Health & Wellbeing 2014/15

North East Lincolnshire
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Executive Summary -
Tony Gaskins CEO

High quality advice is a vital tool, in that the local authority, North East Lincolnshire Clinical Commissioning Group, community interest companies; statutory and non-statutory providers, voluntary organisations and social enterprises can use to help tackle social and health inequalities. Inequalities in health arise from inequalities in society. Advice works across both areas of inequality to achieve significant benefits for individuals and groups. This report highlights inequalities and shows how timely advice can deliver tangible outcomes for people that helps to overcome health problems; reduces the negatives caused by poor health increases people's resilience or can be a preventative measure.

We know from numerous academic research and analysis of services that social and economic inequalities cause serious health inequalities including mortality and morbidity. People who live with disability are much more likely to experience inequalities in housing and neighbourhood conditions, income levels, employment and working conditions. In addition people who experience benefit of debt problems are also more likely to suffer from mental health problems.

Citizens Advice North East Lincolnshire’s Information, Advice and Guidance services provide practical help to tackle the social inequalities that lead to health inequalities many people experience. Our service leads to improvements in employment or working conditions, improvements in housing because people are able to enforce their statutory rights. Benefit, debt and money management advice can achieve significant results for individuals, households and groups that increases income, reduces expenditure and enables people to participate in their communities. These cost-effective solutions play a significant part in the development of the local community.

The effects of the economic downturn and changes to the welfare system and effects of austerity measures present the risk of greater social inequalities leading to further health inequalities. Our information, advice and guidance work has become a vital preventative element. It is important that affected individuals and families are fully informed about the changes so that they know how they will be affected, prepare for changes and understand their best options.

Advice is not a panacea but is a vital piece in the jigsaw that helps to overcome social and health inequalities. This report shows the value of advice for everyone's benefit.

Tony Gaskins - Chief Executive Officer
Introduction - Health, wellbeing and advice in North East Lincolnshire

This Health & Wellbeing report provides evidence of the contribution made by Citizens Advice North East Lincolnshire in supporting health and wellbeing and addressing the causes of health inequalities in society.

We look at:
- the demand and demographics of our clients,
- the effect of advice on people's physical and mental health,
- the relationship between advice provision and the social determinants of health,
- the effect of deprivation on health and how we aim to target services to meet need,
- health and specific advice areas such as debt, welfare benefits, housing and homelessness, child and fuel poverty in our area,
- the impact of volunteering and employment on health,
- the fiscal benefits for individuals, government and society of the advice provided,
- and the wider benefits including the effect of advice on wellbeing
- and the impact and benefits of our advice work on health service provision.

In conclusion the report summarises what this means for the provision of advice within North East Lincolnshire and how health is helping to shape both our current and future service delivery.

We believe this report makes a compelling case for improving client outcomes to Health Commissioners. It's clear from the report, and from our own experiences in Citizens Advice North East Lincolnshire, that people with health problems are amongst those most in need of welfare advice but at the same time least able to access it effectively.

Whilst the financial landscape is challenging, here at Citizens Advice North East Lincolnshire we are keen to play a role in the prevention agenda, and see that there is an opportunity for us to deliver a better, more focussed service to clients which improves health outcomes and reduces inequalities and which brings financial savings to individuals, society and government.

Duncan Rossiter - Development Manager
Disability and long term health problems in our area

1370 North East Lincolnshire resident clients were recorded as disabled or with long term health problems. The actual number will be higher, taking into account those whose disability/health status was not recorded. Our clients are twice as likely to be a disabled person than the population as a whole.

40% per cent of our clients living in North East Lincolnshire were disabled or had a long-term health problem, where disability/health status was recorded.

Using the disability types recorded, we estimate:

- 40% had a long-term health condition
- 19% had mental health problems
- 30% had physical or sensory impairment
- 5% had learning difficulty or cognitive impairment
- 6% had multiple impairments

The annual cost of working age ill health in the UK is estimated to be over £100 billion. There were 10.4 million working days lost in 2011/12 due to work-related stress, depression or anxiety¹. Work is generally good for physical and mental health and wellbeing², taking into account the nature and quality of work and its social context, and worklessness is associated with poorer physical and mental health. Residents in North East Lincolnshire with disability and long term health problems have particular advice needs which indicate the problems they may face staying in accommodation or employment.

¹ Health & Safety Executive statistics: http://www.hse.gov.uk/statistics/dayslost.htm
² Wadell & Burton (2006), Is work good for your health and wellbeing?
The last year has seen a number of studies underlining the positive effect that social welfare advice can have on both physical and mental health.

**In 2014 Citizens Advice conducted research** following up with 2,700 clients 3-5 months after they had received advice.

<table>
<thead>
<tr>
<th>Before advice</th>
<th>3-5 months after advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>66% felt stressed, depressed or anxious</td>
<td>81% felt less stressed, depressed or anxious</td>
</tr>
<tr>
<td>30% felt their physical health getting worse</td>
<td>45% felt their physical health had improved</td>
</tr>
</tbody>
</table>

▲ Fig 1: The positive impact of advice on health, findings from national outcomes and impact research

As well as the direct health outcomes detailed in figure 1 above, clients reported improvements across a range of health indicators. **51%** reported having more control over their finances, **24%** considered their housing situation more secure and **21%** felt they had better relationships with other people following advice.

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3 Citizens Advice (2014), *Findings from national outcomes and impact research*
Social determinants of health

In 2014, the Marmot Indicators of social determinants of health and health outcomes were updated including the dashboard for North East Lincolnshire. The Marmot Indicator determinants of health outcomes are:

- Healthy life expectancy at birth
- Life expectancy at birth
- Inequality in life expectancy at birth
- People reporting low life satisfaction
- Good level of development at age 5 - all, and with free school meal status
- GCSE achieved 5A*-C including English & Maths - all, and with free school meal status
- 19-24 year olds not in education, employment or training (NEET)
- Unemployment - ONS model-based method
- Long-term claimants of Jobseeker's Allowance
- Work-related illness
- Households not reaching Minimum Income Standard
- Fuel poverty for high fuel cost households
- Utilisation of outdoor space for exercise/health reasons

The majority of the advice given relates to problems closely associated with social determinants of health. In 2014/15 residents in North East Lincolnshire were advised on the following problems by Citizens Advice:

- Benefits & tax credits: 1955 clients
- Debt: 1497 clients
- Employment: 703 clients
- Housing: 586 clients

Research has shown that 2 out of 3 of clients’ problems are resolved following advice.

