, it's ok" Stakeholder*

### 3.3.4 What level of service should be provided

The next question that was asked related to the level of service that should be provided, namely what the service should actually 'do' for each individual. Here again both Staff and Stakeholders concurred in their thoughts that one level of service would not fit all potential users in this context.

Any new service would need to be flexible, accommodating those who want or need less hands-on help through to those who want or need more involvement and help. It was also felt to be important that the service was trusted and, so everyone felt comfortable approaching the service, that it partnered with the right people, namely NHS trusted and vetted suppliers.

*'Just on the internet is not enough, you need someone to explain and who knows about it all to help you on the forms and tell you what it is so you know you're doing it properly' Level 2-4*

*"Make it easily accessible and easy to use and easy to get something real from it" Level 7+*

The lowest level of service that could be considered respondents said would be simply signposting people to services. Whilst this was felt to be simple and cost effective, with minimal resources needed, respondents also felt it could be seen as a 'fob off' to staff. In other words, rather than giving actual help it felt like this says 'here you are, now go away' and there was felt to be a danger that it does not ensure that the person actually then feels able to do something.

Past experience of those facing these issues and the Stakeholders who see people in need suggested that simply having contact details for an organisation did not mean that someone could overcome the hurdles in their mind and actually make contact. Help in this instance, all respondents said, should be about actually doing something to help the person tackle their specific issues if that is what is needed, not just providing a list of possible places that might help.

This therefore led to a discussion of the next level of service, namely that of providing information and signposting, and also making initial calls to book appointments with the right people. This, it was felt would at least mean that people would be more likely to attend and start the process of finding a solution, giving them some confidence that a solution is possible. The downsides to this level of service it was felt were more for NHS GGC than the individual staff member, namely this would start increasing the resources needed for such a service and also that without follow up there would be no guarantee that the person would follow through any further than the initial meeting.

The top, most complete level of help, and that recommended by Staff and Stakeholder respondents alike, is that of working through the solution to the problem with the person in need to the level they need. This it was said by all would ensure that the issue was solved and offered absolute support, something which it was felt would be necessary for those in a potentially emotionally stressed and worried state due to their money issues.

Having said this, many also said that care must be taken if the help is comprehensive to ensure that this does not disempower the staff member by taking everything out of their control and giving them no responsibility or control over the solution to their problems.

Of course, again, the downside to this level of service it was pointed out, was that it involves the highest level of resources and cost input for NHS GGC.

*“It could be very expensive, it might be hard to justify the costs. They need to put in enough to make it good across the board and it might not be” Stakeholder*

### 3.3.5 How the service should be accessed

In terms of access to the service it was clear that all respondents felt multiple methods must be available to cater to all staff. The disparate nature of the staff employed by NHS GGC means that the service needs to have everything from face-to-face meetings to paper formats in order that all types of staff feel they can easily access the service (desk and non-desk, hospital based and community, lower and higher levels, and so on).

Face-to-face meetings were felt by all to be the ideal method of accessing the service, especially when someone is in crisis, thereby enabling the support to be personal and very tailored to the situation. These meetings, nearly all felt would need to be held somewhere at or near work. Respondents, especially Staff, felt that someone coming to their homes for a meeting would not feel right.

A telephone call line, they said, would also be needed if the staff member wished to access the service when they were not at work or it was out of hours. This they said should primarily allow someone to ask questions, or to make an appointment. Some also suggested here that a text system should be used as well, for those who prefer this method, but also for those whose mobile package gave them unlimited free texts but charged for calls.

*“You need contact points for all of the time. A free number to leave a message so they call you back, or a free text as you don’t always have credit. Something so you don’t have to pay to get in touch” Level 2-4*

Online, all say, is THE place to find information, to read online or to download if needed. However, all then highlighted that any online information or service provision must be accessible outside of NHS premises, not just on the staff intranet. Not all staff have access within work to spend time on the intranet. All respondents were clear here that people may well want to research this topic out of hours in relative peace and with time to concentrate their thoughts.

*“The intranet has staff information, but I’ve not really looked, I don’t have time. I’m only on there for 10 to 15 minutes to sign stuff off and I don’t use it otherwise” Level 2-4*

Webchat, whilst something which many said they used in some form or another received mixed views. Some liked the idea for this, but others felt the resources needed would be too costly, especially if the assumption is that responses to questions would need to be immediate, made by an expert and that moderation of all responses would be constant. All in all, it was perhaps not felt to be the most appropriate in this instance.

