

Table 1: Financial Inclusion and impacts on health: studies and journal articles reviewed			
Authors/Yr	Project	Methods	Health Impact Findings
*Greasley (2003) ³⁴	Evaluation of the Health Plus Project (6 advice workers) in 30 General Practices in Bradford.	Methods used included SF- 36 and the Hospital Anxiety and Depression Scale (HADS) and an in-house questionnaire; focus groups with advice and health care staff; questionnaire to practice managers (132 at baseline, 64 at 6 months and 32 at 12 months 6	SF36 and HADS) suggest welfare advice may improve health and quality of life for patients. Information from an additional questionnaire supported this, for example: <ul style="list-style-type: none"> • 81% of patients who responded at 6 months (52/64) said the advice had helped them • 21 of them received extra income; 15 of whom said that this had affected their health and how they feel – reducing anxiety/worry/stress about their financial situation and improving their quality of life The project was effective at reaching people with mental health problems and older south Asian women - two thirds of service users were from minority ethnic groups
*Moffatt et al (2004) ³⁷	Study of advice sessions in GP practices. Includes discussion of impact on health/ outcome measures	Qualitative study with CAB and 3 general practices, 14 semi-structured interviews, including 11 who gained increased income, age range 46-76 (research in 1997-8)	Everyone reported improvements or stability in mental health as a result of welfare advice. The authors hypothesised that increased resources and the resulting increases in choice and control have three main effects: reducing psychological stress, which may be expressed in a range of ways, including decreased worry, pressure, anxiety and depression
*Abbott et al (2005) ²⁸	Reports findings of a study designed to measure changes in individual health associated with income increase as a result of advice	Study 2000-01 in seven sites across England. Longitudinal observational study of advice to service users, comparing the health of those whose income increased with that of those whose income did not, using the SF-36 as an outcome measure. 345 people were interviewed at base line, 245 after 6 months and 201 after 12 months. They were generally in the second half of life, with one or more chronic conditions (74%= 45+, 26%= 15-44yrs)	The income increase group had significantly better outcomes in mental health and emotional role functioning at 12 months than those with no income increase. There were no other significant differences between groups at 12 months, and none at 6 months. Over half of the income increase group said they were better able to pay bills, nearly half said they used transport more. Over a third said that they could now eat more and/or better food. Argues that the impact on health of increased welfare benefits is modest, at least for people in the second half of life with chronic illness and/or disability, who tend to use primary care based services. However, the benefits of such small improvements to quality of life of deprived patients with chronic ill health should not be underestimated: qualitative evidence supports the value of such improvements to patients themselves - welfare benefits advice has a part to play in the holistic approach to the care of such patients.

*Abbott and Hobby (2005) ³²	Based on Abbott et al (2005). Explores associations between changes in health status and increased income from advice.	Reports six cases in detail from larger study in 2000-1 to illustrate interplay between financial, social and health aspects for deprived patients. Structured interviews with advice recipients after the advice and 6 & 12 months later.	Two patients recognised the role of an income increase in improving their health-related quality of life; in two cases, social and health issues outweighed the benefits of income increase; and two patients had, despite advice, experienced a reduction in income that they believe affected their health for the worse. Argue there is a clear if modest role for benefits advice as part of a holistic approach to health in primary care.
Caiels and Thurston (2005) ³⁸	Research to establish how successfully a GP outreach project had met its original objectives	Mixed methods: Routine monitoring data (CAB 333 referrals); Pre- and post-service intervention questionnaire (96); Health status measurement (SF-12 - 90 pre- and 84 post-service intervention) Semi-structured interviews (6 service users, 7 primary health care professionals, 3 CAB advisers)	78% reported feeling less anxious after seeing the CAB adviser, 2% felt more anxious and 20% felt the same. Service users found the service accessible and advice was advantageous. Not able to show improvements in health as measured by the SF-12. However, contributed to gains in health-related quality of life, including increased income, reductions in stress and improved housing situation, factors relevant to addressing health inequalities and improving health-related quality of life. Advisers reported observing 'real' improvements in clients as a result of accessing the service, but were realistic about improving health among those with severe mental illness or disability.
Mackintosh et al (2006) ³⁹	Reports on impact of welfare rights advice over 24 months in primary care, discusses methods, including potential outcome measures.	Single blind, pilot RCT in 2003 (126 aged 60+, 109 at follow-up). Control group had intervention after 6 month delay. Measurement: SF36, HADS, activity limiting long term illness, symptoms inventory, the Pittsburgh Sleep Quality Index and BMI measurement	There was little evidence of differences in health outcome measures between groups or over time. (may be due to study design) Possible reasons given include: the small sample size; inadequate lengths of time for additional welfare benefits to have health and psycho-social effects; many participants did not qualify for any benefits; and the outcome measures used may not have been the most appropriate: "these factors combined would have reduced the observed strength of any possible effects."
Moffat et al, (2006) ³³ and Moffatt and Scambler, (2008) ³⁰	Qualitative study of the views of older people about the impact of welfare-rights advice (study concurrent with Mackintosh et al, 2006	25 initial interviews (2003) and 22 follow-up interviews after 18 months (2005) - schedules semi-structured and covered: changes in circumstances as a result of advice; perceived impact: of material and/or financial benefits on mental and/or physical health; health-related behaviours; social benefits; and views about the associations between material resources and health.	4 categories of impact identified from additional financial resources : 1) raised ability to buy necessities 2) more able to afford occasional expenses 3) capacity to cope with future crises 4) more peace of mind Many mentioned that they had a healthier diet (able to afford better quality foods and not always cheapest) Findings included: Extra money or resources has no effect on an individual's health. Poor health was attributed to factors considered to be immune to the effects of money. However, although being more able, for example, to afford daily necessities, keep up with friends and family did not directly alter health, it increased capacity to cope with ill health.