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5 UCL Institute of Health Equity (2014), *Marmot indicators 2014, local authority profiles - North east Lincolnshire (PDF)*

6 Citizens Advice North East Lincolnshire outcomes analysis 2014/15

7 Citizens Advice (2014), *Findings from national outcomes and impact research*
Deprivation and health

Last year a total of 6541 people living in North East Lincolnshire received help from the service.\(^8\)

56% of all our clients 4781 in total live in one of the 20% most deprived Super Output Area's (SOA's) see figure 2 below. 3663 of these live within the North East Lincolnshire Area.

\[\begin{align*}
56\% \text{ of our clients} & \quad \text{4781 clients} \\
\text{Live in one of the 20% most deprived SOA's} & \quad \text{From the most deprived areas Helped to improve their situation}
\end{align*}\]

This means that in the most deprived areas of North East Lincolnshire:

\[\begin{align*}
\text{£1.68m+ LSOA Client Debts were written off in 2014-15} & \quad \text{£4.9m in LSOA Client Benefits were gained for clients in 2014-15}
\end{align*}\]

Fig 2: Client outcomes in most deprived areas of North East Lincolnshire 2014-15

In North East Lincolnshire as a whole the Marmot Indicators\(^9\) show an average reduced life expectancy of at birth of 1.3 years for a Man and 1.1 years for a Women. The average healthy life expectancy is also lower in our Local Authority at 1.6 years less than the national average for a Man and 0.2 percent fewer years for a Women.

\(^8\) This figure reflects clients resident in the Local Authority and may not perfectly match the figure seen by the local bureau

\(^9\) UCL Institute of Health Equity (2014), Marmot indicators 2014, local authority profiles - North east Lincolnshire (PDF)
According to data from the Office of National Statistics\textsuperscript{10} those living in the 20% most deprived areas such as over half of our clients have lower life expectancy and will spend a greater proportion of their lives with a disability.

**In the 20% most deprived areas:**

- Men can expect to live for **73 years** and to spend **26% of their lives** with a disability
- Women can expect to live for **79 years** and to spend **28% of their lives** a disability

**In the 20% least deprived areas:**

- Men can expect to live for **81 years** and to spend **15% of their lives** with a disability
- Women can expect to live for **85 years** and spend **18% of their lives** with a disability

The disparity between life expectancy (LE) and disability free life expectancy (DFLE) by area deprivation quintile can be seen in fig 3.

We estimate that 79% of our clients do not reach the Joseph Rowntree Foundation's Minimum Income Standard (MIS). This standard establishes the household income required to maintain an adequate standard of living.\textsuperscript{11}

The proportion of households reaching this standard is used as an indicator of health inequalities for local authorities. In our region this is higher than the national average at 23%.\textsuperscript{13}

Unsurprisingly this correlates to higher unemployment in the local population 11% for the North east Lincolnshire area 3.6% higher than the national average (England).

This unemployment is long term the number of people of working age who are long term claimants of Jobseeker's Allowance is nearly twice the national average (England) at 18.1% compared with 9.9% within the general population.

This combination within more than half our client group of high deprivation, high unemployment, low income, low wellbeing and low life expectancy, lead to some of the largest inequalities in life expectancy in the country.

With the most deprived Men in the area expecting to live 12.9 fewer years than the least deprived. And the most deprived Women expecting to live for 7.9 fewer years.

Although advice alone will not solve this inequality, it does show the need for us to target our help in order to contribute to the improved health and wellbeing of the most deprived in our area.

\begin{flushright}
\begin{itemize}
\item \textsuperscript{11} Joseph Rowntree Foundation (2014) \textit{A minimum income standard for the UK in 2014}
\item \textsuperscript{12} UCL Institute of Health Equity (2014), \textit{Marmot Indicators 2014}
\item \textsuperscript{13} UCL Institute of Health Equity (2014), \textit{Marmot indicators 2014, local authority profiles - North east Lincolnshire (PDF)}
\end{itemize}
\end{flushright}
This is something we already do as shown in Figure 5 below which shows where our clients live in relation to the indices of multiple deprivation. However it is something which must be considered in the design and implementation of future services.

▲ Figure 5: Citizens Advice clients 2014/15 and indices of multiple deprivation in North East Lincolnshire - Contains OS data © Crown copyright [and database right] 2015

In addition to the open-door advice services available at key delivery venues seen above, we deliver:

- Outreach advice services in over 11 locations across the area.
- Projects including Keep Warm Eat Well, an income maximisation project for the over 60’s, a worker at the Carer’s Support Service, our Reaching Communities outreach project delivering help to the most vulnerable in these deprived areas.
- Advice for those unable to reach an advice session via Adviceline 03444 111 444 and our Debt Line 01472 252545 and home visiting services

We are always seeking ways of making our services more accessible tailoring services to meet our clients needs and we will continue to aim to improve our coverage and accessibility via the provision of new phone, digital and traditional face to face services.
Health and Debt Problems

Figure 6 below compares the type of problems Citizens Advice clients experienced in 2014/15 for different client groups - those with mental health problems, those with other types of disability or ill health, and clients without disability or health problems.

Clients with mental health problems have more debt problems than other disabled people, with a similar level as clients who are not disabled, whilst clients with other kinds of disability or long term health problems are less likely to have debt problems.
Over the last several years we have seen an increase in the proportion of clients coming to us with priority debts such as Council Tax, rent and utility arrears in relation to other forms of debt, as illustrated in figure 7 above. Council Tax is now the most common debt problem among our clients. We dealt with **1,463** Council Tax related problems in 2014/15.

In 2014/15 we helped **2,103** people with their debt problems solving on average 66% of problems.

**Repayment rescheduling:**
- **472** clients had one or more debt repayments successfully rescheduled, to make their outgoings more manageable
- The average value to the client was **£5,146**.

**Debt written off:**
- **153** clients had one or more debts written off - through bankruptcy, debt relief order, or otherwise.
- The average value of debt written off for these clients was **£19,784**

Of these clients **46%** of recorded clients were disabled or had a known long term health condition. These **645 people** gained a total financial benefit of **£2.5m**.

The total financial benefit to debt clients receiving advice or caseworker support was **£11.4m (Full Advice & Specialist Casework only)** and **£20.5m (including limited advice)**.
Health and Benefits advice

Disabled and ill clients are less likely to be employed and so more often require help with benefits.

