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Saving Lives With Advice

The Impact of Advice on the Health and Wellbeing of
Citizens Advice Manchester clients

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Executive summary

The research

The aim of this report was to understand the impact of advice on health and wellbeing for the people of Manchester. Focusing specifically on Citizens Advice Manchester, it adopted a mixed-methods approach. 11 participants took part in either focus group, face-to-face interviews, or phone interviews in June and July 2015. In addition, a quantitative analysis of the data collected by Citizens Advice Manchester was conducted, covering the period from 1st April 2014-31st March 2015.

Key Findings

Through the delivery of high quality advice, Citizens Advice Manchester saves lives and improves the health and wellbeing of the clients it serves. As a result of support from Citizens Advice Manchester, participants in this study had improved mental and physical health and wellbeing, and were less likely to be reliant on local authority and NHS services. During the time period under analysis, Citizens Advice Manchester increased the household income of Manchester residents by over £4.4 million, primarily relating to debt (over £2.6 million) and benefits and tax credits (£1.56 million). Debt, welfare benefits and tax credits form the majority of advice issues dealt with by Citizens Advice. 80% of clients complete at the Tier One stage, and 52% of clients' advice issues were resolved within one day. A sample of clients participated in a follow-up study based on their advice experience: 81% noticed a difference in their peace of mind and wellbeing.

Debt or concern about a financial issue affected all of the participants' physical health, mental health, or sense of wellbeing. Participants suffered from a range of clinical issues; caused, or worsened, by the issue they sought advice about: chest pains; lowered blood sugar levels in a person with diabetes; deepened depression; insomnia; stress, and anxiety. This point is particularly pertinent given that the sample only consisted of 11 participants for this study. Most concerning is that two of the eleven participants had considered harming themselves prior to support from Citizens Advice Manchester.

As a result of seeking advice, the participants in this study saved money, received additional welfare benefits, and gained knowledge of how to resolve their own problems. Advice had protected those participants at risk of harming themselves, such that it was described as a 'life-saver'. Indeed, the impact of advice had been substantial: whether or not participants had

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received the outcome they had hoped for, the advice they had received had had a positive effect on their health and wellbeing.

For the majority of participants, there was nobody else they could have turned to for the help they needed. As a widely recognised and respected brand, Citizens Advice Manchester was seen to act as a physical or emotional buffer, protecting its clients and, as a result, engendering a high level of trust from participants. The service has a range of delivery channels including telephone, digital and face –to-face access points in community settings across the city. This, combined with a network of trusted partners, ensures that the organisation is positioned at the heart of local communities in Manchester, and as such is best-placed to meet the need for the preventative, community-based services required by health and social care policy makers at local and national level.

The quantitative analysis of data collected by Citizens Advice Manchester found that clients with multiple enquiries were more likely to access Citizens Advice Manchester via a Medical Outreach centre. Social prescribing is a process which enables primary healthcare providers to refer patients to advice services, often based in primary care settings. This provides a valuable opportunity for advice services such as Citizens Advice Manchester to be commissioned as part of community and primary care in Manchester. Social prescribing would also more effectively reach those individuals who may not access an advice agency through any other means.

Recommendations

- Develop the idea of social prescribing: working with GPs to develop an outreach model which allows GPs and primary care providers to refer patients ‘directly’ to them (where appropriate).
- Develop a model of a reciprocal partnership working with external agencies. This would ideally be undertaken as part of the social prescribing model, so that primary care providers refer a patient to Citizens Advice Manchester, and as well as receiving advice, the individual, where appropriate, is also referred to an external agency which can help the individual with their other support needs. This echoes the ‘Advice on Prescription’ project carried out by Citizens Advice Liverpool. This, of course, would allow for a two-way process, so that external agencies also refer their clients to Citizens Advice Manchester, thereby building a network of support across Manchester, and providing a safety net for those in need.

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- Set in place a system that ensures the continuation of follow-up data as a means of measuring the impact of the advice received by clients. This data is extremely valuable, and may be useful to secure funding in future as it demonstrates the impact Citizens Advice Manchester has on its clients. The follow-up data could be collected by volunteers, and carried out twice following their outcome, (e.g. 3-6 months after advice, and a year after advice) in order to better understand the longer-term impact of advice on clients.
- Clients required to opt out of follow-up data collection, rather than being asked to opt in. This would allow for a larger sample of clients to be contacted, and therefore provide a more robust account of the impact of advice. Again, this is an important way for Citizens Advice Manchester to identify the outcomes of its clients, and in turn to demonstrate the important work that it does in supporting Manchester residents, particularly those who are socially isolated, disenfranchised, and disconnected.
- Develop a robust marketing strategy for publicising the valuable work being done by Citizens Advice Manchester, not least the health benefits of advice, so that the benefits of advice for people in Manchester become clearer, and more widely available. This again may be useful for securing funding as it is a means of demonstrating impact in an accessible way, as it would enable Citizens Advice Manchester to be clearly badged as a health and wellbeing organisation.
- Acknowledge the value of organisational trust that the high quality of advice engenders in the Citizens Advice Manchester client base, from which to demonstrate impact and acquire funding.

Recommendations in relation to data management and collection

- Consider reducing the number of questions asked to the bare minimum needed to measure impact and assess the client.

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- Consider the utility of some of the variables. These may include sexual orientation, military connections, religion, nationality, marital status, and adult dependents.
- Consider reducing the number of categories per variable to make data collection (and analysis) easier (and quicker).
- Ensure that the same data is collected for every client; there is a high percentage of missing data for some potentially useful variables (such as employment status and income). Where the data is complete, this enables Citizens Advice Manchester to clearly demonstrate its impact.
- Consider the development of an in-house Impact team tasked with analysis and interpreting complex data
- Consider collecting data on health and wellbeing at the Tier One/Tier Two stage, so that there is a baseline against which the impact of advice on health and wellbeing can be measured

Recommendations for further research

- Undertake further qualitative research with a larger sample of clients to allow for a purposive sample to be taken from different demographic groups.

1 Introduction

The aim of this report is to understand the impact of advice on health and wellbeing for the people of Manchester. It focuses specifically on Citizens Advice Manchester, an organisation that has been providing advice to Manchester residents since 1939.

1.1 Establishing the focus

The focus of this research is to explore the impact of advice on the health and wellbeing of those who have sought support from Citizens Advice Manchester. There is a substantial body of literature relating to advice services and the impact of advice (for example, see Abbott et al, 2005; Allmark et al, 2012; Farr et al, 2014), and the recommendations contained in this report relate specifically to Citizens Advice Manchester as the largest provider of advice in Manchester. It is therefore necessary to briefly define what is meant by advice services, as opposed to the provision of information through signposting, in order to establish the focus for this report. According to *Working Together for Advice* (2011), information services include signposting, and the provision of information in response to clients' assessment of their situations and the information they will need. Support may include the provision of leaflets, or the details of a useful website. In contrast, *Working Together for Advice* (2011) states that advice services diagnose the nature of the enquiry and the related legal issues. Although advice services do provide information, they also identify the options available to the client, and identify the next steps the client can take in order to resolve their issue. The adviser may also contact third parties on the client's behalf. An example of this could be helping an individual with debt problems to establish a repayment schedule with their debtors. These are overly-simplified definitions of the distinction between advice services and information services, but the aim at this point is merely to clarify the remit of this report.

1.2 The national impact of Citizens Advice

A recent report by Citizens Advice (2015a) examines its impact in 2014/15. During this time, Citizens Advice helped 2.5 million people, and dealt with 6.2 million advice issues. Citizens Advice provides advice on a range of issues, but the most common areas are benefits and tax credits, debt, consumer goods and services, and employment. The report notes that 80% of

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GPs refer patients to community-based advice services and, particularly important for this report, that 1 in 2 of those seeking debt advice have a mental health condition (Money Advice Service, in Citizens Advice, 2015a). Citizens Advice further report that, during 2014-15, the value of its service to individuals was £2.6 billion, for example through debt being written off or claiming for additional benefits they are entitled to. In addition, it has brought £2.1 billion in wider economic and social benefits, specifically in improvements in health and wellbeing, productivity and participation.

1.3 Austerity and Citizens Advice Manchester

The advice sector in Manchester has been subject to a significant reduction in its budget as a result of 'austerity measures'. Citizens Advice Manchester, along with Shelter and Cheetham Hill Advice Centre currently provides the citywide advice service for Manchester City Council. This follows the closure of Manchester Advice, the City Council's in-house advice service, in 2011, with an associated reduction of approximately £2.5 million to the advice budget in the city (Hughes, 2015, personal communication, 28th August). Further cuts to the advice sector have followed, firstly in 2013, a reduction of £1.3 million to the budget for Citizens Advice Manchester due to cuts to Legal Aid; followed by a further cut to the advice sector in the city of over £725,000 in 2014 (Hughes, 2015, personal communication, 28th August). In terms of the capacity of the advice sector across the city, The Low Commission (2014: 85) were informed by a City Council employee that the closure of Manchester Advice meant that "50% of advice capacity in the city went overnight". For Citizens Advice Manchester, the reduction in funding has meant that 23 specialist worker posts have been lost (Low Commission, 2014). In addition, the number of drop-in centres have been reduced, such that only one drop-in service now exists (Hughes, 2015, personal communication, 21st September).

1.4 Contextual information

Manchester is a vibrant city. The Central Manchester Clinical Commissioning Group (CMCCG) annual report 2014-15 highlights the night-time economy, cultural resources, thriving business hub, and knowledge-based economy as the city's key economic drivers. Manchester's *State of the City* report (2014) identified Manchester as the country's fastest-growing city between 2001 and 2011, and although the population is growing significantly (520,200 in 2014 according to

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NOMIS, 2015), the rate of economic activity appears to be staying in line with population growth (Manchester City Council, 2014).

However, like many other large industrial cities in the UK, Manchester has a considerable number of social problems. This city is the fourth most deprived in the country (Communities and Local Government, 2010; NOMIS, 2015) and Manchester has the fourth highest level of child poverty in the UK, with 39% of children in poverty in the local authority (*End Child Poverty*, 2014). In fact, this figure is higher in some wards, with over 50% of children living in Moss Side, Hulme and Ardwick living in some form of poverty (CMCCG, 2015). The majority of the population (71%) are aged 16-64 (working age), but 22,900 people are currently unemployed; in addition, there is a low level of educational attainment in the city (NOMIS, 2015).

According to the Central Manchester Clinical Commissioning Group's annual report (2015), Manchester's residents are more likely to suffer some of the worst health outcomes in the country, with heart disease and strokes as the biggest health threat. Furthermore, life expectancy for both males and females in Manchester is currently ranked lowest in the country (CMCCG, 2015). The number of people with mental health problems is higher in comparison to the national average, with anxiety and depression being the most prevalent disorder (15.4% compared to the national average of 12%) (CMCCG, 2015; NOMIS, 2015). Additionally, a higher percentage of people in Manchester report a long-term mental health problem when compared to the national average of 4.5%, with figures of 5.7% in Central Manchester, 6.6% in South Manchester, and 8% in North Manchester (Community Mental Health Profiles, 2014).

Wards within North Manchester such as Miles Platting and Newton Heath and Higher Blackley have the highest self-reported levels of long-term illness or disability (27% and 25% of residents, respectively) (NMCCG, 2015). It is important to note this, particularly in light of findings that those with drinking dependencies in North Manchester are more likely to be admitted to hospital, and are 45% more likely to die as a result of their drinking.

What this highlights is a city which has a wide range of social problems. Whilst there is a good deal of wealth generated in Manchester, this is not an affluent city. The high levels of deprivation and, in turn, reliance on welfare benefits mean that demand for advice services is high (CLES, 2012).

1.5 Report Structure

Chapter 2 discusses the methodological approach taken in this project, followed by a discussion of relevant reports and academic literature in Chapter 3. Chapter 4 explores the statistical data, identifying some of the key figures from the analysis of the data collected by Citizens Advice Manchester. The findings are presented and analysed in Chapter 5, which discussed the key findings from the qualitative part of the research. Taken together, these chapters highlight a valuable opportunity, in the form of social prescribing, for an advice service which is trusted and relied upon by Manchester residents. This would allow Citizens Advice Manchester to continue working in communities, allowing those in need of support to access its services, and in turn benefitting the physical and mental health and wellbeing of its clients. This can be done in the form of preventative services, thereby aligning with current policy objectives.

2 Methodology

2.1 Methodological approach

This study adopted a mixed methods approach. The benefits of using this approach stems from the recognition that both have strengths and limitations but when used together can provide a more complete picture of what is being researched (see Johnson and Onwuegbuzie 2004). The qualitative component used face to face and phone interviews, along with one focus group, in order to allow people to talk in detail, and in their own words, about their experiences. This allowed researchers to respond to participants' comments, adapting their approach based on the individual circumstances, and sensitivities, of participants. The face-to-face interviews were conducted by two researchers; this was to ensure that points were not missed, and in the case of the focus group, to make sure that participants were given the opportunity to participate.

