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**Gateshead  
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# Uncovering the contexts and mechanisms through which an intensive citizens advice service has health impacts - emerging theories



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# Objectives

- To describe three initial programme theories and their refined counterpart
- To describe the working overall programme theory
- To briefly explain the use of abstract theory



Work in progress: the theories presented are still under construction (refinement) and will be refined using quantitative data (analysis underway)

# Introduction

- Reviews highlight evidence for the impact of advice services in improving mental health and well-being, daily living and social relationships (Burrows et al. 2011; Citizens Advice Bureau, 2014).
- There is some evidence for the impact of advice services in increasing accessibility of health services, and reducing general practitioner appointments and prescriptions (Palmer et al. 2012; Citizens Advice Bureau, 2012)
- Currently unknown: context and mechanisms through which advice services and associated financial or non-financial benefits may generate health improvements.



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# The project

- Evaluation of three intensive support services provided by Citizens Advice Gateshead:
  - Young People's service for people aged 16-25
  - Project for people with severe and enduring mental health conditions
  - GP referral project to facilitate access to advice for primary care patients

# Methods: Realist Evaluation

## **Realist evaluation operationalised in 5 phases:**

1. Developing programme theories
2. Refining programme theories
3. Testing programme theories through empirical data
4. Development of a bespoke data recording template to capture longer term impact;
5. Verification of findings with a range of CAB services.

**Aim:** To build, refine and test an explanatory framework about how CAB services can be optimally implemented to achieve health improvement.



Project phase	Methods
1. Building programme theories	Literature Interviews with CAB staff (n=3)
2. Refining programme theories	Interviews with CAB staff (n=3)
3. Testing programme theories with empirical data	Quantitative: <ul style="list-style-type: none"><li>• Perceived stress scale</li><li>• Warwick Edinburgh Mental Wellbeing Scale</li><li>• Lifestyle questions</li></ul> Qualitative: <ul style="list-style-type: none"><li>• Interviews with CAB clients (n= 23)</li></ul>
4. Development of a bespoke data recording template to capture long term impact	Collaborative work with Gateshead CAB staff
5. Verification of findings with a range of CAB services	Events with wider CAB stakeholders (n=3)



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# Initial programme theory 1 – Lack of trust

Context – Client has not accessed CAB before

Mechanism (resource) - CAB do not create a trusting environment

Mechanism (reasoning) – Client does not have trust in CAB

Outcome – Client does not disclose all of their problems and therefore financial difficulties are not fully resolved; the client remains highly stressed