Although it has been highlighted that disabled people have been protected from the freezing of - or sub-inflation increases in - the level of benefits and tax credits, it is only the disability additions which have been protected.

A much larger proportion of a disabled person’s benefits are not specifically targeted at disabled people but cover rent and living costs and allowances for children. The level of benefit that disabled people receive has therefore dropped substantially in real terms over the last five years.

We anticipate that the rollout of Universal Credit will result in a greater need for assistance with:

- Digital inclusion/online applications
- Financial capability: assistance with budgeting for monthly payments
- Rent arrears (pilots suggest social housing tenants may fall behind with rent payments\(^{14}\) as direct payments to landlords are stopped, and that many people are reluctant to access financial support until they reach crisis point\(^{15}\))

There is also concern that universal credit payment to a nominated head of household may lead to an increase in financial abuse.\(^{16}\)

In 2014-15 we helped a total of 2,907 clients to solve their benefits problems we calculate we successfully solved 66% of those issues presented.

In particular, the recent changes in sickness-related benefits are causing problems to these vulnerable groups – particularly the introduction of employment & support allowance (ESA) which replaced incapacity benefit. We have helped a record 1,215 number of clients with ESA related issues, including appeals against unfair work capability assessments for ESA.

The replacement of Disabled Living Allowance in April 2013 by the lower-funded substitute Personal Independence Payment (PIP) is causing an even larger

\(^{14}\) Inside Housing (2013), Rent arrears to go up ‘£180’ under Universal Credit

\(^{15}\) Department for Work and Pensions (2014), Local Authority Led Pilots, Preparing for Universal Credit Implementation

\(^{16}\) Women’s Aid (2015), Unequal, trapped & controlled, Women’s experience of financial abuse and potential implications for Universal Credit
number of disabled people to require advice and assistance. 1,141 clients were helped with PIP related issues in 2014/15.

A total amount of £8.8 million benefit was gained for over 1,900 local clients during 2014-15.

The real total is considerably greater as the outcome was not known for many clients and our calculations take into account other factors, such as the likelihood a client might have solved the problem themselves without intervention.

The average ongoing annual benefit gain per client was £6,398 where known, giving 1,247 clients help to claim £7,978,965 in benefits where client problems were solved.

The average one off back-payment per client was £2,200 where known, these were achieved for 384 clients totalling £844,193.
Child poverty in our area

There are 3.5 million children living in poverty in the UK, with 1 in 4 working age adults with children living below the poverty line. On average, children born in the 20% most deprived areas have a disability free life expectancy of 55-56 years.

In 2014/15, 36% of clients seeking advice had dependent children.

Evidence suggests that living in a household with problem debt is often associated with emotional distress, problems at school and exclusion from social activities.

This means that child poverty and household debt are linked to many of the social determinants of health identified by the Marmot Review.

● From our client records, 34% of clients advised on debt or benefit had dependent children – so we estimate 973 of these clients had dependent children.

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17 Joseph Rowntree Foundation (2013), *Monitoring Poverty & Social Exclusion*
19 Children’s Society (2014), *The Debt Trap: Exposing the impact of problem debt on Children*
21 Estimate includes a proportion of clients with unrecorded household type. The percentage of clients with dependent children is calculated as a percentage of clients where the relevant profile item was recorded
Employment and employability

Evidence shows\textsuperscript{22} that employment is good for physical and mental health and that getting back into work can be the best way for people with health conditions to recover.\textsuperscript{23}

Our information and advice helps to address the direct and indirect barriers to employment and employability. We help people solve problems to ensure their employment is fair. As a result of the support we give on many topics, such as benefits (job-seekers allowance), debt advice or access to carer support, we are often helping people overcome the barriers to finding work.

In 2014/15 the Citizens Advice North East Lincolnshire advised a total of \textbf{956} clients with an employment advice issue. These clients came to us for a range of issues which if mismanaged could lead to a deterioration of the employer-employee relationship, potentially leading to unemployment.

In North East Lincolnshire work related illness per 100,000 is \textbf{260} people higher than the national average\textsuperscript{24}. Many of the issues people face can affect an individual’s ability to get on with their job, leading to a lack of productivity at work and potentially time off due to work-related stress. Therefore our work directly contributes to keeping people in employment through early intervention.

Citizens Advice has found from our client data that disability is the single biggest cause of employment discrimination amongst clients – bigger than race or gender. Amongst our clients seeking help with employment problems, disabled clients are more frequently advised about discrimination than other clients.

\textsuperscript{22} Wadell & Burton (2006), \textit{Is work good for your health and wellbeing?}
\textsuperscript{23} NHS (2014), \textit{Is work good for your health?}
\textsuperscript{24} UCL Institute of Health Equity (2014), \textit{Marmot indicators 2014, local authority profiles - North east Lincolnshire (PDF)}

Volunteering

In addition to the above advice our work with volunteers helps to get people ready for work providing marketable skills and increasing confidence.

Creating happier, healthier and more productive citizens.

Citizens Advice research\(^\text{25}\) based on 1,500 volunteers found that:

- All our volunteers gain at least one practical skill (e.g. IT skills, customer service and team-work),
- we reduce some of the barriers to moving back into work for \textbf{8 in 10} of our unemployed volunteers.
- \textbf{31\%} of our volunteers leave for paid employment.

Additionally they identified positive improvements in volunteers perceptions of their physical and mental health.

- all our retired volunteers feel it keeps them mentally active.
- \textbf{9 in 10} of our volunteers feel better equipped to deal with issues in their lives; \textbf{3 in 5} say volunteering made them feel less stressed.
- \textbf{3 in 4} who identified as having a mental health condition felt better able to manage their condition
- \textbf{4 in 5} believe that volunteering has had a positive effect on their physical or mental health

A review by the Institute for Volunteering Research found; ‘Volunteering was shown to decrease mortality and to improve self-rated health, mental health, life satisfaction, the ability to carry out activities of daily living without functional impairment, social support and interaction, healthy behaviours and the ability to cope with one’s own illness.’\(^\text{26}\)

The fiscal benefits of this are hard to articulate, but have significant value – calculated by the Cabinet Office as worth \textbf{\£13,500} per year.\(^\text{27}\)

In 2014/15 we had \textbf{72} volunteers our fiscal analysis\(^\text{28}\) showed a benefit to society of \textbf{\£296,000} through improved wellbeing, reduction in GP visits, increased empowerment, reduced stress and greater engagement with their communities.

