

1.	Project reference: SPHR-FUS-PES-CAB	Final report date: 31.03.17	
2.	Project title: Exposing the impact of advice services on health and inequalities		
3.	Lead investigators on project: Professor Susan M Carr Other NIHR School collaborators (name, School for Primary Care/Social Care Research) on project: N/A Names and roles of others involved in project (e.g. include fixed term contract researchers and external collaborators / partners): Monique Lhussier (Fuse), Sonia Dalkin (Fuse), Natalie Forster (Fuse) Suzanne Moffat (steering group only, Fuse). Philip Hodgson, Senior Research Assistant, Northumbria University Alison Dunn, Lead for Gateshead Citizens Advice Gateshead (CAG) Pete Philipson, Senior Lecturer (Statistician), Northumbria University		
4.	Project start date: 01.05.2014	Project end date: 31.03.2017	Duration: 23 months
5.	Project objectives originally outlined in proposal: Advice services target the wider determinants of health, and are theorised to improve health and reduce inequalities (Palmer et al., 2010, Burrows et al., 2011, Citizens Advice Bureau, 2014). However, direct evidence of their impact on health is limited and little is known about how different components of advice services combine with certain contexts to influence particular health outcomes. This study employed realist evaluation (Pawson and Tilley, 1997) to expose health impacts of Citizen Advice Gateshead (CAG), one bureau of the Citizens Advice Service. This design is well suited to the evaluation of such complex and potentially multiple pathways from implementation to impact. The project addresses the following question, aim and objectives: <u>Evaluation question:</u> How, why, for whom, and in what circumstances are CAG services effective in improving health? <u>Aim:</u> This research aims to build, refine and test an explanatory framework about how CAG services can be optimally implemented to achieve health improvement <u>Objectives:</u> <ol style="list-style-type: none"> 1. Develop and test the explanatory framework (programme theories) using both existing theory and the generation and analysis of empirical data. 2. Identify and explain the contextual factors (e.g. client characteristics, adviser characteristics, delivery format, setting) most likely to contribute to intervention effectiveness. 		

	<ol style="list-style-type: none"> 3. Map out the resources offered by CAG services likely to trigger a change in client reasoning. 4. Design a bespoke data recording template that can be incorporated into routine practice to capture longer term health impacts.
6.	<p>Briefly describe and explain the reason(s) for any changes to the project originally outlined in proposal:</p> <p>The initial protocol was to collect quantitative data from each client at three time points over 12 months. However, we had concerns over the risk of high rates of loss to follow up, in particular due to the transient nature of the target group. In addition, the two validated measures used in the project (Perceived Stress Scale and Warwick Edinburgh Mental Wellbeing Scale) require follow up after 6 weeks minimum. Therefore, recruitment was altered; clients instead completed the scales when they first contacted CAG (Time 1). They were then contacted by CAG 6 weeks later via telephone to complete the same scales (Time 2). This data collection strategy was less onerous on clients, easier for CAG staff to implement and, therefore maximising the chances of achieving a complete dataset. This also meant that objective 4 (design a bespoke data recording template that can be incorporated into routine practice to) was met more efficiently, as only measures deemed feasible for use within practice were used in the evaluation.</p>
7.	<p>Brief summary of methods, findings against objectives, and conclusions (2-4 pages max):</p> <p>Methods:</p> <p>Realist evaluation goes beyond questions of effectiveness, to highlight the contexts and mechanisms through which interventions work. (Pawson and Tilley, 1997, Dalkin et al., 2012). Context, mechanism and outcome configurations are used to develop programme theories about how the intervention is supposed to work (Greenhalgh et al., 2017). These theories are then tested using empirical data (Dalkin et al., 2015). Realist evaluations are method neutral, often drawing on local effectiveness data to identify outcomes (Dalkin et al., 2016) and on qualitative insights for theory generation.</p> <p>Realist evaluation was used to evaluate three intensive services offered by CAG: (1) GP referral service (2) Mental health service (3) Young person's service.</p> <p>The evaluation was operationalised in five phases (Forster et al., 2016):</p> <ol style="list-style-type: none"> 1. Building programme theories <p>Programme theories were built from a scope of relevant literature and interviews with GAG staff (n = 3) which aimed to understand the projects implementation pathway.</p> <ol style="list-style-type: none"> 2. Refining Programme Theories <p>Initial programme theories generated from phase 1 were presented back to staff (n=3 interviews), and refined.</p> <ol style="list-style-type: none"> 3. Development of a bespoke data recording template <p>Measurable outcomes were identified in collaboration with CAG staff, based on interview data and the refined programme theories (phase 2). These included The Perceived Stress Scale (PSS) (Cohen et al., 1983), The Warwick Edinburgh Mental Health and Wellbeing Scale (WEMWBS) (Tennant et al., 2007) and lifestyle questions. The use of these questionnaires was piloted as a data recording template in the course of the study.</p> <ol style="list-style-type: none"> 4. Testing programme theories with empirical data <p>Questionnaire data was collected initially when clients presented at CAG, and between 6 weeks to 6 months later, dependent on CAG staff access to the client. 191 clients completed the questionnaires at T1, with a 91% follow up rate.</p> <p>Realist interviews (Manzano, 2016) were conducted with 22 clients (Young persons' service n = 5; GP referral service n = 6; Mental health service n = 11), to test the theories developed in phases 1 and 2, providing a final set of refined programme theories.</p> <ol style="list-style-type: none"> 5. Verification of findings with a range of CAG services <p>CAG staff participated in a final set of interviews with a focus on verification and impact (n = 5). Staff were asked about the feasibility of using the data recording template in the long term.</p>

