

# **NORTH BRISTOL ADVICE CENTRE**

## **VALUES AND BENEFITS OF THE HOME AND HOSPITAL VISITING SERVICE**

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## Aims of the Report

1. To gather information which will show the value of the North Bristol Advice Centre Home and Hospital Visiting Service to the individual, the wider community and the local economy.
2. To find out how satisfied users are with the service and whether there is anything that needs to improve.

## The Home and Hospital Visiting Service

The North Bristol Advice Centre (NBAC) has provided a service to North Bristol and South Gloucestershire for over twenty years. It is an independent registered charity and a company limited by guarantee. The centre is managed by a board of trustees and there are fifteen paid employees and three volunteers. The service operates from the main office in Lockleaze, though there are also a number of outreach locations. The main aim of the service is to assist people in accessing their legal entitlement to welfare benefits. If necessary, this includes attending tribunals with service users. The staff also work on other issues such as debt, housing and employment. Any other concerns are referred on to other agencies. For the past two years a Home and Hospital Visiting Service has been provided, funded through the Local Authority Neighbourhood Renewal Programme. There is one full-time advice worker for this service. The criteria that people must meet to be eligible for the home visiting service is that they must live in the Neighbourhood Renewal area (BS7) and they must be 'housebound' – i.e. unable to go out for various reasons. This reason would either be because they are a carer, or because they have a physical or mental impairment. The criteria to receive the hospital visiting service are that people must live in the neighbourhood renewal area and be in-patients at Weston Ward of Southmead Hospital - a psychiatric unit. Referrals are made by health and social workers as well as by the clients themselves. The geographical areas and client groups served are amongst the city's most economically and socially excluded. A profile of the clients can be seen from the table below.

**Profile of Clients - NBAC Home and Hospital Visiting Service**

	Frequency	Percent
Men	126	44%
Women	157	55%
Black + OME	19	7%
White	255	90%
Disabled	250	88%
Non-disabled	33	12%
Aged 0-24	32	11%
Aged 25-49	130	46%
Aged 50-64	80	28%
Aged 65+	41	14%

Figures are for the period Apr 2003 – Dec 2004. Source: NBAC Monitoring Statistics 2004 & 2004.

## Previous Studies

Several recent studies have looked at the benefits of advice interventions, particularly focussing on health improvements and local economic regeneration. Amongst these, many highlight the prevalent under-claiming of benefits, particularly with regard to certain groups. It has been estimated that one in four pensioners do not claim the support to which they are entitled (Department of Social Security 1998, cited in Greasley and Small 2002) and that only 40-60% of eligible claimants take up their disability living allowance and attendance allowance (Craig & Greenslade 1998 cited in Greasley and Small 2002). A number of studies advocate the need for hospital outreach advice services as admission to, or discharge from, hospital can cause very complicated benefit problems for people. For example, one study showed that hospital admission is a critical period for advice since it disrupts benefit claims and may lead to non-payment of household bills and rent (Bird 1998). It has also been reported that a high proportion of people with mental health problems have unclaimed benefits (Jennings and Veitch 1993). In one study it was found that 51% of mental health patients were not receiving the welfare benefits which they were entitled to (Pacitti and Dimmick 1996). Further research has also shown that people with mental health problems are more likely to be in arrears and, as such, are at greater risk of eviction, county court proceedings and disconnection of utilities (Plumpton & Bostock 2004). Other studies have shown that people can more easily access advice services in situations which are familiar, unstigmatising and easy (Abbot and Hobby 2000). Therefore, citing the NBAC outreach service in a psychiatric ward and visiting peoples homes is likely to be very effective in terms of accessibility and addressing the needs of the most disadvantaged. The Home and Hospital Visiting Service can consequently be seen as very appropriate targeting of resources.

## **Advice intervention and health**

There has been an established link between poverty and ill health since the Black Report (Townsend and Davidson 1982). More recent studies have also shown how poverty can have a negative impact on mental health (Weich & Lewis, 1998), Kessler, Turner & House, 1988, IMS Money and Mental Health Survey 1999, Cited in Bundy, 2001). Advice intervention, by enabling people to claim the benefits to which they are entitled, can have a significant impact on poverty and, therefore, it could also be claimed that advice intervention can have an effect on health. Several studies have set out to evaluate this. One study found that health did seem to improve for those who used the Citizens Advice Bureaux service over a six month period, but the results were not statistically significant (Veitch 1995). Another study, measuring the benefits to the health service as a result of advice interventions, found a decrease in the number of GP consultations and new prescriptions to people who had used the advice service. However, this was only for those followed up at twelve months and not for those followed up at six months. This led the researchers to conclude that it may take more than six months before health and social problems are alleviated following advice intervention (Abbot and Davidson 2000). Abbot and Hobby (2000) also found a health gain associated with welfare benefits advice and this was found to be statistically significant. They found that 60% of those whose income had increased reported improvements in their lives such as feeling less stressed and depressed; eating better food and feeling more confident. No significant

