PROTOCOL – PHIRST LILAC

Funding opportunity	PHR PHIRST
Funder's reference	NIHR135188
Study reference	NIHR135932
Protocol version number	Version 2.0
Protocol date	09-08-2023

Full title of study:

Evaluation of a money and mental health service delivered by Citizens Advice, Kent

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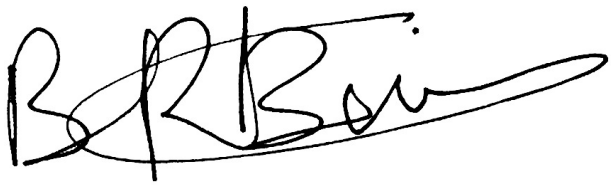
The undersigned confirm that the following protocol has been agreed and accepted by the PHIRST LiLaC Chief Investigators.

PHIRST LiLaC Chief Investigators:



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Plain English Summary

Background: Growing numbers of people in the UK are finding it hard to make ends meet because of the Covid-19 pandemic and the cost of living crisis. Having to deal with financial difficulties can be very stressful and lead to poor health and wellbeing. People with low incomes are also most likely to be affected. Citizens Advice is delivering a Money and Mental Health advice service to support people who are experiencing both mental health and money problems living in Kent and Medway. This includes support to reduce debts and to claim benefits, as well as budgeting advice.

Aims: The aims are (i) to understand the impact that the service has on the health and wellbeing of those who receive support (ii) to understand who accesses the service (iii) to understand what works well about the service and what could be improved in future (iv) to understand what costs are involved in delivering the service.

Methods: We will collect information to find out what impact this service has on differences in people's health and wellbeing and to understand if the service is reaching different groups who might benefit from support. We will interview people using the service to understand their experience of receiving support and how the service may have influenced their health and wellbeing. We will also interview staff involved in delivering the service and from other organisations (e.g. mental health services) who refer clients to the service.

Public involvement: PHIRST LiLaC's Public Adviser Panel have supported public involvement activity during the planning stage. Members of the public with lived experience of money and mental health problems will also get involved with the research. This will include, for example, offering feedback on tools to assess changes in people's health, helping to develop acceptable approaches to carrying out interviews and to help us make sense of the findings.

Sharing the findings: This will include writing reports and presenting the findings at meetings and events. We will meet regularly with Kent County Council and Citizens Advice to discuss and share the learning. There is also local and national public, policy and media interest about the growing cost of living crisis so we will also share the findings with national organisations and government departments as well.

Background and introduction

The cost-of-living crisis and the pandemic's ongoing social and economic consequences have heightened public health attention to people's financial circumstances as a social determinant of health (1). The cost-of-living crisis has been described as the *'second health emergency'* after Covid-19, with adverse effects particularly observed for households living on limited financial means (2). In exploring the relationship between money and mental health in the context of the cost-of-living crisis, the Money and Mental Health policy institute has reported that when people got behind on key payments this has had an escalating effect, in some cases leading to severe distress (3). Yet while such global crises have amplified economic stressors for many (1), the difficulties faced by those struggling to make ends meet were already of growing concern, exemplified by rising rates of food bank use since 2010 (4,5). As the national Citizens Advice report for 2021-22 outlines, the issues that people present with when they seek support have become increasingly *'more urgent and complex'* linked to escalating energy and food prices, the war in Ukraine and changes to Covid support measures by autumn 2021 (6).

Over the last decade Councils have put in place a range of support for those experiencing financial hardship ranging from emergency provision, welfare assistance schemes, welfare benefit entitlement/advocacy and financial advice schemes (7). Often these are delivered in partnership or commissioned to VCFSE organisations to deliver including Citizens Advice services. Yet despite a body of evidence about the health consequences of financial hardship and income levels (discussed in the review below), there is relatively little robust evidence on what can be done to best support those experiencing adverse financial difficulties and how support can be delivered most effectively and to maximise health benefits (8).