The interviews took place in June and July 2015, and 11 people took part in the interviews. Due to the tight timescales for this study (the project ran from April to September 2015), an opportunistic sample was used for this research, based on those contactable who had given their permission to be contacted by Citizens Advice Manchester as part of a follow-up project. This follow-up project, set up by Citizens Advice Manchester, and separate to the current study, entailed clients being asked, at the enquiry stage, if they would like to participate in follow-up research which would record the 'soft outcomes' of their advice experience, with particular reference to their health and wellbeing, and their satisfaction with Citizens Advice. These clients therefore had an experience of advice between 3 and 6 months prior to the research taking place. Researchers from the project team attempted to contact all of these clients (of which there were 200), and from this, collected the 'soft outcomes' data for 31 clients. 10 clients agreed to participate in a confidential interview with a member of the research team. An additional interview participant was interviewed at a drop-in session held by Citizens Advice Manchester at Manchester Town Hall, making 11 in total.

Interviews and focus groups were conducted either face-to-face or by telephone depending upon the individual's preference. All face-to-face research was conducted at Citizens Advice premises to encourage participants to feel as comfortable as possible discussing their circumstances. Participants were provided with travel expenses and were also given a £10 store voucher as compensation for their time. Before the interview/focus group began, participants were provided with information about the project, either verbally (for phone interviews) or on a

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printed information sheet (for participants in the face-to-face research). Consent was taken either in writing or verbally, again, depending on the format of the interview. All interviews and focus groups were recorded using a Dictaphone. Interviews and focus groups were subsequently transcribed and then analysed using NVivo to code the data into themes. The key themes identified were as follows:

- The impact of debt on health and wellbeing
- The impact of advice on health and wellbeing
- The importance of Citizens Advice Manchester
- Citizens Advice Manchester as part of a social network
- More than advice: Citizens Advice Manchester provides a 'buffer zone'

A quantitative analysis of the data collected by Citizens Advice Manchester was also conducted for this study. This is data collected from clients at each stage of their advice 'journey': Tier One (the initial access point for the majority of clients), Tier Two (where some new clients enter, but the majority come through Tier One), and Outcomes (which records the outcomes of clients who have been through Tier One/Tier Two). The data is stored on the national Citizens Advice database, called Petra.

The data analysed for this part of the report covers the period from 1st April 2014-31st March 2015. The data was 'cleaned' and formatted in preparation for transfer to SPSS (a statistical analysis software package). A number of variables were removed due to the high number of missing data, including Nationality, Sexual Orientation, and Homeless Application. Three SPSS files were created: Tier one (which incorporated data from the Tier Two screen and demographic data from the Outcomes screen, with all duplicates removed), 'Outcomes', and 'Soft Outcomes' (which recorded the data collected from the 31 clients who participated in the research conducted by the project team on behalf of Citizens Advice Manchester. Descriptive statistics were produced via SPSS and some inferential statistical analysis was conducted, specifically one-way ANOVAs and cross-tabulations. The full report can be found in Appendix 1.

Ethical approval for this research was obtained from the Humanities, Languages and Social Science Faculty Ethics Committee at MMU, and follows the BSA ethical protocol. Researchers signed a confidentiality agreement with Citizens Advice Manchester prior to viewing any data. Participants' names have been changed to ensure anonymity, and the data has been password-

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protected and stored in accordance with data protection legislation, on the University's staff computer system. This means that only those involved in the project can access the data.

2.2 Methodological issues

It proved to be more difficult than anticipated to secure a sample of participants for this project. It is possible that the reason for this relates to the move to phone-based advice which means that, whilst the outcome may be the same in terms of the quality of advice received, clients who receive advice in this way do not have the same relationship with Citizens Advice as they have had in the past, when they could 'drop' into a local branch. As such, they may be less inclined to participate in a project of this nature, as clients who receive advice over the phone may not have the strength of feeling about the organisation as that of clients who have received face-to-face advice.

3 Literature review

3.1 The social determinants of health

Social factors such as our gender, socio-economic status, social integration, and level of social standing are all proposed as key determinants of health inequalities (Marmot 2005). The 'inequality thesis', explores how social inequalities can cause disparities in health outcomes between groups, not solely through material deprivation but also from the deleterious conditions arising from our social circumstances (Wilkinson et al, 2003; Marmot 2005; Marmot 2010). The Marmot report (2010) discusses the existence of a social gradient of health, in which a person's health is determined by their social position. Health inequalities are therefore a result of social inequalities (Marmot, 2010). Abbott et al (2005) discuss work by Marmot and Wilkinson (1999) and Graham (2000) which identifies factors associated with deprivation linking clearly to ill-health, including biological factors, such as poor nutrition; environmental factors, such as poor (damp and/or cold) housing; social factors, such as an increased probability of unemployment; and behavioural factors such as health-damaging behaviours, for example smoking or drinking alcohol. As well as our social position having an impact on how we experience health and illness, the quality and density of our social networks also act as an important health determinant (Putnam, 2000). This notion of social capital suggests that strong support networks can help to protect people from poor health: for example, Marmot (2010) notes that those who experience social isolation are two to five times more likely to die prematurely than those who have strong social ties.

A key message of the Marmot Report (2010) is that action is needed to tackle the social determinants of health, and that this will be best achieved when all key stakeholders are involved, rather than focusing on overt health organisations, such as, the NHS. It is not possible to separate people's medical needs from the context of their lives (*Deep End Report*, 2010). With this in mind, local third sector organisations such as Citizens Advice Manchester have a vital role in reducing health inequalities. Indeed, one of the key outcomes of the Marmot Report (2010) was that local level input is needed to improve the health and wellbeing of those experiencing disadvantage and poor health outcomes. In other words local problems are best-solved using local solutions. It is therefore no accident that Citizens Advice Manchester houses its services within a local community setting. Again, this level of trust in Citizens Advice Manchester positions it at the heart of a local community and in the best position to deliver the necessary advice that can ameliorate the experience of disadvantage, leading to a more

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empowered self-reliant individual capable of supporting and improving their health and wellbeing.

3.2 The ticking time-bomb of debt and welfare

Levels of debt are increasing in the UK: according to the Money Charity (2015), the level of personal debt in the UK stood at £1.434 trillion, with an average debt of £28,403 per adult. The debt charity Step Change (2015) highlight that between 2011 and 2012 they saw a 109% increase in the number of its clients who had payday loans. In addition to this, the use of Trussell Trust foodbanks is increasing year on year, with almost 1.1 million people using foodbanks between April 2014 and March 2015; of which approximately 687,500 are adults and 397,000 children. In the North West, the total figure was 157,248: 97,850 adults and 59,398 children (The Trussell Trust, 2015). Benefit delays, low income and benefit changes were the most common reasons for people to be referred to Trussell Trust foodbanks during this time.

As a city with high levels of deprivation, poverty and unemployment, it would perhaps be anticipated that Manchester also has higher levels of debt, as people try to manage on low incomes, cope with benefit delays or struggle as a result of sanctions. Indeed, in 2014, Manchester was placed 9th in the 'top ten' places with the highest level of personal loans, where the average figure per person was £1,365 (BBA & The Council of Mortgage Lenders, 2014). Serious debt has been found to impact on all areas of an individual's life: on relationships, employment and education, lifestyle and health (Ahlstrom in Williams, 2004; Greasley and Small, 2005; Turley and White, 2007). Nottinghamshire Citizens Advice (2009) highlights the link between problem debt and stress, poor health and family breakdown, and notes that this adversely affects efforts to decrease child poverty, homelessness, and health inequalities, which in turn has cost implications for local authorities and commissioning bodies.

In a discussion of the impact of debt on physical health and mental health, Turley and White (2007) note that ill-health can be both a cause of debt (for example, people may be unable to work as a result of ill-health, and consequently fall into debt); and a result of debt (individuals may develop stress-related illnesses as a result of debt). Furthermore Balmer et al (2008) found that the strongest predictors of debt were long-term illness or disability, and receiving benefits (in Parkinson and Buttrick, 2015). Additionally, Skapinakis et al (2006) found that even where people initially do not have mental health problems, if they have debts which they find

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unmanageable, within 12 months they have a '33% higher risk of developing depression and anxiety-related problems compared to the general population who do not experience financial problems' (in Parkinson and Buttrick, 2015: 29). Notably, Marmot (in Parkinson and Buttrick, 2015: 7) cites evidence from Macmillan that people who suffer from cancer will say 'It's not the cancer that keeps me awake at night; it's worrying how I will pay the bills'.

Indeed, there is a strong body of evidence to support a link between debt and ill-health. Turning first to mental health, a survey on behalf of Money Saving Expert (2014) found that 36% of people who have had, or have, mental health problems also have severe or crisis debts. Mind (2011) found that, of their survey respondents, almost 90% of those in problem debt felt that financial difficulties had worsened their mental health problems, whilst in a report for Christians Against Poverty (CAP), Gregory (2014) found that 39% of people who sought advice from CAP about their debt had also been prescribed medication by their doctor to help them to cope with their situation. More alarming however, are the high numbers of CAP service users (34%) who revealed they had considered or had attempted suicide due to their debt. Thus, there is a relationship between problematic debt and mental health problems. Indeed, the Department of Health (2011) report that 8% of people with no mental health problems are in debt; yet 24% of people with depression and anxiety are in debt, and the figure rises to 33% for those with psychosis. In addition to this, Jenkins et al (in Parkinson and Buttrick, 2015) state that, when compared to people with no debt, those in debt have twice the rate of alcohol dependence and four times the rate of drug dependence.

With regard to physical health, evidence suggests that debt-related stress can manifest itself through a number of physical health problems. These include headaches, Irritable Bowel Syndrome, smoking, eczema, post-natal depression, and eating disorders, all of which have been identified as stress-related concerns (Abbot et al, 2003; Moffatt, 2004; Williams, 2004; Turley and White, 2007). Debt is therefore a 'ticking time bomb' that has massive costs to both the individual and society at large, placing increased demands on GP or other health care providers.

3.3 Primary Care: the impact on GPs

Evidence from three reports will be considered in the first part of this section: the first is a study conducted by Citizens Advice entitled 'A Very General Practice' (2015b), the second is the Low

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Commission follow-up report (2015), and the third is a report entitled 'Deep End Report 2' (2010). In a study of the extent of non-clinical demands placed on GPs, Citizens Advice (2015b) found that GPs in England spend, on average, 18.8% of their consultation time on non-clinical matters, with 60% of GPs in England spending between 10% and 29% of their consultation time on non-clinical discussions with patients. Non-clinical issues were seen by the vast majority (80%) of GPs to decrease the time available for other patients' clinical issues. It is also important to note that almost two-thirds (64%) of GPs state that queries of a non-clinical nature increase the stress they feel in their job, and further, that such enquiries impact on costs to the practice, and in turn to the NHS. Citizens Advice (2015b) conservatively estimates that non-clinical demands on GPs cost the health service at least £395 million.

GPs in the Citizens Advice study report that patients have raised issues about a range of problems. The most common of these were personal relationship problems (92% of GPs), but in the month prior to the study, issues discussed with GPs also included housing (77%), unemployment and work-related issues (77%) welfare benefits (75%), debt (67%) and social isolation (64%). It is interesting to note these issues in light of the previous section which addressed the way in which debt can impact on social isolation, relationships, and most significantly for this study, on physical health, mental health and wellbeing. Given the wider determinants of health, it stands to reason that concerns about debt, housing or welfare benefits will further contribute to health inequalities and in the process, create a vicious cycle with detrimental results. It is also important to note that many of the non-clinical issues discussed with GPs relate to the advice issues most frequently dealt with by Citizens Advice Manchester, namely debt, welfare benefits, and housing (see Appendix 1).

The follow-up report for the Low Commission (2015) also conducted a survey of GPs, which found that 65% of GPs believed there had been an increase in the number of patients who required support from legal or specialist advice about benefits. Additionally, 88% of GPs participating in the survey believed that patients not being able to access legal or specialist advice about their problems would have a negative impact on their health either to a great (48%) or to some extent (40%) (Low Commission, 2015). Thus, a preventative approach to healthcare through the provision of advice would be likely to reduce such negative health implications.

It is also important to note the impact that deprivation has on the experience of GPs and primary care staff. A report entitled '*Deep end report 2*' (2010) contains a discussion of the issues faced by GPs, and finds that patients' clinical needs are 'intimately inter-woven with emotional,

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psychological, financial and social problems' (no page), and that in deprived areas patients frequently experience a multitude of problems. As a result, consultations often take more time than anticipated:

'Everything takes longer, as patients have more problems, and often less ability to understand the issue, and self-care. The patient population has a high illiteracy rate, thus explanations take longer and need to be tailored to the individual's level of understanding' (*Deep End Report 2*, 2010: 2).