improvement was found amongst those whose income had not increased as a result of the advice. Qualitative studies by Fleming and Golding (1997), Galvin, Sharples and Jackson (2000) and Glendining and Clarke (2001) also support the idea that advice intervention has a beneficial effect on well-being, particularly mental health. Evidence therefore strongly suggests that benefit uptake can improve health and this will inevitably reduce costs to health care services. One study attempted to quantify this impact and concluded that for every 10,000 invested in benefits advice, this will raise £100,000 in patient incomes (Burton and Diaz de Leon 2002).

## **Advice intervention and local economy**

Several analysts have looked at the financial benefits of advice intervention to the local economy. The money received by individuals as new benefits resulting from the advice support can be regarded as 'first run' additional increase in spending power (Ambrose and Stone 2003). Money spent in an area on goods and services is then re-spent by the providers and re-spent again by their providers and so on. Economists have called this the 'local multiplier effect'. The New Economics Foundation have recently developed the 'Local Multiplier 3 (LM3) especially to assess the effects of additional spending in a local economy (Sacks 2002). The general assertion is that the larger the proportion of 'first run' spending within the area, the greater the local benefit will be.

Somerset Welfare Rights Unit also investigated the amount of money their benefits take-up work put into the Local Authority because of the Formula Spending Share (Luke and Thomas 2002). During the year studied, 194 new attendance allowance claims were made as a result of the advice service intervention. Under the terms of the old Standard Spending Assessment, this meant that the Local Authority gained £172,660. Along with the gain in additional income for local people, the SWRU reported that the local authority gets a return of approximately 10 times their investment in the unit.

Therefore, evidence from previous studies strongly suggest that advice interventions can have a positive impact on health as well as the local economy. This study will further test these assertions.

## **Methodology**

A variety of methods of data collection were used to make the research as accessible as possible to potential respondents and to give sufficient depth and breadth to the study. A structured questionnaire was used to elicit a mixture of quantitative and qualitative information. This was administered by a combination of mail outs and phone calls. The survey was supplemented by a small number of in-depth interviews, using an unstructured format. This was intended to add more depth to the study and give a more personal account of experience. The interviews were carried out either face-to-face or by phone, according to the wishes of the interviewee. Further information was collected using North Bristol Advice Centre monitoring figures and interviewing a selection of healthcare professionals.

The population from which the sample was drawn were those that had received a hospital or home visit from the advice centre and whose case was now closed. This meant that

people should have either received their welfare benefits, or been unsuccessful – they would not still be waiting. The total number of cases was ninety-five and these were all approached to participate in the survey or give an interview. There were forty respondents to the survey and ten of these were also interviewed. A sampling frame (a list of the population elements taken from NBAC monitoring figures) was used to monitor whether the respondents matched the population elements. As table 1 in appendix 1 shows, respondents roughly matched the population in terms of gender and race, but not in terms of disability or age. There were less people identifying as disabled (45% compared to 88% of total clients) and more older people (47% compared to 14% of total clients) amongst the respondents. Analysis was based on frequencies and cross-tabulations. Due to the limited sample size it was not appropriate to carry out statistical tests of significance. Hence, the data must be seen as indicative and conclusions must be tentative. For further details on methodology see Appendix 1.

## Findings

The results from the survey and the interviews are reported on below. All identifying information has been removed.

### **1. How people found out about the service**

The majority of people in the sample (35%) reported that they found out about the service through a friend. Another 32% said they were referred to the service through another professional - a health worker or a doctor. A further 17% found out about the service through publicity (17%). It is clear from the survey and the interviews that the links NBAC has with other agencies are very important in terms of reaching people. Several of the interviewees were told about the NBAC service by their doctor or a social worker:

*'I heard about the advice service through... Social Services. I went to get a shower fitted because of problems getting in and out the bath. They said we should try and get some benefits because we weren't getting anything, me and my wife, we're both 83'.*

One interviewee also highlighted the importance of setting the centre in the community:

*'I knew about the advice centre because it's up the road from me. I saw a lot of people going in'.*

However, there may still be a need for more publicity. As one interviewee commented:

*'I didn't ring because I didn't think they would come out to me. Maybe a leaflet through the door would be a good idea so people get to know about what they can do for you'.*

### **2. Making and getting an appointment**

All the respondents said they found it easy to make an appointment and most got an appointment within a week (55%). A further 35% got their first appointment within two weeks and the rest within a month.

### 3. Service user satisfaction

The survey found that almost all respondents reported being satisfied with the service (39 out of 40) with one person stating they were 'neither satisfied nor dissatisfied'. There were no dissatisfied respondents.