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\(^{25}\) Citizens Advice (2014) - CAB Volunteering – How Everyone Benefits
\(^{26}\) Institute for volunteering research, Volunteering and Health - What impact does it really have?
\(^{27}\) Department of Work and Pensions and Cabinet Office (2013), Wellbeing and civil society: Estimating the value of volunteering using subjective wellbeing data
\(^{28}\) Appendix 5:Technical Annex: The value of the Citizens Advice service: our impact in 2014/15
Fuel poverty in our area

Low income, poorly insulated housing, and expensive, inadequate heating systems contribute to fuel poverty, which in turn contributes to excess winter mortality and morbidity amongst older and disabled people. From 2011/12 to 2013/14 there were over 73,000 excess winter deaths in England and Wales.29

According to Department of Energy and Climate Change (DECC) statistics, there were 2.3 million households in fuel poverty in 2012.

- In 2014/15 the service advised a total of 3159 clients living in North East Lincolnshire about money-related matters concerning debt and/or benefits to help maximise their income
- 38% of these clients advised on debt or benefits were aged 60 or over and/or disabled.
- 200 clients were advised on energy-related consumer problems, fuel debt, or both

At December 2014, 16% of electricity customers (4.4 million households) were paying for electricity by prepayment meter, as well as 14% of gas customers (3.2 million households).

Over the last three years, our Consumer Service helpline has seen a steady increase in cases relating to energy prepayment meters.

The reality behind this is that many people are finding themselves without power, most often in the winter months. This problem is often exacerbated by automated debt repayments being deducted from the meter balance.

In addition to advising about benefit claims and debt problems, the bureau offers financial capability advice to clients – such as budgeting through our Money Advice Project and how to get the best energy deal, via our Big Energy Saving Network Energy Champion.

Additionally we work to improve financial inclusion of the socially excluded through work with the local credit union and other members of the local financial inclusion forum.

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29 Office of National Statistics, Excess winter mortality by age group 2013/14 (provisional) and 2012/13 (final)
Housing and Homelessness

Although quality of housing is not included in the Marmot report indicators, studies have shown that the quality of the home has a substantial impact on health. The Building Research Establishment has calculated that poor housing costs the NHS at least £600 million per year.\(^{31}\)

The proportion of privately rented dwellings has steadily increased in recent years, corresponding to a decrease in social rented households and households buying with a mortgage, as shown in figure 8 below.\(^{32}\)

\[\text{Figure 8: Proportion of dwellings by tenure type, English Housing Survey}\]

While efforts to meet the Decent Homes Standard have resulted in an improvement in housing conditions for many social rented households, accommodation in the private rented sector has lagged behind, with 33% of homes failing to meet the standard compared to 15% in the social housing sector.\(^{33}\)

In 2014/15, Citizens Advice saw a 7% increase in problems relating to repairs and maintenance in private rented housing and an 11% increase in issues involving harassment by landlords and/or illegal eviction. We expect to see a further increase in 2015/16.

\(^{31}\) Nichol S. et al. (2010), *Quantifying the cost of poor housing*
\(^{32}\) Data source: Office of National Statistics (2015), *English housing survey 2013 to 2014*
\(^{33}\) Data source: Office of National Statistics (2015), *English housing survey 2013 to 2014*
Homelessness in our area

Homelessness is a social determinant of health and an indicator of extreme poverty. Statutorily homeless households contain some of the most vulnerable members of society. Residents of North East Lincolnshire who have housing problems and are homeless or at risk of becoming homeless use the CAB service to help keep a roof over their heads.

- **126** clients living in North East Lincolnshire were advised about threatened or actual homelessness
- Amongst clients with housing problems, those with mental health problems have a higher incidence of homelessness than other clients

Our outreach projects include a Court Desk so we can ensure that clients imminently threatened with homelessness get appropriate advice.

Additionally our Reaching Communities project provides a dedicated specialist housing worker to enable those with housing or homelessness issues to get the level of help they need.

Disabled people are being disproportionately hit by the ‘bedroom tax’ in social rented property, restricting housing benefit if the claimant is deemed to have a spare room. Nationally 62% of Citizens Advice clients with social landlords advised about these housing benefit restrictions are disabled or have long-term health problems (October 2013).

We help disabled and ill clients who need their spare bedroom to apply for discretionary housing payments to make up the shortfall in housing benefit.

People with severe mental illness are at much higher risk of homelessness than average, early intervention by our housing worker, by negotiating directly with landlords and creditors in dealing with rent arrears for example saves money for the public purse whilst simultaneously reducing the impact of homelessness on vulnerable clients lives.

Similarly savings and health benefits can be gained where we resolve a complex housing problem such as possible eviction or repossession enabling a patient to be discharged from hospital more quickly than would otherwise be possible if they have nowhere to go.
The fiscal impact of our advice on health

As shown above North East Lincolnshire Citizens Advice helps people to solve problems and changes lives. However, there is a need to demonstrate the value of our work to society and the public purse in a time of austerity as local spending is scrutinised further.

£2.49 in fiscal benefits
- Saving to government
- Reduction in health service demand, local authority homelessness services and out-of-work benefits for clients and volunteers.
- Total: £1.68 million

£14.35 in public value
- Wider economic and social benefits
- Improvements in participation and productivity for clients and volunteers.
- Total: £9.67 million

£17.84 in benefits to individuals
- Value to our clients
- Income gained through benefits, debts written off and consumer problems resolved.
- Total: £12 million

▲ Figure 9: Key findings of the North East Lincolnshire Impact Analysis 2014-15.
We carried out a Fiscal Impact Analysis of our work in 2014-15, utilising socio-economic modelling see appendix 5 for details. This showed that aside from the obvious and life changing impact of advice on people's health, our work also has wider fiscal benefits to society in terms of health savings specifically and public services and society more widely. For the key outcomes of this report and a table of this data see Appendices 3 & 4. For more of the Impact Modelling see Appendix 5.

As shown in Figure 9, for every £1 spent on the North East Lincolnshire Citizens Advice service, we benefit our clients by £17.84, we save government and public services at least £2.49, and a minimum estimate of our social and economic value to society is £14.48.

These figures and the total benefits shown in Figure 10, show the incredible value of our work and the need for it to continue.