The findings discussed in this section are particularly significant when considered alongside evidence from the Trussell Trust (2015) that almost 35,000 "frontline professionals such as doctors and social workers give foodbank vouchers to people in crisis". Primary care providers are spending a good deal of time on non-clinical enquiries; helping people to cope in times of crisis, and treating mental and physical health problems which, evidence suggests, have emerged as a result of social issues such as debt and welfare benefits. In light of the recent 2015 budget, which will cut a further £12 billion from welfare spending, it is likely that there will be an increase in the number of people who would see their GPs about such issues, and it is therefore important to consider the role that advice services can play in alleviating the pressure on primary healthcare providers.

3.4 (How) does advice help?

As outlined above, society has gone through major changes to welfare provision and increased debt levels, with the result that more people are in need of support and advice from agencies such as Citizens Advice Manchester. There is a growing body of evidence around the impact of advice on health and wellbeing, although this is tempered by the difficulties in measuring the immediate benefits of, for example, increases in income brought about by receiving advice.

As noted above, Allmark et al (2012) highlight how people who have received advice believe that this has improved their health and wellbeing. Clients of advice services report not only an improved financial situation, but also a more positive view of their situation, improved physical and mental health, a reduction in stress and anxiety, and an enhanced quality of life (see Pleasence 2007; Turley and White, 2007; Benson, in Citizens Advice, 2010). Turley and White (2007) note a beneficial effect on the emotional outlook of service users, whilst Williams (2004:1) highlights anecdotal accounts of the value of debt advice: 'families have been kept together; businesses and homes have been saved; even, in some cases, suicides prevented'.

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Furthermore, Adams (2006) discusses the way in which advice has a positive impact on mental health and quality of life, reducing worry and levels of anxiety. What is particularly interesting about this point is that advice appears to have this impact regardless of whether additional benefits are received as a result of the advice. Given that clients report an improvement in their wellbeing after receiving advice, this provides scope for efficiency savings in the NHS.

In a study of the provision of welfare benefits advice in primary care settings, Abbott et al (2005) found that income increase leads to a statistically significant decrease in bodily pain, and suggests that one possible reason for this is that stress and anxiety about money can mean that it is more difficult to tolerate physical pain. Abbott et al (2005) further suggest that as concerns about money or other social problems decrease, so people may be better able to explain their physical symptoms to medical practitioners, which in turn could lead to more effective treatment.

There is a good deal of evidence that many of the people who are entitled to benefits do not claim them (Moffatt 2004; Greasley and Small, 2005; Aldridge et al, 2012; Finn & Goodship, 2014; Age UK, 2015). For example, Age UK (2015) estimates that around £5.5 billion in Housing Benefit, Pension Credit, and Council Tax support is unclaimed by pensioners in the UK, and that one in three people who are entitled to claim Pension Credit do not do so. Importantly, evidence also demonstrates that advice provided in primary care settings increases the uptake of welfare benefits (Paris and Player, 1993; Moffatt et al, 2004). The additional money received in benefits has a direct impact on physical and mental health through the reduction of stress, such as increased mobility, healthier food options, increased heating within the home and reduction in reliance on medication (Moffatt et al, 2004; Greasley and Small, 2005). Abbott et al (2005) therefore conclude that by helping people to maximise their income, services which provide advice about welfare benefits contribute to improving the health of their service users, and further contribute to the reduction of health inequalities.

The cost of addressing such inequalities is a matter of fairness, as Marmot (2010) shows how they have a significant impact at a societal level also. He suggests that there would be economic benefits in terms of increased productivity, increased tax revenue, lower welfare payments and reduced treatment by reducing such social and related health inequalities. The focus of this research is to explore the possible benefits to the individual of receiving advice from Citizens Advice Manchester. However, it seems clear that the benefits transcend the individual with tangible economic and social benefits at a societal level also (see Marmot 2010).

George's Story

George lives on his own, and is unable to work due a physical disability. He is unable to get out as much as he would like, due to his disability. George's family lives several hundred miles away, and he is therefore reliant on his phone to keep in touch with friends and family 'because my only sense of outside is when people ring me.'

George began to receive 'constant' phone calls from a company he owed money to, and became very stressed, as he could not pay back what was being demanded. George then began to turn off his phone so the company could not contact him. This was affecting his quality of life, becoming 'more reclusive' as he could not keep in contact with friends or family, and causing a great deal of concern for his family: 'If they can't get hold of me after a couple of days obviously they get panicky because I live here on my own and anything could happen to me. I could have had a fall, you know, it could be anything. George suffers with depression and found that this situation 'was having a knock-on effect on my health...I have tried to harm my self a couple of times and I was getting that way then. I was at a crossroad and I wouldn't like to say, if I hadn't got that advice, where I would be today. George attempted to resolve this issue by going to his GP for a prescription of stronger anti-depressants. After speaking to his doctor about his situation, his doctor advised George to contact his Housing Trust, who then referred him on to Citizens Advice.

Citizens Advice contacted the debt companies on George's behalf and managed to negotiate a payment plan of £1 per week. They also found that George's benefits had been underpaid by £50.74 a week for the past two years. "Obviously I trust people that I'm getting the right money and basically I wasn't. As a result, George became less stressed and his wellbeing improved, allowing him to get back to normal, because of the advice he received. He has been able to switch his phone back on without fear of who might phone him, and having set up direct debits to pay off his debt, 'they're having their money, so everyone's happy, and so am I.'

3.5 Benefit to primary care providers

Recent years have seen an increase in the number of welfare advice services being positioned within primary care in England: Citizens Advice currently provide advice in more than 700 healthcare settings, over 600 of which are GPs' surgeries (Citizens Advice, 2015c). Evidence suggests that the provision of advice in primary care settings 'legitimizes it, improves access and decreases any stigma attached to attending' (Adams et al, 2006: 1). It also allows GPs and

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other healthcare workers to 'refer patients to a relevant and accessible source of help' (Abbott et al, 2005: 1), and as such acts in a complementary manner to treatment and support provided through primary care (Galvin et al, 2000). Indeed, Farr et al note that 'advice is possibly a more cost-effective therapy than medical intervention' (IPR, 2014: 3). Greasley and Small (2005) notes that this provision addresses the broader health needs of the community; health needs which are discussed as being shaped by economic, social and environmental factors. In this way, Abbott et al (2005:1) suggest that the 'alleviation of individual poverty may be seen as part of a health intervention, whether as treatment or as health promotion'.

A document produced by Citizens Advice (2012) entitled 'An overview of possible links between advice and health' cites research by Clarke (2001) which found that people visited their GP fewer times after having received advice. Similarly, there is evidence that after receiving advice, people are less reliant on NHS services (Adams, 2006; Farr et al, 2014) and, as noted above, are able to reduce their use of medication (Moffatt et al, 2010). It is also interesting to note findings from Galvin et al (2000: 280) that advice about financial problems has been seen by those who are referring individuals as making 'a positive contribution to the care of people experiencing depression'.

3.6 Social prescribing

As noted above, medical practitioners spend a great deal of time dealing with non-medical issues. They can also act as a 'signpost' to patients by directing them to those best placed to provide such support. 'Social prescribing' is a term used to describe the way in which primary healthcare providers can refer patients to community-based services (see South et al, 2008; Cawston, 2011; Nesta, 2013). Given that a significant number of patients use primary healthcare services to discuss issues that emerge from their social circumstances (Cawston, 2011), social prescribing encourages the development of alternative responses to such issues. By addressing the wider determinants of health, social prescribing has been identified as a means of supporting vulnerable people, and engaging harder-to-reach groups (Friedli et al, n.y.; South et al, 2008). It is important to note that social prescribing provides an opportunity to 'respond effectively, and at an early stage, to symptoms of mental distress, as well as to initiate a more proactive approach to mental health promotion' (Friedli et al, n.y.; 4). This is particularly significant in light of Manchester's health and social care policy (see Section 4.3) which aims to enhance the provision of community-based care and preventative services.

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One example of social prescribing is the 'Advice on Prescription' project, run by South Liverpool Citizens Advice. This project was developed in order to help support GPs by providing assistance for patients with non-clinical issues (South Liverpool Citizens Advice, 2015). All GPs in Liverpool are now able to refer their patients to Citizens Advice advisers, particularly those who are facing a 'double jeopardy' in experiencing ill-health and poverty (Liverpool CCG, 2014). The service provides feedback to medical practices with regard to the impact of the referrals they have made, and has also developed partnerships with other service providers to enable referrals between services (South Liverpool Citizens Advice, 2015). Findings from research undertaken by the project demonstrate that since its launch in April 2014 the service has dealt with more than 2000 enquiries, and an estimated £2.2 million additional household income has been generated for Liverpool residents, through advice on issues such as debt reduction and benefit entitlement (Liverpool CCG, 2015). Liverpool CCG (2015) states that the service has a positive impact on the health and wellbeing of the city's most vulnerable and socially excluded people 'by reducing hardship, debt levels, social isolation and hospital admissions'.

3.7 Conclusion

This chapter has identified key literature and research which addresses the impact that debt and financial concerns can have on health and wellbeing, and the way in which this can be alleviated using advice services. It has also examined the way in which primary care providers are affected by those seeking help with non-clinical issues, and again how the provision of advice services, notably using social prescribing, can reduce the strain on healthcare resources. Issues such as debt or problems relating to welfare benefits can create physical and mental health issues. It is therefore the need for advice that can create health problems for individuals and as a result, place further demands on the NHS. The following chapter will examine the policy context, both nationally and locally, and the way in which advice services can be used to help meet the need for preventative, community-based resources.

4 Policy context

4.1 Health and wellbeing: the national policy context

Inequalities in health, and specifically the means of tackling inequalities in health have increasingly concerned successive UK governments (for instance, see Black 1980; Wanless 2004; Marmot 2010). Greasley and Small (2005) noted that the Department of Health good health as being dependent on a number of social, economic and environmental factors which included deprivation, nutrition and education. More recently, and in line with the Marmot report (2010), the reduction of health inequalities is addressed in the *Health and Social Care Act* (2012), under which Clinical Commissioning Groups (CCGs) have a legal duty to tackle health inequalities. The Public Health Outcomes Framework has as one of its targets the aim of improving the wider determinants of health, which follows the *Marmot Report* (2010) in its focus on the 'causes of the causes' of poor health (Department of Health, 2012). These indicators include children in poverty, social isolation, fuel poverty and statutory homelessness. Importantly, Citizens Advice (2015c) notes that these are all issues which advice services help to tackle. Wellbeing is also gaining increasing attention from government, for example the *Care Act* (2014) requires local authorities to consider the way in which they might impact on individuals' wellbeing (Department of Health, 2015). Indeed, the Low Commission (2015: vii) notes that 'wellbeing is the over-arching framing principle for the NHS and social care policy'. It is useful to consider the guidance provided by the Health and Wellbeing Directorate of Public Health England, established as part of the *Health and Social Care Act* (2012). Its mission statement includes the aim that 'individuals, families, and communities can feel informed, empowered, healthier and happier' (Public Health England, 2013). The Directorate aims to reduce health inequalities, addressing psychosocial factors that affect people's health, and helping people to have greater control of their health and the factors that impact on their health (Public Health England, 2013). Mental health is further identified as a key public health priority, and the Directorate states its aim to improve 'the physical health and wellbeing of those with mental illness' (Public Health England, 2013). It is interesting to note this within the context of a discussion of advice services and the benefit advice can have on people's lives. For instance, Citizens Advice (2014) found that 66% of Citizens Advice clients felt stressed, depressed or anxious before receiving advice, yet after advice, 81% felt less stressed, depressed or anxious. Similarly, where 30% of clients felt their physical health was worsening before receiving advice,

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45% felt that their physical health had improved after advice. These findings demonstrate that there is an uplift in mental health, physical health and wellbeing after advice beyond those that originally reported a detrimental impact on their health. This is an indication that advice services can provide a 'booster effect' to individuals (Citizens Advice, 2014); something which will be further explored through the accounts of those who have used Citizens Advice Manchester.