<p>Pleasance et al (2006)²⁷</p>	<p>Research project to establish impact of debt advice on people's lives (including impact on health). Summarises results of 4 studies from the Impact of Debt Advice Research Project</p>	<p>Study 1: quantitative interviews (176 clients at time of advice and 6 and 12 months later. Only 61 remained in the study at 12 months) Study 2: analysis of quantitative data from the 2004 English and Welsh Civil and Social Justice Survey (CSJS) Study 3: 42 qualitative interviews with people with debt problems. Study 4: RCT to explore whether debt advice would improve their life circumstances, relative to a similar 'control' group referred for telephone advice</p>	<p>Evidence was not conclusive but indicated levels of anxiety, general health, relationships and housing stability benefited from advice. <i>Agency study:</i> following advice, clients generally reported improvements in their health. At both six and twelve-month follow-up, about two thirds of clients said their health had improved a little or a lot since the time of initial interview. 75% at 6 months and 90% at 12 month follow-up said they felt health improvements stemmed from receipt of advice, but 11% reported changes for the worse 12months after getting advice. <i>State Trait Anxiety Index:</i> Self-reported general level of health also improved among advice agency clients between the time of initial advice and six and 12 month follow-up. Also saw small positive change in health status, as recorded through the five main EuroQol EQ-5D general health index questions. RCT not completed due to levels of attrition</p>
<p>Campbell et al (2007)²⁴</p>	<p>Longitudinal postal survey of individuals aged 60 and over referred for specialist welfare benefits advice within social services and who were followed up at 5 months (over 2003–2004).</p>	<p>Outcome measures included SF-36, the General Health Questionnaire-12 and the Barthel Index (postal version), along with questions relating to chronic illness 77 baseline questionnaires returned. 52 of the 69 (75%) remaining participants completed follow-up questionnaires. See Winder et al (2008) on associated qualitative study</p>	<p>Following advice, physical health (SF-36 and Postal Barthel) scores remained stable, with marginal improvement in the Role Limitation (Physical) SF-36 dimension and the single Change in Health question. An overall reduction in GHQ-12 scores, suggested an improvement in psychological wellbeing. Results were not affected by whether or not individual's benefits increased. 44% respondents previously had benefits advice and many were already receiving benefits prior to assessment. Newly referred respondents showed improvements in the SF-36 dimensions of Social Functioning and the Change in Health single item, despite a smaller increase in financial benefits compared with those who were already known to the service.</p>
<p>Gillespie et al (2007)¹⁰</p>	<p>Evaluation of 11 Money Advice for Vulnerable Groups pilot projects across Scotland</p>	<p>Methods used included: project data analysis, an advice quality check, focus groups with staff and managers, interviews with 111 service users and 42 with staff in other services; and follow up interviews with 37 service users and 13 staff. Not in health setting and no specific evaluation of health impacts</p>	<p>46% of follow-up interviewees said accessing money advice and being provided with appropriate support had improved their mental health and well-being. Improvements cited most often were reduced stress or feelings of anxiety and 16.7% said dealing with their financial worries had also improved their relationships. Argues that money advice can reduce 'risk factors' and strengthen 'protective factors' for positive mental well-being and address key principles of effective intervention including reducing anxiety, enhancing control, facilitating participation and promoting social inclusion.</p>

