

HELP – Health Equity + Learning Project

March 2026

Introduction

The Health Equity + Learning Project (HELP) sought to identify barriers that Aberdeenshire families face in attending healthcare appointments for their children, particularly those who have to attend regularly. As one of the routes to address child poverty, the project explores the lived experience of families living rurally and how that geography can impact access to healthcare. Annette Johnston, Tackling Poverty and Inequality, Aberdeenshire Council and Marjorie Johnston, Specialist Doctor, NHS Grampian applied for, and were granted, funding through the Child Poverty Practice Accelerator Fund through Scottish Government.

The project focussed on the Royal Aberdeen Children’s Hospital (RACH) but, understandably, a variety of health settings have been mentioned. The project began in October 2024 with a time frame of 18 months.

The project had input from:

- A lived experience, expert, panel of families living in Aberdeenshire facilitated by Agnese Carter, Poverty Rights Worker, Aberdeenshire Council meeting monthly March 2025 – March 2026
- Individual families who wished to share their experiences
- Aberdeenshire Council staff who work with and support families
- NHS Grampian staff, over a variety of roles
- Third sector and community groups who work with and support families
- The HELP board consisting of a combination of Aberdeenshire Council and NHS Grampian staff from a range of roles in both organisations
- Young people supported by Rachel Lewis, Youth Poverty Engagement Worker
- People sharing barriers at meetings attended with the Poverty Alliance
- Themes as identified by Healthcare Improvement Scotland in their engagement work

This report brings together a wide range of insights from across Aberdeenshire with the project supporting families Grampian wide. The comments highlight the realities faced by families—particularly those caring for children with complex needs—when trying to access healthcare appointments.

There has been a variety of feedback and this report focusses on what people have identified as issues – areas that need to be addressed, with some suggested solutions. We would like to thank everyone who has contributed to HELP.

The lived experience panel were equal partners in HELP. The group agreed to work with staff focussing on experience and solutions, their time was recognised with flexible vouchers. The group managed a budget of £20,000 to address barriers in a practical way through tests of change (small time-limited projects to try out ideas). The expert panel decided to focus on the following themes:

- 1. Access to transport including returning home evening/night/early morning**
- 2. Access to food and refreshments when visiting the hospital**
- 3. Access to laundry on site at RACH (Royal Aberdeen Children's Hospital)**

Why these themes?

1. Many families need money up front to pay for their travel and associated costs. The financial outlay can be impossible for a long distance return trip that may need to be repeated over the month. (Families receiving certain benefits can claim reimbursement for their travel costs from the office at ARI, but this can take time, is paid retrospectively and the amount for car travel is low).
Families without their own vehicle discharged from hospital at night/early morning have experienced real difficulty getting home.
2. Families supporting a child in hospital face the added expense of food and meals away from home. Costs can be claimed back through the Young Patients Family Fund but, again, the need to pay up front is a real barrier for many families.
3. Access to laundry facilities as families may not be spending much, if any time at home. The test of change would increase the machines available for families to use.

One of the key barriers identified relates to a family's finances. A low income can have a significant impact on an ability to get to an appointment. This can affect – being able to afford transport, food and meals while away from home, childcare for siblings (available care and cost), if a parent/carer is missing work (reduced income/using annual leave/unpaid leave), costs and upkeep of equipment, forced car ownership (and the considerable costs involved with owning, using and maintaining a car). And the associated stress, stigma, worry and anxiety around these challenges on top of worry about the health of the child.

The expert panel chose to offer support to families in the following ways –

- Money available up front for the cost of transport to appointments for those that need it (and other costs associated with attendance depending on family circumstances). This funding was available Grampian-wide with information shared with people who support families and further afield. It is worth noting that HELP received calls asking for similar support to be provided to adults, this would reflect a wide need, and one beyond the remit of HELP. In addition to this, a free out of hours taxi service for families who are discharged in the evening/night/early morning and cannot access transport.
- To ensure access to food, meals and meal preparation for families in the Royal Aberdeen Children's Hospital (RACH) without cost for families on low incomes.
- To improve access to laundry services for families at RACH.

The expert panel then identified how these tests of change could be delivered. Possible partners were identified as the Welfare Rights team at Aberdeenshire Council for test of change 1, the Archie Foundation, onsite at RACH for tests of change 2 and 3.

