

Consultation question 1: What time period should the Financial Capability Strategy cover?

Our local Financial Inclusion Strategy is a 3 year plan but the proposed 5 year plan would I think be acceptable. However 5 years should be a maximum timeframe.

Consultation question 2: What is your view of the Financial Capability Framework?

The Financial Capability Framework needs further simplification. The language used is not easily accessible, eg Enablers and Inhibitors.

Consultation question 3: How far do you agree with the objectives of the Financial Capability Strategy?

The individual objectives were clear and concise. The system objectives need to be clearer.

Consultation question 4: What is your view of the financially capable behaviour domains?

The Financial capable domains were clear and described well. The chart produced was helpful and the language used was accessible. However using the term domain was a bit off putting it may be worthwhile considering an alternative term.

Consultation question 5: How important is it to measure financial wellbeing to help measure the impact of the Financial Capability Strategy?

The Financial wellbeing staircase was clear and easy to understand. If there was an agreement on this model it would be useful to have a standardised method of measuring which all organisations working in the field could use. This model would allow people themselves to assess their financial wellbeing and see improvement over time. Our project has focused on an holistic approach where as well as referring people for Debt Advice, work has also been done to assist people to have higher levels of resilience to plan ahead. In our experience this type of approach is more successful. The development of an agreed standard method of measuring financial wellbeing would be useful to use in evaluation of projects.

Consultation question 6: What are your views on the priorities for action that have been identified as a focus for the Strategy? Should any additional areas be added?

Vulnerable groups should be included in the priorities for action.

The current priorities for action are:

1. Children and Young People
2. Working age people who are Preparing for Later Life
3. Older people in retirement
4. People in Financial Difficulties

All of these sections because of their priority status then have consultation questions 7-14 asked about the priority group. Vulnerable Groups are barely mentioned in the section on People with Financial Difficulties but are difficult to find, placed in the Financial capability outcome frameworks at page 51.

In our experience if Mental Health is not the priority group then work is not done in this area. This is clearly illustrated by the arrangement of the consultation form itself.

Including Mental Health in the identified Vulnerable Groups is welcome and Vulnerable Groups should be added as an additional area in the section in the priorities for action (at page 17 Financial Capability Strategy 2014)

Section 7-14 – Taking the approach that Vulnerable Groups (Mental Health) should be one of the priorities for action. A section on this has been added by adding additional questions 23/24 . However some examples of where our work would fit in with the existing questions has been included.

Consultation question 7: How far do you support the Strategy's aim for children and young people?

The recommendations would be ones that we would support.

Consultation question 8: What is your view of the recommendations for action relating to children and young people? How could they be improved?

They could be improved by including Young Carers and working with established GAMH groups. Please find below a report done by them on why this should be a priority area.

Financial Inclusion Young Carers (Mental Health)

GAMH Young Carers Project supports those aged 12-18 caring for a family member with a mental health problem. This group faces barriers to jobs, leisure, social opportunities & poorer mental & physical health than peers.

The young carers experience home lives that are chaotic, materially deprived and dependent on benefits due to complex family physical, mental and addiction issues. Caring responsibilities vary from domestic tasks, to ensuring a suicidal parent remains safe and managing medication. Many of the young people themselves have learning, physical and mental health issues with most showing clinical levels of stress and often self harming. Young people have little social support, reporting loneliness and lacking emotional support from parents, most experience family breakdown, and around 20% have lost a parent through bereavement,

Supporting young people facing multiple disadvantages requires sustained and consistent commitment. National and local research shows that young carers experience multiple disadvantages in childhood that restrict life choices, including employment and career choices in later life. These issues are compounded for those supporting mental health or substance abuse issues who are specifically marginalised and likely to be living in families experiencing poverty, unemployment, and poor physical and mental health. (The Children's Society ("Hidden from View", 2011)(TCS, 2011). The Scottish Government estimate of 100,000 young carers in Scotland is likely to be underestimated due to the fear and stigma of identification (TCS,2011). Numbers and associated issues are set to escalate; the 20% increase in child carers overall, and an 80% increase in 5-7 year old carers over the past decade is highly likely to be reflected in Scotland (Office of National Statistics, 2011).