4.2 Manchester's policy context

Manchester's Joint Health and Wellbeing Strategy identifies poor health as being something which limits people from achieving their potential. This, the strategy states, is particularly the case in Manchester, given that 'Manchester has some of the poorest health in England, and even within Manchester people die younger and experience higher levels of illness in some parts of the city than others' (2013: 7). The strategy aims to 'prevent people from getting to the stage where they need expensive treatments or services' (2013: 7). Similarly, the Living Longer, Living Better policy (n.y.) includes three strategic objectives: to improve health outcomes (through improving the system of community-based care); to deliver financial sustainability in the community-based care system (in turn reducing the spend on health and social care services); and to support self-reliance (by increasing the availability of preventative and early intervention services). This is particularly significant given that the majority of Manchester's residents (approximately 216,000) are located within Central Manchester. The Central Manchester Clinical Commissioning Group (2015) anticipates an increase in the population of 5.9% over the next ten years, which in turn leads to an estimated 20,000 additional NHS patients.

A key aspect of the Greater Manchester devolution agreement is the transfer of health and social care budgets by April 2016. *The Memorandum of Understanding for the Greater Manchester Health and Social Care Devolution* (2014) states that this will involve a shared and integrated approach, with one of the key objectives being the reduction of the inequalities gap between Greater Manchester and the rest of the UK. Another key objective noted in this document is the effective integration of health and social care, with a focus on preventative services. The aim is to create a self-reliant population by empowering people to care for themselves, subsequently preventing ill-health and ultimately easing additional pressure on the NHS.

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Citizens Advice Manchester's model is positively aligned with Manchester City Council's vision for advice services in the future. As such, Citizens Advice Manchester has a telephone/digital-first approach with more intensive face-to-face advice provided through community-based services and outreach work (see also Manchester City Council Communities Scrutiny Committee, 2014). In line with the 'Living Longer Living Better policy', its target for advice services, as set out in a report for the Communities Scrutiny Committee (2014: 12) is to 'improve self-sufficiency, independence and resilience, so that residents are better able to deal with problems themselves in the future'. The principle behind this is that earlier intervention is likely to reduce the demand on public services, and further, will make future interventions less costly and complex (Manchester City Council Communities Scrutiny Committee, 2014). The final point to note here is the aim of aligning advice services within a 'sequenced package of support'; more effectively integrating advice services with public services and specialist/targeted services provided by the Council (work (Manchester City Council Communities Scrutiny Committee, 2014: 12). As noted in the Low Commission (2015), advice services have been commissioned as part of community and primary care in some local health services in the UK: in this way advice services can be incorporated into the patient pathway (Low Commission, 2014). Implicit in this is the notion of social prescribing (discussed in section 3.7), as this allows GPs and other primary healthcare providers to refer their patients to advice services as part of the patient pathway.

The *Social Value Act* (2012) requires those commissioning public services to consider 'how they can also secure wider social, economic and environmental benefits' (Cabinet Office, 2015). An investment in advice services as part of community and primary care could contribute significantly to the shared mission of Greater Manchester CCGs of improving residents' health and wellbeing (Greater Manchester Health and Social Care Devolution, 2014), focusing on early intervention and prevention, having a positive impact on health, as noted above, and in turn reducing demand on public services in the longer term. As such, this strategy would align with the Social Value Act in terms of the wider benefits such an approach could bring. It therefore seems logical to follow the recommendation of the Low Commission; that health and social care commissioners 'should always ensure that their plans include social welfare advice and legal support provision' (2015, viii). Of course, it is important in this to acknowledge and account for the individual differences of those in need of such services so that they are better targeted and supported. For instance, there is empirical evidence which demonstrates that there are gender differences in help-seeking behaviour, with men more often delaying seeking support compared to women (Galdas et al. 2005; Mansfield et al. 2005).

4.3 Welfare reform

Welfare and benefits are two of the main issues about which people seek advice and support (see Appendix 1). The last five years have seen a raft of changes to the welfare system in England and Wales. The *Welfare Reform Act* (2012) was introduced in an attempt to simplify and streamline the benefits and tax credit system. Along with seeking to make significant savings, another of the main drivers behind the welfare reforms was to progress the welfare-to-work agenda implemented by successive UK governments in recent decades. Welfare reform has seen the implementation of a new system of benefits, notably Employment Support Allowance, Personal Independence Payments and Universal Credit, along with a review of housing benefits. Entitlement criteria has become more restrictive, along with greater use of sanctions, which are now applied to those groups who had previously been exempt, such as disabled people and lone parents (Watts et al, 2014).

CLES (2012) reported that Manchester would be disproportionately affected by welfare reform, given the large number of residents who are dependent on the welfare system. High levels of deprivation and associated economic and social issues also impact on the demand for advice services (CLES, 2012). This is particularly pertinent with regard to the changes in the benefit system, and sanctions that may have been placed upon individuals. Research by IPPR (2013) found that payday loans were increasingly being used to pay for food, utility bills and other everyday expenses. Recently-announced cuts to welfare benefits and tax credits in the 2015 budget mean that this is likely to increase, and again will create further demands for advice services as people seek help with debt issues. Yet this comes at a time when funding for such services are under threat as successive governments commit to austerity and reducing the size of the state.

David's Story

David was struggling financially as he was paying Children's Support Allowance whilst working part time. 'They were taking far too much, £75 a week, and I was only earning £120 at that time, part time work.' The amount of CSA he was being forced to pay meant that David was 'living on the breadline, struggling for food, travelling to work ... it was ridiculous. I was even contemplating moving my job because of it because at the end of the day the amount of money they were taking out it wasn't really feasible for me to go to work.' David then decided to visit Citizens Advice Manchester, and soon found out that he was paying much more than he should have been. An intervention from Citizens Advice helped to rectify the situation, and his payments were reduced from £60 a month to £12 a month.

David admitted things would have been worse for him if he had not contacted citizens' advice. 'I would have just walked out my job and god knows what would have happened. If you walk out of a job you have to wait another 3 months before you can sign on or something so I would have been in an even worse state but if it weren't for them I wouldn't be in work now. I would have just walked out it was getting that bad.'

4.4 The impact of austerity: a case of the 'double squeeze'

Over recent years there has been a decrease in the funding available for advice services. Austerity measures implemented since 2010 have led to significant budget shortfalls for local authorities, which have in turn required substantial savings to be made at a local level. Additionally, the scope of legal aid has been reduced significantly following the introduction of the *Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act (2012)*, with a corresponding reduction in funding: (Parkinson & Buttrick, 2015, pp. 18-19) estimate 'a reduction of £89 million per annum in legal aid on social welfare law, as well as reductions in local authority funding of advice and legal support, estimated to be at least £40 million per annum by 2015'. Nationally, Citizens Advice received a funding reduction of approximately £33 million, or 19% (from £177 million in 2010/11, to £144 million in 2013/14). The closure of Manchester Advice, Manchester City Council's in-house advice service in 2011 cut approximately £2.5 million from the advice services budget in Manchester, which in turn had a significant impact on the capacity for advice services (Hughes, 2015, personal communication,

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28th August) Citizens Advice Manchester is estimated to have lost legal aid income of approximately £1.3 million following the implementation of the *LASPO Act* (2012) (Hughes, 2015, personal communication, 28th August). This led to the loss of 23 specialist worker posts (Low Commission, 2014) and the closure of four offices of a total six in the city (Hughes, 2015, personal communication, 21st September).

As such, advice services face what and Buttrick (2015: 17) call a 'double squeeze'. On the one hand there has been an increase in the demand for advice as a result of changes to welfare benefits, austerity measures and economic recession, yet at the same time the reduction in funding to the advice sector means that demand simply cannot be met by existing resources. As a result, this has affected, and will continue to 'disproportionately affect deprived communities and Manchester's most vulnerable residents' (CLES, 2012: no page), residents who 'rely on welfare benefits due to being unemployed, sick or disabled, or working in low-paid occupations' (CLES, 2012: 4). According to the Low Commission (2014), Citizens Advice is only able to answer 45% of the calls it receives; this is the same figure both locally and nationally (Hughes, 2015, personal communication, 28th August); evidence of the inability of advice services in Manchester to keep up with the need for support.

4.5 The cost of advice

Citizens Advice (2015a) conducted a cost-benefit analysis of its services, and estimated that for every £1 spent on its service, there is a potential saving to the state of at least £1.51, partially generated through the reduction in health service demand. Citizens Advice conservatively estimates that the social and economic value to society is £8.74 for every £1 spent on its services, generated through improvements in participation and productivity. The benefit to clients is £10.94 for every £1, which may be generated through income gained through benefits, or by debts being written off. Farr et al (2014) conducted an assessment of the social return on investment of advice provided by Citizens Advice in Bath and North-East Somerset. They found that Citizens Advice helps to alleviate poverty, prevent suicide, and prevent homelessness, to name just a few of the key benefits. In the context of wider society, Farr et al (2014) note the benefit to the state and local authorities that Citizens Advice provides, for example in the reduction of pressure on the NHS, and the avoidance of homelessness. This piece of research found that for every £1 that is spent on Citizens Advice services, there is a benefit of between £33 to £50 to individuals and/or state-related stakeholders, with £33 being the 'most cautious

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calculation' (p58). Farr et al (2014) conclude that the preventative role played by advice means that further reductions in funding for advice as a cost-saving measure would therefore be likely to invoke higher costs for the state in the longer term:

'any significant reduction in the CAB's capacity to give advice to clients is likely to result in worse outcomes for vulnerable populations, including increased risk of poverty, homelessness, accumulation of debt, and deterioration of physical and mental health. It is likely that the cost of these greater problems will have to be picked up in other public service systems' (Farr et al, 2014: 3).

This sentiment is echoed by CLES (2012), which voices concern in its report about advice services in Manchester that a reduction in the scope of advice services in the city will lead to an increased reliance on other services, such as those provided by local authorities. The cost of advice per head is £123 (Hirst, in Citizens Advice, 2015c), as compared to Manchester's average spend per head for mental health of £213 (Community Mental Health Profiles, 2013, based on 2011/12 figures). More broadly, the cost to the NHS is £880 for treating adults suffering from depression and/or anxiety disorders (King's Fund, in Citizens Advice, 2015c). In this way, if an advice intervention means that a mental health treatment is no longer needed, this provides a significant saving for primary care services both locally and nationally. Again, there is a clear link to the potential benefit that social prescribing could bring. By enabling primary care providers to refer patients to advice services, this is likely to bring a two-fold benefit: if their issue is resolved, the individual may no longer need to see their GP or healthcare provider, and this, in turn, alleviates some of the pressure on healthcare resources. Clearly, the value of advice works on many levels and far outstrips the cost needed to provide it.

4.6 Conclusion

This chapter has examined the current policy context, both nationally and in Manchester, with its focus on the wider determinants of health, the promotion of wellbeing, preventative services, community-based services, and the encouragement of self-reliance. In doing so, one of the aims is to ease additional pressure on the NHS. Advice services such as Citizens Advice Manchester can be very effectively used to help achieve these policy objectives, and further, that investment in services such as Citizens Advice Manchester would provide a crucial role in alleviating the strain on primary care resources. By providing a system of early intervention, and a system in which advice services are integrated into the patient pathway, via social prescribing,

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this would reduce the reliance on other, more costly services. The following chapter provides a statistical analysis of data provided by Citizens Advice Manchester for the census period of 1st April 2014 to 31st March 2015.

Adam's Story

'I have 4 children. My wife went off with somebody else over a year ago and left me looking after these, so it's stressful, especially with my oldest daughter who's disabled.' Adam is also has post-traumatic stress. In order for his son to have his household income assessed by student finance before leaving for university, Adam had to provide evidence that his wife had left him, something which he was unable to do: 'I didn't have a clue how to get this information and that's why I rang because I was getting very very upset and very stressed about it. When things stress me out I get very very stressed which believe it or not affects you physically, especially regarding your heart and things like that, you know stress. And I was really really struggling. I was getting chest pains and everything because I was just stressing that much about it. I was very low. I wouldn't have liked to say what I might have done. I was very very low. I know that sounds dramatic, I know it does, but you can't underestimate how ... when you're trying to do your best for 4 kids you feel like you're just failing them you know? '

Adam sought help from Citizens Advice Manchester: 'The girl who spoke to me went look, here's what you write and basically told me what to write, go down to the solicitor and don't pay him more than say £10/£15. She said 'If you can't get one that's not going to charge more than £10 or something ring me back and she even gave me a number'. And it saved me not only money but, you know, peace of mind. It was absolutely ... I can't underestimate the kind of help it was, it was brilliant.' After following this advice, Adam's situation was resolved, and his physical and mental health improved as a result. Adam feels very strongly that this was because of the advice he had received from Citizen's Advice Manchester: 'I'm just trying to stress that, you know, how worthy it really was, it was a life saver.'

5 A statistical analysis of Citizens Advice clients

5.1 General information

Citizens Advice Manchester provides a universal, free, independent and confidential advice service to the residents of Manchester, using a two-tier model. Clients can access the service through multiple channels: face-to-face, telephone, email and webchat. At initial contact, the client will receive Tier One help, consisting of a diagnostic assessment of their issue with a trained adviser. If the client has particular needs or more complex problems and the issue therefore cannot be resolved at this stage, they are transferred to a Tier Two specialist adviser who will offer a more intensive level of support and help.

