

# NHS Grampian

## Child Poverty Report 2025/26



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## **Executive Summary**

Child poverty continues to shape the health and wellbeing of children and families across Grampian. While many families are in employment, financial pressure, rising living costs, and unequal access to resources mean that too many children are still growing up in poverty. This has a direct impact on health, development, and future opportunities.

NHS Grampian's response is grounded in early intervention, partnership working, and a strong focus on reducing inequalities. Across universal services such as Health Visiting, School Nursing, dental care, and maternal and infant nutrition, families are supported in ways that recognise both their strengths and the challenges they face. These services provide a consistent foundation—building relationships, identifying need early, and connecting families to wider support.

Alongside this, targeted action focuses on families who are more likely to experience poverty, including lone-parent households, families with very young children, larger families, disabled children, minority ethnic families, and young mothers. This approach ensures that support is proportionate and responsive, offering more intensive help where it is needed most.

There has been clear progress during 2025. Direct referral pathways for income maximisation are now embedded across early years services, making it easier for families to access financial advice quickly. Cash-first approaches, including the *Infant Feeding in a Crisis* pathway, are providing immediate, dignified support at times of acute need. Partnership working has continued to strengthen, particularly through initiatives such as the Health Equity and Learning Project (HELP), which has worked alongside families to address practical barriers to accessing care.

At the same time, the report highlights ongoing challenges. Data and frontline experience show increasing financial stress for families, with impacts on mental health, nutrition, and housing stability. Inequalities remain evident, particularly for families living in more deprived areas.

Looking ahead, NHS Grampian will continue to build on this work by strengthening early identification of need, improving access to financial support, and deepening partnership approaches. Central to this is a commitment to listening to families and ensuring that services are designed in ways that feel accessible, respectful, and responsive.

## **1) Introduction**

NHS Grampian remains committed to reducing child poverty and narrowing health inequalities by acting on the three key drivers of poverty—income from employment, cost of living, and income from social security—alongside a sustained focus on the six national priority family groups.

This report outlines progress through 2025 across our core programmes, including universal early-years services (Health Visiting and Family Nurse Partnership), School Nursing priority

pathways, income-maximisation activity (including the Early Years Financial Inclusion Pathway and the cash-first *Infant Feeding in a Crisis* programme), Public Dental Services, and Child Healthy Weight. It also highlights the Health Equity and Learning Project (HELP), NHS Grampian's partnership with Aberdeenshire Council to identify and reduce financial barriers to accessing healthcare.

Recent data for Grampian shows that child poverty remains persistently high, with around one in four children in Aberdeen City living in poverty, broadly in line with the Scottish average, and lower but rising levels in Aberdeenshire and Moray. An estimated 20% of children in Moray and 16% in Aberdeen City are living in low-income families, highlighting sustained need across all three Health and Social Care Partnership areas. While employment rates are relatively high—with around two-thirds to three-quarters of children living in working households—this is not translating into financial security for all families. Around one in ten adults in employment earn less than the living wage, and financial resilience varies significantly, with just over half of households reporting that they are managing well financially.

Structural inequalities remain evident across the priority family groups. Lone-parent households account for a notable proportion of families, particularly in Aberdeen City, while larger families are more prevalent in Aberdeenshire. Deprivation is unevenly distributed, with Aberdeen City experiencing a higher concentration of children living in the most deprived areas compared to Aberdeenshire and Moray.

Housing instability continues to impact on children's wellbeing. Although the number of children assessed as homeless has reduced compared to the previous year, over 1,100 children were affected in 2023–24, and more than 250 children were living in temporary accommodation, with a marked increase in Aberdeen City. These pressures are reflected in frontline services.

Within this context, NHS Grampian data and clinical experience point to increasing parental stress, worsening maternal mental health, and rising presentations linked to poor nutrition and insecure or substandard housing. Poverty continues to be one of the most significant determinants shaping long-term outcomes for children across Grampian, influencing demand across maternity, paediatric, mental health, and primary care services.

Encouragingly, there is clear evidence of impact. Headline achievements in 2025 include:

- Streamlined, direct referrals for income maximisation embedded within Morse and Badgernet, improving access and timeliness of support
- 59 families supported through the cash-first *Infant Feeding in a Crisis* pathway since April 2025, all receiving a full financial health check
- Continued breastfeeding rates above the Scottish average
- Strengthening collaboration with local authority and third-sector partners

NHS Grampian's approach is aligned with *The Promise* and GIRFEC, with a strong emphasis on anti-poverty action and whole-family support. Delivery is targeted towards families most at risk of poverty, including lone-parent families, families with a child under one year, larger families, families affected by disability, minority ethnic families, and young mothers.

