

Fuse Quarterly Research Meeting

Intensive Advice Services:
What Impact do they have on
Health?

Exposing the impact of advice services on health and inequalities



Dr Sonia Dalkin, Natalie Forster, Dr Monique Lhussier,
Dr Phil Hodgson, Prof Susan Carr

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The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.



Aims:

- To give a brief **background** and **introduction** to the project
- To describe the **methods** used to meet the study aim
- To give you ‘a flavour’ of our **findings**
- To talk through some of the **impact** work

Introduction

- Reviews highlight evidence for the impact of advice services in improving mental health and well-being, daily living and social relationships (Burrows et al. 2011; Citizens Advice Bureau, 2014).
- There is some evidence for the impact of advice services in increasing accessibility of health services, and reducing general practitioner appointments and prescriptions (Palmer et al. 2012; Citizens Advice Bureau, 2012)
- Currently unknown: contexts and mechanisms through which advice services and associated financial or non-financial benefits may generate health improvements.

The Service:

- Evaluation of three intensive support services provided by Citizens Advice Gateshead:
 - Young People's service for people aged 16-25
 - Project for people with severe and enduring mental health conditions
 - GP referral project to facilitate access to advice for primary care patients

Theory driven evaluation

- ~ Policies and interventions/programmes are theories incarnate...
- ~ Evaluation is the process of testing those theories.
- ~ It is not interventions/programmes or services that 'work'. They offer resources to subjects. *And it is the subjects choosing to act on these resources that determine whether the intervention works.* Their choices, of course, are always constrained by wider social circumstances surrounding the programme.

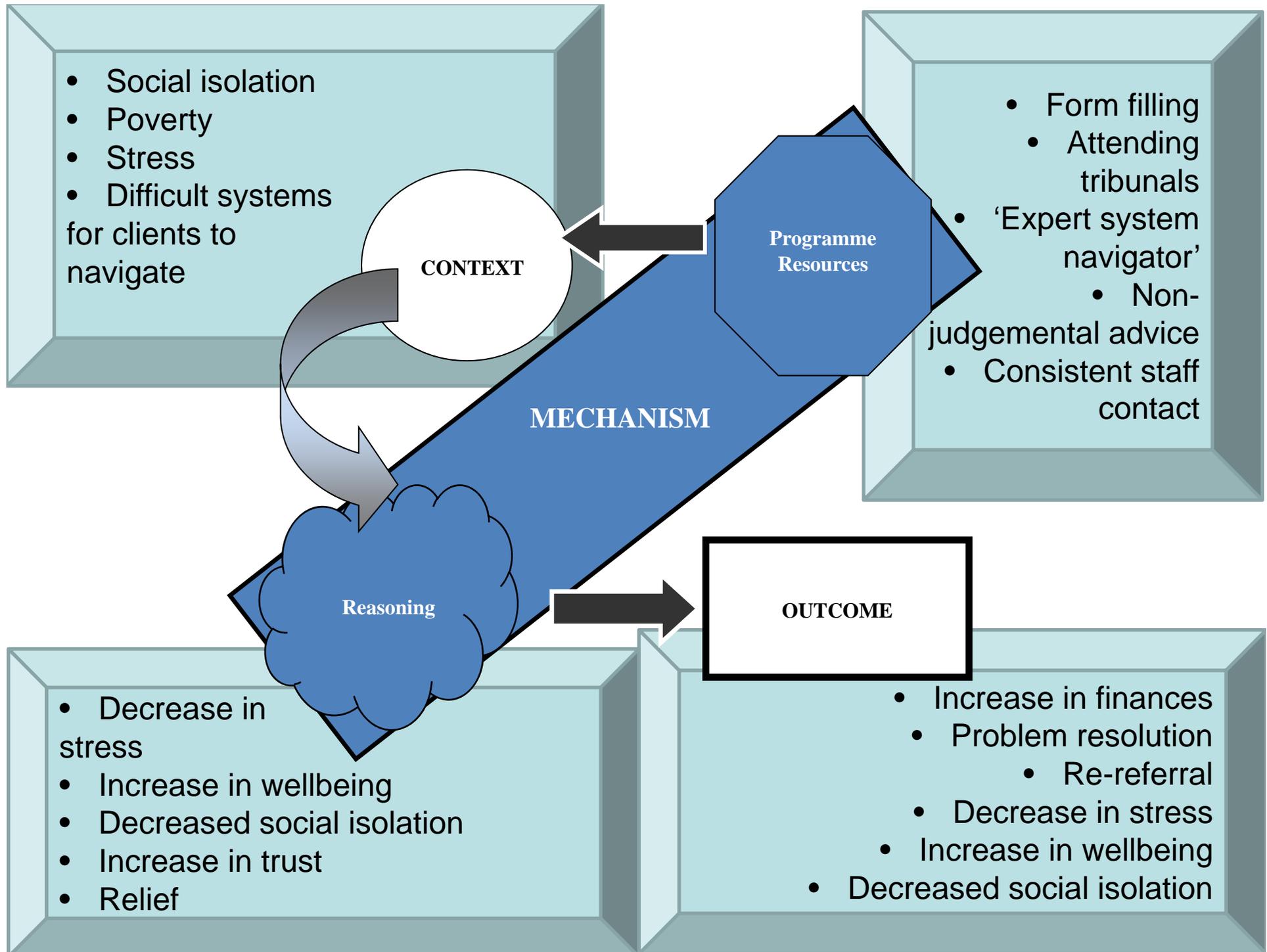
Evaluation needs to explore these active explanatory ingredients...

Realist Evaluation:

Step 1: develop programme theories

Step 2: test programme theories using quantitative and
qualitative data

Step 3: refine programme theories



How did we use realist evaluation?

5 study phases:

1. Developing programme theories (consisting of Context, Mechanism and Outcome)
2. Refining programme theories
3. Development of a bespoke data recording template to capture longer term impact;
4. Testing programme theories through empirical data
5. Verification of findings with a range of Citizens Advice and other voluntary services.

Aim: To build, refine and test an explanatory framework about how Citizens Advice Gateshead services can be optimally implemented to achieve health improvement.