There was a very high level of praise from those interviewed for the quality of the service they had received. The following comments are typical of what was said in the interviews and on the survey form:

*'You can't beat the service...They were better than any solicitor you'd have to pay a lot of money for'.*

*'I was amazed. It seems to be a superior sort of service. It can't be faulted. I was very sceptical about how things are these days, but it's first class'.*

*'The staff are really friendly and accommodating'*

*'Excellent...Nothing seems to be too much trouble'.*

People were particularly appreciative of the degree of support that was given:

*'The advice worker even came into town with me to a tribunal. That was a nightmare for me. If it wasn't for her being there, talking me through it and guiding me, I couldn't have gone through it. I am really indebted to them'.*

*'Brilliant! I can't speak highly enough of her (the advice worker)...She really put herself out. I shall always praise them and won't think twice about recommending them to anyone'.*

People particularly valued the flexibility of the service and the fact that they could be visited at home. As one client said:

*'I had an accident and since then I can't concentrate and can't go out on my own. I can't fill in forms and I couldn't have gone to the centre. They came to visit me and filled in the forms. Now I get DLA and industrial injuries benefit. I couldn't have got any of that without their help'.*

*'I couldn't go out at all so I thought I couldn't get any help with the forms. Then my son's wife said they come out to you so I rang. I had no idea what I was going to do before that'.*

## 4. Income generated

The following table shows the income generated by the advice given through the Home and Hospital service. These figures are calculated by adding up all new monies claimed over the year and adding this to any lump sum.

### New income as a result of advice

	New income claimed
For period 1 <sup>st</sup> April 2003 – 31 <sup>st</sup> December 2003	£138,711
For period 1 <sup>st</sup> January 2004 – 31 <sup>st</sup> December 2004	£310,747
<b>Total money raised for clients in unclaimed benefits</b>	<b>£459,458</b>

Source: NBAC monitoring 2003 & 2004

Although the figures state that £459,458 was raised as a result of advice given through the Home and Hospital service, this is likely to be far below the amount actually raised. The staff do follow up cases to find out if people got their benefits but it is sometimes difficult to get a reply to enquiries, so there are a number of cases where the outcome remains unknown. Amongst the survey respondents, 75% of people received new benefits following advice given to them through the Home and Hospital service, whilst 20% of respondents said they hadn't had an increase in income as a result of the advice. (5% of respondents did not answer the question).

Many people finally got the benefits they had been entitled to for years. As one client said:

*'I had heart surgery and I haven't been well since. I gave up work 8 years ago...I'd applied for Disability Living Allowance...but they turned me down. I gave up trying to get any money after that... [Now] I get DLA and personal care allowance...I wouldn't have applied again myself'.*

This difficulty in reapplying for benefits was echoed by several other interviewees. For example, another person said:

*'I was applying for DLA. I'd been turned down 3 times. The advice worker explained it was because I hadn't filled in the forms properly. I just answered yes or no. I was getting confused with all the questions. It's such a lot you have to fill in. The advice worker helped me with all this. So I got the DLA really quickly – within a matter of 4 weeks. I'd been trying to get it for 4 years. It's so downing when you get refused all the time, so I kept giving up'.*

The interviews also highlighted the lack of knowledge about the existence of benefits and the advice centres important role in helping people with this. One client said:

*'They got me the money I'm getting now... We now both get attendance allowance and carer's allowance. We didn't have a clue before – we didn't know there were those benefits'.*

## 5. Spending patterns

### How extra income was used

	Count	%
Buying better food	15	47%
Paying off debts	9	28%
Visiting people	6	18%
Hobbies	0	0%
Going on holiday	2	6 %
Saving	8	25 %
House improvements	3	9 %
Health or disability	17	53 %
Other	16	50 %

Percentages relate to those who received extra income as a result of the advice – n =30

The survey results show that the majority of new spending went on food (47%) and health and disability related costs (53%). A substantial amount also went on securing financial stability – paying debts off and saving (28% & 25% respectively). During the interviews people described how the new income had helped them with problems related to their impairments and had allowed them to feel more secure, more in contact with others and less worried:

*‘The money has helped me pay the bills and to save a bit because before the money went on paying for things to do with my heart condition – I have to get taxis because I’m not allowed to drive and I can’t get the bus. Now I can go and see friends...’.*

Most people said the extra money allowed them to relax a bit about their budget:

*‘It’s made an awful lot of difference. It’s taken the pressure off. I can get out now. It was the pressure to try to find enough money’.*

*‘It just takes the pressure off – you can pay for everything without worrying’.*

*‘We can live better now. We haven’t got to be looking at every ha’penny’.*

## 6. Local spending

### Numbers of People that spend their extra income locally

	Count	%
Shop locally for food	18	64%
Shop locally in non-food shops	9	32%

Percentages relate to those who received extra income as a result of the advice - n = 30

A large proportion (64%) of respondents said that they had spent the extra money gained from their new benefits in the local food shops and 32% said they had spent the extra money in other local shops. However, in the interviews, most people said, though they

spent some money locally, they did their main shopping elsewhere because of the expense and lack of variety in the local shops.

