



Poverty Proofing® Case Study: Medway Neonatal Service

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Introduction

The Neonatal Intensive Care Unit at Medway Hospital became involved in Poverty Proofing® after recognising that, while staff were aware of the importance of poverty and health inequalities, they knew relatively little about the financial circumstances of the families using their service.

Helen McElroy (Consultant Neonatologist) first became aware of Poverty Proofing through a Children North East presentation at an RCPCH symposium. The approach offered the service an opportunity to hear directly from families and staff and develop a clearer understanding of where financial hardship could create barriers within neonatal care.

“It seemed like the ideal thing to really investigate this and have a really good tool to give us answers and improve things here.”

Initially, the team expected travel and parking to be among the most significant issues. Families access the service from across Medway and Kent, including areas such as the Isle of Sheppey, and the team wanted to understand how the cost and practicalities of travelling to the unit affected families. However, the audit also uncovered barriers the team had not anticipated.

Understanding the Wider Impact of Poverty

One of the most important findings from Poverty Proofing was the impact financial hardship could have on communication and families' interactions with healthcare.

The team had expected the audit to identify practical barriers around travel, parking and accessibility. What was more surprising was the extent to which poverty, financial stress and stigma could affect how families receive information, ask questions and engage with staff.

“The challenges around how we communicate with them was more of a surprise... I think we were very much of the thought it was going to be travel, it was going to be parking, it was going to be accessibility.”

This helped broaden the team's understanding of poverty beyond financial circumstances alone. It highlighted the importance of considering how living with financial pressure can affect people's thinking, confidence and ability to process information, and reinforced the need for staff to approach families without assumptions.

Building Staff Awareness

Training formed an important part of the Poverty Proofing process and achieved particularly high engagement across the unit. Approximately 85% of the workforce completed the training, including significant numbers of medical and nursing staff.

The training was incorporated into the medical rota, with additional catch-up sessions available. Staff were also encouraged to recognise its relevance to public health, prevention and health-promotion requirements within their professional development.

“I loved the training and it was very eye-opening.”

The diversity of the unit’s workforce created particularly valuable discussions. Staff came from a range of countries, cultures and socioeconomic backgrounds and brought different understandings and experiences of poverty. For some, the training challenged assumptions about the extent of poverty within the UK, while colleagues with lived experience contributed their own perspectives on poverty and stigma.

These conversations helped staff consider not only the practical barriers families might experience, but also how their own assumptions could influence interactions with them.

Changing Everyday Conversations with Families

One of the clearest immediate impacts has been a shift in the way staff talk to families.

Following the training and audit, staff are increasingly asking families directly about the practical realities of attending the neonatal unit: how they travel, whether they are struggling to get in, who they rely on for transport and what support might make it easier for them to spend time with their baby.

Amy Skinner (Consultant Neonatologist) has seen this change particularly strongly within the nursing team.

“I’ve seen a huge immediate post-training change in how some nursing staff approach some problems.”

Staff are also thinking more widely about the circumstances of mothers who move between maternity and neonatal services, including whether they are able to return to the maternity ward for meals and pain relief.

Rather than conversations about financial hardship remaining hidden or being prompted by assumptions about a family's circumstances, staff are becoming more comfortable raising these issues openly and considering what the service can do in response.

"It's a lot more open and a lot less, 'Oh no, they can't afford to come in'... It's a lot more, 'Okay, they can't afford to come in, but can we do anything to help them be more present?'"

For the team, this represents an important change that can improve families' experiences even while some of the larger recommendations from the audit continue to be developed.

Turning the Audit into Action

The audit has provided the unit with a framework for translating learning into practical action.

Approximately six or seven multidisciplinary working groups have been established around priority areas identified through Poverty Proofing. Doctors and nurses have volunteered to participate, while members of the wider team have supported the coordination and monitoring of actions.

The process has also encouraged the neonatal team to build relationships with departments and organisations they had previously had relatively little contact with.

"We've had so many conversations with people who weren't aware of us as an entity here. So we're really just getting more known to other departments in the hospital."