An app on the other hand, received only positive support from respondents. In principle it was seen as an expected format of a basic online offering. It was also felt to be a very convenient format, ‘in your hand’, whilst also being very private and discreet for the individual. It was also something that was seen as easy to use, more so for some staff who do not like the thought of looking for information online and worried about their capabilities in computing and indeed in reading, but felt more comfortable with ‘pressing buttons’ in an app format.

For online, webchat and the app it was also suggested that these methods could be used as appointment booking services.

Online calculators for budget and benefits were universally thought of as a good idea, but they must always be useful, and right, especially in the case of benefits calculators. Given the speed with which benefits can change this may prove too resource intensive to keep well up to date. Recommending a good calculator from someone else, some said, might be more appropriate in this instance.

Finally, respondents mentioned that it will still be necessary to have paper information, leaflets in all sizes, and maybe even a pack that can help people with this issue.

All in all, formats need to be easy to get hold of and discreet to review, keep or work with.

### 3.3.6 Where should the service be based

'On site' was the simple response by all to where the service should be based, namely in a separate office that does not shout 'I'm having money troubles' if someone is seen going in. The main reason for this was to have somewhere convenient and simple for staff to get to (before or after work or in breaks).

*'It would be really good if Citizen's Advice were in here, you could nip in in 10 minutes lunch break and get a bit of help' Level 2-4*

Most also recognised however the need to cover multiple sites and be aware of different types of job formats and to ensure all staff had appropriate and convenient access. Given that it would be unfeasible and too costly, they felt, to have a permanent clinic on all sites, it was also suggested that the new service could consider looking to a selection of clinic days or rotational days across different sites in some form in order to allow access to all (as SIS does now). It was therefore reiterated at this point that there would need to be a booking system in place.

*"An office, like in Queen Elizabeth, the Unison office, they have a welfare officer, you can drop in or make appointments. ...and add in set days in smaller hospitals so people there can go on that day"*  
Level 2-4

### 3.3.7 Who should be in charge of the new service

As mentioned, Stakeholders did not think this would lie within their remit, and in line with this, nor did the Staff feel this would be right. It was therefore not seen to belong to HR, OH or Ward (or line) Managers. Indeed, some felt that an HR or OH link could stop some people engaging with the service as it would feel too formal and there would be a tendency to wonder whether there might perhaps be implications that this interaction or any details from it would go 'on the file'.

*"I couldn't say I'm worried, I can't pay for petrol to do work. I'd just think it goes on your file!" Level 7+*

Instead it was emphasised, the service should be independent and not formally linked to the staff member as an 'employee' (i.e. something that could 'go on your record'). The consensus across all was that it should simply be a service for employees to go to of their own free will and it should either have the experts in financial matters inhouse, or be partnered with organisations who are experts, such as Money Matters or CAB. Do not, they all said, reinvent the wheel (and spend the money!) if the service is already done by someone else and this could be accessed and used, then use it.

*“I’d go to my supervisor, say I need to talk to someone and they could set it up, but wouldn’t tell them the details, just want them to signpost through to help” Level 2-4*

### 3.3.8 Training and resources

Stakeholders spoke about this and generally felt that the training needs would need to be for all those in contact with staff and that they would be relatively simple. They would consist of advice on how and what to notice that might indicate money issues, how to broach the subject and where to signpost a staff member to (i.e. the details of what the service offers and where it is).

*“It would be good to get feedback too if possible, or hear it works, then you can say to others it’s worth doing. That might encourage staff to do this” Stakeholder*

In terms of information resources all felt there should be one collective point where all the information was kept and it would need to be available in all formats (soft and hard copy).

Little was mentioned about policy per se, with Stakeholders simply stating that Financial Wellbeing should be part of Staff Wellbeing and that it would need to be well promoted, with procedures in place to ensure it is accepted by all and that staff are given time to attend appointments (the same as they would be, for example, for a GP appointment).

Communication, it was felt by all would be vital for the new service to ensure everyone knows about what is available and where to find it. This they said should be done via ‘all the usual channels’ to ensure it is accessible to all: posters, leaflets, core brief, staffnet, HR Connect, roadshow, pay slips, etc. It was also mentioned that this would need to be promoted sufficient widely and over time to ensure that the knowledge of the service and staff’s entitlement to use it for all aspects of financial matter is imbedded across the organisation.