*‘I only buy odds and ends locally because its so expensive – it would cost me twice as much to get the shopping round here...its a shame really’.*

*‘There’s only one local shop and that’s going down hill. I go to that shop now and again but don’t shop much on the estate’.*

## 7. Health and quality of life

**Reported effects of advice on health and quality of life**

	Count	%
Health improved	4	10%
Less stressed	22	56%
More enjoyment of life	5	12%
Better housing	2	5%
Feel happier	12	30%
More secure	17	42%
Gets on better with others	1	2%
Life better in other ways	4	10%

In the survey, more than half the respondents said they felt ‘less stressed’ since they were given advice. A lesser, but still substantial proportion, said they felt ‘more secure’ and about a third said they felt ‘happier’ since being given advice. 10% of people said their health had improved. Only one person said their relationships had improved. During the interviews, everyone said they ‘felt better’ since the advice, in various ways, and several people said their physical health had improved, even where they hadn’t said this on the survey form:

*‘I’m feeling a lot healthier than before – I still get my off days though. It’s because of not having to worry so much about money. With what I’ve got fitted for my heart, I can’t afford to get stressed – my heart would start going faster’.*

*‘Now we can afford to live better we feel better. We’ve had health problems for a long time – we’re both diabetic and I’ve got gout – I couldn’t even walk down the stairs. Now if I want assistance I can pay someone to help me...I just feel better in myself’.*

*‘My health hasn’t got any better. I’ve got to go into hospital soon for an operation. But I know in the back of my head now that if I had a problem there is someone who could help me. I live on my own so it’s good to know that’.*

These are a few of the comments made by people who, on the survey, had reported no improvement in health:

*'It hasn't made a difference to my health. I've got to go into hospital soon for a knee replacement...I'm diabetic so I can buy more of what I should be eating now. My diabetes has definitely improved'.*

*'...because of my illness I get cold a lot. Sometimes I get so cold I can't move. I used to hold the hot water bottle all the time, to keep warm. Last year I had about ten chest infections I couldn't get rid of. I had about eight courses of antibiotics and was going to the doctor every other week. Now I can keep the house warmer. Touch wood, I haven't had one yet this year'.*

It is possible that people think about a major impairment when they are assessing whether their health has improved, rather than look at all aspects of their health. Also the interviews revealed that people sometimes come to the service as a result of a health crisis so they may be comparing their health now to before the crisis and could not, therefore, say their health had improved. For example, one respondent described his situation in the following way:

*If I didn't get these benefits I would really struggle...I was working for 19 years before, on a regular wage. Then I had the accident so I had to apply for the benefits. I rang the advice centre...I couldn't do it myself because of my injury, affecting my concentration. Without the benefits I couldn't survive. It hasn't made any difference to my health - because of the accident I still have to go to hospital now and again. But I haven't had to worry so much. That's really important because I've got enough worries at the moment'.*

## 8. Free eye and dental tests

A total of 32% of respondents said that they can now receive free eye and dental tests as a result of the advice given by the Home and Hospital service.

## 9. Visits to the doctor and use of medicine

**Reported visits to doctor and use of medicine since advice intervention**

	Less		Same		More	
	Count	%	Count	%	Count	%
Visits to Doctor	2	6%	31	86%	3	8%
Use of Medicine	2	6%	28	77%	6	17%

Percentages are proportion of those who had answered the questions n = 36

The results of the survey show that most people go to the doctor the same amount as before the advice intervention and a few go more often. It also shows that most people use the same amount of medicine as before the advice and quite a few use more (17%). There does not seem to be any significant change in this pattern according to length of time from the advice intervention (see tables 1-6, appendix 2). This might seem to suggest that the advice intervention is not providing a saving to the health services, but

this conclusion needs closer scrutiny. It would be important to know what visits to the doctor and use of medicine would have occurred if the advice had not taken place. Also, more doctor visits could have a cost saving in the long run if people attend the doctor in the early stages of a problem, rather than waiting until their health has deteriorated when it could be more expensive and complicated to treat. In all the cases where the respondent said they went to the doctor less, used less medicine or had less health problems the people had received an increase in income as a result of the advice intervention (see table 7, appendix 2).

## 10. Case studies

In order to give an overall impression of the effect the Home and Hospital Visiting Service advice can have on an individual's life, three case studies taken from the interviews are given below. These cases were not chosen because they had benefited from the service more than other people, but because they show a range of experience and highlight some of the issues that the report covers. They are written in the person's own words but have been edited to reduce the length.