National outcomes are reflected locally; the 2011 report by the Director of Public Health for Glasgow (DPHR, 2011) identifies that inappropriate practical and emotional roles leave young carers vulnerable to poor health, demonstrated by a higher prevalence of educational, social and psychological problems. This often occurs in impoverished social settings, indicated by the 7 times higher child protection issues in this group (DPHR, 2011).

Family mental health issues create further vulnerabilities, many associated with poverty. The subsequent report by the Director of Public Health for Glasgow is unequivocal- poverty causes mental health problems, which, in turn, cause health problems and social exclusion (DPHR, 2013). 76% of young people engaged with the current project live in the most deprived postcodes in Scotland, with attendant lower expectations of training, education and economic activity (Scottish Government, <http://simd.scotland>).

‘More Choices, More Chances’ (2006) is the Scottish Governments policy aimed at reducing those classified as NEET which our proposed programme will support. Young Carers are identified as a priority group requiring a targeted approach, likely to be wholly economically inactive and progressing to chronic adult unemployment. Our own research identifies the lack of confidence and pessimism that underpins these issues

Consultation question 9: How far do you support the Strategy’s aim in respect of preparing for later life?

There would need to be further work done engaging with Older People experiencing or recovering from mental health problems to identify their priorities

Consultation question 10: What is your view of the recommendations for action relating to preparing for later life? How could they be improved?

Working with the successful, established GAMH Later Life Matters Project .

Consultation question 11: How far do you support the Strategy’s aims for older people?

Further work necessary see above

Consultation question 12: What is your view of the recommendations for action relating to older people? How could they be improved?

Further work necessary See note above

Consultation Questions 13: How far do you support the Strategy's aims for people with financial difficulties?

The strategy needs to include the priorities of people with mental health problems.

Consultation question 14: What is your view of the recommendations for action relating to people with financial difficulties? How could they be improved?

The recommendations for action need to have engaged with people with mental health problems, their carer's, and people from the Black and Ethnic Minority Community to identify their priority areas of action.

Consultation question 15: How far do you support the Strategy's aims in relation to the ease and accessibility of products and services?

See Question 16

Consultation question 16: What is your view of the recommendations for action relating to the ease and accessibility of financial services? How could they be improved?

It is our experience that there are barriers to accessing financial services, specifically advice by disadvantaged groups (people with Mental Health Problems)(Dobbie & Gillespie 2006, Dobbie & Gillespie 2009). GAMH would welcome being involved in further work with the Money Advice Service to identify, prioritise and propose solutions to address these problems.

Consultation question 17: How far do you support the Strategy's aims in relation to influencing social norms?

No comment

Consultation question 18: What is your view of the recommendations for action relating to influencing social norms? How could they be improved?

No comment

Consultation question 19: How far do you support the Strategy's aims relating to evidence and evaluation?

GAMH would support the growth of an evidence and evaluation culture across the financial capability sector. In our SLAB pilot project with our health partners an evaluation questionnaire was

developed using the MAS Debt Advice Evaluation Framework (MAS 2013) which was available at that time. After reading through this consultation draft there are resources here which could have been valuable when the project started. It is important that a common evaluation toolkit with standard outcome frameworks is developed. In our local project the aim was to collect information on outcomes which could then be compared in the field to create a common understanding of what works.

Consultation question 20: What is your view of the recommendations for action relating to evidence and evaluation? How could they be improved?

See questions 6 and 21.

Consultation question 21: How would your organisation like to be involved in further development of the Strategy?

1.

Identifying Priority Evidence Gaps. GAMH has a history of identifying service gaps and would be able to input in this area.

2.