Practical HELP

Test of Change 1

Cost of transport and associated costs which could relate to appointment attendance for example loss of income, cost of childcare was administrated by the Welfare Rights Team through their Cash First initiative, Aberdeenshire Council. Grampian families could self-refer or be referred by

anyone who supports the family for instance social work, a family member, school, community worker, health worker. Money was transferred in a way that worked for families to enable them to pay costs relating to appointments. A conversation with a member of the team (if the family were open to it) offered families the opportunity to talk about their circumstances and look at income maximization including a benefits check. Families could also learn what support might be available locally from third sector (charitable/community) organisations with the offer of a warm handover.

Families using HELP -

- A family who had previously missed appointments due to not being able to pay for their travel up front were able to use HELP to get to where they needed to be.
- Family struggling with the transport cost of 3 appointments within 2 weeks were able to use the fund.
- Family with appointments more than once a week with additional visits to adjust equipment.
- Costs family £50 return per trip to attend regular appointments for baby.
- 3 appointments in next 2 weeks, unable to use public transport due to health condition, taxi costs £80 per appointment.

The project was promoted through people who support families and social media with the scheme being taken up by families across Grampian.

Test of Change 2

Families noted that access to food and meals could be a struggle for families supporting their child while in hospital. Working with the Archie Foundation, funds were allocated for families on a low income to access refreshments on the wards, meal vouchers so parents/carers could eat with their child, vouchers to access food on site and ingredients to make meals at the family accommodation kitchen on site. Families can access the stocked kitchen in the family accommodation to make meals by asking staff for a pass.

Test of Change 3

Additional washer and dryer machines are being installed at the family accommodation at RACH for families spending time on site. This means that families don't have to travel home to wash pyjamas and clothing during a hospital stay.

Project development and outcomes:

- As at March 2026 over 22 families had used the transport element of HELP with half of the £5,000 allocated budget used. Families have said they would have been unable to attend without HELP support.
- The Archie Foundation have reported over 400 families using the food and meal elements of the project.
- Additional laundry equipment is being installed.
- As a result of discussions with the Archie Foundation, support for families on wards has been extended. Volunteers are on site Monday to Friday mornings and they offer a friendly face and a chance for families to chat. Volunteers can talk about support available on site

(including meal making, transport, help with form filling, help parents and carers to have a break, access to laundry, funds for transport if needed, especially if discharged at night). They can highlight support further afield, the Young Patients Family Fund (claim for the costs of travel and food relating to a hospital stay up to 3 months after) and support and equipment that might be of use to a family after a hospital stay.

- The Archie Foundation can provide a wide range of support, families can talk to them about travel, the cost of living, support over hospital stays, accommodation, counselling, signpost and more. Families can also contact the Welfare Rights team, Aberdeenshire Council.
- Healthpoint are now routinely asking families about financial circumstances and directing families to the Welfare Rights team where appropriate. Welfare Rights can support with food, childcare, dips in income (support to cover the gap where time is being spent around healthcare) and direct to other support, following up with the family at a later point.
- Aberdeenshire Council's history of working with lived experience groups links with NHS Grampian's Putting People First approach and has helped to strengthen partnership working, development of skills and experience.

Themes and barriers noted from discussions, HELP:

1. Access to food

- Families consistently described the rising cost of food as a significant pressure. Food options available within hospital settings were widely reported as expensive and for some, unaffordable. Accessing affordable food outside the hospital added further stress due to transport costs, time pressures, or needing to leave their child's bedside.
- Some families resorted to food banks following loss of earnings linked to hospital attendance or travel. Even then, accessing food banks often required transport that many did not have. A lack of kitchen facilities or meal support in accommodation for parents/carers also created additional challenges, especially during long hospital stays.

How HELP has approached these issues:

- Between November 2025 and Feb 2026, free food services were available to over 452 families, who stayed overnight in Archie's Family Centre
- Full access to free basic food items: free Tea, Coffee, Bread/Toast, Butter, Jams, Milk etc on a daily basis, all parents/carers have access to these basics within the Family Centre at any time of the day or night. These supplies are currently used by parents/carers staying in the Family Centre as well as by those staying on the wards, by their child's bed.