### 3.3.9 The idea of a new service

All respondents felt the new service would be a good idea, but many stressed the need to make it functional and effective for the user as well as value for money for NHS GGC. They said it would need to be accessible to all staff, known to all staff, it shouldn’t overpromise, it should be flexible and accessible, it should find experts and use what’s already available, and take care of staff throughout the journey to solving their worries, being aware this may involve multiple contacts.

*“There’s lots of information out there, use that, don’t reinvent the wheel. Go somewhere like Money Matters, at least you know it’s expert and regulated. Don’t waste NHS resources” Stakeholder*

Introducing such a service it was felt would show NHS GGC as being a caring employer. Investing resources in this, it was said, shows it is important to and recognised by NHS GGC that staff have financial wellbeing needs. However, it was also pointed out by some that money worries can occur because staff don’t get paid enough, so any communication must be careful not to seem patronising to staff members. The tone of communications will be paramount to the success of the service and care should be taken how it comes across to users.

*“It’s good if they’re looking after you, it makes you want to work harder for them” Level 2-4*

However, all of this they said would only work if it is an effective new service with sufficient resource being made available for whatever level of service is chosen (without wasting resource). If it does not live up to what is promised, then it could just be seen as a PR exercise simply designed to make others outside the NHS think that NHS GGC is a good employer.

## 4. Conclusions and recommendations

### 4.1 Conclusions

For Staff money is a worry, even if often just how much of a worry is well hidden at work. Money worries can develop from a myriad of reasons, all of which result in insufficient funds to cover daily expenditure. This research shows that money worries are a household issue and can stem from causes relating to work, relationships and spending what is not available, but this would not cover all potential causes that may cause issues. Examples of gambling, financial coercion, or the more general issue of job security could also be included.

Finances are linked to a lot of pride and embarrassment, with an individual's perceptions of what help (or charity) they can accept and in what form potentially stopping them from looking for help. There is also an apparent lack of awareness of household management and budgeting for many.

All of this can lead to lots of procrastination and potentially making wrong decisions, until a crunch point forces someone to action. The mindset someone is in at this point can create a 'wood for trees' situation with people feeling overwhelmed and unable to see what to do to help themselves, never mind knowing where to go and who to ask for help otherwise.

Most Staff with money worries therefore appear to be 'muddling through' for a long time first before taking any action. When the crunch point happens and help is needed 'now' there is only minimal knowledge of what and who can help. Most don't know what they don't know and might need to look out for and neither do they know what a wrong decision can potentially cost, in money, time and future life opportunities.

If Google is the only source of information, then finding good advice and help can be a bit of a lottery. Only the CAB and Money Matters seem to have any real awareness levels for being hands on, involved help (albeit still only limited awareness). Good, trusted, recommended sources of help would appear to be very welcome.

Stakeholders on the other hand know the issue is there and that numbers are rising, although they do not necessarily see a lot of staff who present with money worries. They also do not see giving advice as their remit as they would want to leave it to the experts. They are happy to refer on by telling Staff where to go, or indeed to make an initial call if needed, but that should be the end of their involvement. This means the input and training they need is not specifically about money worries, but instead about the details of the service and help with how to recognise the signs in staff and how to approach someone suspected of having money worries.

## 4.2 Recommendations

A money worries service should be made available to all NHS GGC staff members. It would have a direct link to Staff Wellbeing impacting on the health and wellbeing of staff in this situation. However, it must be done well and live up to expectations.

The level of service will depend on the resources available to ensure it can be run 'properly', but the recommendation from this research would be as follows:

- *Signposting only?* This involves the minimum input of resources, but also minimum value to staff and is therefore not recommended.
- *Face-to-face service offering signposting and initial help/calls?* This is the minimum level of actual service desired, however it is limiting for many staff (especially those who need more help, for example with literacy issues) and therefore also not recommended.
- *A face-to-face service offering different levels from signposting, initial help/calls, and full assistance to resolution* is the ideal level of service, offering something that is accessible to all people and all needs. This would therefore be the recommended route for the new service.

The service should be built in consideration of the following aspects, but all of this should be transparently, resource efficient as some do question the priority that this should get given other current budgeting issues for the NHS.

The business case for the service should focus on assisting with Staff Wellbeing by addressing money worries, which in turn will ensure staff are better equipped to complete their jobs as desired, thereby reducing potential issues such as repeated absence, stress and illness affecting work and leading to sickness.