## **2) Legislative and Strategic Context**

Reducing child poverty is a shared responsibility across partners, and our work is shaped by a clear legislative and strategic framework that supports collective action and accountability.

### **Working together to meet our reporting duties**

Local Authorities and Health Boards are required to jointly publish annual Local Child Poverty Action Reports (LCPARs). These reports set out the actions we have taken—and plan to take—to reduce child poverty, with particular emphasis on increasing family incomes and supporting those groups most at risk of experiencing poverty and related inequalities. This report reflects NHS Grampian's contribution to our three local partnership LCPARs, demonstrating how health services are playing a full and active role alongside partners.

### **Focusing on what matters most for families**

The Child Poverty (Scotland) Act 2017 provides a clear national ambition, setting income-based targets to be achieved by 2030 and requiring regular delivery plans and progress updates. It also encourages a consistent approach—organising action around the three drivers of poverty and focusing on priority family groups. Our work continues to align with the Scottish Government's most recent delivery plan, *Bringing Hope, Building Futures*, which strengthens the focus on whole-family wellbeing and recognises that improving outcomes for children requires coordinated, family-centred support.

### **Taking a children's rights approach**

Child poverty is fundamentally a children's rights issue. The UNCRC (Incorporation) (Scotland) Act 2024 strengthens this by embedding children's rights in how services are planned and delivered. For NHS Grampian, this means not only responding to need but actively working to ensure that every child can grow, develop and thrive, free from the constraints of poverty.

### **Aligning our efforts locally and nationally**

This report reflects a joined-up approach, aligning with NHS Grampian's *Plan for the Future*, local Children's Services Plans across Grampian, and key national frameworks including GIRFEC and *The Promise*. Together, these provide a consistent foundation for delivering services that are preventative, relational, and centred on the needs and strengths of children and families.

### **3) Governance and Methodology**

**Governance:** Oversight of this work sits with the Children’s Health Board, with programme-level governance through relevant directorate leadership groups. Partnership activity is overseen within the three respective Integrated Children’s Services Partnerships.

## **4) Universal Approaches to Addressing Child Poverty in Grampian**

### **4.1 Income from Employment (Enablers and Early Help)**

#### **Universal Health Visiting Pathway (UHVP)**

The Universal Health Visiting Pathway (UHVP) provides every family with a consistent offer of support through 11 core home visits from pregnancy to pre-school. Across Grampian—and following its re-introduction in Aberdeen City in November 2025—this approach ensures that all families are seen early and regularly, building trusted relationships from the very start.

In practice, this creates opportunities for Health Visitors to notice when families may be struggling—whether with finances, mental health, childcare, transport, or access to services—and to respond early. Families can be connected more quickly to the right support, helping parents to enter, sustain, or return to employment where this is right for them.

Alongside this, Health Visitors support key areas such as parental mental health, safe sleep, immunisation, infant feeding and early child development. These are all important building blocks for children’s wellbeing and help create the stability families need to engage with work and wider opportunities.

The UHVP provides a strong foundation by combining universal support with a more tailored response for those who need it most. This preventative, proportionate approach means families at higher risk of poverty can be identified earlier and supported in ways that reduce inequalities and improve longer-term outcomes.

#### **School Nursing**

The refocused School Nursing service supports children and young people across ten national priority areas, including emotional wellbeing, homelessness, domestic abuse, substance use, young carers, and care experience.

School Nurses often work with children whose circumstances mean they are more likely to experience the impacts of poverty. By building relationships with young people and working closely with families and partners, they are able to identify concerns early and offer support before difficulties escalate.

This support helps reduce barriers to learning, strengthens stability at home, and improves engagement with school. Over time, this contributes to better outcomes for young people, including improved life chances and future employability.

By focusing effort where it is most needed, while maintaining a universal service, School Nursing plays an important role in addressing inequalities and supporting children who are most at risk.

### **Child Healthy Weight (CHW)**

The Child Healthy Weight (CHW) service supports families to make healthy choices in a way that recognises the realities of everyday life, including financial pressures.

Practitioners use a comprehensive signposting toolkit to connect families with welfare advice, food support and local community resources. This allows families to access practical help quickly when it is needed.