2. Money and finances

- Financial strain featured heavily across feedback. Families described facing high costs related to travel, childcare, food, accommodation, and essential items for their children's care. Reimbursement schemes could be difficult to access, slow to pay out, or restricted to those on certain benefits. Not all families who need support meet eligibility criteria. Some mentioned that the process was uncomfortable, particularly after a long day at the children's hospital with a tired child and that handing over their phone to prove receipt of benefits was stigmatizing.
- Complex forms requiring a large volume of information. Digital-only systems were also a barrier for those with limited literacy or digital access.

- Some families reported the need to take unpaid leave, reduce working hours, or leave employment entirely to manage their child's care. Others rescheduled appointments to coincide with payday so they could afford petrol, highlighting how financial insecurity was directly limiting access to healthcare.
- Childcare costs for siblings.

Support available and how HELP has approached these issues:

- The Archie Foundation can provide equipment and a variety of support, including financial help, to families.
- Families discharged out of hours (when public transport might be limited) can access transport by speaking with staff. (HELP funding)
- Worrying about Money? leaflets on site raise awareness of available support.
- For families who have a child staying at RACH there is family accommodation available at no charge. If the accommodation is full, families can speak with Archie staff to find an alternative.

3. Transport

- Transport emerged as one of the most significant barriers, with cost significant for many. Some families live in rural or remote areas with bus routes they can't reach, limited or unreliable public transport, requiring multiple buses and long connection times. For some, journeys that would take one hour by car stretched to three hours by bus. Bad weather and changing bus routes added further unpredictability.
- Young people also echoed these issues describing infrequent, unreliable bus services that made attending appointments or education extremely challenging.
- Some bus routes may have a journey out but no return that day.
- Public transport not suitable for some families (see 'Health').
- Some families without access to a private vehicle rely heavily on expensive taxis or lifts from family members. Wheelchair- accessible transport was inconsistent, and some families missed appointments simply because accessible buses were not available. Where a wheelchair accessible bus is available, the space may already be taken by a buggy or someone else. Being unable to book this space adds further uncertainty to the logistics of appointment attendance. With all of these factors (and more) a possibility, some families have no choice but to own a car for appointment attendance.
- Community transport varies from area to area and Transport to Healthcare Information Centre (THInC) can provide guidance to community transport. These charitable organisations can provide travel to and from appointments although currently it is difficult to identify those who may be able to transport families. Each organisation has volunteers at its heart, and many use their own private vehicles, some have buses, some have wheelchair accessible vehicles. The Health & Transport Action Plan and forum would be a great resource to tap into to explore what support is, and could in future be, available for families.
- Parking at hospital sites—especially Foresterhill—was described as stressful and unsuitable, particularly for families with disabled children or larger vehicles. Several parents/carers felt disabled parking was insufficient or misused with wheelchair accessible vehicle spaces often full. The distance from vehicle to hospital can be very challenging, especially as some walkways at Foresterhill are on a slope.

Suggestions made included – bookable patient transport.

How HELP has approached these issues:

- Providing Grampian-wide support from the Aberdeenshire Council Welfare Team families have been able to discuss challenges and get the support they need.
- Provision of a NEW free out of hours Archie Taxi Service, available through the clinical staff with a unique PIN code, enabling children to be discharged asap, avoiding prolonged stays where possible, and addressing the issue of costly travel for low income families in Aberdeenshire.

4. Work

- For adults in employment, work commitments could make appointment attendance challenging. Parents/carers reported employers who struggled to understand the time involved in long-distance travel or repeated hospital visits. Parents/carers often had to use annual leave or take unpaid time off, leading to financial losses and added stress. In some cases, the burden was so great that parents/carers had to give up employment entirely.
- For single-parent/carer households or families with multiple children, attending appointments could require complex rearrangements of work schedules, childcare and school routines. An appointment can mean two adults are needed, particularly if there is more than one child in the family.
- Freelance work could help a family's flexibility around appointments, but equally could result in a loss to the family income. We heard from one family who reported cancelling work, arriving at the hospital to learn that their appointment had been cancelled.

How HELP has approached these issues:

- Through Welfare Rights, lost income, childcare and other costs can be addressed.