Between 1st April 2014-31st March 2015, Citizens Advice Manchester saw 26,209 unique clients (this figure consists of all clients, with duplicates removed). 80% of Citizens Advice Manchester clients complete at the Tier One stage (the initial access point for the majority of clients). These clients made 32,681 enquiries during this time, of which 78% were resolved at the Tier One stage, compared to the national figure of 64% (Citizens Advice 2015d). Between 1st April 2014 and 31st March 2015, Citizens Advice Manchester increased the household income of Manchester residents by over £4.4 million. This was achieved in a number of ways, primarily through enquiries relating to debt, benefits and tax credits: over £2.6 million resulted from enquiries relating to debt, and £1.56 million resulting from enquiries relating to benefits and tax credits. Table 1 details the headline figures:

Table 1: General information

Number of clients	26,209
Percentage of clients completing at Tier One	80%
Number of enquiries	32,681
Percentage of advice issues resolved at Tier One	78%
Total financial value of outcomes	£4.4 million
Financial value of outcomes relating to debt issues	£2.6 million
Financial value of outcomes relating to benefits and tax credit issues	£1.56 million

5.2 Profiling Citizens Advice clients

In Manchester, the average Citizens Advice Tier One client is a white female, aged 35-49, who accesses Citizens Advice via Adviceline for advice or information relating to benefits/tax credits or debt. This client, typically, receives 'assisted information' and her case is resolved at the Tier One stage. Moving to Tier Two (which records the outcomes of clients who have been through Tier One/Tier Two), the client with an outcome remains 'typical' of the wider client population; that is white, female, middle-aged, whose enquiry (typically relating to benefits or debt) was addressed via face-to-face support. 52% of clients' advice issues were resolved within one day, and a further 20% were resolved within one month. However, 28% of advice issues took between 2-6 months to resolve. Interestingly, a higher proportion of clients with outcomes report a long-term health condition, classify themselves as permanently sick and disabled, and have dependent children.

It is useful to compare the way in which Citizens Advice clients in Manchester compare to the profile of Citizens Advice clients across England and Wales, as cited in the Quarterly Client Statistics report for Citizens Advice (2015d). It is important to note that both locally and nationally, there is a good deal of missing information and comparisons are therefore tentative. However, as Citizens Advice (2015d) state, there is no reason to expect that there has been any bias in those who have or have not been recorded, and we can therefore proceed with a brief comparison. In many ways local clients are very similar to those in England and Wales, in terms of gender (clients are more likely to be female) age (most likely to be aged 35-49), and those who are disabled or have long-term health conditions (36% for clients with an outcome at Citizens Advice Manchester, compared to 37% across England and Wales). However, it should be noted that, for Citizens Advice Manchester, the percentage of clients who are disabled or have long-term health conditions at the Tier One stage is significantly lower, at 17% (see Appendix 1).

There are some significant differences between Citizens Advice clients in Manchester when compared to the national profile of Citizens Advice clients (see Table 2). As would be expected in a diverse and multicultural city, Manchester has a higher proportion of BME clients as compared to national figures: 17% of Citizens Advice clients in England and Wales are from BME groups; in Manchester, 33% of Tier One clients are BME, whilst 40% of clients with outcomes are from BME communities. Additionally, it is notable that Citizens Advice clients in Manchester are less likely to be employed, than clients across England and Wales. Citizens

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Advice (2015d) states that 40% of clients are employed; in Manchester, 22% of Tier One clients and just 13% of clients with outcomes are employed.

Table 2: A comparison of clients

Gender of clients: Manchester	More likely to be female (52%)
Gender of clients: England and Wales	More likely to be female (56%)
Average age of clients: Manchester	35-49
Average age of clients: England and Wales	35-49
Proportion of clients with a disability or long-term health condition: Manchester	Tier One: 17%; Tier One: 36%
Proportion of clients with a disability or long-term health condition: England and Wales	37%
Proportion of BME clients: Manchester	Tier One: 33%; Tier Two: 40%
Proportion of BME clients: England and Wales	17%
Employment status of clients: Manchester	Tier One: 22% employed; Tier Two: 13% employed
Employment status of clients: England and Wales	40% employed

5.3 Clients with multiple enquiries

4.5% (1205) of all clients make multiple enquiries, indeed this cohort represent 20% (6391) of all enquiries made during the census period. The number of enquiries, per client, range from 2-24 each, but four is the average with 64% making 4 enquiries at the same time. In comparison to the wider Citizens Advice Manchester population, clients with multiple enquiries are more likely to be female, aged 31-65, Black/Asian British, and are more likely to have a long-term sickness or disability. It is significant that for clients with multiple enquiries, 79% had their advice issue resolved within one month. Of these, 71% were resolved within one week, and 51% had their advice issues resolved within one day. Interestingly, clients with multiple enquiries were found to be more likely to access Citizens Advice Manchester via a Medical Outreach centre. Although this relationship is tentative due to missing data, it is important to note this link. The 'Advice on Prescription' project, run by Citizens Advice Liverpool, and referred to in Chapter 3, enables GPs to refer patients to Citizens Advice services, in line with the concept of social prescribing. In

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establishing this project, Citizens Advice Liverpool were able to demonstrate to commissioners that clients who accessed Citizens Advice through medical outreach centres were different to clients who accessed Citizens Advice via any other means (Matthews and Nolan, 2015). Whilst the relationship is tentative, it appears that the same may be true of clients in Manchester, in that clients who access Citizens Advice via Medical Outreach centres are more likely than other clients to have multiple enquiries.

Table 3: Clients with Multiple Enquiries

Percentage of clients who make multiple enquiries	4.5% (1205 clients)
Percentage of all enquiries	20% (6391 enquiries)
Number of enquires per client with multiple enquiries	2-24 (64% make 4 enquiries at the same time)
Percentage of clients whose multiple enquiries are resolved within one day	51%
Gender of clients with multiple enquiries	More likely to be female
Ethnicity of clients with multiple enquiries	More likely to be Black/Asian British
Age of clients with multiple enquiries	More likely to be aged 31-65
Most likely point of access to Citizens Advice Manchester	Medical Outreach Centre

Charlie's Story

Uncertainties over Charlie's citizenship application resulted in his benefit payments being stopped. Around the same time, he lost his job, and as a result began to struggle to pay the rent and support his family. 'Imagine, this country, you are here, you're paying bills, you're paying this, you're paying that, and if you're not working and there's not anything coming from anywhere... I mean, how can you survive? He describes his situation at that time as 'desperate...It was quite difficult for me with the children and so on, I didn't have anywhere to go'. Charlie was advised to go to Citizens Advice by a friend, and through consultation with an advisor managed to take control of his debt. The advisor spoke to his debtors on his behalf and as Charlie found a new job, he was able to repay the money he owed on a payment plan, negotiated by Citizens Advice.

For Charlie, Citizens Advice Manchester 'gave my life back'. Four years later, Charlie now owns his own business and believes that along with his own hard work, the advice he received when he was in a desperate situation helped him achieve all that he has. He says that seeking help from Citizens Advice Manchester brought him 'peace'.

6 Findings and Analysis

6.1 Impact of debt on health and wellbeing

An overarching theme to emerge from the participants' accounts was the negative impact of their debt or financial issue on either their physical health, mental health, or sense of wellbeing. Turning first to physical health, two participants in this piece of research revealed that their physical health had worsened as a result of their debt or money-related issue: one participant's diabetes was affected as a result of her money worries: 'my blood sugar should be between 5 and 10. They were way off some days, all the way down to about 3.1'. Another participant (who has post-traumatic stress disorder) had chest pains as a result of the stress he felt. This was significantly reduced due to the guidance received from Citizen's Advice Manchester.

Turning now to the impact on mental health and wellbeing, a number of participants informed us that they have existing mental health conditions which were worsened as a result of the issue they sought advice about. Two participants reported that they are socially isolated: one as a result of a disability, the other as a result of being a carer for her son. These two participants also suffer from depression, which was worsened by the issue they sought advice for. We were told by one of these participants that the issue 'affected me across the board' (George). As he suffers from depression, he went to his GP prior to being referred to Citizens Advice to request 'stronger tablets' (anti-depressants), as he felt that the tablets he was taking were ineffective at that time. However, it is important to note that even where participants did not report pre-existing mental health conditions, financial concerns made them vulnerable to mental health problems, as indicated by the following quotation:

Fatima: 'I'm mentally strong, but at that point I was very vulnerable and very fragile, and I didn't know what to do. I was in a mess. I was in a state...I didn't feel like eating and I wasn't giving enough time to my children'

This echoes Skapinakis' research (in Parkinson & Buttrick, 2015) that people with financial problems have a higher risk of developing a mental health problem. As such, this supports research discussed in Chapter 3, which highlights the link between debt and ill-health.

Two participants reported that they were 'struggling to live' on the money they had available to them, which created feelings of stress and anxiety. Another participant revealed that debt meant that he was unable to sleep; 'it's something that was on my mind permanently...I couldn't even function at work, you know, that's how far it went' (Leonard). Most concerning is that two

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participants indicated that they considered harming themselves: one stated that 'I have tried to harm myself a couple of times and I was getting that way then' (George). Another participant said 'I wouldn't have liked to say what I might have done. I was very very low. I know that sounds dramatic, I know it does, but you can't underestimate how...when you're trying your best for four kids, you feel like you're just failing them' (Adam).

The evidence discussed in Chapter 3 of the link between financial problems and ill-health is supported by this research. Debt and financial concerns created a host of clinical issues for participants in this study, including stress, anxiety, deepened depression, chest pains, sleep deprivation, and reduced blood sugar levels in a person who is diabetic. It is notable that there is such a range of serious clinical concerns revealed by a relatively small sample of clients from Citizens Advice Manchester. It can only be assumed that a broader sample would uncover similar findings, not least because Manchester is a city with very high levels of poverty and deprivation (Communities and Local Government, 2010; End Child Poverty, 2014; NOMIS, 2015), and with a significantly higher level of mental health disorders when compared to the national average (CMCCG, 2015; NOMIS, 2015).

6.2 Impact of advice on health and wellbeing

The impact of advice on participants was extensive. Looking first at the practical, tangible, benefits: the participants saved money, received additional welfare benefits and gained knowledge of how to resolve their own problems. For example, one client was advised that he was entitled to a new boiler, as such avoiding fuel poverty. Two participants were able to set up payment plans with their debtors, whilst another client's child support payments which had been calculated incorrectly were reduced by £50 a month as a result of him seeking help from Citizens Advice Manchester, which 'is a big difference isn't it' (David). In fact, this client informed us that he would have left his job, as the amount of money he received once child support payments had been taken out of his wages meant that it was not feasible for him to work, but 'thanks to [Citizens Advice Manchester] I'm still in my job and carrying on' (David). It is useful to consider this point with regard to the Marmot Review (2010) which discusses the way in which the reduction of economic and social inequalities have benefits not just at an individual level but also at a societal level. Thus when people such as this participant remain in work as a result of utilizing advice services, rather than moving onto out-of-work benefits, this has a notable benefit for society in terms of lower welfare payments, increased productivity, and increased tax

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revenue.

The effect that these outcomes had on participants' health and wellbeing is substantial. A number of clients stated that they felt better simply by discussing the issue with Citizens Advice Manchester. For instance, one participant stated that 'at least I know now that there's somebody...fighting [my] corner' (Tommy), whilst another (Dawn) notes that, six months on from receiving advice, she feels 'a hell of a lot better than I did', and further, had she not sought advice, she would 'have been going downhill a lot more'. This is an interesting finding, particularly because those clients referred to here did not receive the outcome that they had hoped for, and yet they remained positive about the impact of the advice they had received. This seems to corroborate Adams' (2006) discussion of the positive effect of advice on mental health and quality of life, regardless of the outcome for the client. As such, whatever the result, whether additional benefits are received, or the problem is resolved to the client's satisfaction, advice still has a 'booster effect' (Citizens Advice, 2014).

Addressing the impact of advice on mental health and wellbeing, participants overwhelmingly reported that they 'felt better' after having received advice which had resolved their issue. One client (Charlie) told us that he got a sense of 'peace' from having sought advice. The fact that participants reported feeling 'better' as a result of seeking advice supports findings by Turley and White (2007) that advice has a beneficial effect on the emotional outlook of service users. It was noted in section 5.2 that two participants had indicated that their financial concerns had made them consider harming themselves. It is important to state that one of these participants feels 'safer' now that his issue has been resolved (George), whilst the others describes Citizens Advice Manchester as 'a life saver' (Adam). In the follow-up study, both of these participants stated that advice had made 'a lot of difference' to their health and wellbeing. It is therefore not an over-statement to say that Citizens Advice Manchester saves lives.