For many families, this means being able to make the most of limited budgets while still supporting their child's health and wellbeing. By reducing cost-related barriers, CHW helps families to maintain healthy routines that might otherwise feel out of reach.

### **Child Smile & Public Dental Services (PDS)**

NHS Grampian continues to provide universal, free access to dental prevention and treatment for all children. This includes the routine provision of oral health packs, such as toothbrushes and toothpaste, helping families to maintain good oral health at home without additional cost.

Care is delivered in ways that reduce the pressures often faced by families, including fewer required appointments and more community-based care. This helps to minimise indirect costs such as travel, childcare, and time off work.

Child Smile remains a key part of this approach, offering consistent, preventative support across Grampian. By combining universal access with additional support for communities with higher levels of need, the service helps reduce inequalities and improve long-term oral health outcomes.

### **Breastfeeding and Maternal & Infant Nutrition**

NHS Grampian's approach to maternal and infant nutrition is grounded in UNICEF Baby Friendly Initiative standards, ensuring a consistent, evidence-based approach across services.

All families receive support, with additional focus offered in areas of greater deprivation. This means that families who may face more challenges—such as financial pressure or reduced access to support—can receive enhanced, tailored help.

By strengthening early nutrition, breastfeeding support, and wider wellbeing, services help give babies the best possible start while also supporting parents during a critical period.

## **5) Targeted Action for Priority Family Groups**

NHS Grampian's targeted work focuses on families who are more likely to experience poverty and its impacts. This approach builds on universal services by offering additional, tailored support where it can make the greatest difference.

In Moray, the Child Poverty Accelerator Fund (CPAF) project is supporting families in Elgin and Fochabers, where a high proportion of children live in lone-parent households. This locally focused work is designed to strengthen financial security, improve social connections, and support early child development. Learning from this project will help shape future approaches across Grampian.

For families with disabled children or additional support needs, services are working to make care more accessible and inclusive. This includes specialist training for staff and practical adjustments, such as longer appointments and gradual familiarisation with healthcare settings. These changes can make a significant difference in helping families access care with confidence and dignity.

Young mothers and families with a child under one are supported through a focus on early financial and nutritional support. This includes cash-first infant feeding pathways and improved access to income-maximisation services through midwifery and early years teams. Providing support early helps reduce pressure at a critical stage in a child's development.

Health Visiting and School Nursing teams also work closely with larger families and minority ethnic households. By understanding each family's circumstances—such as housing, food security, or language needs—practitioners can connect families to the right support more quickly and reduce barriers they may face.

Together, this work reflects a shared commitment to fairness—ensuring that families who need more support can access it in ways that feel timely, respectful, and responsive.

### **5.1 Cost of Living (Reducing unavoidable costs)**

#### **Cash-First Infant Feeding in a Crisis**

The Infant Feeding in a Crisis Pathway provides immediate, practical support for families experiencing acute financial pressure. By offering cash-first assistance on the same day, families can access essential items quickly, reducing the risk of situations becoming more serious.

In Aberdeen City, community partners are now able to activate this support directly, making the process faster and more straightforward for families. Clear communication between partners ensures that families continue to receive wider health and wellbeing support alongside this financial help.

Between April 2025 and January 2026, 59 families accessed the pathway. A number of families required ongoing support, highlighting both the level of need and the importance of responding early and in a way that maintains dignity and choice.

## **5.2 Health Equity and Learning Project (HELP)**

At the heart of HELP is a simple principle: families should not face financial barriers when accessing care for their child.

The project has focused on understanding the real experiences of families—particularly those living in rural areas—when attending healthcare appointments. Through working with a lived experience panel, families have been actively involved in shaping solutions and testing changes in practice.

Together, the panel identified key challenges that many families face: the cost of travel, access to food while in hospital, and practical issues such as laundry. These challenges often require families to pay upfront, which can be difficult or sometimes impossible, especially when appointments are frequent or at a distance from home.

In response, HELP has tested a range of practical supports. Families can now access funding in advance for travel and related costs, helping to remove immediate financial barriers. For those discharged late at night or early in the morning, a free taxi service has been introduced.

Support has also been expanded within the hospital, including access to meals and improved laundry facilities. Volunteers are now present on wards to provide practical help, information, and a friendly point of contact for families during what can be a stressful time.

Early feedback shows the difference this approach is making. Families have told us that they would not have been able to attend appointments without this support. Over 400 families have accessed food and meal provision, and more than 20 families have used the transport funding so far.