Project phase	Methods
1. Building programme theories	Literature Interviews with Citizens Advice Gateshead staff (n=3)
2. Refining programme theories	Interviews with Citizens Advice Gateshead staff (n=3)
3. Development of a bespoke data recording template to capture long term impact	Collaborative work with Citizens Advice Gateshead staff
4. Testing programme theories with empirical data	Quantitative (questionnaire, n = 191, 91% follow up): <ul style="list-style-type: none"> • Perceived stress scale • Warwick Edinburgh Mental Wellbeing Scale • Lifestyle questions Qualitative: <ul style="list-style-type: none"> • Interviews with Citizens Advice Gateshead clients (n= 22)
5. Verification of findings with a range of services	Events with wider Citizens Advice Gateshead stakeholders (n=3)

Questionnaire Development

Collaborative process between Northumbria University researchers and Citizens Advice Gateshead staff

Conscious that questionnaire had to:

- Be applicable to all clients
- Be an appropriate length (for client and staff to complete)
- Capture relevant data

Questionnaire Development

- Wider scope was taken using a stress and wellbeing lens
- Focus on proximal outcomes
- This was applicable to all clients regardless of specific issue (housing versus benefits)
- Applicable to all clients despite 'numbers' – didn't matter if someone's debt was £100 or £10,000
- Consisted of validated questionnaires

Perceived Stress Scale (PSS)

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. In the last month, how often have you felt nervous and "stressed"?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?.....	0	1	2	3	4
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?.....	0	1	2	3	4
8. In the last month, how often have you felt that you were on top of things?..	0	1	2	3	4
9. In the last month, how often have you been angered because of things that were outside of your control?.....	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

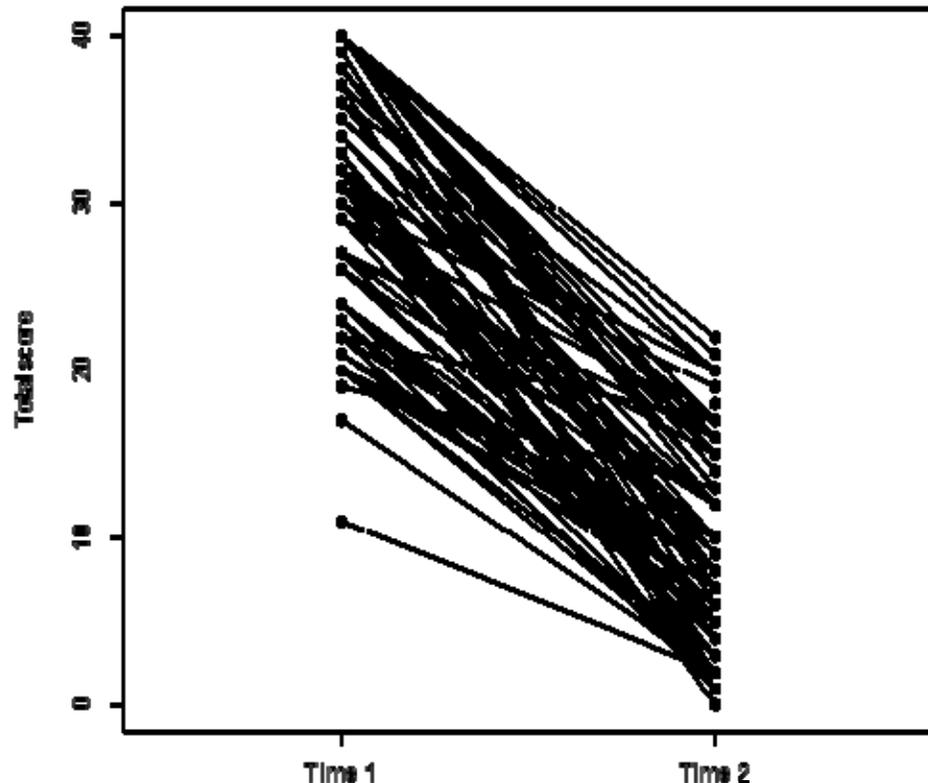
The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5



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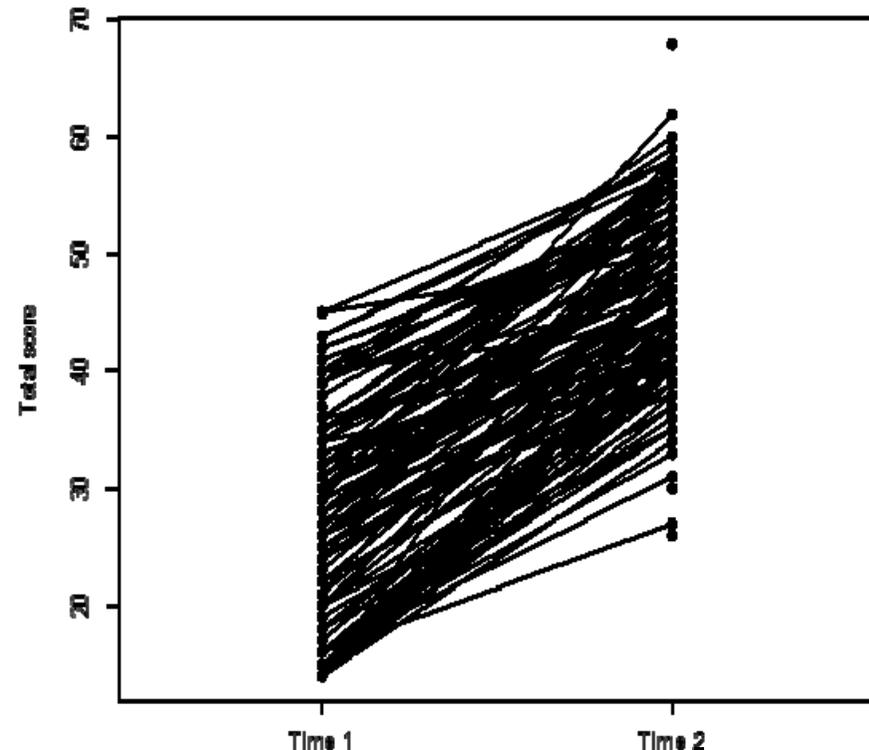
PSS data analysis



- PSS analysis showed a downward trend, indicating the **clients were less stressed on second visit**.
- Every client showed a decrease in their total score (min change = 5, max change = 36) with an average (median) change of 21.
- There was a significant difference between initial consultation and follow up ($p < 0.001$).

WEMWBS data analysis

- Scores were on average higher by 20 at client follow up
- Thus showing a **very** significant difference between initial consultation and follow up ($p < 0.001$).