# Refining PT1

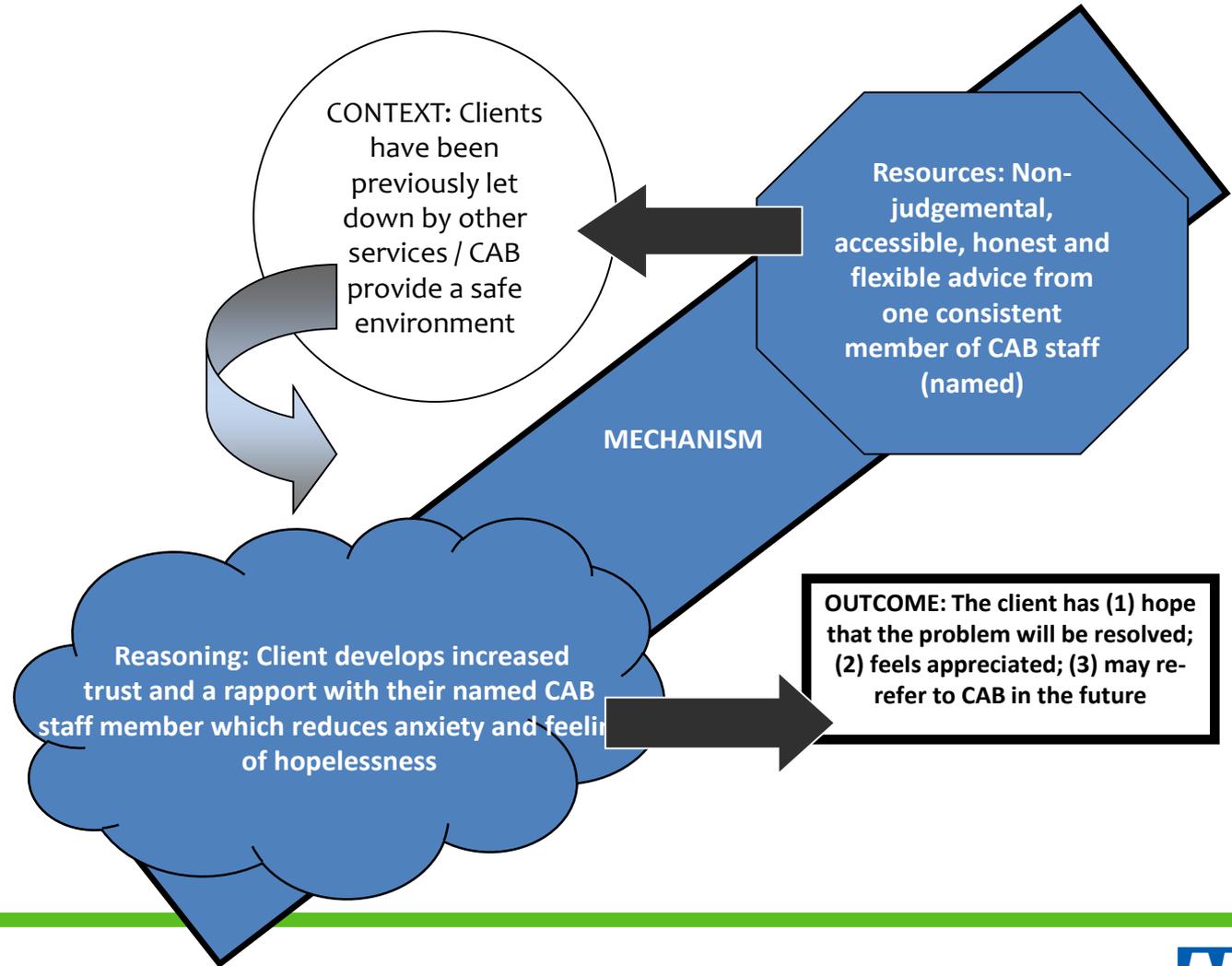
*Because [CAB Advisor's] always been there, from day one, [CAB Advisor] always been there cause I was saying to our [name] just the other week god help us if [CAB Advisor] was ever to pack up cause [CAB Advisor] knows the way I am. If I had to go to somebody new and start from scratch I wouldn't be able to do it, I just wouldn't be able to do it. [CAB Advisor] knows me like, you know. A new person doesn't and I couldn't go through it all again no way (Client 12)*

*She's [CAB Advisor] really supportive and with the condition me husband has (paranoia), he sort of has to build up trust with you if you know what I meant (laughs)... yeah we've been lucky enough when we've spoke to [CAB Advisor] to have like her every time to deal with whatever questions he's you know got back to her with or things like that so that's built up trust obviously having the same case worker (Client 13)*

*[CAB Advisor]'ll sort it out anyway cause she's spot on. I wouldn't, I would never ever want anybody else bar [CAB Advisor] because she as I say she's known the family for a lorra lorra years (Client 12)*

*I would say so (trusting CAB staff). I mean, at the end of the day they're a voluntary organisation and they're certainly there to... You know, the feeling I get is they're there to represent you as a client, not an organisation. You know what I mean?[...] they're focused on you. You know, they haven't got the interests of, you know... You know, for instance, the DWP or the council or, you know, anybody like that... (Client 17)*

# Refined programme theory 1 (~~Lack of~~ Trust)





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# Initial programme theory 2 - Expertise

Context: The forms are burdensome and very difficult to complete.

Mechanism (Resource): CAB fills in the form for clients, using their expertise of the system

Mechanism (reasoning): Relief and increased trust due to CAB staff's knowledge

Outcome: less stress experienced, form is accepted and processed



# Refining PT2

*Yeah yeah erm because you kna for a fact [CAB Advisor] knaa's what she's doing, she knaa's the law, she knaa's things that I haven't got a clue about so I feel really confident that she is, I've got the best person with is er at these tribunals and hearings and that, I feel totally confident that [CAB Advisor] gives it 100 percent and is real- she cares, it's not just a job I think with [CAB Advisor], she cares er she's phoned me up before and asked me 'do you knaa you could be entitled to this' or so she cares genuinely about the people she represents. (Client 5)*