5. Needs of the Child and Family

Families caring for children described a range of challenges. These included:

- Managing appointments with multiple children including siblings with additional needs.
- Insufficient support for siblings during appointments. Could play specialists support?
- Difficulty finding suitable childcare during hospital visits.
- Emotional strain based on past negative experiences.
- Language barriers for migrant or refugee families.
- Lack of understanding of children's needs, particularly for those who are neurodivergent.
- Situations where parents/carers felt dismissed, unheard or not believed. The need for parent's/carer's expertise about their child to be heard, for instance a suitable environment for the child, speaking to the child not the parent/carer, understanding and appreciating that every person is an individual and avoiding assumptions.
- Families expressed a strong need for more compassionate communication, greater consistency in care, and improved recognition of the emotional, social, and practical realities of caring for a child with complex needs.

How HELP has approached these issues:

- Staff have said that they are flexible where they can be and options will be explored appropriate to the appointment, staff training is available relating to income maximisation and poverty, inequality and health. A variety of training with these themes is being explored. The learning from HELP is being taken to the relevant departments and staff.

6. Appointments

Accessing appointments—whether GP, specialist, or hospital-based— could be a significant source of stress. Key issues included:

- Long waiting times.
- Missed appointments due to transport difficulties and lack of funds.
- Families arrive at hospital to discover their appointment has been cancelled.
- Appointment times incompatible with work or school schedules (especially when factoring in distance).
- Inflexible booking systems and difficulty re-scheduling.
- Families suggested that bundling appointments into a single day, offering more local or outreach clinics, improving communication and expanding video consultations would significantly reduce pressure.
- Lack of coordination and communication between departments.
- Reduced local clinics leading to long travel distances.
- Difficulties with online booking and understanding appointment letters.
- Letters giving short notice for appointment time.
- Children being discharged (e.g., from CAMHS) due to non-attendance without exploring underlying barriers.
- An example of a family who had missed appointments. A child protection concern was raised with a multi agency meeting called. No one had asked the family why appointments had been missed. The family, when asked, said they were unable to pay for travel. Speaking with the family could have alleviated stress, time and saved costs.
- Examples of poor communication such as unclear phone pathways, unhelpful triage systems or vaccination appointments repeatedly rescheduled to unsuitable times with no way of speaking to the person making the booking contributed to frustration and, in some cases, missed care.
- Appropriate equipment available for the appointment such as hoists.
- Constant changes in life can impact an appointment time that previously worked for a family when they agreed it for example if a sibling has an issue at school that day.
- Whilst some families had been offered suitable appointment times, some repeatedly described a feeling that systems lacked empathy, that they were not heard, that systems were not flexible.
- Even when a note has been made about availability, appointment times are still sent that don't work for a family (and then all the subsequent extra work around a time that is incompatible).
- Customer care needs to be improved, the staff need to understand how to talk directly to a range of people.

Translation (verbal language and British Sign Language) - it is important that children and relatives are not put in the position where they are expected to translate for staff and their family member in a medical setting (GP, hospital). [Improvements reported on this theme].

7. Health

Many comments highlighted how health conditions themselves make accessing services difficult. Children with weakened immune systems could not safely use public transport. Families in rural areas worried about long journeys in bad weather with unwell children.

- Some described experiences where remote or photo- based diagnosis had led to concerns about accuracy. Others felt that services such as mental health support were inaccessible, or conducted in ways that did not consider the child's needs.
- Families requested clearer guidance about where to seek help (GP, pharmacist, 111, emergency services), as inconsistent messaging increased anxiety.
- Neurodivergent children need better informed support with reasonable adjustments, suggestion of notes being added to files so staff can see how best to approach the appointment
- Families may have a variety of health issues, with a variety of appointments. Working out what to prioritise when timings clash and funds are stretched can be extremely difficult so flexibility can reduce stress and make the logistics more manageable.
- Long hospital stays can be challenging in many ways and create significant family stress.

8. Technology and Processes

- Complex benefit applications (HC5 form, Young Patients Family Fund, reclaiming travel expenses), forms and information can be hard to find.
- Inability to speak to the person booking appointments (in some cases).
- Unclear pathways for complaints or concerns (GP surgeries and NHS).
- Travel reimbursement processes that felt stigmatizing or difficult to navigate including having to hand over mobile phone to confirm benefits entitlement after waiting in line with a tired child. Could this be done online?
- Near Me/video/phone where appropriate could be helpful where families have the equipment (and a good signal) and a suitable space available.
- Appointment letters could highlight support available to families – this could have a significant positive impact for families and attendance. [Signposting to THInC is included in appointment letters).