Training and support for practitioners in using the common evaluation toolkit to conduct their own impact evaluation. Pilot impact of the Common Evaluation Toolkit evaluation with GAMH and partners. (Including the Adult Financial capability framework and the guidance and measurement tools.

This would identify the support, assistance and resources necessary to embed this within an organisation working with Vulnerable groups.

Bearing in mind it would be undesirable to create a one size fits all approach. In order to ensure they are robust and meaningful evaluations will need to be tailored to the particular objectives, client group and delivery model of the project.

The guidance and practical tools could be tested out in GAMH and partners . This would involve organisations with limited experience of impact evaluation. This would measure change in financial capability and financial behaviour and help inform Social Impact . GAMH is currently working with Citizens Advice Bureau network, the Independent Advice network and Health and could look at developing a shared language in this field.

3.

Involvement in the regional evaluation champions.

4.

Involvement in the community of practice forum for practitioners to share best practice.

Consultation question 22: What role do you see your organisation playing in the implementation of the Strategy?

Assisting with developing the strategy to include Vulnerable Groups (Mental Health)

Targeted groups, Workplace schemes, face to face debt work are all effective in our experience working with Vulnerable Groups.

The Intermediary focused programme working with Vulnerable Groups would be an area where further work would be useful.

They could be improved by including Vulnerable Groups in the current priorities for action.

Additional Questions 23/24

Consultation Questions 23: How far do you support the Strategy's aims for people with Vulnerable Groups?

GAMH would welcome People with Mental Health Problems being identified as a vulnerable group. This could include lack of information or knowledge while the physical access to services is noted there have also been identified barriers for people with mental health problems (Dobbie & Gillespie 2006, Dobbie & Gillespie 2009).

"Messenger Behaviour

We are heavily influenced by who communicates information to us.

Messenger effects are an important consideration for organisations working in the financial capability field – evaluations suggest that interventions are more likely to be successful if the person giving the advice is trusted." (pg 53 Financial Capability Strategy 2014)

It is important that interventions should recognise the degree of vulnerability and vulnerable groups may be more likely to accept help offered in a certain setting.

This has certainly been our experience with regard to accessing advice services GAMH staff being the trusted messengers in the first instance and advice workers meeting people in familiar settings.

The evidence of behaviour change from working with small targeted groups of young people might be more effective would reflect our experience working with Vulnerable groups.

Research has shown that people are more comfortable talking face to face than on the phone in cases of debt work and that would be our experience.

Intermediary focused programs

These aim to teach others how to deliver financial capability programmes and are important because of the messenger effect in behavioural insights model. If the messenger is trusted people are more likely to act upon the advice. GAMH has experience of bringing along for example, the

Credit Union Services to Groups to encourage savings. The GAMH worker is a trusted messenger and if members of the group also give first hand experience of the usefulness of the service people will listen and take advice.

We would agree that it is better to work with people who have already built up relationship with the client than try to build up that relationship from the start.

In addition a pilot where resources were provided could be looked at to see whether staff could deliver financial capability programs to vulnerable groups themselves.

Consultation question 24: What is your view of the recommendations for action relating to people with Vulnerable Groups? How could they be improved?

They could be improved by including Vulnerable Groups in the current priorities for action and taking on board some of the comments in question 23 (above).

References

Dobbie, L & Gillespie M (2006). *Meeting the Money Advice Needs of People in Glasgow with Mental Health Problems*. Glasgow: Scottish Poverty Information Unit. (Photocopy of Report submitted)

Dobbie, L & Gillespie, M (2009). *Financial Inclusion Development Project Evaluation*. Glasgow: Scottish Poverty Information Unit (Copy of Report attached)

Financial Capability Strategy (2014). *Financial Capability Strategy for the UK* [Online]. Available at: http://www.fincap.org.uk/consultation_events [accessed 21 October 2014].

MAS (2013). *Debt Advice Evaluation Framework*. London: Money Advice Service