*Yeah we did, we did because when you get all these forms and you don't know what to do and [CAB Advisor] says well I'll do it, you think god, thank god for that because, some of the words and what they want to know like, I didn't really understand it, so she filled all of it in on our behalf so that was good. (Client 1)*

*Mental health issues. Depression and such like. And I just couldn't get my head round actually filling the form in. (Client 2)*

*Well, she's... She seems like a friend. I think I could talk to her about anything, to be fair. And comparing with the housing – dealing with them – she just knows their ways and she... Well, just the housing benefit, the way they put it down. It... Well, [CAB Advisor] knew that they put it... It's their little code, because I just couldn't understand it – "[CAB Advisor], what does that mean?" And she went, "Oh, well, they know what they're doing. Blah-de-blah." And she... She just seemed to know all the little tricks of the departments if you like. (Client 2)*

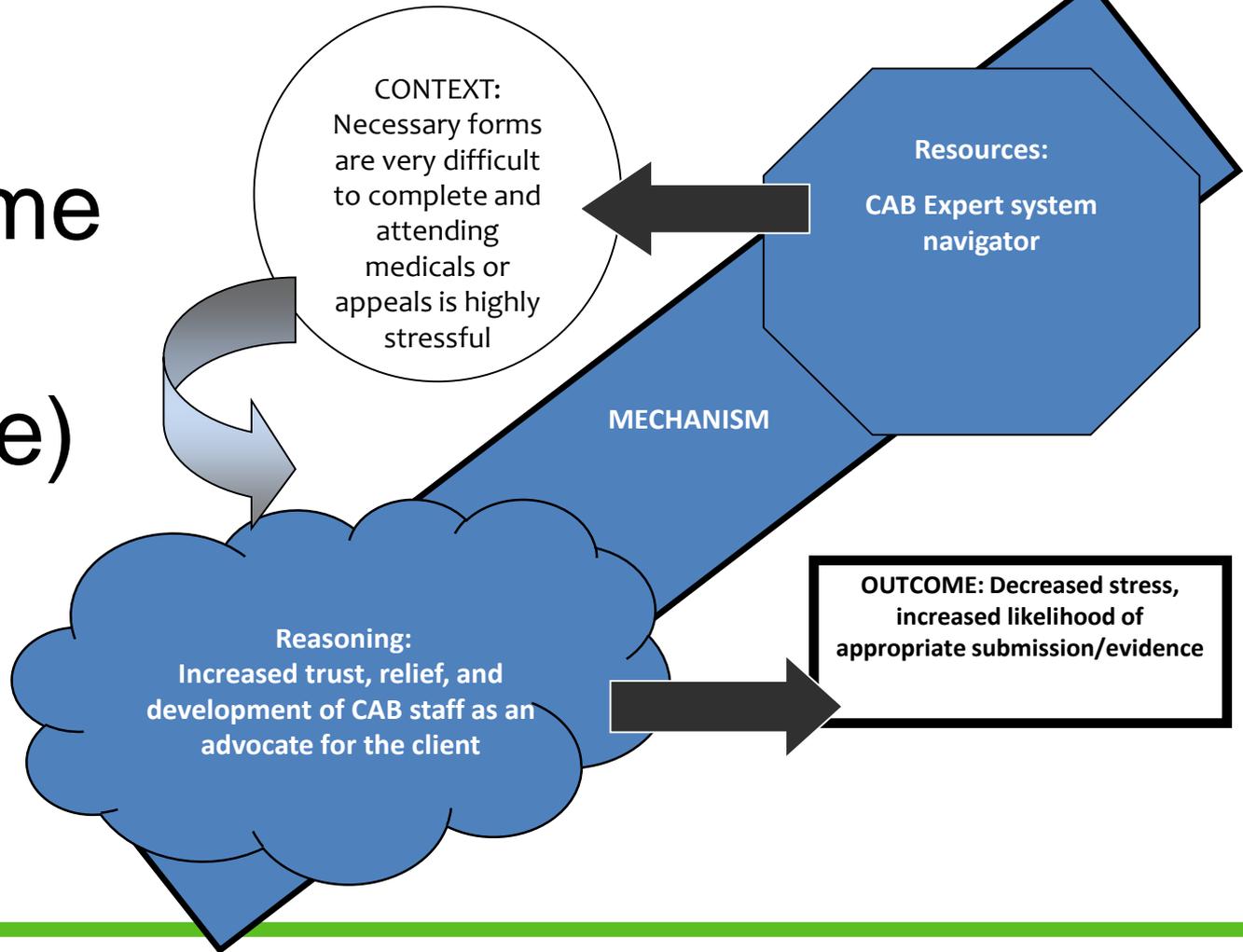


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# Refined programme theory 2 (Expertise)