![Figure 10: The total fiscal, public and individual benefits of North East Lincolnshire Citizens Advice Bureau, from the Citizens Advice North East Lincolnshire Impact Analysis 2014/15.](image)

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34 Citizens Advice North East Lincolnshire Impact Analysis 2014-15
35 Modelling the value of the Citizens Advice Service 2014/15 - Appendix 5
Fiscal savings to the NHS & the public value as a result

Within these savings to the public as a whole we make significant savings for the NHS totalling £248,000 during 2014/15. Below you can see some of the savings in terms of reduced mental health interventions and reduced demand on GP services as a result of our advice. This is a benefit of £7.37 for every £1 invested by the NHS.

<table>
<thead>
<tr>
<th>Savings to the Department of Health 14/15 by reducing health service demand, £248,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced Cost of Mental Health Interventions with non-debt clients, £116,000</td>
</tr>
<tr>
<td>Reduced Cost of Mental Health Interventions with debt clients, £44,378</td>
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<tr>
<td>Reducing the demand for GP services non-debt clients (mental health) with non-debt clients, £14,138</td>
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<td>Reducing the demand for GP services debt clients (mental health) with debt clients, £4,939</td>
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<tr>
<td>Reducing the demand for GP services non-debt clients (physical health) with non-debt clients, £20,545</td>
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<tr>
<td>Reducing the demand for GP services debt clients (physical health) with debt clients, £8,526</td>
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▲ Figure 11: Fiscal savings to the department of health as a result of Citizens Advice North East Lincolnshire advice interventions.
The wider public value of better health outcomes

In addition to these savings there is a wider public value as a result of improvements in health, well-being, participation and productivity. For the above this value equates to over £1 million in savings.

This wider public value is further increased by the Improved emotional well being of clients receiving advice, giving a public value of more than £5.6 million and through improved family well being giving a public value of Just over £1 million.

Additionally in terms of our value to the Local Authority for every £1 invested by North east Lincolnshire County Council in our organisation the local Authority make a saving of £1.58.
Wellbeing and health

The recognition of the link between wellbeing and health is increasing. Both the Public Health Outcomes Framework and the NHS Outcomes Framework include indicators for wellbeing.

In North East Lincolnshire the percentage of people reporting low life satisfaction is 7.8% this is 2% higher than the national average (England).

According to the Department of Health, subjective wellbeing can add 4-10 years to life and is associated with a 19% reduction in all cause mortality in healthy populations.

In 2014/15, Citizens Advice piloted use of the scale used by the Department of Health, the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), to monitor outcomes for clients following advice. Results from a sample of 143 clients interviewed 4-6 weeks after receiving advice are detailed in figure 12 below.

As you can see not only does advice lead to better health outcomes, but also to an increase in positive wellbeing which in turn links to positive health outcomes.

36 Department of Health (2012), Public Health Outcomes Framework
37 Department of Health (2011), NHS Outcomes Framework
38 UCL Institute of Health Equity (2014), Marmot indicators 2014, local authority profiles - North east Lincolnshire (PDF)
39 Department of Health (2014), Wellbeing, why it matters to health policy

Fig 12: Average WEBWMS score before and after advice
Advice and health services

A study by Citizens Advice into non-health demands on GPs found that 80% of the 824 GPs interviewed reported that dealing with non-health queries resulted in decreased time available to treat other patients' health issues, with almost a fifth (19%) of their consultation time being spent on non-medical matters. The most common issues raised were personal relationships, housing, employment, welfare & benefits and debt.

84% of GPs said that they refer patients to an advice agency in the community and only 31% reported that they were able to advise patients adequately themselves.

In one large city, 41% of debt advice clients reported an improvement in their health following advice, and 63% of debt advice clients reported a reduction in their stress levels.

A longitudinal study of CAB clients in Wales showed that clients achieved significant improvements in 3 out of 8 health domains, and a significant reduction in anxiety.

An evaluation of CAB outreaches in GP surgeries reported that clients had fewer GP appointments in six months after using the service; on average, clients had 68% fewer appointments compared to the six months prior to advice.

A study of the pilot of a CAB Health Outcomes Monitoring Toolkit found a significant increase in clients’ mental wellbeing following advice.

In another study by the Legal Action Group, backed by the Law Society, 1,000 GPs were asked about advice in relation to health consequences.

The majority of GPs thought that the number of patients who would have benefited from social welfare advice had increased. 67% of GPs reported an increase in the number of patients who would have benefitted from advice on benefits and 65% saw an increase in people who would benefit from advice on debt and financial problems. A table of findings from the survey can be found in appendix 1.

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40 Caper, K & Plunkett, J (2015), *A very general practice: How much time do GPs spend on issues other than health?* Citizens Advice
42 Citizens Advice (2009), *Outcomes of a Longitudinal Study of Citizens Advice Service Clients in Wales*
43 Citizens Advice (2014), *Health Outcomes Monitoring Toolkit: pilot results*
44 Legal Action Group (2014), *Healthy legal advice: Findings from an opinion poll of GPs*
An overview from the Chief Executive

High quality, professional advice is a vital tool that the local authority, North East Lincolnshire Clinical Commissioning Group and the NHS can use to help tackle social and health inequalities. Inequalities in health arise from inequalities in society, advice works across both areas of inequality to achieve significant benefits for individuals and groups. This report highlights inequalities and shows how timely advice can deliver tangible outcomes for people that helps to overcome health problems, reduces the negative caused by poor health impact or can be a preventive measure.

We know from numerous academic research and analysis of services that social and economic inequalities cause serious health inequalities including mortality and morbidity with heart disease, diabetes, cancer and strokes or who live with disability being much more likely to affect people who experience inequalities in housing and neighbourhood conditions, income levels, employment and working conditions. In addition people who experience benefit or debt problems are also more likely to suffer from mental health problems.

Citizens Advice North East Lincolnshire Information, advice and guidance service provides practical help to tackle the social inequalities that lead to health inequalities many people experience. Our service leads to improvements in employment or working conditions, improvements in housing because people are able to enforce their statutory rights. Benefit, debt and money management advice can achieve significant results for individuals and groups that increases income, reduces expenditure and enables people to participate in their communities these cost-effective solutions have also become a significant part in the regeneration of the local community.

The effects of the economic downturn and changes to the welfare system and effects of austerity measures presents the risk of greater social inequalities leading to further health inequalities. Our information, advice and guidance work has become a vital preventative element. It is important that affected individuals and families are fully informed about the changes so that they know how they will be affected can prepare for changes and understand their best options.