The new service should look to be built around the following:

- *Goal:* to provide all staff with support and assistance in all aspects of their Financial Wellbeing, for everyday learning and crisis management.
- *Scope:* encompassing all financial matters.
- *Premise:* confidential, discreet, trustworthy, recommended, good help.
- *Level:* full tailored approach to the individual, from signposting information, to assistance at all levels and throughout until the issue is resolved.
- *Format:* primarily office based (permanent or 'clinics'), backed up by online (website and/or app) and telephone.
- *Audience:* accessible for ALL staff (level, location, home and at work, etc.) from those who want information to those who need immediate crisis help.
- *Delivery:* in a manner that is non-judgemental, confidential, trusted and tailored to them as an individual.
- *Remit:* 'independent' and not linked to formal channels, using partnerships as necessary for the best service delivery.
- *Cost:* mindful to cost as little as possible for the user (e.g. texting for appointments rather than calling).

Finally, in terms of the next steps for the design of the new service the first would be to review its feasibility and resource availability for the new service.

This would involve looking internally at procedures, overall capacity and knowledge levels, primarily in SIS, as well as working with current and potential partner agencies to see what they can offer, their capacity and potential requirements. This will then allow an overview to be built of the expert knowledge available and whether it covers all the aspects of money matters needed to be included in a comprehensive service.

It will also be necessary to assess how many potential staff could be looking to use the service to help assess capacity needs. This would be taken from any already available data, for example, from the Employee Health and Wellbeing Survey and compared to data available for the Glasgow area to estimate a likely audience size and profile. If this is not available a standalone quantitative research study with staff could also be considered to assess the size of the likely audience.

Work will also be needed on setting the brand values for the service and communications overall, looking carefully at the tone and also how Stakeholders will deal with staff in this situation. The pitch here will be vital, not only in terms of making the user feel comfortable using the service, but also from a business perspective getting across the message that the resource input is efficient and expert, that the service is needed and that it is of benefit not only for the individual, but in turn for the efficient running of the organisation as a whole.

The results from all of this this would then help finalise the service prior to conducting a working pilot in some form. This pilot would then be reviewed, and preparations made for a full roll out. Following roll out the service would be monitored for who uses it and how it is used (to what level), as well as collating overall satisfaction levels. Any final adjustments would then be made to refine ongoing service levels.

# Appendix 1: Recruitment screener – Staff

**Scott Porter Research & Marketing Ltd**  
31 Bernard Street  
Edinburgh, EH6 6SH  
Tel: 0131-553 1927

Job No: 1571  
April 2018

**NHS GGC – Money worries  
Staff recruitment screener**  
Final 18<sup>th</sup> April 2018

## INTRODUCTION

Good morning/afternoon, my name is..... from Scott Porter Research. We are undertaking a project on behalf of NHS Greater Glasgow and Clyde to understand more about how they could help staff who have worries about money or their finances. To do this, we want to conduct some depth interviews with staff who have now, or have got through money worries within the last two years to help understand what support and help is needed and therefore what NHS GGC can do to help staff with these issues. Is this something that you might be interested in taking part in?

The face-to-face interviews will be held here at the hospital, or somewhere else if you prefer, and last up to an hour. If you are eligible and able to take part, you will receive a cash incentive of £25 as a thank you for your time.

This research is conducted on a confidential and anonymous basis as set out by the Market Research Society Code of Conduct, which we abide by.

Would you be happy for me to ask you a few questions to see if you would be eligible to take part?

Yes ..... 1 CONTINUE  
No ..... 2 THANK AND CLOSE

---

## CLASSIFICATION

### Gender

Male ..... 1  
Female ..... 2  
Other ..... 3  
*Aim for mix*

### Age

Under 18 ..... 1 CLOSE  
18-34 ..... 2  
35-54 ..... 3  
55-64 ..... 4  
65+ ..... 5  
*Aim for mix across age bands*

### Life stage

Independent (no kids).... 1  
Family ..... 2  
Post nester (kids gone) .. 3  
*Aim for mix across life stage*

### Ethnicity

White UK ..... 1  
White other ..... 2  
Asian ..... 3  
African, Caribbean, Black ..... 4  
Other ethnic group ..... 5  
Refused ..... 6  
*Include different ethnic groups*

### Agenda for Change pay band (Q3):

2, 3 or 4 ..... 1  
5 or 6 ..... 2  
7 and above ..... 3  
**CHECK QUOTAS: 7/7/4**