Overview of the Money and Mental Health service

The Money and Mental Health service is an enhanced Citizens Advice initiative designed to improve the mental wellbeing of adults over 18 years of age presenting with both mental health and financial problems. Commissioned by Kent County Council (KCC), the service is managed and delivered through Citizens Advice North and West Kent with other offices in Kent (Swale, Canterbury and Dover). The team currently includes the equivalent of four full time paid advisers. Following additional funding being secured in 2023, the team will include two additional FTE advisers and a part time administrator.

The service is available to anyone over 18 in Kent and Medway with both mental health and financial problems. There is no inclusion or exclusion criteria relating to either a mental illness diagnosis or type or size of financial problem. Initially referrals came from Kent & Medway NHS Social Care Partnership (e.g., community mental health teams), but this has been extended so that any organisation can now refer. Examples of referring organisations include social prescribers in the GP surgeries, local charities, social services, hospital crisis psychiatric support, and community services. Citizens Advice volunteers/staff may also identify clients directly through their organisation.

Clients receive support from a dedicated adviser who deals with all aspects of their case and builds an ongoing relationship. This differs to standard volunteer support, which needs to be more time limited. The nature and timing of support is also adaptable depending on circumstance. For example, an adviser may engage regularly with a client for an initial period then wait for several months for appeal decisions, which is then followed by further engagement/follow-up. The advisers providing support all have debt and benefits knowledge, with some having more specialist knowledge on each area, with referrals generally distributed taking this into account as far as possible.

Figure 1 below summarises key components of the service based on an initial iteration of the RICE/TIDieR (Template for Intervention Description and Replication) checklist. A logic model of the service outlining components of the service and its impact on health outcomes has also been developed based on documentation and discussions with local partners including the paid advisers, and well as the existing evidence base (see figure 2).

Figure 1: Key components of the Money and Mental Health service

Referrals of eligible clients

- Referrals can come from external organisations (e.g., social prescribers in GP surgeries; charities; social services; hospital crisis psychiatric support, and community mental health services) as well as internally via Citizens Advice volunteers/staff (existing clients on caseload)
- Referrer submits a form by email giving team permission to contact the client.

Assessment of needs

- Clients are currently contacted within 5-10 working days (phone or email)
- Referral form (external referrals only) details why the client is being referred
- Citizens Advice team assesses referrals and prioritises emergency situations/needs

Provision of advice and support

- Paid advisers deliver 1:1 support in person or remotely (phone or video), depending on the clients' support needed and clients' circumstances.
- Each client attends an initial appointment following referral.
- Ongoing contact is normally once or twice per month, but the nature and timing adapted to clients' circumstances and can fluctuate over time.
- While the primary focus is in helping with financial hardship, but the service aims to provide holistic support as needs are often complex (e.g., housing, domestic abuse)
- Where necessary, advisers signpost to external services.

Review of evidence- what is already known?

Links between money and health

It is well established that people's financial situation is important for health and wellbeing (9). A growing body of evidence has highlighted a link between income and mental health for adults and children (9–11); as well as related to specific financial stressors (e.g., indebtedness) (12–14).

Improving income is associated with greater happiness as well as reduced depression and anxiety (9). Conversely, those on lower incomes may be more likely to experience depression as well as heightened anxiety, poor mood and stress as well as suicide ideation

(12,13). For those with a mental health diagnosis such as depression, there is some evidence that this could negatively impact their financial situation (13).

A range of social outcomes are also attributable to income levels such as the amount of control people have over their situations (9) and standards and quality of living (e.g., housing conditions, leisure time) (10). Research has shown children's cognitive development and school achievement were most improved by having more money, with less income also found to have wide-ranging negative effects (10). The relationship to physical health is less clear than for mental health. Sweet et al (2013) found young adults experiencing worse self-reported general health, and higher diastolic blood pressure linked to debt; other studies observed income levels could both facilitate and impede healthy behaviours (9,12).

Different health outcomes have been observed in relation to levels and types of debt. Guan et al (2022) found that the association between debt and depressive symptoms was mainly linked to unsecured debt (e.g., credit card) or defaulted mortgage payments but not indebtedness in general (e.g., having a mortgage) (13). Sweet et al (2013) similarly observed that the nature of a debt may be more significant than the size, for example, a smaller high interest loan causing significant stress (15). A joint JRF and Mental Health Foundation review exploring the links between poverty and mental health found that the impact of stigma and discrimination on people experiencing mental health problems and living in poverty could be 'corrosive' (16). For example, Fitch et al (2013) reported those affected by housing repossession experienced feelings of shame as well as a sense of loss (14).