Importantly, the project has also strengthened routine conversations about money worries within services. Staff are now more confident in asking about financial circumstances and connecting families to wider support, including welfare rights services.

### **5.3 Income from Social Security / Financial Support (Income Maximisation)**

#### **Early Years Financial Inclusion Pathway (EYFIP)**

The redesign of the Early Years Financial Inclusion Pathway has made it easier for staff to connect families to financial support quickly. Through direct referrals within the Morse system, Health Visitors and Family Nurses can now link families straight to specialist advice services without delay.

This means families can access help sooner, reducing stress and improving financial stability at an earlier stage. Between June 2025 and January 2026, 52 families were supported through this enhanced pathway.

The approach is continuing to expand, with referrals now being introduced through midwifery systems and plans to extend access to other professional groups. This helps ensure that support is consistent and available wherever families encounter services.

#### **Health Visiting and Family Nursing**

Health Visitors and Family Nurses play an important role in opening conversations about money worries with families. These conversations are now a routine part of care, helping to identify financial pressures early and in a supportive, non-judgemental way.

With direct referral pathways in place, families can be quickly connected to financial support services, reducing delays and making the process simpler.

A well-supported workforce is key to this approach. All Health Visitors and Family Nurses have completed training to build confidence in recognising financial vulnerability and responding appropriately. This helps ensure that families receive timely, consistent support across Grampian.

#### **Best Start Foods / Grants**

Work to improve uptake of Best Start Foods has focused on understanding and addressing the barriers families face. In Moray, where uptake has been lower, local activity has included community engagement and targeted communication to raise awareness.

This approach helps ensure that more families receive the financial support they are entitled to, increasing household income and reducing pressure on family budgets.

#### **School Nursing (Targeted Financial Support)**

School Nurses continue to play a key role in identifying families who may need financial support and connecting them to appropriate services.

In Moray, this has included supporting young carers, children involved in child protection processes, and looked-after children—groups who are more likely to experience financial disadvantage.

This early identification is making a difference. For example, families have been successfully supported to access Crisis Grants at times of need, helping to reduce immediate financial pressure and prevent situations from escalating.

### **Dental – Child Smile & Public Dental Service**

Dental teams are also supporting families beyond clinical care. Training programmes have helped staff feel more confident in recognising when families may be struggling financially and in signposting them to wider support.

By delivering services closer to communities and reducing the need for multiple appointments, dental services help to limit additional costs for families, such as travel and time off work.

### **Maternal & Infant Nutrition / Breastfeeding**

Breastfeeding rates across Grampian remain positive when compared to national figures, reflecting consistent support across services.

However, data also shows that families living in more deprived areas are more likely to stop breastfeeding earlier. This highlights the importance of targeted support.

In response, services are strengthening their focus on communities in SIMD 1 and 2 areas, while continuing to offer support to all families. This ensures that those who may need additional help receive it at the right time.

	<b>Scotland</b>	<b>Grampian</b>		
	<b>2024/25</b>	<b>2018/19</b>	<b>2023/24</b>	<b>2024/25</b>
<b>Ever Breastfed</b>	68.5%	74.1%	76.9%	77.7%
<b>Exclusive BF at 10-14 days</b>	38.8%	45.1%	47.6%	48.4%
<b>Overall BF at 10-14 days</b>	60.3%	61.1%	67.2%	68.6%
<b>Exclusive BF at 6-8 weeks</b>	33.7%	38.8%	41.7%	42.3%
<b>Overall BF at 6-8 weeks</b>	50.6%	50.3%	57.7%	58.4%

Drop-off rates are reflected in the table below.

<b>SIMD</b>	<b>2018/19</b>	<b>2022/23</b>	<b>2023/24</b>	<b>2024/25</b>
<b>1</b>	<b>41.9%</b>	<b>30.28%</b>	<b>29.2%</b>	<b>32.2%</b>
<b>2</b>	<b>39.2%</b>	<b>29.00%</b>	<b>23.7%</b>	<b>31%</b>
<b>3</b>	<b>38.5%</b>	<b>26.87%</b>	<b>23.1%</b>	<b>26.6%</b>
<b>4</b>	<b>30.4%</b>	<b>22.44%</b>	<b>23.7%</b>	<b>21.5%</b>
<b>5</b>	<b>23.8%</b>	<b>19.58%</b>	<b>17.2%</b>	<b>17.9%</b>

## Health Promotion

Programmes such as the Tobacco Dependency in Pregnancy pathway continue to support families by improving health while also highlighting potential financial savings.