# Initial programme theory 3: social isolation

**Context** - the client is socially isolated

**Mechanism (resource)** - increased finances can decrease social isolation / CAB worker available for client to discuss issues

**Mechanism (reasoning)** - In the case of increased finances the client may feel less reliant on people, as they have finances to engage in social activities.

In the case of CAB staff reducing social isolation, this may reduce the clients anxiety. Furthermore, off loading issues to staff, when clients potentially don't have another outlet, can result in increased feelings of companionship and reduced anxiety ('a problem shared is a problem halved')

**Outcome** - Less stressed and increased wellbeing, reduced social isolation



# Refining programme theory 3 – social isolation

*Yeah, yeah, er, no I don't mind ringing [CAB Advisor] cause then [CAB Advisor] knows exactly what condition I'm in. I don't mind [CAB Advisor] ringing me but [CAB Advisor] got no need to ring me unless I, she knows I need the help. (Client 12)*

*And I think sometimes when I ring her [CAB Advisor] I can like let off steam and she doesn't judge is. (Client 13)*

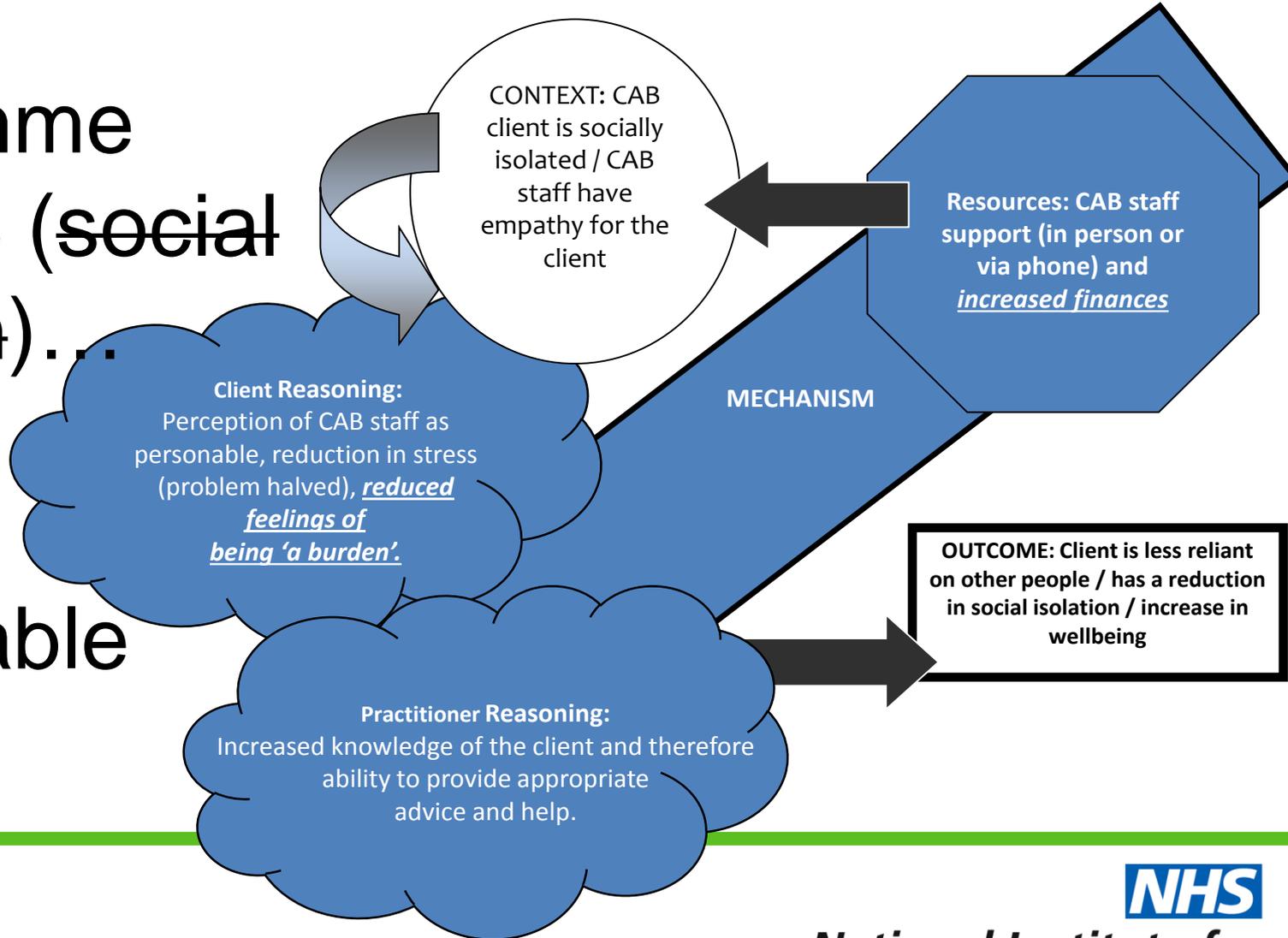
*I don't know meybays it's me but erm I found her very easy to talk to and erm I couldn't thank her [CAB Advisor] enough simple as that. (Client 7)*