9. Other concerns highlighted included:

- Families with insecure visa status struggling to access support.
- Situations where basic care and compassion were lacking on ward (a parent sat in clothes covered with vomit for 2 days. No one asked her if she needed help, wanted to get changed, wanted something to eat and drink. No support offered).
- Parents/carers feeling dismissed or judged.
- Emotional and financial impact of long-term stays in hospital.
- Praise for play workers and nurses who provided consistent, supportive care.
- Finding care for pets, especially if appointment runs longer than expected.

In a survey with NHS Grampian staff they noted, understood and empathised with challenges that families face. Some staff had said they worried 'about causing offence when talking about costs/money'. A 'routine enquiry' could remove this barrier – all families being asked the same question and ensuring all families have the support they are entitled to. Health visitors 'Discuss family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services' as part of their public health role. (see Financial Inclusion Referral Pathway Kit). 'Using positive language and telling people this is a service available for all, can also help reduce stigma and increase uptake of advice services'. Support is available through the 'Worrying about Money?' leaflet and training is available for staff through TURAS.

Timely knowledge is crucial when it comes to ensuring people get the information that is right for them (any database, information or contact list has to be managed and kept up to date). 'There is a lot of support out there but people aren't always aware'. Information can be hard to find – speaking to a person who knows the current support available can be key and prevent families from wasting valuable time. Volunteers from Archie are on wards Monday – Friday mornings, they can chat with families and let them know about available support and help with filling in paperwork where needed. Speaking with a person in Welfare Rights and/or Archie can offer insights and knowledge with an empathy that technology doesn't provide. (See contact details later in report).

For workers - ALISS is a national digital programme enabling people and professionals to find and share information on health and wellbeing resources, services, groups, and support in their local communities and online. Third sector interfaces can be great sources of local support knowledge, in Grampian these are AVA, ACVO and TSIMoray.

Training available for staff – HELP

Workshop delivered - Poverty, Inequality and Health training alongside the WORRYING ABOUT MONEY? Leaflet (exploring support that is available around Grampian); delivered by Jen MacRae, Welfare Rights Team Aberdeenshire Council, Emma Osterberg, Independent Food Aid Network (IFAN) with NHSG support from Cate Garrow, Fairer for Families Co-ordinator, NHS Grampian.

Other training

A 'working with lived experience group workshop' delivered by the Poverty Alliance and the Poverty and Inequalities team that will run again.

There is training available to NHS Grampian staff on the TURAS platform relating to stigma and health inequalities, with a variety of engagement training available and in development. HELP illustrates the importance of this training.

Training suggestions made by families and staff included –

- income maximisation and support available for families
- working with children and families with neurodivergency
- working with lived experience panels
- communication

HELP has highlighted the importance of staff being briefed and prepared for engaging with Lived Experience panels and this report highlights areas for improvement. With Putting People First

work we will see the approach further embedded with tools and support for staff relating to each of these themes.

Learning from HELP [including input from evaluation of project with A Place in Childhood]