Through this work, families are supported to reduce costs and improve wellbeing at the same time, contributing to both health outcomes and financial resilience.

## 6) Equalities, Rights and The Promise

NHS Grampian’s approach to tackling child poverty is grounded in a strong commitment to equalities, children’s rights, and the principles of *The Promise*. Together, these provide a shared foundation for how services are designed and delivered—placing an emphasis on relationships, early support, and listening to the voices of children and families.

In practice, this means creating services where children and families feel heard, respected, and supported, particularly when they are facing challenging circumstances. The focus on Voice, Family, Care, People and Scaffolding helps to ensure that support is not only available, but is offered in ways that strengthen relationships, promote stability, and build long-term opportunities.

By bringing together The Promise, children’s rights, and a growing understanding of local patterns of inequality, NHS Grampian is continuing to develop an approach that is fair, responsive, and rooted in real experiences. This helps ensure that families who need the most support are identified earlier and can access help in a way that feels timely, dignified, and appropriate to their circumstances.

## 7) Measured Impact 2025/26

The following indicator show how this work is beginning to make a measurable difference for families.

Domain	Indicator	Period	Result / Comment
Income maximisation	EYFIP referrals to	Jun 2025– Jan 2026	<b>52</b> families referred (post-redesign; monitoring improved with new data-sharing)

	Health Point/Money Advice Moray		
Acute need / cost of living	Infant Feeding Crisis Pathway cases supported	Apr 2025– Jan 2026	<b>59</b> families supported; ongoing wrap-around care where needed
Health Visitor and Family Nurse Workforce	Bite-size learning on income maximisation	2025/26	<b>100%</b> of staff completed
Maternal & Infant Nutrition (MIN)	Clients advised on income max via Tobacco Dependency in Pregnancy pathway	2025/26	<b>35</b> clients received advice
Breastfeeding (national)	Any BF at 6–8 weeks	2024/25	<b>58.4%</b> (42.3% exclusive), rising and inequalities narrowing
Best Start Foods (national LA estimates)	Take-up (Moray)	2024/25	<b>~71%</b> ; improvement plan in progress locally

## 8) Planned Actions 2026/27

Building on progress to date, the following actions focus on strengthening what is working well and reaching more families who need support.

<b>A. Scale income maximisation</b>	
<b>Actions</b>	<b>Measures</b>
Complete full BadgerNet integration to enable direct Midwifery referrals to income-maximisation services, ensuring that all	Referral volume Source of referral

pregnant people and families with a newborn can access financial support without delay.	Uptake rates Financial outcomes
Extend the EYFIP to AHPs, widening the professional groups able to make immediate referrals for families at risk of financial hardship.  To strengthen impact, services will prioritise direct referrals over signposting, ensuring families receive active, supported connections to financial advice rather than optional guidance.	Referral volume Source of referral Uptake rates Financial outcomes
<b>B. Boost Best Start Foods uptake</b>	
<b>Actions</b>	<b>Measures</b>
Implement the findings from the Moray Best Start Foods (BSF) awareness survey by designing and delivering targeted communication campaigns in communities with demonstrably low uptake.  These campaigns will include tailored social-media messaging, partnership outreach through early-years services, and direct engagement with families identified as unaware of or uncertain about BSF eligibility.	Survey findings Engagement with families  Comparison between local uptake data and national BSF uptake
<b>C. Strengthen School Nursing pathways</b>	
<b>Action</b>	<b>Measure</b>
Maintain full delivery of the School Nursing service across all ten national priority areas, including emotional wellbeing, homelessness, looked-after children, domestic abuse, youth justice, young carers and other vulnerabilities, ensuring consistent support for school-age children most affected by poverty-related risks.	Direct referrals
Incorporate routine "money-worries" prompts into all School Nurse assessments and ensure that practitioners can make direct referrals to income-maximisation pathways, rather than relying solely on signposting.	Number of financial vulnerability prompts completed
<b>D. Sustain cash-first Infant Feeding Crisis Pathway</b>	
<b>Action</b>	<b>Measure</b>
Sustain and expand the Cash-First Infant Feeding in a Crisis Pathway by extending its tested model to community partners across Grampian, ensuring that families facing acute financial hardship can access same-day support regardless of location.	Quarterly pathway performance report  Tracking time from referral to support