1. **Ms. S.** is a 40 year old disabled woman who has received a home service from the North Bristol Advice Service within the last three months. This is how she described her situation:

*'I found out about the advice centre through the doctor – he gave me the number. The benefits people were going to stop my money. I've got cerebral palsy and my health is always deteriorating so I don't know why they wanted to stop it. I've been on disability for 10 years or more – it was going to stop for no reason. I used to have a CPN helping me fill in the forms. Then I didn't have her so I filled it in myself and it wasn't right so they said I was going to lose my benefits. It was due to stop in January. I rang the advice centre and they came and filled in the DLA form. I wouldn't have been able to get there and I'm not very good on the phone. Because of my condition I couldn't make myself clear enough. Now I'm getting higher rate mobility, more than I was before. She [the advice worker] also got me a cooker and she's helping me with my debts. I was fined for having no TV licence. I paid half and [the advice worker] helped me to pay the other half. They were really good - couldn't have been better. They came out straight away. My DLA would have been gone. I don't know what I would have done. I'm not fit enough to work. I don't know what state I would have been in. They just said the money was going to stop and I started to panic. They don't understand I'm on my own I can't get money off anyone else. Now I've got more than I had before - I ended up with £100 more a month. I didn't know I could get the higher rate. Now I can get taxis which I need because I'm not mobile. I can go and see my friends. I can socialise a bit more. I use the taxi company around the corner. My moods are different now I can go out. I eat a bit more because I'm feeling better. My physical health is about the same. Mostly the difference has been being able to go out. Also, because of my illness I get cold a lot. Sometimes I get so cold I can't move. I used to hold the hot water bottle all the time to keep warm. Last year I had about 10 chest infections I couldn't get rid of. I had about 8 courses of antibiotics and was going to the doctor every other week.*

*Now I can keep the house warmer. Touch wood, I haven't had an infection yet this year. The extra money has helped me keep on top of my things. Now the money is getting sorted out I've started to decorate the house and do bit and pieces on it I couldn't do before. I get so stressed with it – they don't pay your money one week and they don't realise that means you've got no money at all for the week. The advice worker has rung them for me because I can't really talk on the phone.*

2. **Mr W.** is an older disabled man who recently received support with applying for benefits from the NBAC Home and Hospital service. He described his connection with the service in the following way:

*I've had a heart problem for years – I had heart surgery and I haven't been well since. I gave up work 8 years ago. In July last year I collapsed, coming back from the shops, and I was taken into hospital. When I came back home the doctor came to visit me. My wife asked him if there was any help we could get with money because I wasn't working and my wife was looking after me so she wasn't able to work much herself. I'd applied for Disability Living Allowance years ago but they turned me down. I gave up trying to get any money after that... The doctor gave us the number of the North Bristol Advice Centre. We rang and they came to see us within a couple of weeks. The advice worker came to the house and she was so helpful. She filled in the form for us – if you don't fill it in right they send it back... I had to wait about 3 months for the money. I got Disability Living Allowance and Personal Care Allowance for my wife for looking after me. They backdated it to the day I came out of hospital. I wouldn't have applied again myself, after being turned down once. She (The advice worker) kept ringing after as well, to find out if I'd got the money which was really nice. Everyone said I should have got that money years ago – even the consultant at the BRI said that...The money has helped me pay the bills and to save a bit because before the money went on paying for things to do with my heart problem – needing transport and things like that. I can go and see friends that I've known for 40 years... We do spend a bit more in the shops round here now...in the paper shop, the chemist... I'm feeling a lot healthier than before – I still get my off days though. It's because of not having to worry so much about money. With what I've got fitted for my heart, I can't afford to get stressed – my heart would start going faster. I would like to thank [the advice worker] for helping me and my wife.*

3. **Mrs T.** is a middle-aged woman who received advice from NBAC about a year and a half ago. Her story is as follows:

*I knew about the advice centre because it's up the road from me. I saw a lot of people going in. I had to go in myself when my husband was taken ill...he had a heart attack about two years ago in the May. Then, about three weeks later he had a stroke so now he's paralysed down one side. I've got my wages but I only work part time so when he stopped working I couldn't pay the bills. I went up there (to the advice centre) and told them everything and they had the forms up there. So I got these forms but I didn't understand what to put. After my name and address I was totally lost with all the rest. [The advice worker], at the centre,*