*I just wanna say that [CAB Advisor] did an amazing job and she's per- she's brilliant and I like her like I say even if she was passing I'd say come in have a cup of coffee you know what I mean she's a lovely woman and I wouldn't be I wouldn't be sitting laughing now if it wasn't for her helping is cause I wouldn't a had a clue (Client 11)*



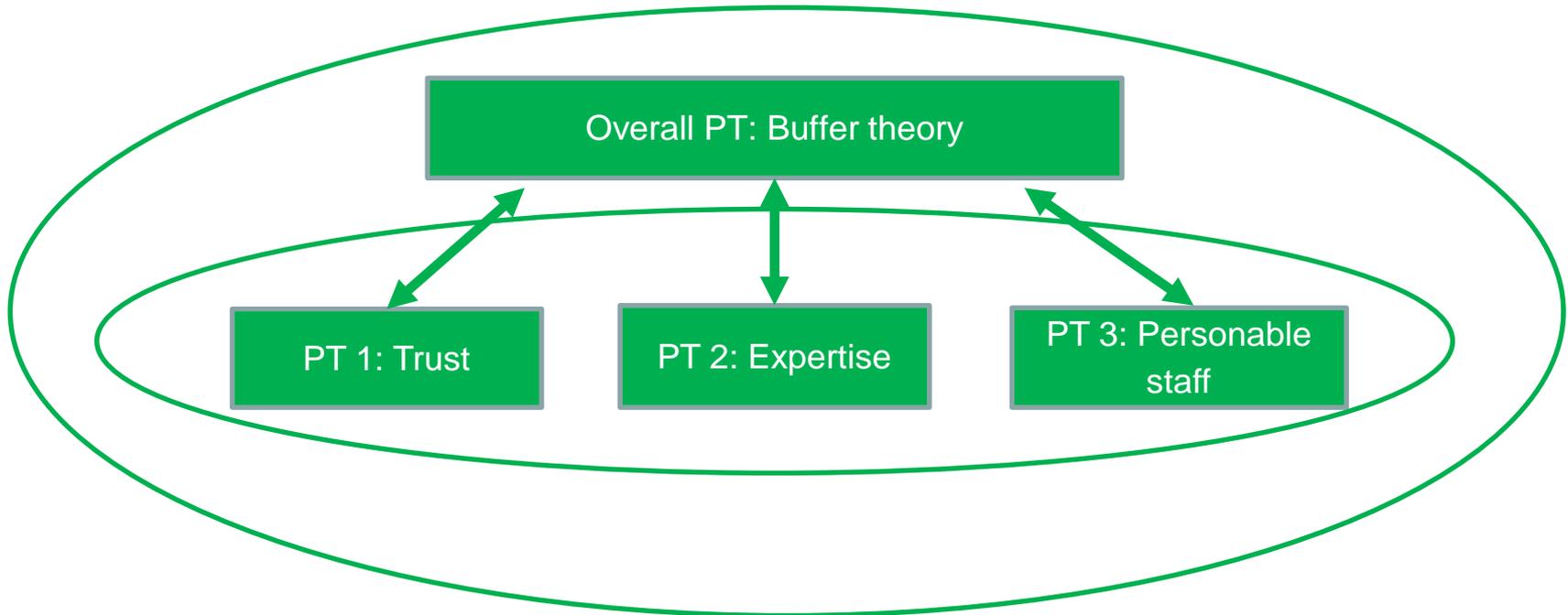
# Refined programme theory 3 (~~social isolation~~)...