### Money worry status (Q5):

Have worries **NOW** ..... 1  
Had worries in **PAST** 2 years ..... 2  
**CHECK QUOTAS: Even mix**

**SCREENER**

1. Can I just check, do you work for NHS Greater Glasgow and Clyde?  
Yes.....1  
No.....2 CLOSE  
Don't know.....3 CLOSE  
**ALL must work for NHS GGC**
2. Which area do you work in (what is your job)?  
Facilities/domestic/portering.....1  
Nursing.....2  
Allied health professionals: e.g. physiotherapists, dieticians,  
radiographers, speech therapists, occupational therapists,  
health improvement practitioners, etc. ....3  
Admin.....4  
Medical .....5 CLOSE  
Volunteer .....6 CLOSE  
**Ensure a mix of different jobs**
3. What Agenda for Change pay band are you on? Please just read out the code  
that applies to you. **SHOWCARD A**  
Band 2.....1  
Band 3.....2  
Band 4.....3  
Band 5.....4  
Band 6.....5  
Band 7.....6  
Not on an Agenda for Change pay band .....7 CLOSE  
Don't know.....8 CLOSE  
**Check quotas (2-4, 5-6 and 7+) & code in Classification**
4. Are you the financial decision maker in your household?  
Yes, I am the main or only decision maker .....1  
Yes, but I make decisions jointly with my partner .....2  
No, I leave it all to someone else .....3 CLOSE  
Don't know who is responsible .....4 CLOSE  
**ALL MUST be a financial decision maker**
5. Please think about your household finances and tell me which of the following  
statements applies to you at this moment in time? Again please just read out  
the code that applies to you. **SHOWCARD B**  
  
I manage my money quite well and have no major worries ..... 1 CLOSE  
I find it a struggle to make ends meet, but I manage ..... 2 CLOSE  
  
I am starting to fall behind on some bills at the moment..... 3 = NOW  
I am struggling with money and can't pay all the bills..... 4 = NOW  
I got into money trouble in the past 2 years, but have since  
managed to find help and have now sorted things out ..... 5 = PAST  
  
None of these ..... 6 CLOSE  
**Even split NOW and in PAST 2 years & code in Classification**

**Complete classification questions and check responses for quotas**

**If eligible:**

Thank you. From your responses, I can confirm you are eligible to take part in this research. Would you be happy to take part in an interview?

- Yes ..... 1 Thank & set up appointment
- No ..... 2 Thank & Close

---

**RESPONDENT DETAILS: Please can I just take some details:**

Name: .....

Address: .....

.....

.....

Phone number: .....

Email: .....

---

***Check best time with respondent and book into a slot from the schedule***

***If respondent would very much prefer a telephone interview, or cannot make the times given, arrange a telephone interview as per the schedule***

**Depth details**

Format: Face-to-face ..... 1  
Telephone: ..... 2

Venue for F2F:.....

Date:.....

Time: .....

---

**RECRUITER DECLARATION**

*"I declare this interview has been carried out strictly in accordance with your specification, within the code of conduct, and with a person totally unknown to me."*

Interviewer name: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 2: Discussion guide – Staff

Job no: 1571

SCOTT PORTER  
Research & Marketing

**NHS GGC Support for staff with money worries**  
**STAFF**  
**Depth discussion guide**  
*Final – 11<sup>th</sup> May 2018*

**For: 60-minute sessions**

**NOTE: the moderator will amend the language as appropriate depending on what the respondent explains about their situation and will be sensitive to their situation**

**Introduction (5 mins)**

- Welcome and introduction to session
- Self, Scott Porter, MRS Code of Conduct, confidentiality
- Research purpose: *Today we'll be thinking about how we deal with money and any problems we might have and also considering if and how NHS GGC can help support staff who might have money worries.*
- Respondent introductions: name, family at home, number of children, any caring responsibilities, description of work (full/part time, main breadwinner)

**1. Views about finances and current position (10 mins)**

**Note to moderator: be sensitive when talking about who deals with finances in case this uncovers relationship issues (e.g. someone else has undue influence) – cover the topic only if and as far as the respondent wishes to**

- If we think about dealing with household finances, how confident do you think you are with this? Why do you say this?
- Who tends to deal with it most in the household? Why does it work this way?
  - did it happen by choice, or are you the only person who can, or who wants to deal with it – why
- How does it make you feel to think of the household finances?
  - why do you feel this way
  - how long have you felt this way
  - has anything ever happened, or changed that has altered your view of dealing with finances – what and why
- Do you ever worry about your finances? When and why?
  - what makes you most worried
    - something that happens – circumstance
    - how much you know about financial matters
    - something emotional – how you feel about thing generally
- *If currently worried: Tell me about how things are at this moment in time.*
- *If had issues in the past: Tell me about what happened.*
  - *for both: allow respondent to talk about their situation (current or past), probing as necessary to build a picture*

Job no: 1571

**2. Support used/tried now or in the past (15 mins)**

- Thinking about when you have worries about your finances – do/did you look anywhere, or go to anyone for help?
- Why did you look here / ask this person/organisation for help?
- Did you use this help?