The poverty proofing work has strengthened the relationship between neonatal and with maternity teams and connected the service with colleagues across catering, estates, accommodation, the unit charity and the Trust's wider inequalities work, as well as external organisations including Medway Council and community services.

Travel and Parking

Travel remains one of the most significant barriers identified and one of the most difficult for the service to address.

Families travel from across Kent, sometimes from areas with limited public transport. The Poverty Proofing process also highlighted a significant disparity in parking provision for patient groups within the Trust, and when compared to other Trusts in the Kent, Surrey,

Sussex Neonatal network. For example, Medway Hospital is the only hospital of 13 in KSS that does not provide free parking for parents who have a baby on the neonatal unit.

Although parking is subsidised this finding has strengthened an issue already being raised by staff. The team has widened the conversation to include medical and nursing leads, the Maternity and Neonatal Voices Partnership, Network colleagues and Bliss, with the aim of securing free parking and removing inequalities for their families

The service is also considering whether more outpatient care can be delivered locally to reduce unnecessary journeys for families.

Connecting Families with Financial Support

Poverty Proofing has helped the team develop new links with wider financial support.

Through Medway's Marmot Place Partnership, the unit was introduced to Medway Council's newly formed Welfare Benefits and Community Support Team who are now working closely with the neonatal team to help eligible families apply for financial support from the Crisis and Resilience Fund

"If they're a Medway resident, we can refer them to this team and they will get some financial help with that." Thinking to omit this reference as not quite accurate

The team has developed screening questions around finances, benefits, travel, that are used in a short discussion with families within 48 hours of admission

Those who would like support can then be referred to the Medway Welfare Benefits team where eligible. Further work is in progress to establish equivalent pathways for families living elsewhere in Kent.

Food, Accommodation and Communication

The audit has also opened wider conversations about the everyday costs associated with having a baby on the neonatal unit.

The catering team has agreed to provide 50 free meal vouchers each month. Although this does not meet the level of need across the whole service, it provides a new form of practical support, particularly for women who are rooming in and unable to return home.

The team is also exploring options for additional accommodation for fathers and partners.

Communication remains another priority. The service is considering options such as handheld translation devices and a staff language register to improve support for families whose first language is not English.

Strengthening Links with Maternity

Another important outcome has been a closer relationship between neonatal and maternity services.

The audit identified a disconnect between the two, despite families moving between them.

“One of the big things was our connection – or disconnect between us and Maternity.”

A joint working group has now been established. Through this work, the team discovered that maternity colleagues had not been routinely aware of the NHS Healthcare Travel Costs Scheme or the potential to refer eligible families for support.

The services are now working together on screening and referral processes, improving awareness of travel-cost support and better supporting mothers whose babies are receiving neonatal care.

Biggest Impact

While many structural recommendations will take longer to implement, the team believes Poverty Proofing has already created a meaningful cultural shift.

Staff awareness has increased, conversations about financial hardship have become more open and there is a greater willingness to ask families what barriers they face rather than making assumptions.

“There’s been a huge, very subtle shift in how we’re approaching our families.”

The audit has also provided a focus around which staff and partners can come together, creating new working groups and stronger relationships across the Trust and wider community.

For Helen, progress has required persistence. Some actions that initially appeared straightforward have taken multiple conversations and approvals.

The team has therefore adopted a longer-term approach to implementing the recommendations. However, the immediate shift in staff practice demonstrates that impact does not depend only on large-scale service changes.

Conclusion

The Poverty Proofing audit has given Medway Neonatal Intensive Care Unit a clearer understanding of how financial hardship can affect families throughout their neonatal journey.

While travel and parking remain significant challenges, the process has broadened the team's understanding of poverty to include communication, food, accommodation, stigma and families' ability to be present with their baby.

Crucially, the work has moved beyond identifying barriers. It has led to changes in everyday staff practice, multidisciplinary working groups, closer collaboration with maternity and new pathways into financial support.

Although some larger ambitions will take time, the service is already embedding a more poverty-informed approach to neonatal care – one in which staff are increasingly asking not only what is preventing a family from being present, but what the service can do to help.