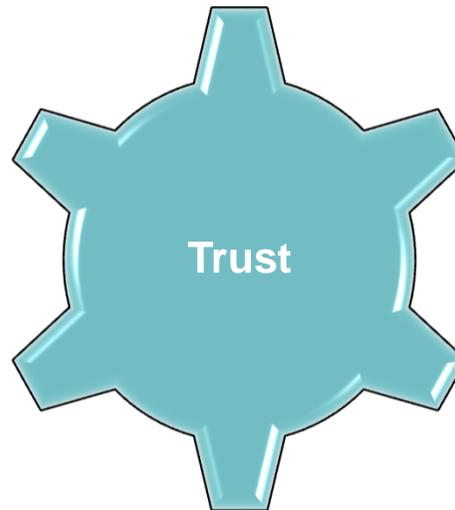
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3 main categories from the interview data:

1.



2.



3.



1. Capabilities

- Sen's (1985, 1999, 2004) capabilities model attempts to reflect wellbeing and quality of life within the boundaries of what a person is able to achieve, rather than using a standardised set of outcomes
- It suggests that Citizens Advice Gateshead changed client's capabilities, through the resources they provided
- This was captured under 4 refined programme theories

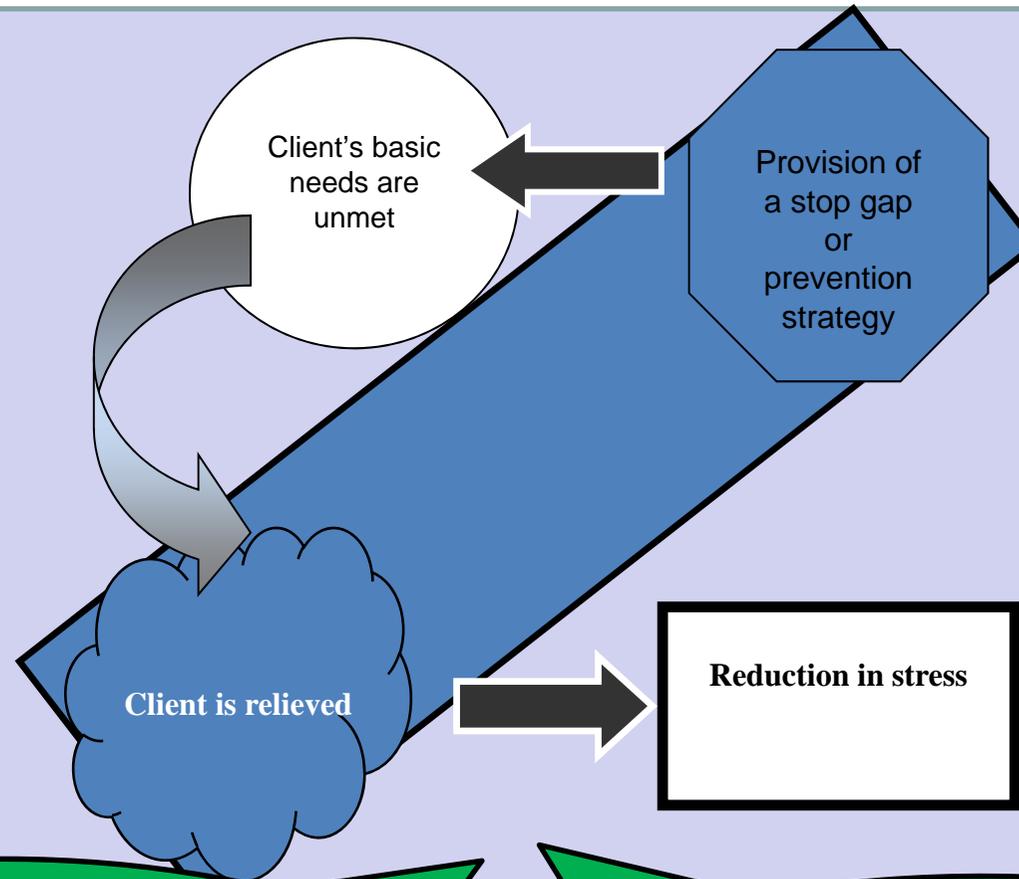


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1a. Stop Gap



"they helped is get er wey the benefits that, the benefit that I'm entitled to [...] I wouldn't of knew anything I would of ended up losing me flat you know what I mean, I would of ended up homeless and everything" [Client 22]

"Yeah, yeah, definitely. I mean... It's a difference between sort of struggling and not struggling really." [Client 17]