*If have looked for help and/or used someone or something, ask for each person/organisation mentioned:*

- How did you find out about or decide to approach this person/organisation?
- What were you expecting from them?
- What help/support did they give you?
- Did you take it up / act on it? Why / why not?

- What do you think of what they offered?
  - likes and dislikes
  - how useful was it
  - how relevant was it
  - did it help
  - how/why did it help
  - how/why did it not help
  - how did you feel about dealing with this person/organisation - why

- All in all, who offered, or what was the best help?
  - why was it the best help/support
  - how did it make you feel as a result of their help

- Who did not live up to expectations?
  - what was it and why did you think the help was not very good
  - how did it make you feel as a result of this

*If have NOT looked for help and/or used someone or something:*

- Why have you not looked for, or used help?
  - *probe as necessary:*
    - was it about how you felt
    - was it you didn't feel you should or could ask for help
    - did past experience say it wasn't worth it
    - was it just too hard to find help
    - or did what you found not seem worth using – if so, what was it and why didn't you use it
- Was there anyone/any organisation that you would have expected would or should provide help with financial issues, but who didn't? Who? What would you have expected them to do?

Job no: 1571

**3. NHS GGC and offering support (20 mins)**

- Does NHS GGC offer staff any help or support with finances?
- Before we look at what they do now, or could do – *should* they offer help to their staff on this subject? Why?
- Would it be *useful* for them to offer staff support in this way? Why?
- *If it is something they should do or it would be useful: Why should they do it? Why would it be useful?*
  - *probe*: is it because of something practical (e.g. access at work being easy to do), or because of a duty of care for employees
- *If NOT something they should do or useful: Why should it not be done? Why would it not be useful?*
  - *probe*: is it because of a practical aspect, or expertise, or does it not feel right, is it nothing to do with an employer
- What support do NHS GGC offer staff with regards to financial matters?
- How do you know about what help and support is on offer?
- Have you ever used this help?
  - what help did you use
  - when
  - why did you use this help specifically (as opposed to any other)
  - what did you think of this help – good and bad points
- What do you think they should offer? What sort of help do you think is appropriate for them to offer staff? **Note:** *spontaneous topline response here*
  - why this

**SHOW SHEET WITH MONEY WORRY SUPPORT SUGGESTIONS**

*NHS GGC are thinking about how they can support staff who might have money worries. This sheet shows different things that might make up such a service. We want to work through the sheet and think about what might be best for such a service.*

*Overall – talk through what would work and what wouldn't and why*

- Let's start with **what the service might cover (1)** in terms of the types of information about different aspects of someone's finances. What do you think of this list?
  - does it cover what you expected – more/less
  - is anything missing, does something need to be added – what and why
  - should anything be taken off the list – what and why
- Does the type of support as listed here make a difference to whether it should be offered?
  - all in all, what types of support should they offer staff – why
  - what types of support should they not offer – why

Job no: 1571

- Now let's think about **what the service should provide or 'do' for staff who need the service (2)**. What do you think the service should actually 'do' for people – for example, from simply signposting to a more hands on approach?
  - what are the pros and cons of each of these
  - any thoughts on how this could work
  - does the level of personal information that you may need to give play a role in how you would see what such a service should do – why
  - are there any practical considerations when thinking about whether and what type of support NHS GGC should offer staff – what and why
- Next is **how it should be made available (3)**. What do you think of the suggestions listed here?
  - does it cover what you expected
  - is anything missing or should something be added – what and why
  - does anything not work for you – what and why
- The last thing to think about is **where you would find or access the service (4)**. What do you think of the thoughts given here?
  - do they work – do any not work – why
  - would you suggest anything else – what and why
- How should they let you know about the service?
  - *probe*: posters, on the ward, intranet, somewhere else off site, etc.