Verification events (n=2) were organised with stakeholders and at a Translation of Research into Practice (TRIP) event.

Results (including findings in relation to the objectives):

1. Quantitative Data Analysis:

The analysis of the WEMWBS data shows a very significant difference between initial consultation and follow up, with all included clients feeling better at T2 ($p < 0.001$; 95% CI). PSS analysis showed a uniformly downward trend, indicating that all clients were less stressed on their second visit ($p < 0.001$; 95% CI).

The CAG projects are therefore effective in reducing stress and increasing wellbeing. The qualitative data was used to explain the mechanisms through which they did so.

2. Qualitative Theory Testing (including triangulation quantitative findings):

In realist evaluation, abstract theories are used to help explain the programme theories that emerged from empirical data. The process of searching systematically for abstract theories will be detailed in a peer reviewed article.

In the following section, a brief overview of our findings is presented, starting with abstract theory and detailing the programme theories relating to it. The supporting empirical data will be presented in a peer reviewed publication.

2.1 Capabilities model

Sen's (1985, 1999, 2004) Capabilities Model provides a theoretical framework which best incorporates the social and political contexts of CAG clients. It reflects wellbeing and quality of life within the boundaries of what a person is able to achieve, rather than using a standardised set of outcomes (such as income or desire fulfilment). In all the programme theories below, the advice provided by CAG changes the set of capabilities that clients have, therefore allowing them to, for example, decrease social isolation.

Stop Gap: In a context where someone's basic needs are unmet (first acute issue presented to CAG), the provision of a stop-gap (e.g. food bank voucher) or prevention strategy (e.g. prevention of homelessness) (resource) leads to people feeling relieved (reasoning) resulting in a reduction in stress (outcomes).

"so they helped me get er the benefits that, the benefit that I'm entitled to ...like I says er, if I, I wouldn't of known anything, I would of ended up losing my flat ...I would of ended up homeless and everything" Client 22

Stress: During times of crisis/high stress/when people feel out of control (context), CAG staff take responsibility for finding solutions to people's financial/employment/housing or other issues (resource), resulting in the person feeling less stressed (reasoning) and having increased wellbeing (outcome).

Increasing health and wellbeing / decreasing social isolation: A) Where people are generally well but socially isolated (context), increased finances as a result of accessing CAG (resource) lead to the client feeling less socially isolated (reasoning) and increase wellbeing (outcome).

B) When someone has a severe, longstanding mental health issue (context), additional finances as a result of accessing CAG (resource) impact less on clients feelings of social isolation (reasoning) and wellbeing may remain the same (outcome).