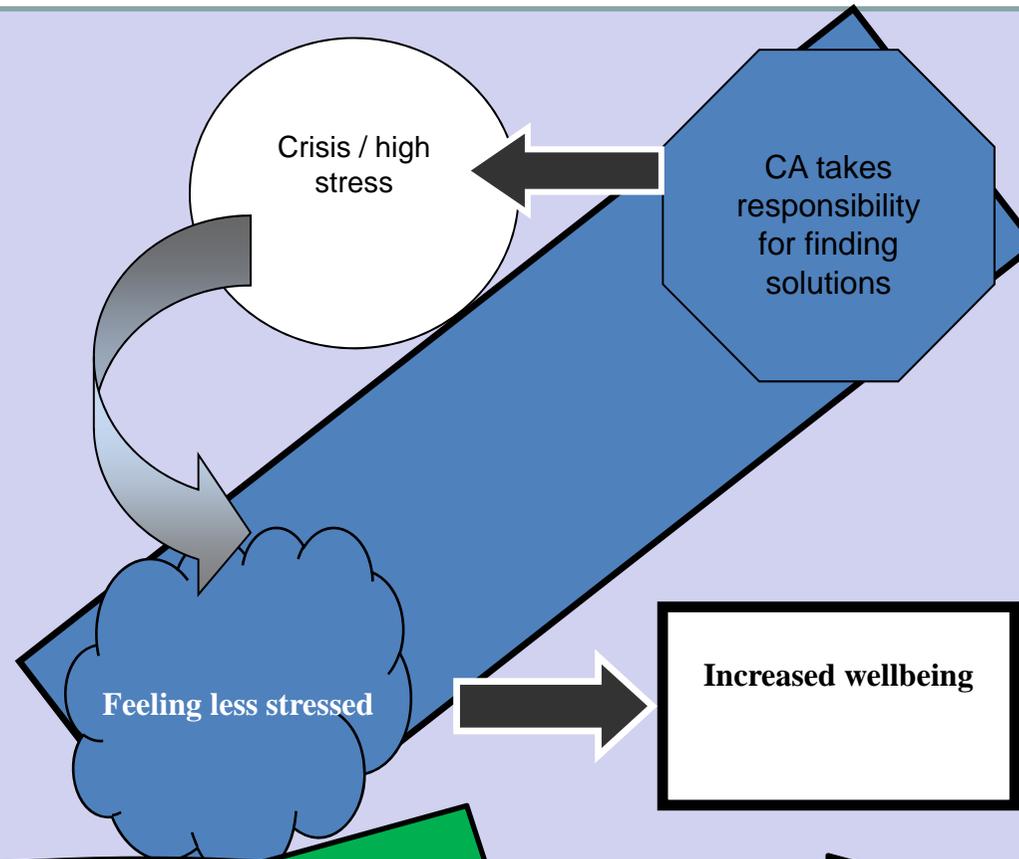


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1b. Stress



"Erm I don't know I think I just feel a lot happier than what I I that's why I call her our fairy godmother because if we're stuck or we have a problem I always sort of phone her and just say [adviser] I'm sorry to bother you but could I just run this by you and she'll go 'ahhh of course' and she'll advise the best way possible [Client 13]"

"Um I'm not stressed at all no, I'm more chilled out, just so just so a bit of advice" [Client 15]"

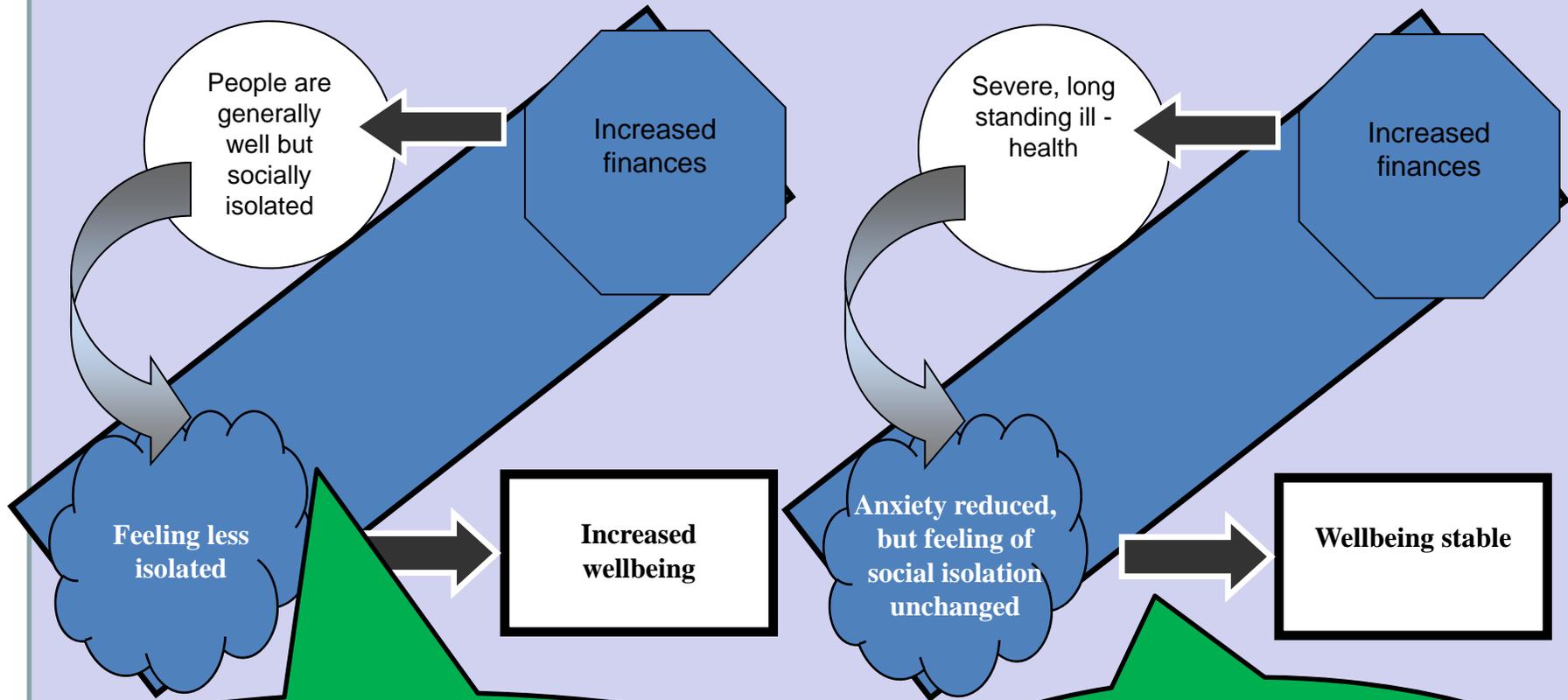


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1c. Increasing health and wellbeing / decreasing social isolation



"[if hadn't received extra income] we wouldn't of been to go out ... we saved up a bit money er so we can have a couple of days out" [Client 5]

"But at the end of the day it's just mo- it's just money it's not gonna ch- change anything is it, I'm still gonna be with a bad back the rest of me life." [Client 11]