Turley and White (2007) ⁴⁰	Aimed to assess role and value of advice for people with a debt problem	42 face to face depth interviews recruited from 82 participants who reported a money problem in the 2004 English and Welsh Civil and Social Justice Survey. Component of Pleasence et al (2006) study	Respondents described a range of effects from feeling stressed to experiencing more serious mental health difficulties, so having an improved emotional outlook as a result of receiving advice was invaluable to these respondents. Respondents described feeling reassured, less anxious and less depressed.
NHSGGC (2008) ²⁹	Evaluation of pilot financial inclusion service to meet immediate financial needs of people affected by stroke (acute setting) and facilitate a transition to community based services)	Qualitative interviews with 42 patients and carers and unknown number of advice workers. Questionnaire responses from 12 NHS staff Advice at each stage, so early intervention Service provided transition support and continuity of adviser on discharge and holistic support covering all aspects of money advice	In total 93 patients and carers used the money advice service. This represented 21% of the stroke acute population within the 6 month pilot period. Of the 10 users who knew where to access support locally only one said they would access it. Reasons for not using it included not feeling well enough to get to the service, having communication difficulties, long waiting lists and embarrassment at having to go and ask. Patients and carers felt that the resulting stress and anxiety caused by money concerns had a negative effect on the speed of their rehabilitation. Feedback from all stakeholders noted a positive impact on patient rehabilitation and speed of recovery.
Winder et al (2008) ⁴¹	Explore experiences of benefit advice from a specialist, social services-based team for older people and their carers and its effects on health/ well-being.	Qualitative study run in parallel to an associated longitudinal observational study examining the impact of welfare benefits advice on client health and well-being (Campbell et al, 2007) 27 interviewees people aged 60+ and carers	Interviewees described difficult life circumstances around the time of referral. The complexities of accessing advice and of understanding the benefits system were recounted. Participants felt the advice was beneficial regardless of whether it resulted in additional income. The majority receiving additional benefits described a positive impact on life choices and control, quality of life, independence and health. Awareness of eligibility and availability of benefits and benefit advice remains low, and many older people and carers still feared the intrusion of benefit provision and advice.
Dobbie and Gillespie (2009) ²³	Evaluation of financial inclusion development project to improve mainstream practice, not develop new services	Methods included: analysis of data, meetings with project staff, 5 group interviews with service users and other stakeholders, 4 interviews with health service professionals	Service users valued a supported referral system to access advice and awareness of mental health issues improved amongst advice services in Glasgow over the period. Service users and carers described the impact of reduced stress and anxiety on their health and well-being. Report identifies admission to and discharge from hospital as key times at which people need help to address money problems, but they may lose existing links with service providers that operate within defined geographical areas.

Gillespie et al (2009) ³⁵	Survey of CAB debt clients	Methods: 273 questionnaires completed by CAB advisers, 10 qualitative purposive interviews	Changes leading to a drop in income and persistent low income were important features. Interviewees attributed stress and depression to their financial situation, regardless of the reason for being in debt. Pressure from creditors contributed to the impact debt had. Advice relieved the stress and anxiety of debt and gave some interviewees confidence.
Jones (2009) ²⁶	Longitudinal study with CAB clients in Wales to measure the long-term impact of advice-giving on clients who had approached Citizens Advice with one or more problems. Included evaluation of the health impacts of advice	Data collection began April 2007, further interviews at 6 months and at 12 months after contact with a CAB. Questionnaires incorporated SF-36 health questionnaire and Hospital Anxiety and Depression Scale (HADS) and a range of social support, demographic, and financial questions, and analysis of data on nature of advice problem(s) 149 clients aged 16 to 88 years participated in the study at Baseline (68 - wave 2)(42 - wave 3) Relates to general CAB services, including services located in Primary care, but does not distinguish between different locations of advice in terms of outcomes	Improvements to financial wellbeing meant clients were better able to afford a range of essential items and social activities for themselves, and any dependent children As a result of advice, clients described improvements in health: they felt better; were less anxious, less stressed and less worried about money. Some noted improved emotional states of mind and feelings of self belief. Clients with dependent children reported improved relationships and were more relaxed with their children. Statistically significant improvements were found in the SF-36 domains of Social Functioning, Role Emotional and Mental Health, and in the Anxiety and Depression scales of the HADS at Wave 2. At Wave 3 statistically significant improvements were found in the domains of Vitality, Social Functioning and Mental Health in the SF-36, and in the Anxiety scale of the HADS. Argues there is evidence of the improvement over time in clients' health as a direct outcome of advice and support. Argues funding CAB service remains key to saving costs on health and mental health as well as improving the lives of vulnerable clients.

* These studies were included in the review by Adams et al in 2006