"erm well it's went from counting our pennies, well at one stage I had no money coming in and my husband had to support me, buy the food for the house, the electric, the gas everything... but we'd always been savers and the idea that I had to rely on him to lending me some money every week just so I had some money in me purse was... but you know as I say it's (CAG) just helped so much it was unbelievable. I feel as if I've got part of me freedom back again"

Mental Health: Stress is exacerbating a client's mental health problem, which was previously under control (context). CAG provides advice on the client's issue (resource) which reduces

stress (reasoning). Due to this reduction, the client is prevented from continuing a decline in their condition and the client can continue to self-manage.

In summary, through the provision of a range of resources, depending on individual circumstances (e.g. providing a stop-gap or enabling access to additional income,), CAG reduce client stress and increase the range of options available for their engagement in activities to promote wellbeing.

2.2 Trust

Hurley (2006) describes decisions to trust in terms of the particular circumstance and relationship between 'the truster' (in this study, the client) and trustee (CAG staff). Hurley (2006) states there are seven factors, which impact on trust development: security, number of similarities, alignment of interests, benevolent concerns, capability, predictability and integrity, and level of communication. One programme theory fitted under this umbrella:

Trust: In a context of anxiety generally about having a problem and from being let down by other services/not trusting other services, clients turn to CAG as an alternative. CAG staff demonstrate qualities that meet Hurley's trust model components (similarities, alignment interests etc.) (resource). This increases clients' trust in their named CAG staff member (reasoning). Clients experience increased wellbeing and reduced anxiety (outcome) as a result of 1) increased hope that the problem will be resolved 2) being able to access CAG for future problems and 3) feeling that somebody genuinely cares about them.

"yes 110% yes, I would trust her with anything. I felt comfortable with her she's, it was the way she spoke to you the way she like sort of stuck up for me there she she done an amazing job and she should be, there should be more like her really she's lovely."

2.3 Social Identity

Social Identity theory also helps to explain why CAG staff try to establish similarity with clients, as the theory states that support is more effective when people giving and receiving support share identity. Thus CAG staff establishing similarities with clients is essential in the advice process.

Stigmatised position: People feel stigmatised by the DWP, the Jobcentre, their peers (including family members) and wider society (context). CAG provide non-judgemental, personalised advice and normalise the process of claiming benefits (resource). The client feels less stigmatised and validated in their needs and as people (reasoning). Wellbeing is increased through self-worth (outcome).

"I feel supported, like, there's people there to help you. See I felt last year, like, when I had to sign on to benefits, that people would judge. But then my partner had worked from being 16 and he was 25 so he'd never ever claimed benefits. He was embarrassed to go to the job centre. It was like a pride thing really. But because I'm a carer I was able to claim income support so he didn't have to go and feel embarrassed, ..." Client 1

2.4 Third Space Theory

Third Space (Bhabha, 2004) can explain the relationship and power structures between groups (Bhabha, 2004, pg. 56). Third Space theory facilitates an understanding of the incompatibility of the state systems and capabilities of CAG clients. CAG acts as such a Third Space, where clients can interact safely with state systems. The first theory below (CAG as a Buffer) describes how this works in practice, with the other two theories (Form filling, Tribunal Attendance) providing more practical accounts of how the buffer is created.

CAG as a Buffer: In the context of a distrust of the state (context) CAG acts as a 'person of standing' offering effective, impartial and non-judgemental services (resource) which allow people to feel supported and to develop trust (reasoning). This results in a buffer between the person and the state (outcome 1) which allows access to benefits (outcome 2), and a decrease in stress (outcome 3).

“ it is a worry if the citizens advice is not there I think people like me wouldn't have anybody to turn to, the government would tell us what's what and that would be it and er it's a case of know your place and do as you're told.” (Client 5)

Form filling: The client is stressed and may have literacy or mental health issues (context). CAG acts as an 'expert system navigator' filling in forms for clients using their knowledge of the system (resource). The client is relieved and has increased trust due to CAG staff knowledge and consistent support (reasoning). Stress decreases, the form is processed and there is a higher likelihood of success (outcome).

“well these people here (at CAG), help you fill the forms out, and understand, and help you put in it, and they put in it about the mental and the physical. Because they understand, rule this and section that and, which the normal person in the street isn't going to have a bloody clue about. And even if you try to look it up online, you look stuff up online, you just go woah, what's that about?”

