

The value of advisory services for health and the wider economy

Discussion Paper



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1 Introduction

Public health practitioners are well-versed on the social determinants of health, appreciating and responding to the impact that wider societal policies, projects, programmes and choices have on individual and population health. A major determinant of health is the economy, and - vice versa - a major determinant of whether a country has a strong economy is the health of its citizens. This report is part of a series of discussion papers investigating different aspects of the economy and society, considering how health impacts a number of areas and the lessons from research and practice on how both health and the economy can be enhanced through public policy related to the topic being considered. The discussion papers consider both domestic and international evidence, and provide the reader with key definitions, facts and observations.

This paper looks at the value of advisory services, exploring how they support people financially and with their health and well-being.

Disclaimer: The work commenced prior to the emergence of the COVID-19 pandemic, and as such may not be reflective of the current situation. Nonetheless, this work may help to inform the COVID-19 response, and as such is published with that in mind.

2 Definitions

What do we mean when we talk about 'the economy'?

The word 'Economy' has its origins in the Greek 'oikonomia', meaning 'domestic management'. The Collins English dictionary offers the following definitions of 'economy':

'the complex of human activities concerned with the production, distribution, and consumption of goods and services'

as well as:

'the management of the resources, finances, income, and expenditure of a community, business enterprise, etc' (Collins English Dictionary 2018)

What do we mean when we talk about 'health'?

For many people, the first bullet point of the Constitution of WHO (World Health Organization [no date]) proves to be *the* definition of *health*:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

However, the second bullet point of the Constitution is of equal importance:

*The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, **economic** [author's emphasis] or social condition.*

This second principle brings to the fore an acknowledgement that the right to 'the highest attainable standard of health' should not be affected by the individual's economic or social conditions.

What do we mean by 'advisory services'?

Advice services provide guidance to individuals on a wide range of subjects, including their finances, their housing, their employment and their residency status, to name but some examples. Advice services can be seen operating at the national level or at local level, even below local authority level.

AdviceUK, a registered charity which supports independent UK advice services, highlight the subjects on which their members and other advice agencies give advice. These include:

- Dealing with debts
- Income maximisation
- Welfare benefits
- Housing rights
- Employment rights
- Consumer problems
- Immigration and Asylum
- Pursuing complaints and appeals
- Family and children's rights
- Disability rights
- Problems arising from particular health conditions
- Social care problems

(AdviceUK 2018)

For the purpose of this paper, we consider 'advisory services' as those which offer support on a range of social issues outside of health, thus excluding bodies such as NHS 111 Wales, which offers advice on healthcare issues alone. Examples include Citizens Advice, the Money & Pensions Service, and the Money Advice Trust, alongside organisations that include advisory services as part of their offer, such as Shelter, Royal British Legion and Age UK.

Definition

Advice - *Assisting people to understand and exercise their options and legal rights by providing an independent, confidential and accessible service which delivers information, advice and or representation*

3 Evidence

3.1 What is the impact of advisory services on health?

Citizens Advice provide anonymous data on trends identified in the issues that people directly seek advice on, either through face-to-face, telephone, email or webchat mechanisms. This trend data is updated on a monthly basis, and looks back over the prior twelve months to monitor any changes in the nature of enquiries.

In the latest reporting year, up to end of December 2019, queries¹ relating specifically to 'health & community care' in Wales in the last year were received from 1894 clients. Considering health through the lens of wider determinants, there were a significantly higher number of queries relating to housing (9,376 clients), employment (10,812) and relationships & family (8,651). Unsurprisingly, economic factors provided the greatest number of queries, with benefits, tax credits and Universal Credit (12,592) and debt (6,883) being the largest categories noted for client visits (Citizens Advice 2019).

"Welfare advice provided in health care settings results in better individual health and well-being and lower demand for health services"

Parkinson A, Buttrick J. The Role of Advice Services in Health Outcomes. Evidence Review and Mapping Study. Advice Services Alliance / The Low Commission, p9

The Citizens Advice Bureau highlighted positive outcomes on health and well-being from advice in a 2015 publication (Citizens Advice Bureau 2015). They measured clients' mental well-being before and after advice provision, resulting in the clients' mental well-being being 'closer to the population average' following advice provision.

The Advice Services Alliance, in partnership with The Low Commission, commissioned an evidence review looking into the role of advice services in health outcomes (Parkinson and

¹ Query figures taken from the 'issues by month' table, by category. Reflects the issues dealt with by Citizens Advice in person, by telephone, email or web chat.

Buttrick 2015). This 2015 report considered the findings from 140 research studies, including 58 integrated health and welfare advice services. The authors recognised a 'clear message...that welfare advice provided in health care settings results in better individual health and well-being and lower demand for health services.' In addition, the authors found that providing welfare advice within primary care settings could reduce GP time spent on such issues by an estimated 15%, and results in fewer repeat prescriptions and repeat appointments (Parkinson and Buttrick 2015, p.9). The report reflects on case studies from across England - citing examples from Sheffield, and states that 'debt advice can prevent people facing debt from requiring mental health treatment and can improve health outcomes for existing patients' (Parkinson and Buttrick 2015, p.10).