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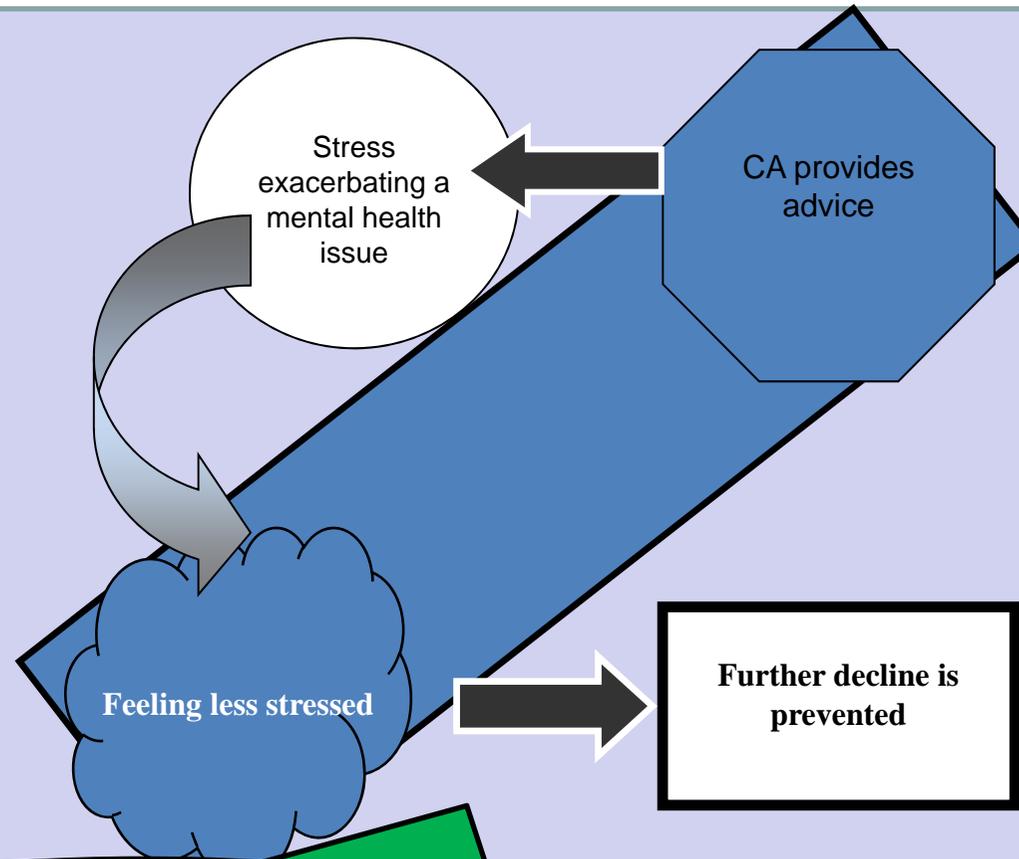


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1c. Mental Health



“Well my partner wouldn’t have been here. He wouldn’t have been here. Like, he was at the point, when your finances are so bad cos he was suicidal and he wasn’t right. So that (extra money and advice) made his life easier, and mine, it made us, like better.” [Client 1]



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2. Trust

- Hurley's (2006) Decision to Trust model suggests 6 different domains of trust, which were evident in the interviews with clients