Tribunal attendance: The client is requested to attend an appeal and is stressed (context). CAG prepare for and attend the appeal on behalf of the client, offer an expert opening statement and expertise (resource). The client trusts CAG expertise, making them feel more comfortable and reassured (reasoning). The client is less stressed and maintains engagement with the process. This also reinforces CAG's position as a system navigator (outcome).

The use of abstract theory in combination with programme theories has allowed investigation at several layers of the system – the individual (Capabilities model), the interaction between the individual and the CAG staff (Social Identity Theory and Decision to Trust model) and the interaction between the client, CAG and the state (Third Space).

3. Conclusions:

The programme theories developed and tested in this study focused on explaining how, why and in which circumstances intensive advice services had a health impact. The theories were refined and tested using both abstract theories (e.g. capabilities model, social identity theory) and empirical data (both quantitative and qualitative). Contextual factors identified as most important to intervention effectiveness were the adviser's ability to develop trust and the buffering function of CAG. Within these contexts, resources such as CAG staff being expert system navigators, acting as a person of standing and taking responsibility for client's issues allowed clients to feel less stressed, and increased their wellbeing (reasoning and outcomes).

Interviews with staff suggest that they are likely to continue measuring PSS and WEMWBS on the long term to capture impact. Our close collaboration with CAG maximised the possibility of this research having such legacy.

Several challenges were encountered during the research. Clients who accessed the projects did so with very individualised issues. It was therefore difficult to identify a set of outcomes which could relate to all clients without taking a generalised lens, using stress and wellbeing. Debates occurred surrounding the relative value of including topic specific outcome measure (e.g. housing) that could then be related to health using the literature. However, increased finances as a result of accessing CAG were never sufficient to take clients from a position of socio-economic deprivation to socio-economic stability and demonstrable impact on health behaviours was unlikely. This is corroborated by recent literature (Venn and Strazdins, 2017). Furthermore, given the individual character and complexity of clients' circumstances proximal outcomes such as stress and wellbeing could apply to all clients. On the long term, PSS and WEMWBS could allow between group comparisons.

One further challenge related to timing of the administration of the follow up questionnaire. Whilst we aimed to collect data 6 weeks post initial contact, access issues meant that in reality T2 was measured any time between 6 weeks and 6 months. However, it is notable that

	<p>stress had remained decreased and wellbeing increased despite this lengthier follow up period.</p> <p>Clients reported increasing their frugal social activities such as attending a community band practice, or having a day out with their grandchildren, which reduced their social isolation. Another issue concerned the increased wellbeing on those clients with an existing mental health issue or severe long term condition(s); these clients reported in interviews that finances had little impact on their life, although the quantitative data demonstrates that their stress and wellbeing had both been impacted positively. Therefore using a stress and wellbeing lens allowed us to investigate health implicitly with clients, where health referred to elements (stress and wellbeing) outside of their conceptualisation. This is important in order to evidence the important health impact of the advice service.</p>
<p>8.</p>	<p>Plain English Summary (400 words max) Please provide a summary of the project, including background, findings and conclusions:</p> <p>Background: Advice services can help individuals through improving their health and reducing health inequalities. However, the evidence is limited, and so is our understanding of the connection between advice and health.</p> <p>Methods: This project used realist evaluation to find out how, why, for whom, and in what circumstances CAG services were effective in improving health. Interviews with staff, CAG clients and use of client questionnaire data allowed us to build a framework to explain how CAG leads to health outcomes for clients. The Perceived Stress Scale, the Warwick Edinburgh Mental Well Being Scale and lifestyle questions were used to measure impact.</p> <p>Findings: The questionnaire data showed a very significant increase in wellbeing and significant decrease in stress as a result of contact with CAG. Interviews with staff and clients were used to understand how CAG contributed to this positive outcome. They highlighted that CAG clients often have complex needs, and feel alienated by the state systems. CAG advice changed the resources people had, meeting their basic needs, preventing mental health exacerbations, reducing stress and decreasing social isolation. Clients trusted CAG advisors due to their expertise, benevolent style and similarities. As a result of this, CAG acted as a buffer between the client and the state, allowing the two to talk to one another and for example, progress claims.</p> <p>Conclusions: Using a stress and wellbeing lens allowed us to investigate health with all CAG clients, regardless of the specific issues they first present with. This allows CAG to demonstrate the overall health improvement they have for all clients. CAG have indicated that they will continue to use a shortened version of the questionnaire used in this research study, in order to evidence the impact they have on clients' health.</p>
<p>9.</p>	<p>Keywords Please provide up to 8 keywords that relate to the research undertaken in this study:</p> <p>Realist, Evaluation, Advice Services, Trust, Social identity, Inequalities</p>
<p>10.</p>	<p>Dissemination – please detail planned or published articles in peer-reviewed journals (including web links):</p> <p>Conference presentations:</p> <ul style="list-style-type: none"> • Uncovering the contexts and mechanisms through which an intensive citizens advice service has health impacts - emerging theories. Dalkin, SM; Forster, N; Hodgson, P; Lhussier, M; Carr, SM (2016) Centre for Advancement in Realist Evaluation and Synthesis (CARES) International conference, London 3-5 October 2016 • Layering programme, pathway and substantive theories in realist evaluation. Dalkin, SM; Forster, N; Hodgson, P; Lhussier, M; Carr, SM (2016) Centre for Advancement in