*helped me fill them in. Then they wrote and said they wanted wage slips so we had to send all that off as well. We had to wait a few more weeks and more forms were sent. We stayed with the same girl, [the advice worker], all the way through. She was really helpful. She came to see my husband at home because he couldn't get out the house. We put in for DLA....She was really good – she said I know it's awkward to ask all this but it's got to be done. We only managed to get the middle level DLA to start with. The advice worker said we were entitled to higher - she helped us put in for it and we got it. We wouldn't have put in for it because we thought we would lose the lot. We were really pleased. Otherwise we wouldn't have known. They also helped us get incapacity benefit, income support, housing benefit and council tax benefit...They were very helpful...When my husband had to stop work I couldn't pay the bills so I rang round all the places (we owed money to) and explained and they said pay what you can. We had quite a few clubs (catalogues) to pay as well. I went down to the housing people – the housing association on Lockleaze Road - and they were good – they said don't pay the rent. But it got so we were £800 in arrears with the rent and I was panicking. We always paid every month but I couldn't pay it on my wages. So I went to the advice centre and they sorted that for us, as well – we got the housing benefit and it was all backdated so we never had to pay a penny. It was such a relief. Now all we pay is insurance to the council. It's been brilliant. Now we know where we stand financially. Everything gets paid into the bank. We can manage everything now – it's all settled. I was getting stressed out with it...Also, now we get free prescriptions. Otherwise we would have had to pay for them and we wouldn't have been able to afford them...’.*

## **11. Professional opinions**

In order to get an impression of the impact the service has been having on other local services, three professionals were asked to give their opinions. The following comments were made:

**Dr Sally Wilkinson**

**Staff Grade Consultant Psychiatrist - Southmead Hospital**

*‘I've got nothing but good to say about the North Bristol Advice Centre. They have been extremely helpful and absolutely appropriate with every client. They have taken a huge weight off of me in terms of sorting out peoples financial problems. We're being asked for more and more help in this area and we are not trained to do this. Recently two clients were turned down for DLA and the NBAC helped them to get successful appeals. It is very helpful that the advice worker comes to the hospital. She is always very appropriate – she's like one of our team. The whole service works very smoothly and she has also helped several of my outpatients. She has been able to support people in their battles with the DHSS. People have had their benefits stopped which has been very worrying for them – it's particularly worrying for mental health service users. If we lost this service I would be put in a very uncomfortable place. The benefits are always changing and I don't have the expertise to support people to the same level that the NBAC does’.*

**Mary Rafter**  
**Community Care Worker**

*'It's an excellent service. A lot of the things they do we used to do but because we have a different type of working relationship with the client it doesn't feel quite right to work on benefit claims with them. If we try to help them with a benefit claim and they get refused it creates a strain in our relationship with them...It needs someone neutral. They do a grand job. We have really seen the benefits with the people that we see. The NBAC are so much more experienced. They know what questions to ask people. For example we helped someone apply for a benefit who was really unwell but his claim was refused. NBAC went to a tribunal...Now he gets his benefit entitlement. He gets money which enables him to get the social support he needs. It's made a huge difference to his mental health'.*

**Jill Frost**  
**Health Visitor**

*'The service is really useful. I do refer a lot of people to them. We're not experts on benefits. We know when there's a financial problem but we don't always know the best way to get people the benefits they need...Around this area people are very disadvantaged - there are a lot of people on benefits. We have definitely seen the results of the service. The help with appeals, filling in forms and debt advice is really important. It's absolutely crucial to peoples health not to have these worries. It's also really important that these people are visited at home because they can't get out. It's made a great difference to them – just the feeling that someone is helping them with their financial problems makes a huge difference. It's an absolutely crucial service. There should be more workers...We would like an outreach at Henbury, as well, as there are a lot of people in need there. The fact that the service is impartial is really important. It feels like they are on the clients side. We don't know what we would do without the service'.*

**Conclusion**

The study suggests that there has been a direct and positive impact on the lives of individuals who have used the service. User satisfaction is extremely high, even for people who did not have successful outcomes to their benefit claims. Reports by those responding to the survey indicate positive effects on quality of life, particularly a decrease in stress and an increase in feelings of security and happiness.

It is also apparent that there has been an important financial and economic benefit to the local economy as a result of the advice service intervention. The total gain in monies raised from new benefits is £459,458 for the 20 months the service has run. More than two thirds of respondents said they spent their increased income locally, though this was limited due to the lack of local shopping facilities. Advice services clearly need to go hand-in-hand with other local regeneration for there to be successful economic development in an area. Hopefully, facilities will improve as more purchasing power develops locally. There are also, undoubtedly, other financial benefits to the local

economy that could not be quantified in the current study, as a result of payment of debts and avoidance of housing and council tax arrears.