While financial literacy can play a role in people's financial circumstances (17), many factors are also outside the control of individuals and families (e.g., rising interest rates or the impact of welfare system changes). Financial stressors are also cumulative; for example, as day to day living becomes increasingly unaffordable, this could generate higher rates of default on mortgage payments or rent, with consequences for evictions and repossession, and reliance of high interest loans or other over-indebtedness, that in turn could cause greater stress and health consequences.

Evidence of interventions

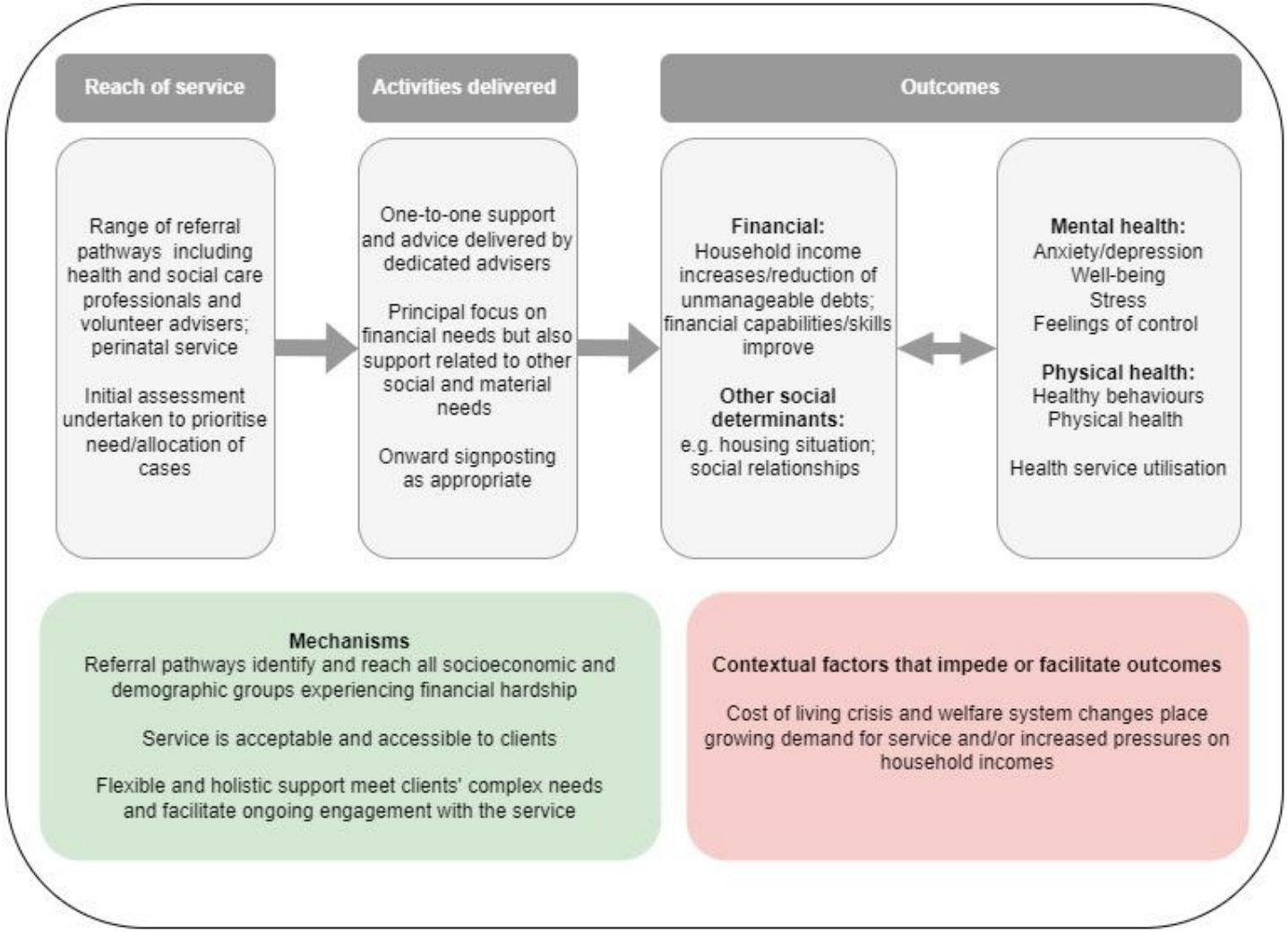
A highly relevant systematic review on the impact of free and independent advice services in the UK reported in 2021 (8). This showed such services could have health benefits linked to stress reduction, reduced anxiety, and increased wellbeing. However, the review concluded more robust evidence was needed to inform commissioning and provision of cost-effective services. One project funded under the Better Mental Health Fund programme reported improved life satisfaction and anxiety reduction following the introduction of financial and