There is a clear link to research cited in Chapter 3, in that clients of advice services not only have an improved financial situation, but also improved health and wellbeing, and a reduction in stress and anxiety (Pleasence, 2007; Turley and White, 2007; Allmark et al, 2012). In the previous section, reference was made to participants who reported that their pre-existing health conditions had been affected by their advice issues, notably chest pains for one participant, deepened depression for another, and reduced blood sugar levels in a person who is diabetic. It is important to note that each of these clients reported that, following advice, these conditions levelled out and their health was able to return to how it had been prior to their advice issue emerging. For instance, George did not need to rely on stronger medication which would have

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made him feel like a 'zombie'. Thus, these clients are, as a result of seeking advice from Citizens Advice Manchester, less likely to need to see their GP to seek help with stress/depression/anxiety caused by debt or financial concerns. Focusing specifically on the reduction of stress, one participant spoke of feeling 'relieved', and in fact there is a strong sense of relief that comes through from participants.

Wellbeing data was collected from 31 clients as part of this research project (see Appendix 1 for full details). Of these, twenty-one were identified as a case study, as they appear on all screens (Tier One, Tier Two, Outcomes, Soft Outcomes) within the census period. This data revealed that advice appears to have had a positive impact on these clients' health and wellbeing, with 76% noticing a difference in their health and comfort, 75% thinking that they have an improved ability to help themselves, and 81% having noticed a difference in their peace of mind and wellbeing. As such, we can draw a link to the research finding of Abbott et al (2005) that, by helping people to maximize their income, advice services help improve the health of their clients, and also contribute to the reduction of health inequalities.

6.3 The importance of Citizens Advice Manchester

It is of note that Citizens Advice Manchester, and the quality of support on offer was frequently embedded in the psyche of the participants, often resulting in the organisation being their first choice when in need of support. One participant described how he uses Citizens Advice Manchester '[whenever] I have a bad problem', whilst another states that he returns to the organisation if he encounters situations which are 'more than [my] knowledge'. Seeking advice from Citizens Advice Manchester, for this participant, is an 'opportunity' for empowerment: 'if you come back and you come and seek for advice, you can take it and use it and then it will help you' (Charlie). In fact, participants felt very strongly that if Citizens Advice were not there, both they and other people in need of help 'wouldn't know where to look' for advice' (David), and as a result people would 'suffer' (Adam). Another participant made the following comment on this subject:

George: Now I understand the government have got to make cuts, I get that, but if the government closes places like that down like me I can't read or write. So who's gonna help people fill out forms? Who's gonna do that kind of work for them? If I can't do it, and I've got no family nearby me, I'm stuck in and it's catch 22, I can't read, I can't write,

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they won't listen to me on the phone. I can't write letters about going the court and all that the way they word it. I can't afford a solicitor to do it. So I've nobody else to do it for me. So if they close I don't know what would happen.

As such, Citizens Advice Manchester plays a crucial role in supporting 'people like us': people who are, in the words of one participant, 'disadvantaged', and who would not know 'where to turn to' were it not for the support they receive from Citizens Advice Manchester. As such, the majority of participants voiced comments similar to that of the following participant:

Dawn: I don't think there's anybody else that I could've gone to apart from Citizen's Advice.

6.4 Citizens Advice as part of a social network

Participants stated that, other than their need for advice, one reason why they used Citizens Advice Manchester was because their access point was nearby or 'just round the corner from me'. The sense of the local is therefore important to participants:

Fatima: They had it at my doctor's surgery which is just round the corner... it's very convenient for myself 'cause it's just around the corner.

David: I live down the road and it's closest to the pair of us...Well we've been there a few times and when we split up, I used to live on (name of road) so, you know, I've used it myself regarding my CSA and bits and bobs.

This highlights how the local Citizens Advice access points provided a sense of being in the community both in terms of geographic location, but we would further argue, in the hearts and minds of those who used it, as indicated in Section 5.4. Most of the participants in the study had also known of Citizens Advice for quite some time (in one instance upwards of 30 years). For some participants, Citizens Advice has a kind of omnipresence in that they have always known about it, and as a result would use it as a source of support in times of need. Interestingly, one participant stated that 'I think everyone knows about it, don't they?' (Tommy)

This is particularly significant given Marmot's (2010) discussion of the importance of local problems being solved by local solutions. Citizens Advice Manchester is positioned at the heart of local communities in Manchester and is in the best position to deliver advice to those who

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need to use its services. As demonstrated in Chapter 5, 62% of clients felt 'empowered to act' as a result of their contact with Citizens Advice Manchester. Additionally, it is important to note that, overwhelmingly, the majority of clients Citizens Advice Manchester advises (80%) receive advice at the Tier One stage and no further action is required. This indicates that this organisation helps individuals to be self-reliant, providing a safety net for those who need to use it. This was also mentioned by one of the participants in the current study, who noted that Citizens Advice Manchester is 'there if we need them' (Fatima).

Yet the reason for seeking support from Citizens Advice Manchester was not simply a matter of the length of time the participants had known about the organisation, but also how Citizens Advice was situated as an integral part of the participant's social networks and often at the heart of their communities. In some respects, the support they received was akin to that which can be expected within Putnam's (2000) notion of 'Bonding Social Capital', characterised by dense family networks, which is good for emotional support. Participants spoke warmly of the advisers they had interactions with, often calling their advisers by their first name, or their full name.

Participants' accounts often indicated that they were the disenfranchised and disempowered, but with the support from Citizens Advice Manchester, they can at least start to resolve their issues. This engendered a deep level of trust. In social capital terms, trust is positioned as the key process that helps develop the notion as a resource. Trust is clearly a complicated notion, but in this instance, we take trust in its simplest sense of trusting that someone (or some organisation) will act in a predictable way (Mollering, 2001). Acting in a predictable way in this instance spanned several examples. Citizens Advice Manchester holds a position of trust in many of the accounts provided by the participants. Not only did they use them at times of their greatest need; they knew they would be there in the future if needed, as stated above, on some instances, 30 years later. Being local, being conveniently located in GPs' surgeries, and town hall offices clearly play a part in people 'accessing' the service. Yet it seems doubtful that the service would be used unless it was deemed trustworthy.

Of course the sensitive nature of support and advice that clients required may also have had an impact on why Citizens Advice Manchester was viewed as a trusted part of their social network, in that the stigma of debt, or benefits could make such issues deeply private. The notion that individuals become 'reclusive' as a result of their debt highlights the issue of stigma and the way that this can isolate those affected through feelings of shame or embarrassment. Turley and White (2007: 45) found that feelings of shame made their participants less likely to discuss their problems: 'underpinning this view was a perception that there is something morally wrong with

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getting into debt and there is a taboo or stigma attached to discussing it'. This sense of stigma is something which is likely to act as a barrier, for example the participant who said that he became 'reclusive' also said that he 'didn't want to face up to all my debt'. Participants in the current study may therefore have been less likely to access support from their dense social networks, such as family and friends, instead accessing support from Citizens Advice Manchester as it afforded them a degree of anonymity. Interestingly, in the analysis of Citizens Advice Manchester's data (see Appendix 1), we found that clients with debt problems were more likely to use webchat than any other means of contact. This again ensures anonymity, and suggests that webchat offers an accessible and appropriate means to help people people to start managing their debt, as clients do not need to 'face' anyone.

The ubiquitous nature of Citizens Advice Manchester means that participants knew they would receive 'quality' advice and support when needed. They would often suggest a collective when discussing themselves and Citizens Advice, for instance a single male stating that 'we got 90% of the cost covered (for a new boiler), and another participant discussing that 'we wrote [the debt companies] a letter'. 'We' in each of these cases refers to the client and the adviser, suggesting that the client felt that they were not alone in dealing with their advice issue.

6.5 More than Advice: Citizens Advice Manchester provides a 'buffer zone'

One interesting issue to arise was how Citizens Advice Manchester was often positioned as the 'protector' for those in greatest need, in that they acted as a physical or emotional buffer zone between the service user and the crisis they were experiencing. For instance, one participant (George) felt that Citizens Advice Manchester acted as a buffer between himself and those who continued to call him and the debt company. Prior to receiving advice, this participant had become socially isolated, switching off his phone in order to avoid difficult and stress-creating conversations with his debtors. However, after having received advice and support from Citizens Advice Manchester, he then felt able to switch his phone back on, and in the event that a company he owes money to calls him, he is able to tell them to contact Citizens Advice Manchester:

George: I don't think, 'God, who's this ringing,' I just pick it up and if it's a debt company I go, "Yeah, no problem. I'm under the Citizen's Advice. There's the number; there's the man's name, and there's my reference number.'

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This participant's account seems to offer a similar discourse to that of someone who is receiving medical care being 'under the care of' a doctor. This theme was echoed by another participant (Fatima) who suggests she was 'fully covered' as a result of seeking help from Citizens Advice. Here, the example of being protected by Citizens Advice Manchester was through their professionalism:

Fatima: We need centres like this to help disadvantaged [people] like myself and this gentleman here because we don't where to turn too. What would we do? It's very hard out there...I understand the people who work for [Citizens Advice] are all professionals. So they [the council] had a professional letter to reply back to which they didn't. So I'm fully covered that way.

This participant felt that Citizens Advice protected her and those like her who she termed as being 'disadvantaged'. Being 'fully covered' against a 'hard' world equates to her trusting Citizens Advice Manchester to act in her interests in a way that she could not. Their professionalism, in essence, allowed her to resolve her own problems in a way she could not do on her own. As noted in the introduction, advice has a different function to an information/signposting service, something which is particularly valued by participants, who noted that the adviser will, for example, signpost a useful website, but will then 'say 'look at this, [and will] say what they can and can't do, and who to contact when it's wrong' (David). One participant pointed out how his adviser was going to 'take over' and in essence, be the link to getting his issues resolved. Another participant was given clear instructions "Do that, go there, do that..." The result is that clients are more likely to feel that someone is acting, or is empowering them to act, in their best interests: for one participant, this made him feel 'safer'. Importantly, the analysis of Citizens Advice Manchester's data (see Appendix 1) found that, between April 2014 and March 2015, 62% of clients felt 'empowered to act', whilst the organisation took action on behalf of the remaining clients. The importance of this cannot be understated. People using Citizens Advice Manchester are often those socially isolated, disenfranchised and disconnected. This organisation offers them a route out of their crisis and in many instances, acts as a personal buffer against that which is the root of the crisis.

It is important to draw attention to the subjects of social isolation, as this was a subject discussed by participants. Two participants identified themselves as being socially isolated: one participant described himself as becoming 'reclusive' as a result of his debt, whilst the other participant was a carer for her disabled son, and describes being a carer as being 'very very lonely'. Social isolation is common in areas of multiple deprivation (Marmot, 2010). As an area

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with a high level of deprivation, it would therefore be anticipated that Manchester residents would be at greater risk of being socially isolated. As such, whether these two clients would have accessed Citizens Advice through any other means is not clear. It is, however, interesting to reflect on research by Turley and White (2007) which notes the socially isolating nature of debt, along with findings from a study conducted by Citizens Advice (2015b), in which 64% of GPs reported that social isolation was an issue raised by their patients in the month prior to the study taking place. There seems to be a link here to the potential benefit that social prescribing could bring not only to Manchester residents, but also with regard to the impact on GP resources. Indeed, the two participants who identified themselves as being socially isolated were both referred to Citizens Advice Manchester via their housing trusts: it is particularly interestingly to note one of the participant's explanations of how this happened:

(George): I've been to the doctor's about it, said like the tablets wasn't working and could I have stronger tablets, and the doctor said, "What's up?" And I told him, and he said, "Look you need to go somewhere." Then he advised me to phone my Housing Trust, Willow Park. She said, "it's a bit too complicated all this", you know, I told her basically what the debt was and she said, "It's bit too much for us and you need to go to the Wythenshawe Advice Centre," you know, the Citizen's Advice, and that's why I ended up there.

It is important to note that this participant is one of the two who considered harming themselves due to their advice issues: there was therefore a sense of urgency about this situation, and the more quickly this could be resolved for this participant, the better. Thus, considering the concept of social prescribing, had there been an established relationship between GPs in Manchester and Citizens Advice Manchester, this participant could have been directly referred by his GP, with the associated improvement in health and wellbeing that, for him, has come as a result of the advice received from Citizens Advice Manchester.

6.6 Conclusion

This chapter has discussed the key findings of the qualitative research, drawing on the literature and policy chapters, along with the statistical analysis of Citizens Advice Manchester clients. It has found that Citizens Advice Manchester has improved the health and wellbeing of those who participated in the study, and has saved the lives of two of the participants. In addition, it has explored the way in which Citizens Advice Manchester is ideally positioned to provide the

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preventative, community-based services identified by current local and national policy as being the best way to reduce health inequalities. The following chapter concludes the report, and makes specific recommendations intended to help shape the future direction of Citizens Advice Manchester.