Further research is needed to clarify whether the advice has led to an improvement in health and a reduction in the pressures on mainstream services. The quantitative component of this study does not give clear evidence on this since, as has been mentioned, the survey results around health may underestimate the benefits due to people's narrow conception of what health is and to their possibly making comparisons to a time before a health crisis. The qualitative research did suggest that there had been an impact on health. Interviewees were more likely to report an improvement than not. Also, it is clear from the comments of professionals, that the service had made a major difference in terms of improving clients well-being as well as reducing the workloads of the healthcare professionals. It is also likely, based on previous studies about the link between poverty and ill-health, that by alleviating stress and increasing positive feelings, the advice work will be playing a role in preventing illness

Though the best attempt to carry out effective methodology has been made, the results will still be limited due to lack of complete control over reliability and validity. Examples of this include that many of the questions rely on memory or subjective perceptions; that, despite assurances of anonymity and confidentiality, some respondents may still give the answers they think are wanted – 'the social desirability effect' (Sapsford, 1999 pp. 104); and that, because many of the questions are sensitive, this may lead to a low rate of response or misreporting. There are also problems that can be said to apply to all surveys, for example that 'all questions include some ambiguity' (ibid. pp.105), particularly with surveys by mail, where there is no-one to explain what a question means. Therefore, the results must be considered carefully, and assertions cannot be made too strongly on the basis of this research alone.

Even so, it is clear from previous studies, that there are strong grounds to support services which help to ensure that 'hard to reach' and disadvantaged people have access to the benefits they are entitled to. The Home and Hospital service, in carefully targeting its resources to meet the needs of those most likely to miss out on these entitlements, is almost certainly making a significant and important contribution to the alleviation of poverty in the area.

### Recommendations

1. The service should continue to be funded and consideration should be given to increasing the funding so that the service can be expanded.
2. More detailed research on the relationship between health and advice intervention should be carried out.
3. More publicity to ensure people are aware of the service should be undertaken.
4. Other economic regeneration work should take place alongside the advice provision to maximise the local spending possibilities.

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## Appendix 1 - Methodology

### **Data Collection**

A structured questionnaire was used to elicit a mixture of quantitative and qualitative information. This was supplemented by a small number of face-to-face interviews using an unstructured format. These interviews were based on the main questionnaire and were intended to add more depth to the study and give a more personal account of experience.

Decisions about how to elicit information had to take into account that the client profile included a large section of people that had a physical, emotional or mental impairment and that responding to forms was probably a difficulty. The ideal method would have

been to ring people up and arrange to see them individually. However, due to restrictions of time, budget and the Data Protection Act, this was not possible. To comply with the DPA, the advice centre had to first seek the permission of service users before the researcher could contact them. This was done by post and the survey was sent out with the letter, so those who could fill it in had the opportunity to do so and others could agree to be telephoned. The main survey was therefore administered by a combination of mail outs and phone calls.

## Sampling Frame

The population from which the sample was drawn were those that had received a hospital or home visit from the advice centre and whose case was now closed. This meant that people should have either received their welfare benefits, or been unsuccessful – they would not still be waiting. The total number of cases was 95. A sampling frame (a list of the population elements) was taken from the monitoring figures kept by the advice service. Figures are kept on age, ethnicity, gender and disability. It was important to ensure that the sample was representative so the characteristics of the sample needed to be roughly the same as the population. All the eligible respondents from the population were used in the sample. The sampling frame was used to monitor whether the respondents matched the population elements.

Table 1. Profile of the respondents compared to the population of clients seen

	All clients seen by NBAC for H&H service		Clients responding to survey	
	Frequency	Percent	Frequency	Percent
Men	126	44%	16	40%
Women	157	55%	20	50%
Black + OME	19	7%	2	5%
White	255	90%	34	85%
Disabled	250	88%	18	45%
Aged 0-24	32	11%	1	2.5%
Aged 25-49	130	46%	7	17%
Aged 50-64	80	28%	8	20%
Aged 65+	41	14%	19	47%
Total number of clients	283	100%	40	100%

*(Some percentages do not add up due to missing data –respondents gave no answer)*

Although the population breakdown categories (ie. gender, ethnicity, disability, age) on the questionnaire are not very sophisticated, there was a necessity to keep the questionnaire short and simple. This is because of the importance of ensuring it is as accessible as possible to the respondents. Even so, it is recognised that terms like ‘disabled’ and ‘non-disabled’ are problematic as many people have different interpretations of these terms and criteria for whether they apply them to themselves. Ideally, there would be an explanation of the term but this would not have been consistent with keeping the form short and simple. Therefore, the researcher used the categories favoured by coalitions of disabled people, where people self identify as disabled (see British Council of Disabled People Website). Even though the categories are imprecise,

the answers helped to ensure that views from a cross section of the eligible respondents had been given. The population characteristics were also used to give some insight into how satisfied different groups are and how much they are benefiting from the service relative to other groups.

For the more in-depth interviewing part of the study, people were self selecting, as they were those who had agreed to be interviewed during the survey. However, it was not possible to interview all those that had agreed due to resource limitations. Therefore, the researcher selected randomly.