	Number of repeat crisis episodes per family
<b>E. Continue SIMD-targeted infant feeding support</b>	
<b>Action</b>	<b>Measure</b>
Extend SIMD 1–2 targeted breastfeeding projects to additional locales, prioritising communities with persistently lower breastfeeding rates and higher socioeconomic vulnerability.	Exclusive BF rates at 6-8 weeks  Number and timing of early post-natal support touchpoints for families in SIMD 1-2 areas
<b>F. Dental access and cost-mitigation</b>	
<b>Action</b>	<b>Measure</b>
Maintain universal Child Smile coverage to ensure that all children—regardless of socioeconomic status—continue to receive equitable access to prevention-focused oral healthcare.	Proxy cost avoidance indicators: Reductions in emergency dental attendances
To better understand and address socioeconomic and practical barriers to attendance, dental teams will systematically record reasons for Did Not Attend (DNA) outcomes and implement barrier-busting solutions, such as offering alternative clinic locations, flexible appointment times, and transport-sensitive scheduling.	DNA reason categories  Number of adjusted appointments offered  Changes in attendance rates

## 9) Risks, Dependencies and Mitigations

NHS Grampian’s work to reduce child poverty sits within a wider context that is constantly shifting. Families’ experiences are shaped not only by local services, but also by wider economic pressures, geography, and access to support. Recognising these factors helps us to respond in a way that is realistic, flexible, and focused on what matters most for families.

The following risks and dependencies highlight where challenges remain, alongside the actions being taken to strengthen support and improve outcomes.

## **1. Benefit Take-Up Variation**

Local data shows that not all families who are entitled to financial support are accessing it. In particular, uptake of Best Start Foods in Moray remains lower than the Scottish average. This means some families may be missing out on support that could make a meaningful difference to household income and day-to-day living costs.

To address this, NHS Grampian is taking a more proactive approach. Rather than relying on signposting alone, frontline staff are being supported to have conversations about entitlements and to help families directly with applications where appropriate.

Progress will be reviewed regularly, using local and national data to understand where gaps remain. This will allow services to adapt quickly and ensure that more families receive the support they are entitled to.

## **2. Rurality and SIMD Limitations**

The Scottish Index of Multiple Deprivation (SIMD) remains an important tool for identifying inequality. However, in a large and diverse region like Grampian, it does not always fully reflect the experiences of families living in rural and remote areas. Pockets of poverty can be less visible, meaning some families may not be identified as needing support based on area-based data alone.

To respond to this, NHS Grampian is placing greater value on local knowledge. Information from frontline staff, service use patterns, and referral data are being brought together to build a clearer picture of need.

By combining data with lived and professional insight, services are better able to recognise and respond to hidden poverty, ensuring that support reaches families wherever they live.

## **3. Cost-of-Living Pressures on Families**

Many families across Grampian continue to feel the effects of high living costs, particularly in relation to food, energy and transport. These pressures can change quickly and often place additional strain on families who are already managing on low incomes.

This wider economic context increases demand for support and can make financial situations more unstable.

In response, NHS Grampian is maintaining a strong focus on early, practical support. Cash-first approaches and fast-track access to welfare advice help families receive timely assistance when they need it most.

This approach aims to reduce immediate financial pressure, prevent situations from escalating, and ensure that support is delivered in a way that maintains dignity and choice.

## **10) Conclusion**

This report demonstrates the important role that NHS Grampian plays, alongside partners, in addressing child poverty across the region.

Across both universal and targeted services, there is clear evidence of a system that is becoming more connected, more responsive, and more focused on what matters most to families. Early years pathways are strengthening how we identify and respond to financial stress, while initiatives such as HELP and cash-first approaches show how practical barriers can be reduced when services work closely with families and communities.

However, the wider context remains challenging. Many families continue to face significant financial pressure, and the effects of poverty are being seen more clearly across health services—through increasing parental stress, mental health concerns, and the wider impacts of insecure housing and rising living costs.