**4. Overall and sum up (10 mins)**

- Thinking about NHS GGC offering help and support to staff on financial issues – do you think this is overall a good or a bad idea? Why?
- How does it make you feel to know your employer is offering staff such a service? What is it about it that makes you feel this?
- Should support and advice on financial matters be part of the overall staff wellbeing offer from NHS GGC?
  - *probe*: reasons why it should be / why it shouldn't be – including practical and emotional aspects
- How useful would such a service be overall?
- How can you see it being used? By whom – any groups in particular? Why?
- Where would you expect to see it?
- Is there anything that you'd tell them not to do in terms of offering such support? What and why?
- Final thoughts – anything we should tell the team?

**Thank and close – 60 minutes**

## Appendix 3: Discussion guide – Stakeholders

Job no: 1571

**SCOTT PORTER**  
Research & Marketing

**NHS GGC Support for staff with money worries**  
**STAKEHOLDER**  
**Depth discussion guide**  
*Final – 10<sup>th</sup> May 2018*

**For: 60-minute sessions**

**NOTE: language amended as appropriate depending on respondent**

**Introduction (5 mins)**

- Welcome and introduction to session
- Self, Scott Porter, MRS Code of Conduct, confidentiality
- Research purpose: *Today we'll be thinking about how to develop the Financial Inclusion service NHS GGC could provide to help support staff who might have money worries.*
  
- Respondent introductions: name, position, description of role

**1. Staff and money worries currently (15 mins)**

- Thinking of staff and money worries, how often would you say you come across staff members in this position?
  
- How do you tend to find out that someone is having difficulties?
  - is it more likely to be a formal request to talk to you about it
  - or a more informal route – such as something they mention, or someone else mentions, or something about them or their work (e.g. late mornings, tired, taking on shifts, not concentrating, etc.)
  - all in all, is it more likely to be a formal or an informal route – why do you think this is the case?
  
- What are the money worries that you usually hear about from staff?
  - what do they tell you about
  - is this the whole problem or is it likely to be just one specific aspect
  
- Who do you tend to see with money worries – all staff, or are some groups more likely than others to either tell you, or be noticed having difficulties (or is just down to the individual person)?
  - any types of staff more likely to ask, or not – why
  - any types of staff you'd say you'd never be likely to hear from – why
  
- If you think back over the last few years, has this changed in any way?
  - the types of staff who open up about or who have such worries
  - the types of money worries they have
    - o how have these things changed
    - o why do you think these things have changed
  - is the issue of staff having money worries getting more or less prevalent – why

Job no: 1571

**2. Current process if a staff member has money worries (15 mins)**

- What do you do at the point when you know or suspect someone has money worries?

*Talk through the process with the respondent and ask how/why it happens as it does, covering the following:*

- When do you decide there needs to be an active intervention?
  - why then – what factors dictate this
    - *probe*: the type of person, their role, something specific that has happened at work, something specific that has been reported about them, something else...
  - **what happens if this uncovers an issue with the staff member's home relationships – i.e. the discussion goes from money worries to another type of issue – how do you deal with this**
    - **do you think this is something you should be prepared to deal with, or is this for someone else to help with – who and why**
- When do you choose a more informal approach?
  - why then – what factors dictate this approach?
    - *probe*: the type of person, their role, something specific that has happened at work, something specific that has been reported about them, something else...
- How does the process continue in terms of your involvement?
- Is it a 'one-off' in terms of your input, or more of an ongoing process?
- What support can be offered to staff currently?
  - *probe*: signposting to another organisation/department, meeting with staff to talk things through, making calls for them, etc.
  - when does this work well – and when doesn't it work so well
- Do staff members tend to take up the support (or is it enough for some just to have spoken about things)?
- What do you think of what staff are offered?
  - from your perspective and from the staff member's
  - likes and dislikes
  - how useful is it / how relevant is it
  - does it help – how/why does it help / not help
- What do you think is the best help that can be offered to staff in this situation?
  - why is it the best help/support – how does it really help
  - who does it work well for – what types of staff / problem
- What doesn't work as well?
  - why does this not work as well
- Is there anyone/any organisation that you would have expected would or should provide help with financial issues for staff, but who don't? Who? What would you expect them to do?