In their 2006 systematic review of welfare rights advice delivered in healthcare settings, Adams et al. established that in over 57% of the studies cited, advice was delivered in primary care settings. The authors found that, in many of the studies, the effect of advice given on health was measured by comparing changes between baseline and follow-up data, using recognised outcome measures such as Short Form 36 or the Hospital Anxiety and Depression Scale (HADS), to name two examples. Positive, statistically-significant outcomes were noted in relation to mental health. Qualitative findings from the reviewed studies included additional money being spent by recipients on healthier foods, avoidance of debt and household bills, though negative effects were raised by general practitioners, including concerns that health advantages from increased welfare support risked being temporary, owing to long-standing, irreversible health conditions. In some of these studies, sample sizes were small with a limited follow-up period, 'likely to be too short a period to detect changes in health following changes in financial circumstances' (Adams et al. 2006).

Allmark et al. assessed the health benefits of advice services, providing a model for a 'causal pathway between welfare interventions and health and well-being improvements'. Their model highlights good evidence for positive health outcomes including reduced stress/anxiety and improved home environments, with intermediate evidence demonstrating improved diets, reduced smoking and improved relationships (Allmark et al. 2013).

Woodhead et al. investigated the outcomes from co-located welfare advice in healthcare settings within the North Thames area. The authors noted a reduction in common mental disorder (from the 12-item General Health Questionnaire) and improvement in well-being according to the Shortened Warwick and Edinburgh Mental Well-being Scale. This was observed most amongst female clients and those of black ethnicity (Woodhead et al. 2017).

A paper from Farr and Cressey highlights the social impact of advice during disability welfare reform (Farr and Cressey 2018). This study consisted of qualitative interviews with clients seeking advice for welfare benefits who had disabilities or other physical and mental health conditions.

In relation to mental ill-health, the Money and Mental Health Policy Institute has undertaken research looking into the links between financial difficulty and mental health (Money and Mental Health Policy Institute 2019). One of its recent reports, undertaken by the University of Bristol, looks into vulnerability, seen through the eyes of debt advisers. This report shows that 3 in 4 advisers spoke with someone who disclosed suicidal thoughts or feelings in the previous 12 months, and that 4 in 10 people with mental health issues did not disclose their condition to their debt advisor when receiving advice. The report also found that people are reluctant to disclose their mental health condition as they felt it wouldn't make a difference to their situation (Personal Finance Research Centre, University of Bristol 2018).

A £150m to £200m total annual investment in debt advice results in a financial return in the range of £445m to 960m to the UK economy.

Source: Money Advice Service and Europe Economics 2018. The Economic Impact of Debt Advice. Summary.

Per £1 invested in welfare advice services in healthcare settings, those clients receiving advice gain £15.

Source: Woodhead, C. et al. 2017. Impact of co-located welfare advice in healthcare settings: prospective quasi-experimental controlled study.

3.2 What are the impacts of advisory services for the economy?

In research published in 2018 by the Money Advice Service on the economic impact of debt advice on society, it was found that, in the context of an estimated £150m to £200m total annual investment in debt advice, there was a financial return in the range of £445m to 960m to the UK economy (Money Advice Service and Europe Economics 2018b). The report highlights the 'direct, beneficial' impact of debt advice on mental health, with specific impacts on health identified – though the authors acknowledge that further research with a larger sample size would be needed to

demonstrate more powerfully whether there is a 'real effect' on health (Money Advice Service and Europe Economics 2018a).

On the economic well-being of individuals, the Citizens Advice Bureau cited a case study from Derbyshire, where 94 out of the 102 GP surgeries in the county provided advice surgeries, supported by the local public health commissioners. This demonstrated cost-effectiveness for their clients, with every £1 invested in the service resulting in £12 of additional client income and £8 of client debt renegotiated or rescheduled (Citizens Advice Bureau 2015). More recently, Woodhead et al. found that, on a per capita basis, those receiving advice benefited from £15 per £1 invested in the service (Woodhead et al. 2017).

The Adams et al. systematic review of the impacts of welfare rights advice delivered in healthcare settings identified data regarding financial outcomes in 28 studies. Across these studies, they found evidence that the advice in healthcare settings leads to 'worthwhile financial benefits' for clients, citing data from studies with full financial data giving a mean gain of £194 lump sum and £832 per year in recurring benefits per client seen in the first year following advice being given. The authors stress, however, that owing to variation in the methods of reporting financial outcomes across other studies, this could not be considered a precise estimate in all cases (Adams et al. 2006).