7 Conclusions and Recommendations

The purpose of this final chapter is to review the key points made in this report, and to make recommendations, which are intended to help Citizens Advice Manchester more effectively evidence and demonstrate its impact.

7.1 The context of the study

Welfare reform and austerity measures have led to a squeeze on advice services, with increasing demand for advice services, alongside a reduction in available resources. It is in this context that Citizens Advice Manchester commissioned members of the research team to produce a report that investigates the impact of advice on the health and wellbeing of the people of Manchester. This study has taken a mixed methods approach, examining data generated by Citizens Advice Manchester between 1st April 2014 and 31st March 2015, and collecting data on behalf of Citizens Advice Manchester as part of their follow-up research project. The qualitative part of the study has involved interviews and focus groups with clients of Citizens Advice Manchester, and 11 interviews were conducted in June and July 2015.

7.2 Key themes arising from the research

7.2.1 Impact of debt on health and wellbeing

Marmot (2010) drew attention to the idea that health inequalities are a result of social inequalities. Therefore those who are more likely to suffer from poverty, and experience a range of social issues such as unemployment or homelessness, are also more likely to suffer from poor physical and/or mental health. It is useful to consider Manchester in this context, as a city that has a range of social problems, with very high levels of deprivation, child poverty, and unemployment. It also has the lowest life expectancy in the country (CMCCG, 2015), and a higher number of mental health problems when compared to the national average (Community Mental Health Profiles, 2014). Social inequalities and health inequalities can surely not be unrelated in this instance.

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Levels of debt are rising in the UK (Money Charity 2015), and there has been an increased uptake of payday loans (Step Change, 2015) as people try to manage on low incomes, and cope with benefit delays or benefit changes. With higher levels of debt in Manchester (BBA, 2014), possibly due to low-income levels, benefit delays and increased use of sanctions, this also impacts on the need for advice services. It also influences health and wellbeing; as evidenced in this report, there is a strong link between debt and ill-health, mental illness, alcohol dependence and drug dependence, and suicide (see Department of Health, 2011; Mind 2011; Gregory, 2014; Jenkins et al, in Parkinson and Buttrick, 2015).

The link between debt and health and wellbeing was evident throughout the study. All of the participants reported that the issue they sought help with had had an impact on their physical health, mental health or sense of wellbeing. Pre-existing medical conditions, such as post-traumatic stress disorder, diabetes, and depression, all worsened due to the stress and anxiety of their debt or financial issues. Additionally, although some participants did not feel that they had pre-existing mental health conditions, they made reference to financial concerns having made them vulnerable to this. Most alarmingly, two participants reported that they considered harming themselves prior to accessing support from Citizens Advice Manchester. Given the relatively small sample of participants for this study, it is even more pertinent that physical and mental health problems were so prevalent.

7.2.2 Impact of advice on health and wellbeing

Advice has been found to have a 'booster effect' to individuals (Citizens Advice, 2014), providing an uplift in mental health, physical health and wellbeing after advice. Clients of advice services report reduced stress and anxiety, improved physical and mental health, and an enhanced quality of life (Pleasence, 2007; Turley and White, 2007; Benson, in Citizens Advice, 2010). These findings were also highlighted in this study where, following contact with Citizens Advice Manchester, participants saved money, received additional welfare benefits and gained knowledge on how to resolve their own issues, to name just a few of the tangible outcomes of advice identified in this study. The impact on participants' health and wellbeing was substantial. For some, this was simply by knowing that someone was there to help them and they were not on their own. For others, their pre-existing conditions levelled out, and returned to how they had been prior to the emergence of their advice issue. Those participants who had indicated that they had considered harming themselves now reported better wellbeing: in the follow-up study,

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both of these participants said that advice had made ‘a lot of difference’ to their health and wellbeing, and one described Citizens Advice Manchester as a ‘life-saver’. As a result, these individuals were less likely to be reliant on NHS services, a point also discussed by Adams (2006). Further, this helps to ‘prevent people from getting to the stage where they need expensive treatments or services’ (Manchester Health and Wellbeing Board, 2013: 7), one of the aims of Manchester’s Joint Health and Wellbeing Strategy.

7.2.3 The importance of Citizens Advice Manchester as a community-based resource

Participants in the study were emphatic about the importance of Citizens Advice Manchester, and for the majority, there was nobody else they could turn to who could provide the help they needed. Participants spoke warmly of their advisers, often calling them by their first name, and felt that they were not on their own in dealing with their advice issue. The organisation was often seen as a ‘protector’, acting as a physical or emotional buffer between themselves and, for example, the organisation they were seeking advice about. As a result there was an extremely high level of trust in Citizens Advice Manchester. Its location in the community is no small part of this, as participants frequently cited convenience as one of the reasons why they went there for advice. As discussed in the findings, Citizens Advice Manchester therefore provided a sense of being in the community, not just in terms of its geographic location, but also in the hearts and minds of those who used it. This is particularly significant given Marmot’s (2010) discussion of the importance of local problems being solved by local solutions. Citizens Advice Manchester is positioned at the heart of local communities in Manchester and is in the best position to deliver advice to those who need to use its services. As demonstrated in Chapter 5, 62% of clients felt ‘empowered to act’ as a result of their contact with Citizens Advice Manchester, and this organisation therefore encourages the self-reliance of its clients.

7.2.4 The potential for social prescribing

Social prescribing has been shown to be a very valuable means of addressing the wider determinants of health, enabling primary healthcare providers to refer patients to advice services (based in primary care settings) where their non-clinical issues can be appropriately and effectively dealt with (South et al, 2008; Cawston, 2011; Nesta, 2013; South Liverpool

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Citizens Advice, 2015). The current policy focus on the reduction of health inequalities and the promotion of wellbeing provides the opportunity for advice services such as Citizens Advice Manchester to be positioned as a health and wellbeing organisation, and as such, positioned within a 'sequenced package of support' (Manchester City Council, Communities Scrutiny Committee, 2014: 12). Advice services have been commissioned as part of community and primary care in some local health services in the UK. Evidence presented in this report indicates that this would be a useful strategy to employ in Manchester, as this would more effectively reach those individuals who may not access an advice agency such as Citizens Advice Manchester through any other means.

It is also important to note evidence gathered for this study that seeking support from Citizens Advice Manchester has meant that participants are less likely to need to see their GP to seek help with stress, depression, anxiety or associated physical health problems caused by debt, financial concerns, or any other advice issue. The fact that all of the participants in this study identified their health and wellbeing as being affected by their advice issue is extremely significant. Two participants in the study were referred to Citizens Advice via housing trusts, and one of these participants was referred to his housing trust by his GP, who then referred him to Citizens Advice Manchester. A direct link between primary care providers and Citizens Advice Manchester would undoubtedly be beneficial to all parties; individuals receive the support they need from the advice agency, primary care providers are able to spend a greater amount of time dealing with patients' clinical issues, thus alleviating some of the strain on their resources; and Citizens Advice Manchester is able to continue its work supporting people who are likely to be disenfranchised, disconnected and socially isolated.

7.3 Recommendations for Citizens Advice Manchester

7.3.1 Policy recommendations

- Citizens Advice Manchester should explore the idea of social prescribing: working with GPs to develop an outreach model which allows GPs and primary care providers to refer patients 'directly' to them (where appropriate).
- Develop a model of partnership working with external agencies. This would ideally be undertaken as part of the social prescribing model, so that primary care providers refer a

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patient to Citizens Advice Manchester, and as well as receiving advice, the individual, where appropriate, is also referred to an external agency which can help the individual with their other support needs. This is in line with the 'Advice on Prescription' project carried out by Citizens Advice Liverpool. This, of course, would allow for a two-way process, so that external agencies also refer their clients to Citizens Advice Manchester, thereby building a network of support across Manchester, and providing a safety net for those in need.

- Continue to collect the follow-up data as a means of measuring the impact of the advice received by clients. This data is extremely valuable, and may be useful to secure funding in future as it demonstrates the impact Citizens Advice Manchester has on its clients. The follow-up data could be collected by volunteers, and carried out twice following their outcome, (e.g. 3-6 months after advice, and a year after advice) in order to better understand the longer-term impact of advice on clients.
- Clients should be required to opt out of follow-up data collection, rather than being asked to opt in. This would allow for a larger sample of clients to be contacted, and therefore provide a more robust account of the impact of advice. Again, this is an important way for Citizens Advice Manchester to identify the outcomes of its clients, and in turn to demonstrate the important work that it does in supporting Manchester residents, particularly those who are socially isolated, disenfranchised, and disconnected.
- Consider a strategy for publicising the valuable work being done by Citizens Advice Manchester, not least the health benefits of advice, so that the benefits of advice for people in Manchester become clearer, and more widely available. This again may be useful for securing funding as it is a means of demonstrating impact in an accessible way, as it would enable Citizens Advice Manchester to be clearly badged as a health and wellbeing organisation.
- Citizens Advice Manchester is ideally situated to help meet the policy objective of focusing on local delivery systems. It is an organisation which has engendered an extremely high level of trust from its clients, not least due to its proven track record of

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providing quality advice at a local level, to the point that it sits in the hearts and minds of many of those who need to use the advice service.

7.3.2 Recommendations in relation to data management and collection

Citizens Advice Manchester collects a wide range of quantitative data on its clients and as this report illustrates, it is useful. However, in order to measure greater impact, its data collection and data management should be reviewed. The following should be considered:

- Consider reducing the number of questions asked to the bare minimum needed to measure impact and assess the client.
- Consider the utility of some of the variables. These may include sexual orientation, military connections, religion, nationality, marital status, and adult dependents.
- Consider reducing the number of categories per variable to make data collection (and analysis) easier (and quicker).
- Consider the development of an in house Impact team tasked with analysis and interpreting complex data
- Ensure that the same data is collected for every client; there is a high percentage of missing data for some potentially useful variables (such as employment status and income). Where the data is complete, this enables Citizens Advice Manchester to clearly demonstrate its impact.
- Consider collecting data on health and wellbeing at the Tier One/Tier Two stage, so that there is a baseline against which the impact of advice on health and wellbeing can be measured

7.3.3 Recommendations for further research

- It would be useful for further qualitative research to be undertaken with a larger sample of clients. It was not possible to do this for the current study due to the difficulties

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securing participants (see Methodology), but a larger sample would allow for a purposive sample to be taken from different demographic groups.

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Appendix 1: Quantitative Report

Introduction

The data in this report was extracted from three separate 'screens' of the Citizens Advice database (Petra), specifically, Tier One (the initial access point for the majority of clients); Tier Two (where some new clients enter, but the majority come through Tier One with enquiries that need more detailed work; and 'Outcomes' (which records the outcomes of clients who have been through Tier One/Tier Two). In addition, data (labelled 'Soft Outcomes') was collected via structured telephone interviewing, on the views of clients toward the Citizens Advice Manchester service. The 21 clients chosen had all been through the Citizens Advice system from Tier One to Tier Two and so complete data existed for them.

The data was 'cleaned' and formatted in preparation for transfer to SPSS (a statistical analysis software package). A number of variables were removed due to the high numbers of missing data, including Nationality, Sexual Orientation, and Homeless Application. Three SPSS files were created: Tier One (which incorporated data from the Tier Two screen and demographic data from the Outcomes screen, with all duplicates removed), *Outcomes*, and *Soft Outcomes*. The Tier One data represents the total population (N) of Citizens Advice Manchester for the chosen census period; the *Outcomes* data represents a sample (n) of this population, and the *Soft Outcomes* data represents a case study. Descriptive statistics were produced via SPSS and some inferential statistical analysis was conducted, specifically one-way ANOVAs and cross-tabulations.

Census Period; The data analysed covers the period 1st April 2014-31st March 2015. Clients from outside of this period were removed at the 'cleaning' stage.

Total Population; consists of all clients, with duplicates removed; N = 26209 clients in total. 80% of Citizens Advice Manchester clients complete at the Tier One stage.

Total Enquiries; there were 32,681 enquiries during the census period, of which 78% were resolved at the Tier One level.

Multiple Enquiries; 4.5% (1205) of all clients make multiple enquiries, indeed this cohort represent 20% (6391) of all enquiries made during the census period.

Between 1st April 2014-31st March 2015, Citizens Advice Manchester saw 26,209 clients (this figure consists of all clients, with duplicates removed). 80% of Citizens Advice Manchester clients complete at the Tier One stage. Additionally, Citizens Advice

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Manchester received 32,681 enquiries during this time, of which 78% were resolved at the Tier One stage.