debt advice services (18). A few studies have looked specifically at the impact of advice services involving Citizens Advice (see Appendix I). This has included advice on a range of issues (benefits, debt, housing and employment) (19–23) as well as the co-location of services in health care settings (19,20,23). An interim evaluation of a Liverpool based service delivered by Citizens Advice Liverpool and commissioned by the NHS found positive outcomes for psychological wellbeing, and clients reported that the service had improved their material conditions (24). Evaluation designs/methods used in these studies have included analysis of Citizens Advice casebook/service data (21,22); client surveys (20–22); and review of medical records (23). Citizens Advice casebook data has also been used in the context of other research studies, for example, to understand the health and sociodemographic characteristics of people seeking advice about universal credit in north east England (25).

Health equity assessment

During the evaluation planning phase, members of the NIHR School for Public Health Research (SPHR) For Equity team facilitated a workshop to support PHIRST LiLaC's commitment to embedding a health equity lens in its research (26). These discussions highlighted two main considerations for the research. First was the need to understand the social and demographic characteristics of clients seeking support given that different groups may be disproportionately affected by financial hardship or face different barriers to seeking support. Where evaluation studies do not take sufficient account of intersectionality (e.g. gender, ethnicity, sexuality, age, and disability) this may mean that learning is missed about where interventions could inadvertently be widening inequalities between groups. For example, Guan (2022) found some gendered differences with women reporting worse depression as a result of financial stressors (13). Secondly, economic insecurity is also related to a range of issues ranging from social relationships, housing contexts and structural factors such as changes to welfare support. It was therefore felt important that alongside more quantitative assessments of outcomes, the study should capture insights from clients' lived experiences to provide narratives into the ways such services respond to support people's complex and holistic needs.

Figure 2: Logic model of Money and Mental Health service



What is the need for this evaluation?

Addressing public health evidence gaps

As already highlighted, there are growing examples of advice services benefiting mental health and wellbeing but more evidence is needed on the impact of services that provide support to groups experiencing financial hardship. In their recent review, Young and Bates conclude that there remains a *'substantial gap'* concerning how *'such services can be optimally delivered so as to maximise these [health] benefits'* indicating that they were unable to *'draw conclusions about specific interventions, methods of delivery, settings and target populations; all of which would support the commissioning and provision of cost-effective services.'* (p.1721) (8).

Addressing local needs

Kent's mental health needs assessment reports similar rates of mental illness to the national average, but some variation in the prevalence of particular conditions and outcomes across the region (27). Early analysis of 2023 Real Time Suicide Surveillance data within Kent and Medway has suggested an increase from previous years in the number of suspected suicides in which financial stressors have been cited as a risk factor. Locally, Citizens Advice has also observed an increasing number of clients seeking support with mental health needs (estimated at 35% pre pandemic, now 60%) although this may also be influenced by people being more willing to disclose mental health issues as well as to financial stressors. Kent's multi-agency suicide prevention strategy 2021-2025 includes a commitment to working with partners on specific projects to reduce the risk of suicide and self-harm. This includes the provision of *'increased support for individuals with problematic debt'* (28). Kent County Council (KCC) initially funded the Money and Mental Health service from January 2021 in response to the growing financial crisis with Covid-19. A two-year funding bid was subsequently funded at £190k and commenced 1st April 2022. Funding is sourced from the KCC Financial Hardship Scheme and via the council's Suicide Prevention Programme. Additional funding was secured via the Family Hubs Scheme, commencing 1st May 2023, to provide additional capacity for a cohort of clients with specific needs.