3.3 How can we improve outcomes in this field?

We can improve the evidence base for health outcomes of advisory services by measuring the health impacts effectively. Adams et al. found little evidence that the welfare rights advice provided in healthcare settings led to 'measurable health or social benefits', though they considered this likely to be due a lack of 'good quality evidence, rather than evidence of an absence of effect' (Adams et al. 2006). This highlights the importance of sustained monitoring and evaluation in such services. Forster et al. provide a realist evaluation protocol, designed to assess 'how, why, for whom and in what circumstances CAB [Citizens Advice Bureau] services are effective in improving health' (Forster et al. 2016). This protocol could be suitably adapted to other forms of advice service, and should be considered as a starting point for anybody aiming to appraise the impact of advisory services on health.

Woodhead et al. state that 'co-located welfare advice improves short-term mental health and well-being, reduces financial strain and generates considerable financial returns' (Woodhead et al. 2017).

Similarly, we can begin to improve the evidence base for the financial outcomes of advisory services provided within healthcare settings by measuring the financial impacts on clients effectively. Cost-benefit analysis methods may prove helpful in this regard, measuring the costs of implementing such a service against the individual and population 'gains', as the Derbyshire example cited in section 3.2 of this paper provides.

3.4 How could improving the link between advisory services and health help the economy?

Studies have shown that individuals are likely to benefit financially as well as having improved health outcomes from the provision of advice services (Adams et al. 2006; Burrows et al. 2011; Woodhead et al. 2017; Money Advice Service and Europe Economics 2018b). Improvements highlighted within these studies include the ability of clients to more effectively manage debt, become more productive in their employment and resolving consumer problems. As mentioned in section 3.2, Woodhead et al. found that 'per capita, advice recipients received £15 per £1 of funder investment' (Woodhead et al. 2017). Adams et al. found some evidence that 'welfare rights advice delivered in healthcare settings results in financial benefits', but this was difficult to assess

systematically due to the varied approaches to monitoring financial outcomes. The authors found more evidence for improvement in clients' financial status than for health improvement (Adams et al. 2006).

For the wider economy, Europe Economics research for the Money Advice Service showed that debt advice has a beneficial impact on creditors by aiding the recovery rate for problem debt – the researchers estimate this to be a net benefit to creditors within the range of £135-237 million annually – though this broad estimate incorporates assumptions owing to limited data (Money Advice Service and Europe Economics 2018b, p.2). Coupled with the potential for reducing healthcare expenditure, improving productivity and reducing the risk of clients entering into a cycle of debt, the researchers estimate the total direct and indirect benefits of debt advice to be in the range of £445-960 million annually across the UK, a range of £22-£48 million within Wales².

3.5 Evidence Gaps

Empirical and longitudinal research is lacking on the linkages between access to advice and health outcomes. Adams et al. found little evidence of measurable health benefits from welfare rights advice provided in healthcare settings, but considered that this could be down to a lack of evidence (Adams et al. 2006). To make the case for further or continued investment in advisory services within health settings, it will be crucial to ascertain the observed versus perceived improvements in both the financial and health status of clients. Existing study protocols may aid future researchers in this (Burrows et al. 2011; Forster et al. 2016).

£445-960 million

The estimated total indirect and direct benefits of debt advice annually across the UK.

Source: Money Advice Service and Europe Economics 2018. The Economic Impact of Debt Advice. Summary.

² Estimated from UK data on unadjusted per capita basis

4 Conclusion

Policy Considerations

- Enhancing the links between health care services and advisory services could contribute to a reduction in negative health outcomes. Providing advisory services within primary care settings - particularly in relation to debt, personal finance, housing and employment - could be beneficial.
- Any Information and Advice Strategies developed nationally or locally should consider engagement and collaboration with local and national health care providers, to maximise the benefits of advice for health. This should include shared outcome measures and evaluation frameworks.

Ideas for Further Research

- As the Money Advice Service's research highlights, even though there have been observed positive links between debt advice and mental health, **there is a need for further empirical and longitudinal evidence on the impact of debt advice on health, with a large sample size.** Forster et al. provide an evaluation protocol which may be appropriate for any future study design (Forster et al. 2016), and a qualitative study of citizens advice in primary care could provide lessons on conducting a qualitative study related to this subject. (Burrows et al. 2011)
- Research into the health impacts of advice outside of debt advice is lacking – researchers should explore the impact on health of the other forms of social welfare advice, such as housing, immigration and asylum and employment rights (see list of advice topics from Advice UK, highlighted in Section 2 of this paper).
- Advisory Services and healthcare services should explore opportunities to undertake any research into the health impacts/outcomes of advice collaboratively.

Take-home messages

- Advisory services can help to reduce the pressures on healthcare services by providing support to people on issues which may be impacting their mental well-being, their relationships and their housing, to name just some examples.
- Advisory services can signpost individuals to other public services which may provide assistance – this may reduce the burden on primary care practitioners who are often people's 'first port of call'. Primary care services could do more to promote the availability of local advice services in their area.
- Advisory services provide support on an extensive range of topics, and thus have an important contribution to make related to health improvement in the context of the wider determinants of health.
- Evidence on the direct health and financial outcomes linked to advice provision remains limited, and to this end, further research is highly recommended, particularly within the Wales context.

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