This report shows the value of advice and how it can help tackle social and health inequalities for everyone’s benefit.

Tony Gaskins - Chief executive Officer
Appendices

Appendix 1: Client Profile

The tables below compare the client profile of Citizens Advice clients resident in the area to the population profile of the whole local authority area. The data is taken from client data for 2014/15 and the LA Area from the 2011 Census respectively, unless stated otherwise (all figures rounded to nearest 1%).

Table 1: Super Output Areas

<table>
<thead>
<tr>
<th>Super Output Areas (SOA)</th>
<th>Clients %</th>
</tr>
</thead>
<tbody>
<tr>
<td>20% most deprived</td>
<td>56%</td>
</tr>
<tr>
<td>Outside 20% most deprived SOAs</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 2: Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Clients %</th>
<th>LA area %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>45%</td>
<td>49%</td>
</tr>
<tr>
<td>Female</td>
<td>55%</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 3: Age

Local authority percentages in this table are exclusive of 0-16 year olds.

<table>
<thead>
<tr>
<th>Age</th>
<th>Clients %</th>
<th>LA area %</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-24</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>25-34</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>35-49</td>
<td>28%</td>
<td>26%</td>
</tr>
<tr>
<td>50-64</td>
<td>26%</td>
<td>24%</td>
</tr>
<tr>
<td>65+</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
### Table 4: Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Clients %</th>
<th>LA area %</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>93%</td>
<td>96%</td>
</tr>
<tr>
<td>White Irish</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>White Other</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Mixed White &amp; Black Caribbean</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Mixed White &amp; Black African</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Mixed White &amp; Asian Caribbean</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Mixed White &amp; Asian African</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Asian or Asian British Indian</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Asian or Asian British Pakistani</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Asian or Asian British Bangladeshi</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Asian or Asian British Other</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Black or Black British Caribbean</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Black or Black British African</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Black or Black British Other</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Chinese</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Roma/Gypsy/Traveller</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Table 5: Disability

<table>
<thead>
<tr>
<th>Disability</th>
<th>Clients %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled/Long-term health</td>
<td>40%</td>
</tr>
<tr>
<td>Not disabled</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
## Table 6: Occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Clients %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed (FT/PT/self-employed)</td>
<td>30%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>16%</td>
</tr>
<tr>
<td>Retired</td>
<td>16%</td>
</tr>
<tr>
<td>Home carer</td>
<td>11%</td>
</tr>
<tr>
<td>Permanently sick/disabled</td>
<td>19%</td>
</tr>
<tr>
<td>Student</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

## Table 7: Household Type

<table>
<thead>
<tr>
<th>Household type</th>
<th>Clients %</th>
<th>LA area %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single person</td>
<td>33%</td>
<td>13%</td>
</tr>
<tr>
<td>Single person with dependent children</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Single person with non-dependent children</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Couple</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>Couple with dependent children</td>
<td>20%</td>
<td>29%</td>
</tr>
<tr>
<td>Couple with non-dependent children</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

## Table 8: Housing Tenure

<table>
<thead>
<tr>
<th>Housing Tenure</th>
<th>Clients %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own outright</td>
<td>12%</td>
</tr>
<tr>
<td>Buying home (mortgage etc.)</td>
<td>19%</td>
</tr>
<tr>
<td>Shared ownership</td>
<td>0%</td>
</tr>
<tr>
<td>Social housing tenant</td>
<td>25%</td>
</tr>
<tr>
<td>Private tenant</td>
<td>26%</td>
</tr>
<tr>
<td>Rent-free housing</td>
<td>0%</td>
</tr>
<tr>
<td>Homeless (incl. hostel/B&amp;B)</td>
<td>1%</td>
</tr>
<tr>
<td>Staying with relatives/friends</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
## Appendix 2: GP survey findings

Q1. Over the past year, do you think that the number of patients who would have benefited from legal or specialist advice on each of the following social welfare issues listed has increased, stayed the same or decreased?

<table>
<thead>
<tr>
<th>Option</th>
<th>Increased</th>
<th>Stayed the same</th>
<th>Decreased</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>67%</td>
<td>24%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Debt &amp; financial problems</td>
<td>65%</td>
<td>25%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Issues at work</td>
<td>65%</td>
<td>27%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Accessing community care</td>
<td>55%</td>
<td>34%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Housing problems</td>
<td>54%</td>
<td>36%</td>
<td>3%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Q2. To what extent, if at all, do you think that a patient not having access to legal or specialist advice on social welfare issues can have a negative effect on their health (e.g. causing stress, anxiety, hospitalisation or other medical intervention)?

<table>
<thead>
<tr>
<th>To a great extent</th>
<th>To some extent</th>
<th>To a small extent</th>
<th>To no extent</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>48%</td>
<td>40%</td>
<td>7%</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Appendix 3: Financial outcomes for clients

Below are the financial benefits to individual of advice given by Grimsby, Cleethorpes & District CAB in 2014/15.

**Benefit Outcomes**

<table>
<thead>
<tr>
<th>2014/15</th>
<th>Number of benefits and tax credit clients</th>
<th>% problem solved (completely/partially)</th>
<th>Number with problem solved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>2,907</td>
<td>66%</td>
<td>1919</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2014-15 estimates</th>
<th>Proportion of clients (national data)</th>
<th>Total number of clients (of problems solved)</th>
<th>Average value per client (national)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients with one-off benefit awards</td>
<td>20%</td>
<td>384</td>
<td>£2,200</td>
<td>£844,193</td>
</tr>
<tr>
<td>Clients with ongoing benefit awards</td>
<td>65%</td>
<td>1,247</td>
<td>£6,398</td>
<td>£7,978,965</td>
</tr>
<tr>
<td>Clients who had other benefit outcomes</td>
<td>15%</td>
<td>288</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,919</td>
<td></td>
<td>£8,823,158</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2014/15 Estimates</th>
<th>Percentage of clients with long term health issues or disability (local data)</th>
<th>Total number of clients with a long term health issue or disability (of problems solved)</th>
<th>Total Financial Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>46%</td>
<td>883</td>
<td>£4,058,653</td>
</tr>
</tbody>
</table>
## Debt Outcomes