## Personable staff





# Buffer theory (1)





# Buffer Theory (2)

- CAB functions as a buffer between the client and the state. They do this through their trusting relationship with clients (M1), their expertise (M2) and through providing a holistic service (M3).
- Client self re-referral to CAB is also enhanced by the aforementioned mechanisms
- In the context of a CAB client applying for welfare benefits to the state alone (the 'direct' route, without CAB advice) the clients available resources change and the mechanisms cannot fire.



# Refining the buffer theory

*And if it wasn't for you's (CAB staff) explaining like like like wh- what I was entitled to and about the law d'you know what I mean and things like that er I, I would have been stuck I would have lost everything. (Client 22)*

*Well when I phoned up the, DWP to update me tax credits and stuff like that, they just talk to you like you're stupid. Some of them, I mean sometimes you can get some lovely people, but sometimes you just get some one's where you just want to smack your head off a brick wall. They just haven't got a clue what they're going on about. They get mixed information from everybody and like I say, little mini dictators... I shouldn't say that. (Client 3)*

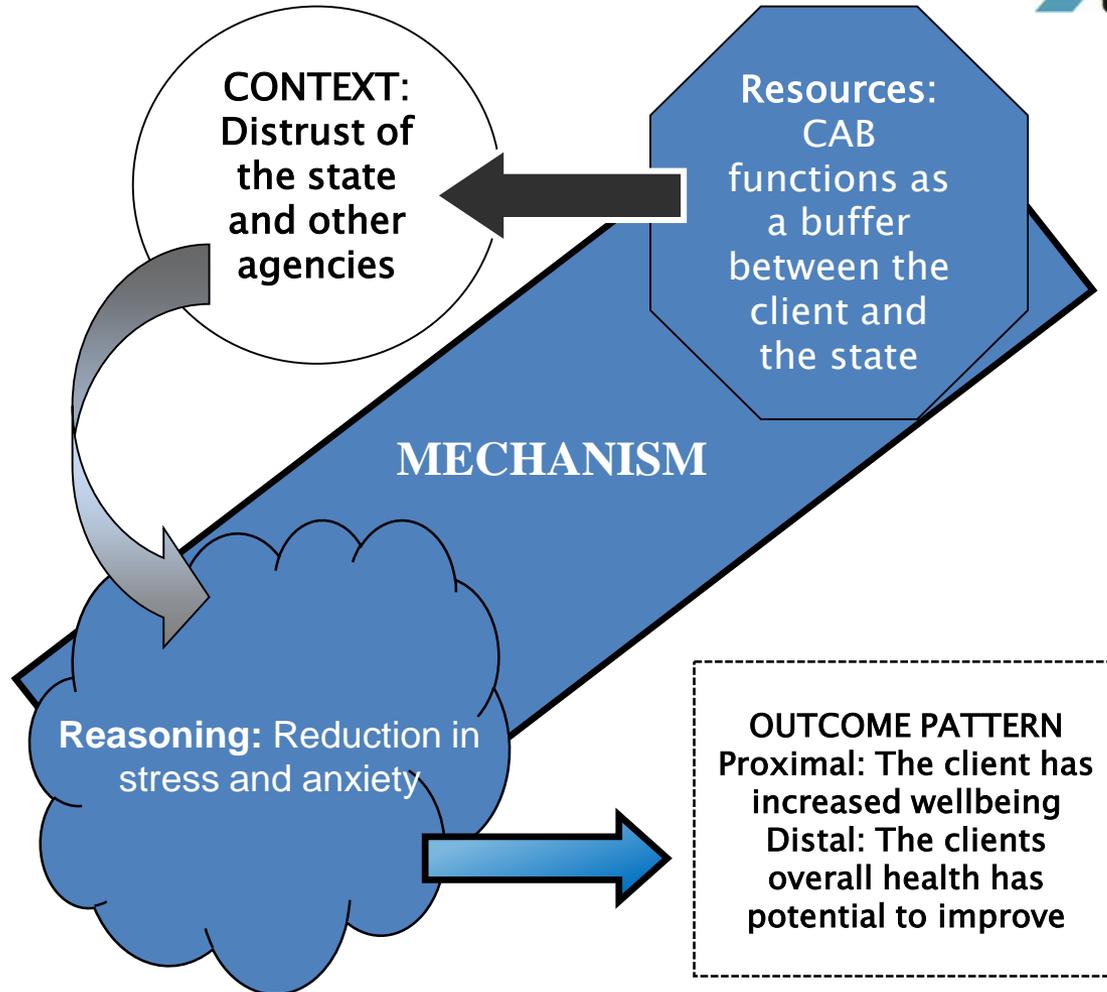
*Well I worry about like you s- I've seen it on the telly about various citizens advice's bureaus having their funding cut and stuff it is a worry if the citizens advice is not there I think people like me wouldn't have anybody to turn to, the government would tell we what's what and that would be it and er it's a case of knaa ya place and do as you're told. (Client 5)*