- The Welfare Rights Team have reported many calls from adults hoping for financial support to get to appointments which illustrates a need beyond the small project of HELP.
- Changing room with hoists at RACH (not clearly signposted) and ARI (some families in need of the space weren't aware of it).
- Aberdeenshire Council supported and facilitated the expert panel group and processed vouchers for expert panel members. NHSG needs to manage a simple and timely process where participation of people on a low income can have their time recognised in the form of vouchers, PayPoint or a similar easy to access mechanism.
- Some of the established processes reinforce stigma for families for instance how travel reimbursement is claimed.
- We found people might use the same language but with different meanings with big organisations – important to ensure that people understand each other.
- There may be multiple reasons why a family cannot attend an appointment – it is in everyone's interest to help people to overcome any barriers they might experience to ensure attendance .
- The health appointments system is very complicated. Families being able to discuss how, where and when an appointment is booked will help to reduce issues.
- It can take a long time (months) to set up a lived experience group.
- A missed appointment can escalate into a situation where concerns are raised about the child – when there might be a simple barrier such as being able to pay for transport. It is really important that if money is a barrier it is identified and addressed to make things easier for everyone. When a family is trying to re-schedule an appointment, knowing the reason behind the change could avoid a similar issue in future.
- Re-scheduling an appointment – currently not logged as cancelled if it is postponed – this might lead to a long delay before an appointment is attended.
- Lived experience panels should be embedded as core business with an allocated budget, people working together on issues and working out solutions together. Making assumptions about what is needed can result in changes that still don't work for anyone.
- Engagement must be early, genuine, and well-supported. Participants repeatedly emphasised that engagement takes time, transparency is essential and regular feedback is critical to maintaining trust and empowerment. Tokenistic engagement was explicitly rejected by everyone. It needs a shared ethos, a willingness to change, positive relationships and a safe environment for honest discussion.
- Those involved valued openness, honesty, solutions-focussed with a realistic view of what can be achieved, appreciation that things, and changes, take time, especially when it comes to large organisations.
- 'Getting regular feedback is very important when you are part of a lived experienced panel, as it shows you are being heard, making a difference and it gives you a sense of gratitude and makes you want to continue to take part, and gives you confidence that changes will happen and makes the group feel empowered.'

Empathy and understanding from staff is provided and needed from all to ensure that families are given options that can make timings of appointments work for them.

- Distance, transport available and timing can mean that family has a small window in which they can actually attend on the day.
- If there other children in the family how does the appointment affect them (are they in school, does the appointment time mean they will need out-of-school-hours care, do siblings need to accompany the family and, if so, where will they be during the appointment, refreshments, toilet breaks for children, stress and more).
- A child in an appointment behaving in a way that it is stressful for everyone can increase the challenges.
- Parents/carers being pulled in different directions with competing obligations with conflicting appointment times for different family members and all the costs involved.

Conclusion

The HELP 'tests of change' have established support that will continue beyond the life of the project. The Welfare Rights team at Aberdeenshire Council will continue to support families using a cash first approach. They can be contacted on 01467 538555 or

welfare.rights@aberdeenshire.gov.uk

Support for families is available from the Archie Foundation – contact 01224 559559

hello@archie.org. They have secured further funding for the food and travel elements of the support that families might need and will continue to do so as part of their work.

NHS Grampian is sharing the learning from HELP to improve the experience of families accessing health services. We want to build on what we have learned from HELP to deliver further lived experience panels and relational approaches and this will be part of the plan for Putting People First activity in the year ahead. We are also keen to find opportunities to strengthen our working with the Aberdeenshire Tackling Poverty and Inequalities network who have been an excellent learning partner.

The feedback in this report paints a powerful picture of some of the pressures faced by families navigating healthcare for their children. This report will not articulate all that people experience. Many issues are interconnected: transport difficulties increase financial strain and length of time needed to attend appointments; financial stress makes appointment attendance harder; appointment challenges increase anxiety in what might already be an anxious time.

Families' experiences point clearly to opportunities for improvement, including:

- More flexible and coordinated appointment systems
- Expanded outreach and local clinics and online appointments (where appropriate)
- Improved transport support and accessibility
- Clearer communication and more compassionate interactions
- Financial support that is easy to access and acknowledges the costs associated with attending appointments (especially for those living rurally)
- Better recognition of the needs and support for neurodivergent children and those with complex conditions

HELP has found that while clinical care is often praised, the systems surrounding it can pose significant barriers for families, especially those living rurally. Addressing these would not only support families but also reduce missed appointments, stress and inefficiencies across the system.

Thank you to everyone who contributed to, engaged with, worked on and raised awareness of HELP. The barriers detailed here are complex, often inter-related and reflect what families and those that support them, have raised and talked about with the project.

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For further reading and information on themes mentioned in this report please visit:

The Archie Foundation
The Poverty Alliance
The Community Transport Association
ALISS A Local Information System for Scotland
Healthpoint
Financial Inclusion Referral Pathway Toolkit
Putting People First – NHS Grampian
THInC Transport to Healthcare Information Centre
A Place in Childhood
Third Sector Interfaces in Grampian – ACVO, AVA, TSI Moray

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