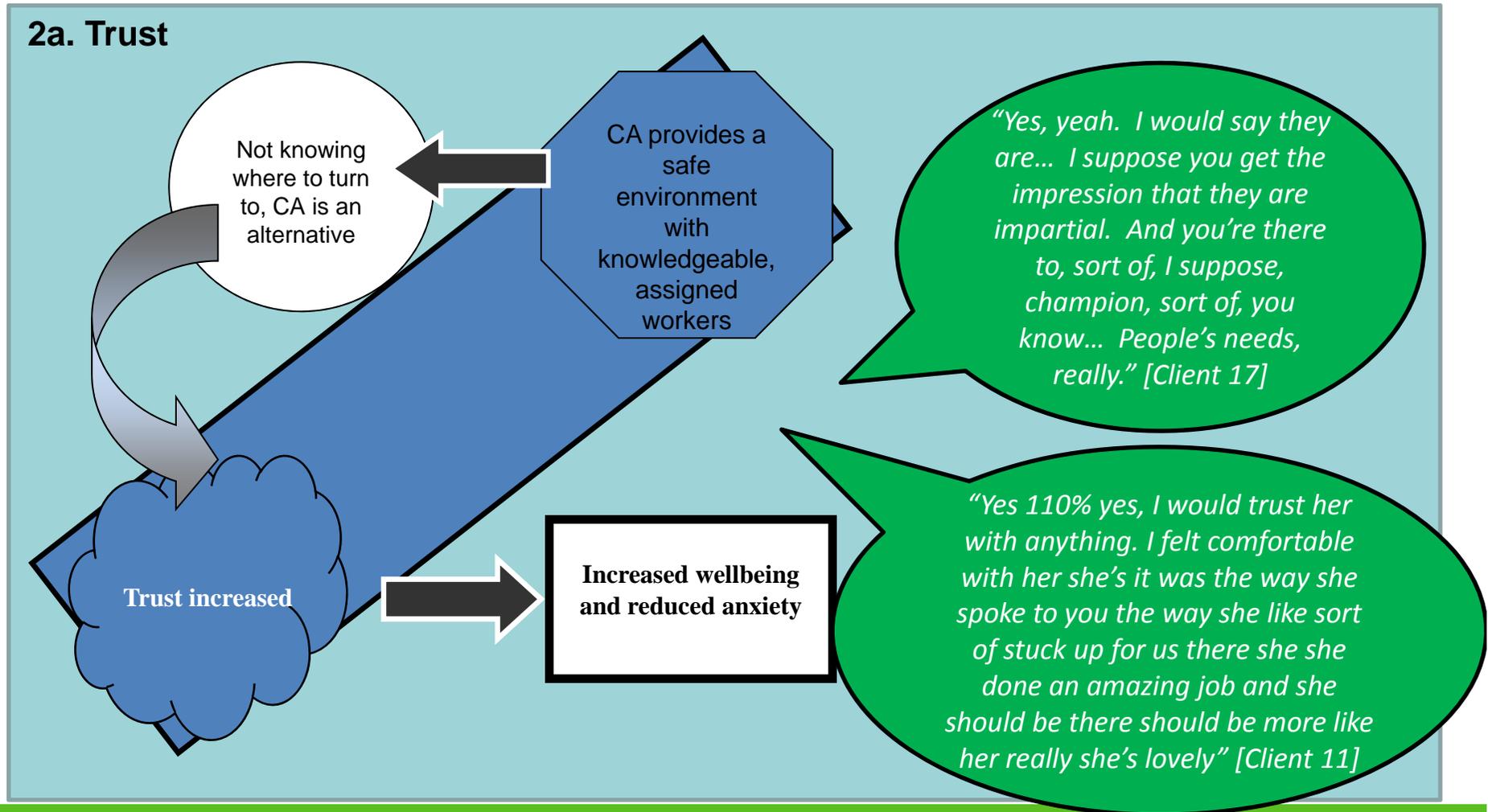


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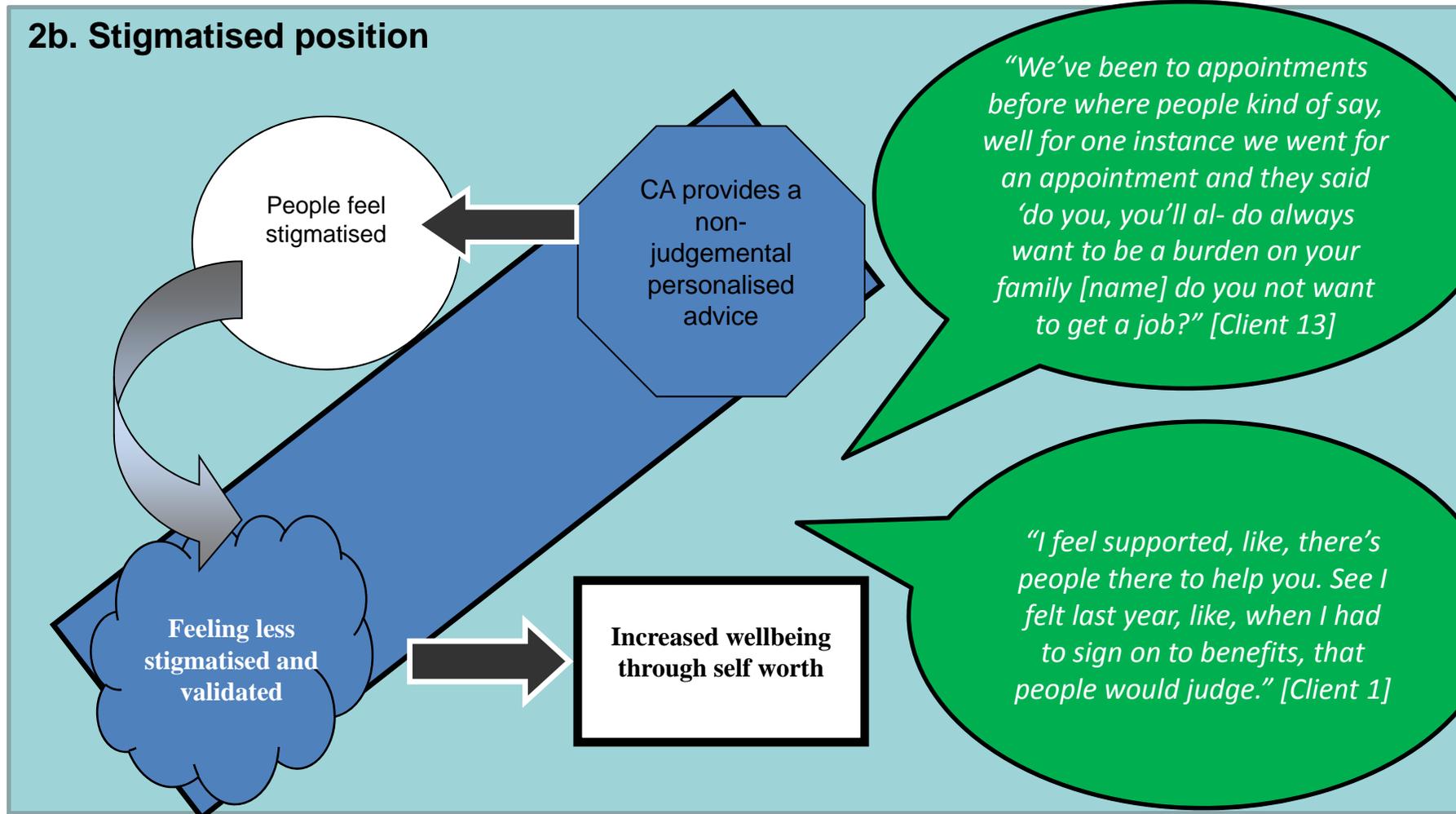
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2a. Trust



2b. Stigmatised position



3. Buffer theory

- Interviews suggested that Citizens Advice Gateshead functions as a buffer between the client and the state.
- Bhabha's Third Space theory helps to support our findings – this theory explains the relationship and power structures between groups
- Citizens Advice Gateshead acted as a guide through, or creator of, this 'Third Space', allowing the state and the client to interact.

"We just the Tory government cause they don't want people like me to have access and help off people like you's (Citizens Advice) you know what I mean that tells you your rights and the law do you know what I mean and so it's them who I would say who would have a negative like opinion of it, I think it's a great thing you know what I mean." [Client 22]

"Well when I phoned up the, DWP to update me tax credits and stuff like that, they just talk to you like you're stupid. Some of them, I mean sometimes you can get some lovely people, but sometimes you just get some one's where you just want to smack your head off a brick wall. They just haven't got a clue what they're going on about. They get mixed information from everybody and like I say, little mini dictators... I shouldn't say that." [Client 3]

People feel distrustful of the state

CA acts as a 'person of standing'

Feeling supported / trust development

Buffer, resolution, decreased stress, referrals where needed



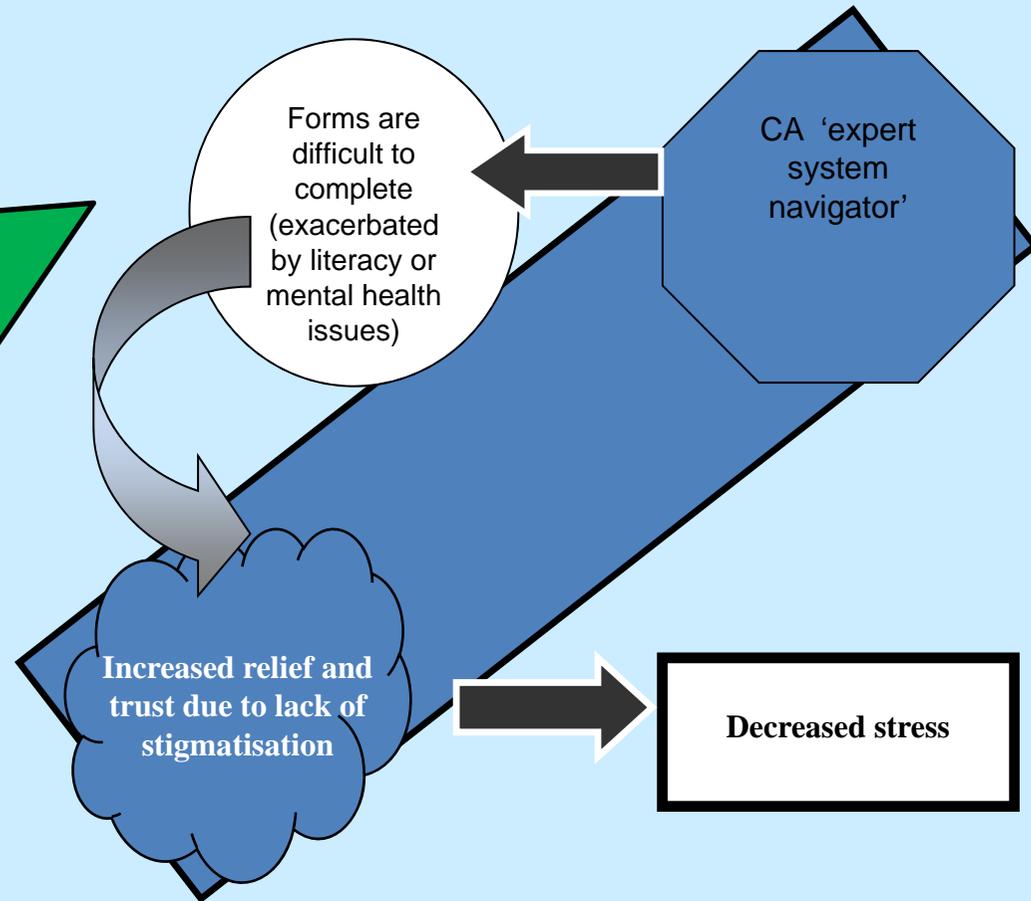
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3b. Form filling