## **The Questionnaire**

There were two objectives - to gather information which will show the impact of the Home and Hospital Visiting Service to the individual as well as wider society; and to find out how satisfied users are with the service and whether there is anything that needs to improve. This gave the concepts 'benefits of the service' and 'satisfaction with the service'. From the concepts it was possible to define dimensions, indicators and the test variables. In choosing variables, the research draws on previous studies. These looked at variables such as health improvements, self-care and local economic regeneration. They used a range of indicators, depending on the focus on their study, including number of GP consultations (Abbot and Davidson, 2000), quality of food eaten (Abbot and Hobby, 2000), use of free dental and eye check-ups (ibid), reports of improved mental health (ibid), and increased local spending (Ambrose and Stone, 2000).

With regard to the concept of 'satisfaction with the service' this was taken as one variable, for which some basic indicators were sought. These were selected from basic community development studies on satisfaction with services (Community Development Foundation, 2000).

In terms of ensuring validity through interpreting correct meaning in respondents' answers, this was aided through using a variety of methods of data collection. The in-depth interviewing gave insight into some of the meanings expressed in the questionnaire. Some (n=5) pilot interviews, as well as pilot postal and phone surveys (n=40) took place to enable this process.

## **The Questions**

To help ensure questions were valid and reliable, they were checked against reputable surveys. Eg. British Attitudes Survey (1991). The overall format of the questionnaire was designed to be as quick and simple as possible. Tick boxes were used to gain the quantitative information. The back - up interviews and phone calls offset some of the loss of information that this caused.

## **Introducing the Survey**

It was very important that a plain language written description of the project was given, including information about the goals, methods and possible benefits of the research; who will collect the data; who will have access to the data; implications of taking part in the

project, including any risks; and how the research will be published and whether individuals will be identifiable. It was made clear that consent was completely voluntary. Sufficient time was given to read the form and letter, reply and find someone to give access support, if necessary, but not so long that it could be put aside and forgotten about. The simplicity, assurances of confidentiality and short response time were intended to maximise response. All attempts to achieve anonymity were made, but it was clear that, where people would access the survey by telephone, they would lose the benefit of full anonymity.

## Analysis

Descriptive statistics were used to provide information about the sample. Some bivariate analysis of the data was undertaken. For example, health compared to an increase in income as a result of the service was cross-tabulated. However, due to the small size of respondent group, it was difficult to draw any conclusions from this. Interviews were documented in full. Comments used in the report were chosen because they were illustrative of general themes reported by other respondents, or because they made an illuminating point.

## Appendix 2 – Crosstabulations

**Table 1 - Time since seen by NBAC \* Health improved Crosstabulation**

Count		Yes	Total
Time since seen by NBAC	3-6 months ago	2	13
	6-12 months ago	2	11
	1-2 years ago	0	9
	More than 2 years ago	0	6
Total		4	39

**Table 2 - Time since seen by NBAC \* Less stressed Crosstabulation**

Count		Yes	Total
Time since seen by NBAC	3-6 months ago	9	13
	6-12 months ago	2	11
	1-2 years ago	6	8
	More than 2 years ago	4	6
Total		21	38

**Table 3 - Time since seen by NBAC \* More secure Crosstabulation**

Count

		More secure		Total
		Yes	No	
Time since seen by NBAC	3-6 months ago	4	9	13
	6-12 months ago	5	6	11
	1-2 years ago	5	4	9
	More than 2 years ago	2	4	6
Total		16	23	39

**Table 4 - Time since seen by NBAC \* Visits to Doctor Crosstabulation**

Count

		Visits to Doctor			Total
		Less	Same	More	
Time since seen by NBAC	3-6 months ago	0	12	0	12
	6-12 months ago	0	7	2	9
	1-2 years ago	1	7	0	8
	More than 2 years ago	1	4	1	6
Total		2	30	3	35

**Table 5 - Time since seen by NBAC \* Health Problems Crosstabulation**

Count

		Health Problems			Total
		Less	Same	More	
Time since seen by NBAC	3-6 months ago	0	12	0	12
	6-12 months ago	0	7	3	10
	1-2 years ago	1	7	1	9
	More than 2 years ago	1	3	2	6
Total		2	29	6	37

**Table 6 - Time since seen by NBAC \* Use of Medicine Crosstabulation**

Count

		Use of Medicine			Total
		less	Same	More	
Time since seen by NBAC	3-6 months ago	0	9	3	12
	6-12 months ago	0	7	2	9
	1-2 years ago	1	7	1	9
	More than 2 years ago	1	4	0	5
Total		2	27	6	35

**Table 7 - Income \* Health Problems Crosstabulation**

Count

		Health Problems			Total
		Less	Same	More	
Income	New Income from benefits	2	24	4	30
	New Income other sources	0	1	0	1
	No new income	0	5	1	6
Total		2	30	5	37

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