<table>
<thead>
<tr>
<th>2014/15</th>
<th>Number of debt clients</th>
<th>% who have problem solved</th>
<th>Number with problem solved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2014-15 estimates</th>
<th>Proportion of clients (national data)</th>
<th>Total number of clients (of problems solved)</th>
<th>Average value per client (national)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients who successfully reschedule debt</td>
<td>34%</td>
<td>472</td>
<td>£5,146</td>
<td>£2,428,465</td>
</tr>
<tr>
<td>Clients who had their debts written off</td>
<td>11%</td>
<td>153</td>
<td>£19,784</td>
<td>£3,020,578</td>
</tr>
<tr>
<td>Clients who had other debt outcomes</td>
<td>56%</td>
<td>777</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>1,402</strong></td>
<td></td>
<td><strong>£5,449,043</strong></td>
</tr>
</tbody>
</table>

### 2014/15 estimates

<table>
<thead>
<tr>
<th>2014/15 estimates</th>
<th>Percentage of clients with long term health issues or disability (local data)</th>
<th>Total number of clients with a long term health issue or disability (of problems solved)</th>
<th>Total Financial Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>46%</td>
<td>645</td>
<td>£2,506,560</td>
</tr>
</tbody>
</table>

### Total unmanaged debt seen in 2014/15 (£)

<table>
<thead>
<tr>
<th>Number of clients seen</th>
<th>Full advice (Advice and Casework only: excludes gateway)</th>
<th>Full advice and limited advice (All debt clients)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of clients seen</th>
<th>Full advice (Advice and Casework only: excludes gateway)</th>
<th>Full advice and limited advice (All debt clients)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Average debt per client: | £9,753 | £11,352,492 | £20,510,559 |

**Range**

Lower range

Upper range
Appendix 4: Fiscal Health Benefits

General fiscal benefit

For every £1 invested in Grimsby, Cleethorpes & District CAB:

- For every £1, £x in fiscal benefit 2014/15: £2.49
- For every £1, £x in public value 2014/15: £14.48
- For every £1, £x in benefits to individuals 2014/15: £17.84
- For every £1 of LA funding, £x in LA savings: £1.58

Specific fiscal impact

Savings to the Department of Health 14/15
by reducing health service demand, £248,000

<table>
<thead>
<tr>
<th>Overall value (advice and volunteering)</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal benefit total 2014/15: £</td>
<td>£1,677,916</td>
</tr>
<tr>
<td>Public value total 2014/15: £</td>
<td>£9,757,431</td>
</tr>
<tr>
<td>Benefits to individuals total 2014/15: £</td>
<td>£12,022,484</td>
</tr>
</tbody>
</table>

For every £1 invested:

- For every £1, £x in fiscal benefit 2014/15: £2.49
- For every £1, £x in public value 2014/15: £14.48
- For every £1, £x in benefits to individuals 2014/15: £17.84

Savings to Local Authority

- Fiscal benefit to LA total 2014/15: £227,037
- For every £1 of LA funding, £x in fiscal benefit to LA 2014/15: £1.58

Savings to other government departments

- NHS: £247,433
- DWP: £644,711
- CSJ: £23,161
- Housing providers: £535,575

Value of advice provision

- Fiscal benefit of advice provision total £: £1,677,437
- Public value of advice provision total £: £9,461,465
- Benefits to individuals of advice provision total £: £12,022,484

Value of volunteering

- Fiscal benefit of volunteering total £: £479
- Public value of volunteering total £: £295,966
### Fiscal savings to the NHS & public value as a result

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Total fiscal benefit to NHS</th>
<th>Total public value (improvements in health, well-being, participation and productivity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced cost of mental health interventions with non-debt clients:</td>
<td>£116,864</td>
<td>£714,867</td>
</tr>
<tr>
<td>Reduced cost of mental health interventions with debt clients:</td>
<td>£44,378</td>
<td>£249,749</td>
</tr>
<tr>
<td>Reducing the demand for GP services non-debt clients (mental health):</td>
<td>£14,138</td>
<td>£14,138</td>
</tr>
<tr>
<td>Reducing the demand for GP services debt clients (mental health):</td>
<td>£4,939</td>
<td>£4,939</td>
</tr>
<tr>
<td>Reducing the demand for GP services non-debt clients (physical health):</td>
<td>£20,545</td>
<td>£20,545</td>
</tr>
<tr>
<td>Reducing the demand for GP services debt clients (physical health):</td>
<td>£8,526</td>
<td>£8,526</td>
</tr>
<tr>
<td>Improved emotional well being non-debt clients</td>
<td>-</td>
<td>£4,074,939</td>
</tr>
<tr>
<td>Improved emotional wellbeing debt clients</td>
<td>-</td>
<td>£1,548,206</td>
</tr>
<tr>
<td>Improved family well being Non-debt clients</td>
<td>-</td>
<td>£690,034</td>
</tr>
<tr>
<td>Improved family well being debt clients</td>
<td>-</td>
<td>£341,004</td>
</tr>
</tbody>
</table>

Working with the New Economy tool

Central to how we conceive our value is a simple premise: we create value through the positive impact we have on individuals’ lives, which in turn benefits local communities and society. These individuals might be our clients, or members of the public who benefit via our research and campaigns work, or our volunteers.

We have looked at where we can put a financial value on our work with these individuals, using a cost benefit tool created by New Economy.45

This has been developed with and approved by HM Treasury economists to ensure that the methodology is robust and it takes account of the most up to date research and data. The model considers the following types of benefit:

- Fiscal benefit: financial savings to local and national government.
- Public value: economic and social benefits.

It is impossible to put a value on everything that we do and every way we help our clients. Therefore we have identified some of the main areas where we can show we have a positive impact and where there is evidence appropriate to the New Economy model, namely around the benefits of advice and of working with volunteers.

We’ve used the tool in consultation with accompanying guide, that has been produced in accordance with the HM Treasury Green Book and designed with central government department analysts.46

The table below describes key aspects of how the model works, the evidence needed to populate different fields, as well as broad details of how we’ve interpreted and applied the model to reflect the impact we achieve through our work with our clients and volunteers.