Realist Evaluation and Synthesis (CARES) International conference, London 3-5 October 2016

- Uncovering the contexts and mechanisms through which an intensive citizens advice service has health impacts. Dalkin, SM; Forster N; Lhussier M; Hodgson P; Carr SM. HEDS Seminar, SchARR, University of Sheffield, 19.02.2017.
- Exposing the health impact of intensive advice services. Hodgson, P; Dalkin S; Lhussier, M; Forster, N; Carr, SM. School for public Health Research Annual Scientific Event, 23.03.2017

Planned conference presentations:

- Citizen's Advice services as buffer between inflexible state agencies and disadvantaged individuals: a realist investigation. Hodgson, P; Dalkin, S; Forster, N; Lhussier, M; Carr, SM. British Sociological Conference, Manchester UK, 4.04.2017
- Exposing the impact of intensive advice services on health; a realist evaluation. Dalkin, SM; Forster, N; Lhussier, M; Hodgson, P; Carr, SM; International Realist Conference, Brisbane Australia, 23.10.17
- Use of Nvivo in a realist evaluation; an interactive demonstration. Dalkin SM, Forster N, Hodgson, P; Lhussier M; Carr, SM. International Realist Conference, Brisbane Australia, 23.10.17
- Layering theory in a realist evaluation: An exemplar from a realist evaluation of intensive advice services impact on health. Dalkin, SM; Lhussier, M; Forster, N; Hodgson, P; Carr, SM. International Realist Conference, Brisbane Australia, 23.10.17
- Exposing the health impacts of welfare advice in an age of austerity: a UK based study (overall findings). Lhussier, M; Dalkin, S; Forster, N; Hodgson, P; Carr SM. European Public Health Conference, 01.11.17
- Top ten tips for recruiting from disadvantaged communities and engaging practitioners in public health research. Lhussier, M; Forster, N; Dalkin, S; Hodgson, P; Carr SM. European Public Health Conference, 01.11.17
- Public health interventions targeted at disadvantaged groups: trust as a key factor for success. Lhussier, M; Forster, N; Dalkin, S; Hodgson, P; Carr SM. European Public Health Conference, 01.11.17
- Explaining intervention impact in a realist evaluation of welfare advice Lhussier, M; Dalkin, S; Forster, N; Hodgson, P; Carr SM. European Public Health Conference, 01.11.17

Seminar presentations:

- Uncovering the contexts and mechanisms through which an intensive citizens advice service has health impacts – emerging theories. Dalkin, S; Forster, N; Lhussier, M; Hodgson, P; Carr, SM. SchARR Seminar, University of Sheffield, 19.01.2017
- Top ten tips for collaboration in a realist evaluation. Lhussier, M. Fuse Member's Meeting, University of Teesside, 15.03.2017

Planned peer reviewed publications :

- An academic paper targeted at Journal for Public Health research describing the overall main findings of the project. This manuscript is in draft form.
- An academic paper describing the novel use of NVivo in a realist evaluation. This manuscript has a basic structure and several sections prepared.
- An academic paper exploring the programme theories situated under the capabilities model
- An academic paper targeted at Evaluation discussing trust as a reusable conceptual platform, drawing on findings from this study and others, undertaken by the team.
- An academic paper exploring the layering abstract theory to understand how CAB impacts health
- An academic paper on use of Bhabha's Third Space Theory, drawing on this and other research projects.