"(I) phoned her (advisor) straight away and she saw me and she filled in all the paper work which just took off like the pressure because you get legal documents and they're quite confusing, erm, so I wrote her a letter, stating everything and then from there she put it more into legal terms and we went to a tribunal. We had, it actually went that far. And when we went the judge actually said you don't have to say anything, what was put in writing was done eloquently enough that they just took that and that was it." [Client 24]





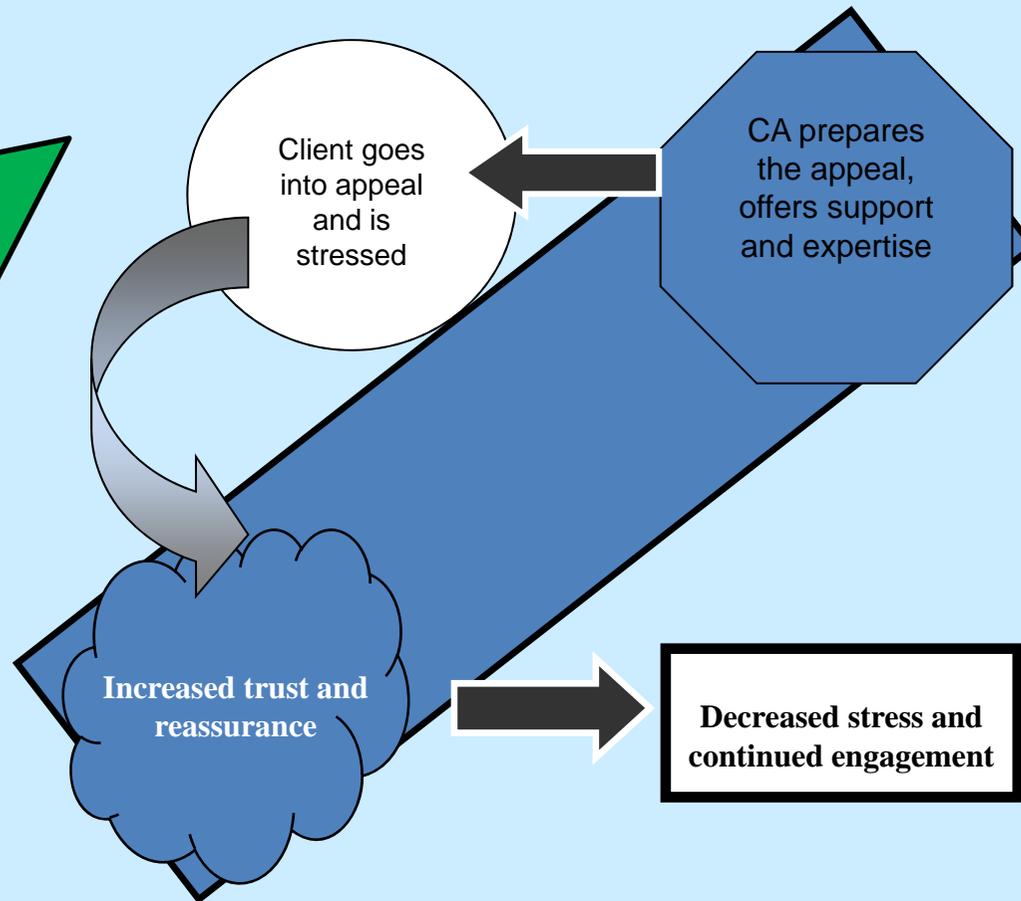
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3c. Tribunal attendance

"I felt more safe like with [adviser] being there cause she understood everything about my illness, d'you know what I mean, and I mean the paperwork she had to go through and that, she really did understand what I was going through and I won at the end it's all thanks to her"
[Client 11]