*Wey just the Tory government cause they don't want people like me to have access and help off people like you's (CAB) you know what I mean that tells you your rights and the law do you know what I mean and so it's them who I would say who would have a negative like opinion of it, I think it's a great thing you know what I mean. (Client 22)*



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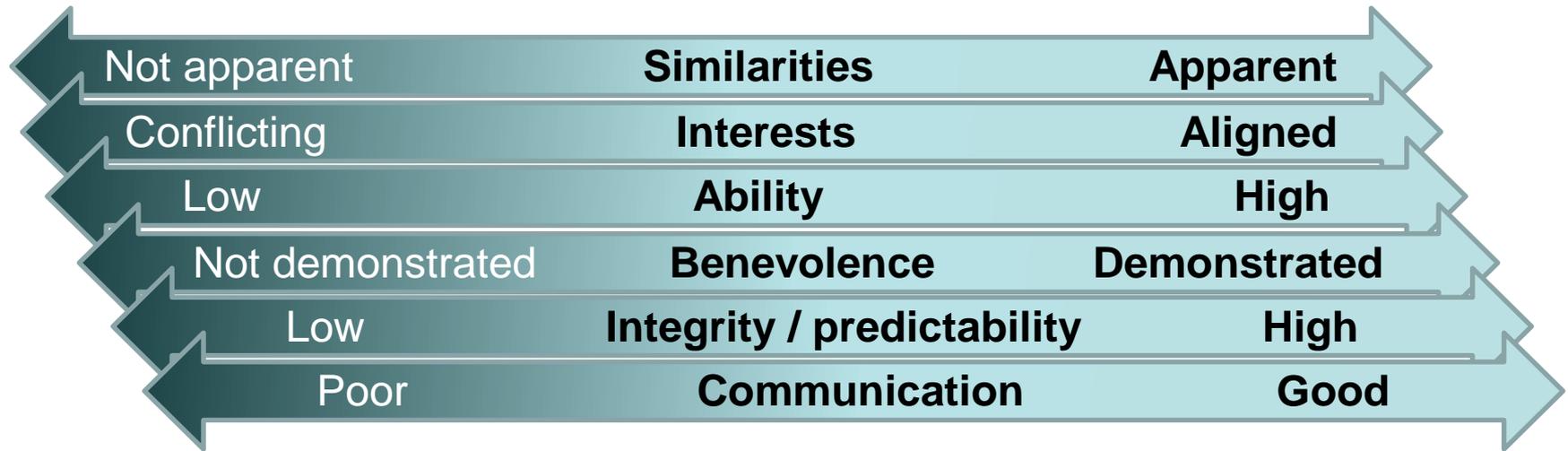