- We will support CAB in developing any academic or public engagement articles they consider are appropriate once the findings have been submitted and approved by SPHR.

Planned academic workshop:

- Fuse Quarterly Research Meeting (QRM) in July 2017 to present the findings of the project to academic colleagues

Published blogs:

- <http://fuseopenscienceblog.blogspot.co.uk/2016/11/too-stressed-for-words-involving-those.html>

Planned blog article:

Top 10 tips for collaborating with practice partners in public health research. Targeted at Fuse blog or The Conversation

Non-academic dissemination:

- **Press release:** <https://www.northumbria.ac.uk/about-us/news-events/news/2015/12/does-the-citizens-advice-bureau-help-to-reduce-stress/>
- **Targeted mailings:** A flyer for the TRIP event was mailed to targeted public health organisations through use of the fuse mailing list, Citizens Advice networks, the steering and stakeholder group networks and the research teams own relevant personal contacts.
- **Face to face meeting with Gateshead Public Health:** A presentation of the initial research findings was given at a Gateshead Public Health Team Meeting. The TRIP event was also publicised at this meeting.
- **Policy briefing paper**
- As a result of the meeting with Gateshead Public Health, Iain Miller, Programme Lead for Public Health circulated information about the research in a briefing for Councillors in Gateshead. Plans are in place to circulate an updated briefing on final research findings to members.

11. Public and participant involvement

Please provide comment on your experiences, any changes made and lessons drawn:

Practitioner involvement has been strong throughout this project; CAG have collaborated with us from study design through to dissemination. Based on this collaboration, we produced a presentation for the Fuse Member's Meeting titled 'Top ten tips for collaboration in a realist evaluation'. This presentation detailed the best approach to collaboration and detailed the researcher effort required.

Without the involvement of CAG from the beginning of the project, the research would not have been as grounded in practice. This would have meant that the recording template would not have been a collaborative venture and recruitment of CAG project clients to participate in the study would have been extremely difficult. Therefore strong practitioner involvement from the outset of the research has made for a strong project with tools (recording template) that are feasible for future use in practice. Furthermore, embedding the research in practice in this way has allowed for strong dissemination of the study findings through CAG's practice networks.

Practitioners from other organisations such as HealthWorks and the NHS have also had input through the project stakeholder group ensuring the wide applicability of our conceptual framework. Finally, the consultation meeting planned for April with other advice organisations will involve yet more practitioners in the research.

Several efforts were made to engage the public, specifically CAG clients, in the research stakeholder group. We worked in collaboration with CAG on this, yet no clients wished to engage. Clients accessing CAG are often in crisis or at least experiencing some form of stress and therefore this may be why they were unwilling to engage. Public involvement will therefore be followed up post study completion; links have been made with Citizens Advices Chief Economist who will present at the TRIP Event in March. He has agreed to use the cap-a-pie documentary wherever possible going forward, therefore providing national exposure and public involvement. The documentary will also be used in teaching on the Masters of Public Health programme at Northumbria University.

The research team also felt the findings of the study were most applicable and useful to practice professionals and organisations, hence the large TRIP event. The knowledge of our theories may help these organisations to engage with clients (through trust, increasing capabilities and working as a buffer between the client and the state), decreasing their stress and increasing their wellbeing.