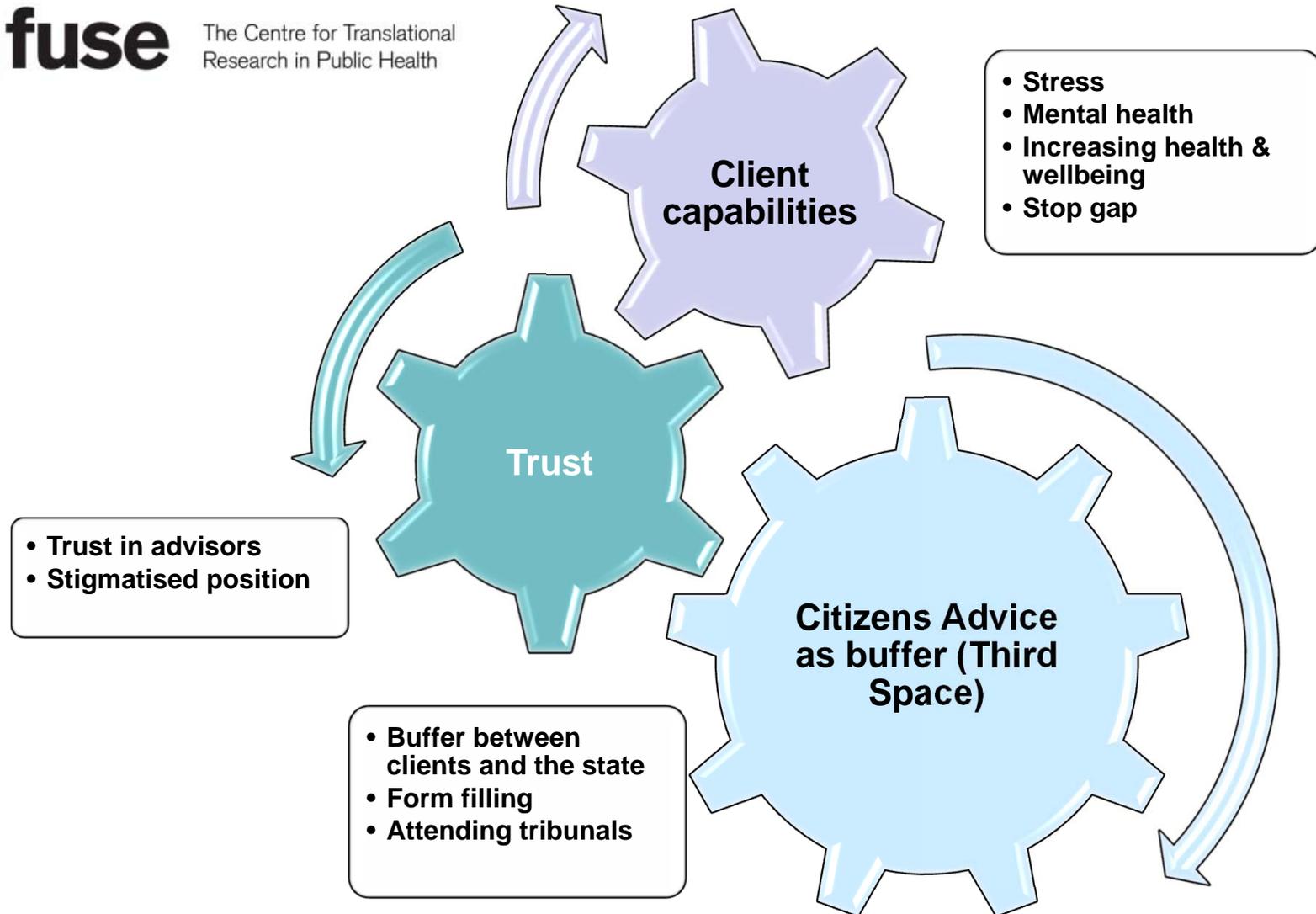


Conclusions



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Conclusions

- Use of a stress and wellbeing lens has allowed comparisons across client cases.
- Stress significantly decreased and wellbeing significantly increased from pre advice to follow up.
- Three categories of interview data supported by abstract theory explain the increase in wellbeing and decrease in stress: client capabilities model, decision to trust model, and Buffering based on third Space theory.
- Within these categories, there are 9 programme theories which we have presented to you today
- From the research team's perspective, this has been a fantastic process!

Research Impact in Practice

Impact

- How might research findings inform policy, practice and future research in this area?
- How can we best capture / demonstrate the health outcomes of advice services in an ongoing way
- Can the methods we used be used in other projects/services?

Impact

- Questionnaires continue to be used in the Mental Health and GP referral projects
 - Have also been introduced in three other projects providing support with:
 - Debt
 - Housing
 - Benefits
 - Interviews with 6 staff members explored experiences of using the questionnaires
-

The research process

“It's given us a greater understanding of how to do that process and how to interpret the data. So it wasn't an entirely new thing for us. So hopefully we'll continue to do it, but we'll do it better. And we'll have more confidence in the data because we'll understand it better” (Management, Citizens Advice)

“It's been really positive experience, and we've felt very comfortable and able to be very transparent because of those personal relationships that have just been so warm and... welcoming and responsive and... I've always felt like you guys were really working hard to make the case” (Management, Citizens Advice)

“I think having just a few key people involved, that definitely worked for me ...The catch-up groups that we had, the workshops that we had, I found them very informative. For both sides, really. Because it was giving you an idea of where we were at so far, and it just reinforced why it was so important that we were doing it” (Management, Citizens Advice)

Challenges in using questionnaires

“I don't take it to the court, because it's not appropriate for us to do that, because **we literally get five minutes with the client and then we have to go in front of the judge. We wouldn't have time to do that.** But all the clients that we've been coming in to see us, when we open our files for them, we've been providing them with these.” (Housing project)

“**there's large quantities of information that you're gathering in that appointment.** So it's like another thing. So I think... I think advisors may be put off by it for that reason” (Debt project)

“equally, I mean, sometimes... **Some of that was good, because you got to find other things out. You know, which could help with, like, disability forms and things like that.** So it was kind of... In many ways, it was a good way in to ask certain questions, but it was quite time-consuming” (GP project)

How well questionnaires reflect health outcomes

“I suppose it sort of quantifies what it is. Because although we knew that we were making a difference, there's some evidence there to show that we're making a difference. So that is really good. And it's, you know, some sort of... Sort of... It's like proof that we can provide to the CCG and stuff that we're... That we are making an impact on health. So, yeah, that is good. Because we have struggled in previous reports and stuff to, sort of, show... Like, to demonstrate how we're doing that.” (GP project)

“the common factor is the stress and the wellbeing. So I think just... You know, you could have somebody with money issues or housing issues, it's irrelevant what the issue is. It's the effect of the advice, if you know what I mean?” (Management, Citizens Advice)

“most of our clients are extremely stressed about the situation. And they are the kinds of questions that I would expect to be asking them” (Housing project)

Next steps



Get in touch to talk about impact:
natalie2.forster@northumbria.ac.uk
s.dalkin@northumbria.ac.uk
philip2.hodgson@northumbria.ac.uk
monique.lhussier@northumbria.ac.uk
sue.carr@northumbria.ac.uk

“whether it's been a success will really depend on whether we can use this data to lever or influence or funding or policy in the future...What I would hate to happen is for all of this to have been done, and all of this money to have been spent, and all of this effort to have been expended, for that to get dusty on a shelf somewhere. So we will be sharing it with the network - we'll not be keeping it for Gateshead... And I don't know if there's any way for us to capture, you know, how far those ripples go out...that would be very interesting to know”
(Management, Citizens advice)

Any questions?

Project team

@SoniaDalkin
@MoniqueLhussier
@ForsterNatalie
@Susan_M_Carr

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Round Table Discussions

- Consider each of the theories presented and how they might apply to your own work in practice or academia.
 1. Capabilities Model
 2. The Decision to Trust Model
 3. Third Space Theory

Facilitators from Citizens Advice Gateshead and Northumbria University will be on each table