The Tier One Stage

Demographics

Gender	52% Female, 39% Male (9% missing)
Age	Average age of a client was 49; the age range was 15-96. 66% of clients were aged 31-65; 28%, aged 15-30. The minority of Citizens Advice Manchester clients are 65+.
Ethnicity	70% White British, 30% Black or Asian British
Proficiency with English	99.7% of all clients stated that they could read, write and speak English.
Disability	86% did not report a disability/data missing; of those that identified a disability, 20% had (non-sensory) physical impairment, 18% mental health problems, and 34% long-term health conditions.
Other demographics	<p>Although Citizens Advice do collect data on Employment, Housing, Household Income, Number of Dependents, and Housing Type, the high rate of missing data (ranging between 69%-87% missing per variable) means it is difficult to discern clear patterns from these variables.</p> <p>That said, of those that did report, the majority are tenants (private or state, 24%), with dependent children (40%); 22% are unemployed, 21% employed and 17% permanently sick or disabled.</p>

Accessing Citizens Advice Manchester

Enquiry start dates	78% of all enquiries was between April-Nov 2014; the busiest months for enquiries were July (12%) and September (11%), the quietest was December (5%).
Who referred the client?	Unfortunately, 88% of this data was missing, so we cannot discern the most common means of referral.

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How accessed?	79% of clients accessed via the Adviceline Phone; the least common means were social media, letter and home visits (0.1% in total)
Which Bureau?	69% of clients used Citizens Advice Manchester Contact Centre: this along with access points operating from Moss Side Citizens Advice and Ben Brierley Legal Advice Resource Centre accounted for 99% of all clients.
Outreach Centres/Medical Outreach Centres	85% of the data on Outreach centres was missing, so we cannot discern any key trends, nor can we identify trends associated with Medical Outreach Centres.
Type of Enquiry	Benefits and Tax Credits account for 28% of all enquiries; Debt accounts for 19% and Housing 13%.
Work Level	32% of all work is identified as 'Advice'; 29% 'Information' and 29% 'Specialist casework'.
Next Step	65% of clients are given 'assisted information'; 14% are signposted to an external agency; 12% are given appointments (with Specialist appointments constituting half of these).

Some Relationships

Enquiry Type and Age: Older clients (66+) are more likely to seek help with Benefits and Housing, whereas young clients (15-30) are more likely to seek help related to employment and Housing. Clients aged 31-65 are more likely to seek help relating to Benefits and Debt.

Enquiry Type and Primary Channel: Interestingly, clients seeking help relating to Debt are more likely to use webchat than any other means of contact.

The 'Typical' Client (Tier One)

The typical client is a White, middle-aged female, who accesses Citizens Advice Manchester (via the Adviceline) for assistance (usually 'advice' or 'information') in relation to Benefits/Tax Credits or Debt. This client, typically, receives 'assisted information' and her case is resolved at the Tier One stage.

The Outcomes Data

n = 5118 (20% of N).

Demographics

Gender	47% Female, 34% Male (19% missing)
Age	Average age of a client was 46; the age range was 16-96. 78% of clients were aged 31-65; 15%, aged 15-30. A greater number of 31-65 year olds feature in the Outcomes data in comparison with 15-30 year olds.
Ethnicity	40% White British, 24% Black/Asian British.
Proficiency with English	99.7% of all clients stated that they could read, write and speak English.
Disability	64% did not report a disability/data missing; of those that identified a disability, 65% reported a long-term health condition. The number of clients with long-term health conditions is greater in the Outcomes data, suggesting that such clients have more complex enquiries.
Other demographics	Although Citizens Advice Manchester do collect data on Employment, Housing, Household Income, Number of Dependents, and Housing Type, the high rate of missing data (ranging between 46%-80% missing per variable) means it is difficult to discern clear patterns from these variables. That said, of those that did report, the majority are tenants (private or state, 47%), with dependent children (either couple or single, 41%); 21% are unemployed, 13% employed and 27% permanently sick or disabled. Again, there is an increase in the number of permanently sick/disabled clients in the Tier Two data compared with the Tier One data.

The client with an outcome remains 'typical' of the wider client population, ie, White, female, middle-aged, whose enquiry (typically relating to benefits or debt) was addressed via face-to-face support. However, it should be noted that the number of clients reporting a long-term health condition increases, as does the number of single people, clients with dependent children, and the number classifying themselves as permanently sick and disabled. There is also an increase in the number of enquiries relating to debt and benefits/tax credits, in comparison with the Tier One data.

Support from Citizens Advice Manchester

Who referred the client?	Unfortunately, 87% of this data was missing, so we cannot discern the most common means of referral.
How accessed?	53% of clients accessed support via face-to-face, 24% telephone, and 19% webchat.
Which Bureau?	41% of clients used Citizens Advice Manchester Contact Centre: this Centre along with Moss Side Citizens Advice (29%) and Ben Brierley Legal Advice Resource Centre, accounted for 85% of all clients.
Outreach Centres/Medical Outreach Centres	85% of the data on Outreach centres was missing, so we cannot discern any key trends, nor can we identify trends associated with Medical Outreach Centres.
Type of Enquiry	Benefits and Tax Credits account for 38% of all enquiries; Debt accounts for 38% of all enquiries. Both these figures have increased in comparison with the Tier One data.
Next Step	65% of clients are given 'assisted information'; 14% are signposted to an external agency; 12% are given appointments (with Specialist appointments constituting half of these).

Outcomes

Duration of Enquiry	52% of clients' enquiries were resolved within one day; 20% within one month. However, 28% took between 2-6 months. Debt enquiries were more likely to be resolved within one day, than Benefit/Tax credit enquiries, which were more likely to take between 7 days-6 months.
Core Outcome	62% of clients felt 'empowered to act'; Citizens Advice took action on client's behalf for 39% of clients.
How was Outcome achieved?	36% of clients reported improved 'health or capacity to manage'; 20% of clients saw benefits/tax credits increased/maintained or awarded.
Financial value of outcome	12% of clients received a financial outcome; ranging from 78p to £58,914. 38% received £100 or under; 35%

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	<p>received between £101-£1000.</p> <p>Typically, the longer cases produced the highest financial outcomes for clients, reflecting complexity of case.</p>
Reason for Closure	<p>The majority (47%) of clients' cases were closed after they had received advice, but the outcome of the advice is unknown.</p> <p>39% of clients saw success/part success following advice/action.</p> <p>6% of cases were unable to proceed and 6% of clients failed to return or withdrew.</p> <p>Clients with benefits/Tax Credits enquiries were more likely to fail in their action or Citizens Advice did not know the result of the advice given.</p> <p>Clients seeking help with debt were more likely to see successful/part successful advice/action.</p>

Clients with Multiple Enquiries

1205 clients made multiple enquiries (constituting 20% of the total number of enquiries in the census period). The number of enquiries, per client, range from 2-24 each, but four is the average with 64% making 4 enquiries at the same time.

Demographics of Clients with Multiple Enquiries

Gender	60% Female, 40% Male; <i>clients making multiple enquiries are far more likely to be female than male in comparison with the wider Citizens Advice client population.</i>
Age	<p>Average age of a client was 47, which is typical for the wider Citizens Advice population.</p> <p>The age range was 18-90. 89% of clients were aged 31-65; 11%, aged 15-30. <i>Clients making multiple enquiries are far more likely to be aged 31-65 than the wider Citizens Advice population.</i></p>
Ethnicity	46% White British, 29% Black/Asian British; less likely to be White British and more likely to be BME.

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	<i>Clients making multiple enquiries are more likely to be Black or Asian British in comparison with the wider Citizens Advice population.</i>
Proficiency with English	99.7% of all clients stated that they could read, write and speak English.
Other demographics	<p>Although Citizens Advice do collect data on Employment, Housing, Household Income, Number of Dependents, and Housing Type, the high rate of missing data (ranging between 46%-80% missing per variable) means it is difficult to discern clear patterns from these variables.</p> <p><i>Multiples tend to be more likely to be permanently sick/disabled and not in employment. They are less likely to have dependent children.</i></p>
How accessed?	53% of these clients accessed support via face-to-face, 24% telephone, and 19% webchat.
Which Bureau?	44% of clients used Citizens Advice Manchester Contact Centre; this Centre along with Moss Side Citizens Advice (29%) and Ben Brierley Legal Advice Resource Centre, accounted for 84% of all clients.
Outreach Centres/Medical Outreach Centres	<i>Multiple clients (15%) were more likely to access via a Medical Outreach centre than clients were from the wider Citizens Advice population. Although it should be noted that this relationship is tentative due to missing data.</i>
Type of Enquiry	<p>Benefits and Tax Credits account for 67% of all multiple enquiries; Debt accounts for 24% of all multiple enquiries.</p> <p><i>Benefits/Tax credits/debt/Financial planning/capability account for 93% of all multiple enquiries.</i></p> <p>Housing, immigration, consumer protection and employment are the only other enquiries for this type of client.</p>

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Duration of Enquiry	51% of clients with multiple enquiries were resolved within one day; 71% within one week; 79% within one month.
Core Outcome	<p>Clients were less likely to feel 'empowered to act' (54%) in comparison with the wider Outcomes sample</p> <p>Citizens Advice Manchester was much more likely (45%) to take action on the client's behalf in comparison with the wider Outcomes sample, which may reflect complexity of enquiry.</p>
Financial value of outcome	946 (79%) clients received at least one financial outcome and many more than one.
Reason for Closure	<p>The majority (58%) of clients' cases were closed after they had received advice, but the outcome of the advice is unknown. 32% (slight decline in comparison with the wider Outcomes sample) of clients saw success/part success following advice/action. Cases were less likely to fail to proceed and clients were less likely to withdraw.</p> <p>Clients with benefits/Tax Credits enquiries were more likely to fail in their action or Citizens Advice did not know the result of the advice given. Clients seeking help with debt were more likely to see successful/part successful advice/action.</p>

The Soft Outcomes Data

Thirty-one clients participated in structured telephone interviews with researchers from the project team, during which they were asked follow-up questions based on their experience of using Citizens Advice Manchester (known as 'Soft Outcomes'). Of these, twenty-one were identified as a case study (appear on all screens).

Demographically they are 'typical' Citizens Advice Manchester clients (comparing with the wider Citizens Advice population); the majority are female (68%), they are all in the 31-65 age bracket, with an average age of 46. Seventy-six percent had enquiries about debt and 20% about benefits and tax credits. The majority (73%) saw their enquiries resolved in one day.

Views on Citizens Advice Manchester

Evaluating Wellbeing

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Overall, the clients identified an improvement in their overall wellbeing and health following their support from Citizens Advice Manchester:

- 76% notice a difference in their health and comfort
- 75% think they have an improved ability to help themselves
- 89% report feeling useful often/all the time
- 81% notice a difference in their peace of mind and wellbeing
- 67% notice a difference in their relationship with friends and family
- 80% notice a difference in their confidence
- 71% feel closer to other people now.

Unfortunately, we cannot compare this data to how the clients felt prior to their support from Citizens Advice Manchester; having a comparison would be useful in terms of quantifying the impact of support from Citizens Advice Manchester on wellbeing.

Evaluating Problems

Overall clients report an improvement in problem resolution and the extent to which their problems effect on their lives:

- 88% believe they are dealing with problems well.
- 85% of clients reported that their problems affected their lives completely or significantly prior to advice. After having received advice from Citizens Advice Manchester, this figure reduces to 21%
- 73% are 'feeling optimistic about the future'.

However, the ongoing complexity of client problems (particularly debt/benefits) may account for only none of the 21 clients 'committing to 'saving for the future'.

Evaluating Citizens Advice Manchester

Ninety two percent of these clients were 'happy' with the service from Citizens Advice Manchester and 80% would use Citizens Advice Manchester again. 71% were happy with access to the service and 90% would 'recommend Citizens Advice Manchester to others'

Recommendations in Relation to Data Management and Collection

Citizens Advice collects a wider range of quantitative data on its clients and as this report illustrates it is useful. However, if Citizens Advice wants to measure greater impact it needs to review its data collection and management. The following should be considered:

- Consider reducing the number of questions asked to the bare minimum needed to measure impact and assess the client.

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- Consider the utility of some variables. For example, sexual orientation, military connections, religion, nationality, marital status, adult dependents all seemed superfluous.
- Consider reducing the number of categories per variable to make data collection (and analysis) easier (and quicker).
- Consider the development of an in-house Impact team tasked with analysis and interpreting complex data
- Ensure that the same data is collected for every client; the high percentage of missing data for some potentially useful variables (such as employment status and income) was disappointing.
- Consider collecting data on health and wellbeing at the Tier One/Tier Two stage, so that there is a baseline against which the impact of advice on health and wellbeing can be measured