12. What impact has the research already achieved or what might it achieve? (i.e. policy, practice, academic):

The bespoke data recording template developed in the research is now being implemented in CAG, without the research team's supervision. This includes its use in projects beyond those evaluated in the research (specifically those providing advice on benefits, debt and housing). Five interviews were undertaken with staff involved in using the data recording template to explore the feasibility of embedding this in their routine practice. While staff who had introduced the recording template more recently reported some challenges in its use, those who had been involved in collecting data during the research were confident in using these measures. One staff member commented that their involvement in the research process had helped them to build on their existing knowledge of data collection and interpretation processes:

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

The context specific nature of the different projects sometimes influenced how measures could be implemented. For instance, in the housing service, due to the one-off nature of client contact, it was often necessary to obtain follow-up data by post. Despite some variation in how measures were used, all staff interviewed commented on how well the stress and wellbeing lens reflected the health outcomes that they saw for clients across the different projects offered by CAG:

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

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

In addition, although collecting additional data from clients could be challenging, staff recognised that this was important in order to provide more concrete evidence of health impact that could be used when communicating with funders:

“I suppose it sort of quantifies what it is. Because although we knew that we were making a difference, there's some evidence there to show that we're making a difference. So that is really good. And it's, you know, some sort of... Sort of... It's like proof that we can provide to the CCG and stuff that we're... That we are making an

impact on health. So, yeah, that is good. Because we have struggled in previous reports and stuff to, sort of, show... Like, to demonstrate how we're doing that.”

There were plans to continue to use the questionnaires in most of the projects in which they had been introduced, and staff also spoke about the possibility of using these in the general advice service, as well as the more intensive specialist services that are offered. This therefore helps to create a larger data source that can be used in further research to explore the potential health impacts of different types of advice and for a wider range of clients.

The research has attracted interest (via Twitter and as a result of other dissemination activities) from National Citizens Advice, public health practitioners and other services in the voluntary sector. Many of these contacts were able to attend the TRIP event to discuss the applicability of findings to their own area of practice.

Participants of the TRIP event included representatives from a range of sectors and roles, including wider Citizens Advice services, other advice services, voluntary organisations local authorities, clinical commissioning groups, Healthwatch, Department for Work and Pensions, elected members, higher education and social enterprise organisations. Delegates reported the event presentations to be of high quality on the evaluation forms, with 92% rating these as 'excellent' or 'very good', and 8% describing these as 'good'.

The presentation of the research was very well received at the event, specifically by Hugh Stickland, the Chief Economist for Citizens Advice, who will be disseminating and taking findings forward throughout the National Citizens Advice network. Hugh also indicated his interest in engaging in further research with the team, possibly looking at the ways that input from Citizens Advice services can help prevent people presenting with difficulties in other systems, such as criminal justice or educational systems. Discussion during the open mic session at the event focused on how learning from the event can be taken forward to inform policy and practice. A number of delegates described their plans to introduce questionnaires in other advice services they represent, in order to capture their potential impact on health. Following the event, we have already been contacted by representatives from Durham Citizens Advice service and Redcar & Cleveland Voluntary Development Agency to explore how they can apply the research to their own practice, and consider further avenues for research in this area. We are now liaising with these representatives to work with them in applying the questionnaires where appropriate.

Participants were also asked on the event evaluation form about what they had learned from the event, and how they would apply this learning in their future practice. Delegates commented that they had learned more about: research methodology and the realist evaluation method in particular; the work of Citizens Advice, their impact, and the outcomes of investing in Citizens Advice Services; the value of creative methods for disseminating research findings. Participants also detailed a number of actions that they would be taking as a result of the event including: signposting to Citizens Advice services, implementing or expanding on the use of WEMWBS in their own organisation; sharing findings within their own local authority team; using findings to inform the commissioning and review of advice services; using findings to support funding applications; incorporating findings in a local Joint Strategic Needs Assessment; and forming partnerships between CAB and the Department of Work and Pensions around health. Finally, contact details were provided by 23 attendees who completed evaluation forms, in order that we can continue to communicate with them following the event about how they have used the research.

We will continue to monitor and look for further impact opportunities. This includes regular searching on the House of Commons and House of Lords websites for further evidence calls; recording citations of the research publications; presenting the research findings and Cap-a-pie documentary at conferences; and ongoing contact with CAG and Gateshead Public Health Team to determine if and how the research has influenced the rationalisation of funding for advice services. In addition, plans are in place to embed the research findings and Cap-a-Pie documentary into teaching programmes in the Departments of Healthcare and Social Work, Education and Community Wellbeing at Northumbria University.

This project was funded by the National Institute for Health Research School for Public Health Research (SPHR-FUS-PES-CAB)

Department of Health Disclaimer:

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NIHR School for Public Health Research, NIHR, NHS or the Department of Health.