---

45 Available at: neweconomymanchester.com
46 New Economy. (2014) Supporting public service transformation: cost benefit analysis guidance for local partnerships

37
<table>
<thead>
<tr>
<th><strong>Affected population</strong></th>
<th>Number of individuals at risk of the associated problem.</th>
<th>Figures are taken from our management information, in conjunction with impact research, on the number of individuals affected.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of engagement with the affected population (%)</strong></td>
<td>Percentage of individuals who have engaged with the service.</td>
<td>We have assumed 100%, as our client figures are taken from our management information which is based on individuals that have engaged with the service and that have received a service.</td>
</tr>
<tr>
<td><strong>Level of retention (%)</strong></td>
<td>Percentage of individuals that are retained until the service is complete.</td>
<td>We have assumed 100%, as above.</td>
</tr>
<tr>
<td><strong>Impact (%)</strong></td>
<td>Percentage of individuals that have achieved a relevant outcome.</td>
<td>The scale of our impact has been taken from impact research, primarily our National outcomes and impact research.</td>
</tr>
<tr>
<td><strong>Deadweight (%)</strong></td>
<td>Factoring into our assumption of our impact what might have happened if we did not exist, or our service was not used.</td>
<td>For advice, we have evidence that shows that only approximately 20% of our clients would have been able to solve their problems without us(^{47}). However, we have</td>
</tr>
</tbody>
</table>

\(^{47}\) Citizens Advice. (2014), National outcomes and impact research: 78% of Citizens Advice clients said they would not have been able to resolve their problem without us.
used 50% throughout to be conservative. We have applied the same principle for modelling the value of volunteering.

<table>
<thead>
<tr>
<th>Optimism bias correction</th>
<th>Correction (0% to -40%) given in response to a level of uncertainty or over-optimism of the strength of, and confidence in, the data, evidence or assumptions made.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The optimism bias we have used varies according to the arguments and assumptions made. In general, we have taken 15% away when using our National outcomes and impact research, but have made other corrections too.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Analysis time frame</th>
<th>The length of time chosen to assess the benefits of the service.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We use a one year time frame. This is likely a conservative estimate - the value of our work likely last longer, but have completed this based on what we know for sure.</td>
</tr>
</tbody>
</table>

| Unit cost estimates      | New Economy have worked with the Cabinet Office to produce a database of mostly national estimates for service costs and savings, related to fiscal benefits and public value. |
The value of our advice provision

Our advice and support helps to prevent detriment occurring or escalating further. For example, through giving employment advice we may help the individual to maximise their income. We might prevent the person from falling out of work and onto benefits, thus saving government money. We may help the individual's mental well-being as well, preventing costs to GPs, the health service and boosting productivity in the workplace. Ensuring that clients have the income they need to maintain a good standard of living targets the social determinants of health, and reduces the likelihood they will have to turn to high-cost credit to keep up with rent and utilities. This income is also spent locally, benefiting local communities.

The main arguments where we can evidence our financial value concern:

- Keeping people in employment or helping them back to work.
- Preventing housing evictions and statutory homelessness.
- Reducing the demand for mental health and GP services.
- Improved mental well-being.
- Improved family relationships.

Our modelling also allows us to show how fiscal savings are attributed to specific government departments, for example:

- £163 million to Department for Work and Pensions (DWP) through reduced out-of-work benefits.
- £47 million to Department of Health by reducing the use of health services.
- £57 million to local authorities through preventing cases of homelessness.

This is only a fraction of our true value to local authorities: there is significant benefit in helping clients negotiate local processes, such as welfare reform changes, and managing debts owed to local government.
Our advice areas

We give advice on all sorts of different issues and problems that are presented by our clients. However, our main advice areas can be broken down into debt, welfare, housing, employment and consumer issues. It is also common for our clients to have more than one advice need and these can span different areas of advice. For example, someone with a benefit problem may also have a debt problem.

When working with the New Economy cost benefit model, we have taken an approach to consider debt clients separately from other clients. Our management information and our evidence shows that debt advice is often intertwined with other areas. For example, someone with debt problems often needs housing advice (rent arrears) and may be struggling to cope at work.

Throughout our workings we therefore present two figures: one for our debt clients and one that covers all other areas of advice. We then total these where appropriate to give an overall advice figure.

We have also taken steps to deduplicate our figures. We do not want to double count someone with debt problems and housing problems and count them on both sides. So we have started with debt clients and removed any duplicates from other areas of advice.

Our evidence

Our modelling of the value of advice provision and understanding of our impact is underpinned by evidence from management information and impact research.

Management information: Our daily interaction with our clients, and our centralised CRM with standardised methods of recording and processing details of clients problems, gives us an unprecedented understanding of the issues that are affecting our clients. This allows us to spot high-level trends as well as look at problems in granular detail and see how they can interact. It also means we know a lot about the profile of our clients and the nature of their lives, enabling us to understand who it is that is seeking help. We also record the outcomes we achieve for our clients, where these are known.

National outcomes and impact research: In 2014, Citizens Advice conducted a large-scale national survey with a representative sample of 2,700 clients. This comprised of a follow-up telephone questionnaire with clients, focusing on the client journey from beginning to end.
Respondents completed the survey three to five months after seeking help. This research sample was representative of the overall population of clients in terms of the type of problems clients had, how they accessed the service and their demographic profile. A margin of error of +/- 2% is associated with key statistics. These include:

- Nearly 3 in 4 Citizens Advice clients experience negative impacts as a result of their problem, such as an effect on their well-being or financial stability.
- 2 in every 3 clients will have their problem solved: whoever you are, whatever your problem, and however you access our advice, we’re just as likely to solve your problem.
- 4 in 5 clients said our help improved their lives in other ways, such as reducing stress, improving finances and stabilising housing or employment circumstance.

Expertise from advice and policy specialists: The Citizens Advice service draws on the expertise of advice and policy specialists to deliver its services.

Our Expert Advice team are specialists in specific advice areas, providing consultancy to our local network on client cases, helping to ensure our advice is right, relevant and up-to-date. We also have teams of policy researchers and campaign officers who seek to understand systemic problems, pose policy solutions and campaign for change.

In producing our modelling, we’ve consulted with colleagues, using their detailed knowledge of the problems experienced by our clients and Citizens Advice policy research to help build our financial arguments.
To comment on this report, download a digital copy, sign up for our digital news updates or for more news and information on Citizens Advice North East Lincolnshire and our services visit our website: advicenel.org.uk

Alternatively:

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Follow us on Twitter: twitter.com/advicenel

Chief Executive: Tony Gaskins

Citizens Advice North East Lincolnshire is an operating name of Grimsby, Cleethorpes & District Citizens Advice Bureau

Company Number: 3526088
Registered Charity Number: 1075288

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