Job no: 1571

### 3. NHS GGC and offering support

(15 mins)

*Let's talk through what NHS GGC offers staff in terms of help or support with money worries and finances*

- Before we look at what is done now, or could be done – *should* NHS GGC offer help to staff on this subject? Why?
  - *If it is something that should be done: Why should it be done?*
    - probe: is it because of something practical (e.g. better work from staff, less absenteeism etc), or because of an employee duty of care
  - *If NOT something that should be done: Why should it not be done?*
    - probe: is it because of a practical aspect, or expertise, or does it not feel right (is it nothing to do with an employer)
  
- If we think of when and how an intervention is made: what *should* the triggers be for you to intervene with staff in this matter? Why?
  - who should intervene – which department or level
  
- What do you think needs to be done in order for you to be able to work successfully with staff and help them if they have money worries?
  - let's start with: what are you advised to do for staff in this situation
  - is this appropriate and does it work
  - what changes to policy would you recommend to improve this – why
  
- What resources do you need to help staff in this regard?
  - what resources do you have to hand now
    - what do you think of them – good and bad points
  - what resources will you need in the future
    - what would work best
    - what don't you need – what works least well
  
- What training is needed to help you respond appropriately to staff?
  - is this currently available to you – how good is it
  - what's missing, what training would help – why
  
- What communications would help you to provide the service to staff?
  - how do you want to be informed and how should staff be informed
  - if you were pulling together such a scheme what would you be telling staff in order to raise awareness of how and what help they can receive and to encourage them to speak up / do something about their worries

#### **SHOW SHEET WITH MONEY WORRY SUPPORT SUGGESTIONS**

*This sheet shows different potential aspects of a service to support staff with money worries. Do you have any thoughts on what might work, or not work.*

Job no: 1571

**Work through:**

- Let's start with **what the service might cover (1)** in terms of the types of information about different aspects of someone's finances:
  - does it cover what you would expect – more/less
  - is anything missing, does something need to be added – what and why
  - should anything be taken off the list – what and why
  - **should relationship advice that may be linked to money worries be included in the financial inclusion remit – why, why not**
- Now let's think about **what the service should provide or 'do' for staff who need the service (2)**. What do you think the service should actually 'do' for staff in this situation?
  - what are the pros and cons of each of these
  - any thoughts on how this could work
  - does the level of involvement that you would need to put in play a role in how you would see what such a service should do – why
  - are there any practical considerations when thinking about whether and what type of support NHS GGC should offer staff – what and why
- Next is **how it should be made available (3)**:
  - do they work and would you suggest anything else – what and why
- The last thing to think about is **where someone would find or access the service (4)**. What do you think of the thoughts given here?
  - do they work and would you suggest anything else – what and why
- How should they let staff know about the service?
  - *probe*: posters, on the ward, intranet, somewhere else off site, etc.
- 4. Overall and sum up (10 mins)**
- Thinking about NHS GGC offering help and support to staff on financial issues – do you think this is overall a good or a bad idea? Why?
- Should support and advice on financial matters be part of the overall staff wellbeing offer from NHS GGC?
  - *probe*: reasons why it should be / why it shouldn't be
- What does this mean in terms of the staff who have to deliver the service?
  - what do you need to see in place:
    - o what: policy changes (if any)/ resources/ training/ communications
- How can you see it being used? By whom – any groups in particular? Why?
- Where would you expect to see it?
- Is there anything that you'd say not to do in terms of offering such support? What and why?
- Final thoughts – anything we should tell the team?

**Thank and close – 60 minutes**

## Appendix 4: Showcard – Staff and Stakeholders

Job no: 1571

### **SHOWCARD**

#### **How should a NHS GGC service to support staff with money worries look?**

##### **1. WHAT should such a service help with?**

For example:

- Budgeting
- Debts / Loans
- Housing
- Mortgages
- Fuel
- Council tax
- Benefits
- Food banks
- Retirement
- Insurance
- Something else ...?

##### **2. WHAT should such a service 'do' – the level of information/service?**

For example:

- Signposting only – contact information/'where to go'
- Make initial contacts for people which they can then follow up on themselves
- Work through everything with someone
- Simply sort it all out!
- Something else ...?

##### **3. HOW should such a service be available to staff?**

For example:

- Meetings at the workplace
- Meetings at home
- A telephone call line
- Online
- Via webchat
- On an app
- Information to read
- Information to download
- Calculators to work things out (e.g. budget, benefits)
- Something else ...?

##### **4. WHERE should such a service be accessed?**

For example:

- HR department
- Line manager
- A dedicated office at each hospital
- Someone who is available to approach at certain times in different hospitals
- A request made online
- An email request system
- Something else ...?