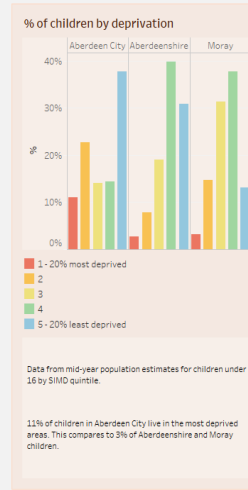
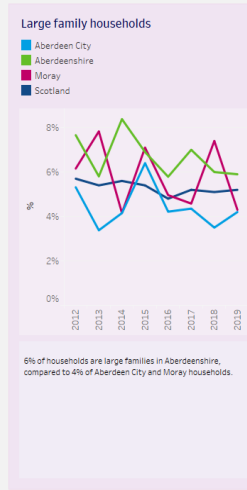
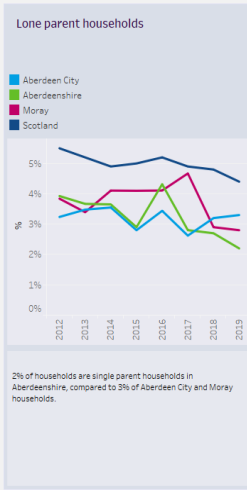
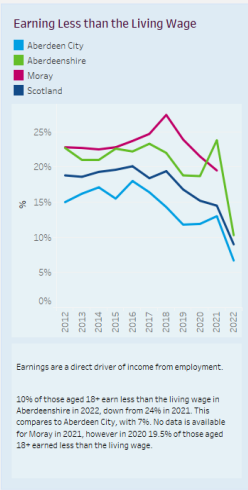
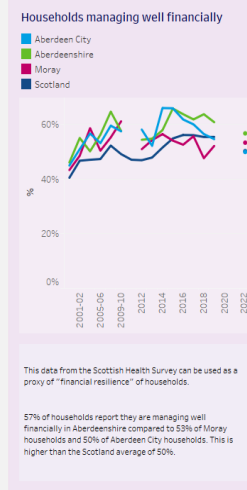
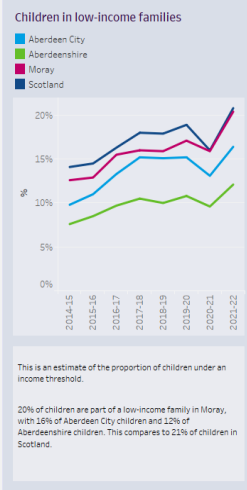
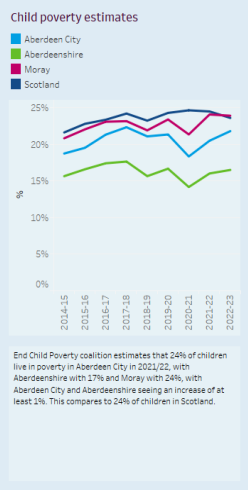
This reinforces the importance of continuing to act early, working together across organisations, and maintaining a strong focus on those most at risk of inequality. It also highlights the need to keep listening—to families, to frontline staff, and to communities—so that services continue to adapt and respond in meaningful ways.

There is strong momentum to build on. By embedding relational, person-centred approaches; improving access to financial support; and strengthening prevention across all services, NHS Grampian can continue to contribute to reducing child poverty and improving outcomes for children and families. This will require sustained focus, strong partnerships, and continued learning from families' experiences. Ultimately, the goal is clear: to ensure that every child in Grampian can grow, develop and thrive—regardless of their circumstances.

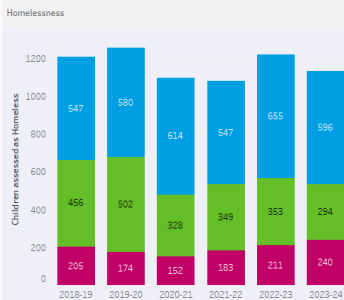
## **11) Annex**

### **1. Grampian Child Health Poverty and Homelessness Dashboard**

Poverty and Homelessness in Grampian, split by HSCP

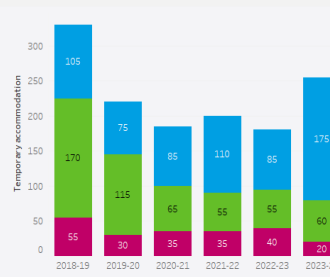


Data taken from Child Poverty Dashboard 2023 (Scottish Government), Homelessness in Scotland



1130 children were assessed as homeless in 2023-24. This is down by 89 from 2022-23.

255 children were in temporary accommodation in 2023-24. This is up by 75 from 2022-23, driven by a significant increase in Aberdeen City.



## 2. Health Equity and Learning Project (HELP) Final Report

Health Equity + Learning Project 2026 final version 31.3.26.docx

### 3. Grampian Infant Feeding Dashboard