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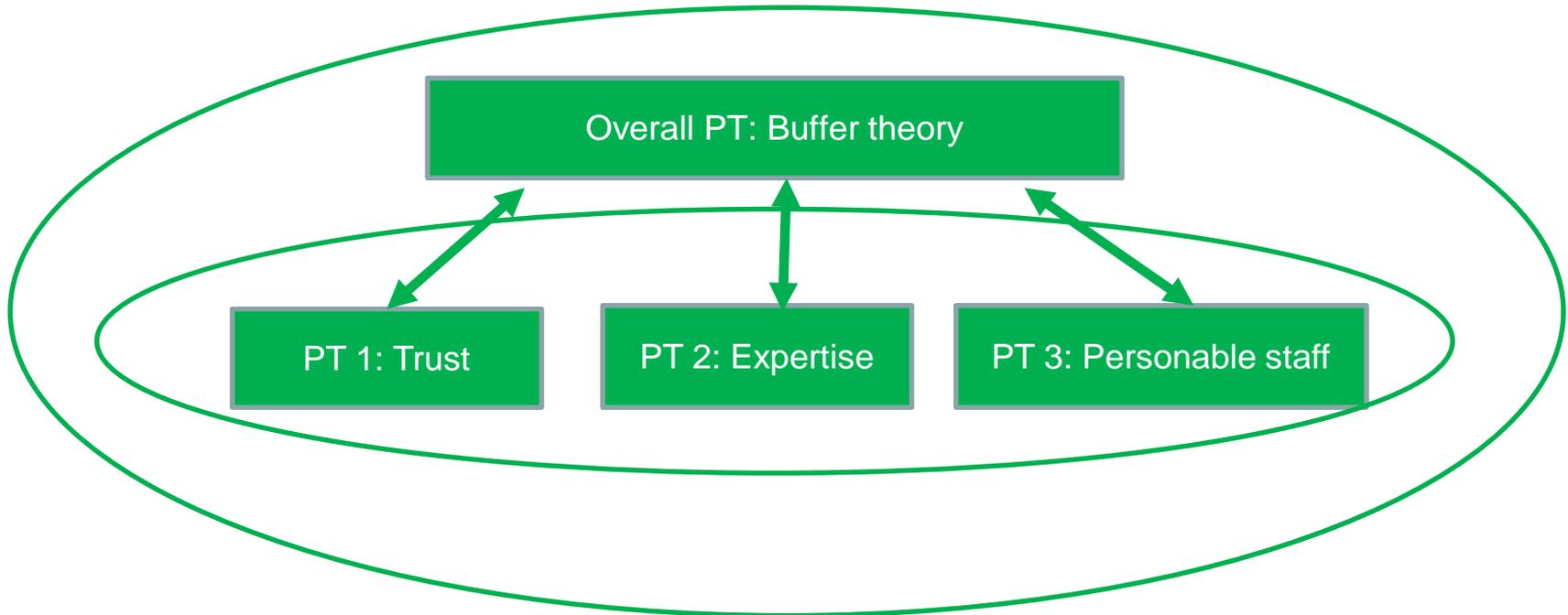
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# Abstract theory



# Where to next?





# Where to next?

Overall PT 1: Buffer theory

Overall programme theory 2: Trust

Ability

Benevolence

Interests

Integrity/Communication

Predictability

Similarities

PT 1:  
Expertise

PT 2: Personable  
staff

Now interviewing iteratively and enquiring about these constructs of trust / searching previously collected data we for them

# Conclusions

- Trust development, personable staff and staff expertise are the foundation theories which lead to the overall programme theory of ‘CAB as a buffer between the client and the state’
- We are now beginning to supplement these theories as directed by an abstract theory of trust (Hurley, 2006)
- Specific health outcomes have been difficult to evidence in the research (e.g. reduction in smoking, healthier eating) – hence, the focus on stress, anxiety and wellbeing.
- Presented a small portion of the evidence due to time purposes (currently 17 working programme theories)
- Theories will be further refined in light of quantitative analysis (presented work in progress)
- Further explanation on how we have layered theories will be given in Monique Lhussier’s presentation on Tuesday

# References

Burrows J, Baxter S, Baird J, et al. Citizens advice in primary care: a qualitative study of the views and experiences of service users and staff. *Public Health* 2011;125:704–10.

Citizens Advice Bureau. *What did CAB do for you?* London: CAB, 2014

Dalkin, S. et al. What's in a mechanism? Development of a key concept in realist evaluation. *Imp Sci* 2015; 10:49

Palmer S, et al. Evaluation of the impact on GP surgeries of the Citizens Advice Bureau Health Outreach Service. Sefton: NHS Sefton, 2010.

Citizens Advice Bureau. *An overview of possible links between advice and health.* London: Citizens Advice Bureau, 2012.

Cohen S, et al. A global measure of perceived stress. *J Health Soc Behav* 1983;24:385–96.

Stewart-Brown, S. et al. Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): a Rasch analysis using data from the Scottish Health Education Population Survey. *Health Qual Life Outcomes* 2009;7:15.



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# Any questions?

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