Evaluation objectives

The objectives guiding the evaluation are outlined below.

1. To quantify the service's impact on health outcomes.
2. To understand the reach and uptake of the service across different socioeconomic and demographic groups.
3. To explore how clients experience the service, and the ways in which this has or has not influenced their health and wellbeing.
4. To identify key enablers and barriers to effective implementation of the service.
5. To collate information on the costs associated with delivering the service.

Study design and methods

To address these objectives, the study has four work packages. These are described in turn below.

Work package 1: Understanding the service's reach and uptake across different socioeconomic and demographic groups

Analysing routinely collected client data

As part of their service delivery, Citizens Advice collect information on people who have used the Money and Mental Health service, with data stored in their Casebook system and available for more than 500 clients who have taken part to-date (exact sample size to be determined). These data include the items below, all of which can be extracted according to the personal details of clients (e.g., sex, age, ethnicity, long term health condition/disability, employment status, and home postcode):

- Name/type of organisation who referred the client to the scheme (e.g., Kent & Medway NHS and Social Care Partnership Trust (KMPT), GP surgery, social services, community services, or directly via Citizens Advice). Note, this information is not routinely stored in the Casebook system, so may be difficult to access but we will attempt to do so if possible.
- Total number of referrals to the scheme.
- Total number participating in the scheme.
- Nature of issues clients present with (e.g., level of debt, difficulty accessing benefits, mental health disorders, physical health disorders).
- Level of support required (e.g., number of contact points).

- Onward referrals to other support services.
- Change in household debt following use of the service.
- Change in household income following use of the service.
- Change in employment status following use of the service.

We will take an anonymised extract of these data with information on home postcode being mapped to Lower Super Output Area (LSOA) of residence (which will allow us to link home location to a measure of area level deprivation) prior to the data being transferred. The data will be used to identify the types of clients who engage with the Money and Mental Health service in terms of their personal characteristics and the nature of the issues they present with. We will then examine how the level of support that clients require and the type of support they receive (including onward referrals to other sources of support) varies between different types of clients. Further, data on change in household debt, household income, and employment status following the intervention will be used to examine how these outcomes vary by client type and level of support received.

We will use information on numbers of referrals to examine equity of access to the scheme (i.e., whether people who need welfare advice services have contact with them) and information on numbers participating to examine uptake of the scheme (i.e., whether those who have contact with welfare advice services go on to receive support). This analysis will be achieved by mapping the characteristics of clients to data on the population of Kent and Medway (from ONS census data / population estimates / DWP data etc), broken down by sex, age, measures of poor health, disability, unemployment, housing benefit, and deprivation (English Indices of Deprivation). For granular data on population characteristics, we will utilise data from the Office for National Statistics (e.g., census measures of disability) and the Department for Work and Pensions (e.g., unemployment and housing benefit receipt). Analysis will investigate the extent to which access (i.e., % of the population referred to the scheme) and uptake (i.e., % referrals that are successful) reflect the distribution of the drivers of poverty given above and how this varies across places. Where there are outliers (e.g., where uptake is either higher or lower than expected) will we seek to understand how structural differences within the local landscape affect equity of engagement e.g., via barriers/supports to the implementation of the scheme. This will be explored during the focus group with key stakeholders as part of work package 3. When reporting our findings, we will consider how any differences in uptake may impact health inequalities.

In terms of the wider context of the proposed work above, the University of Liverpool are currently undertaking an evaluation funded by NIHR of the Ways to Wellbeing scheme, which is a similar intervention to the Money and Mental Health service as it provides advice

and support to clients regarding financial challenges they are facing, with the aim of improving mental health outcomes. Ways to Wellbeing operates within the city of Liverpool and like the Money and Mental Health service it is run by the local branch of Citizens Advice with support from local health services. The analysis that we have outlined above for the present evaluation includes many of the same metrics that are being computed for the Ways to Wellbeing evaluation, for example with respect to examining equity of access to and uptake of the scheme. We therefore plan to compare the findings from the Money and Mental Health service with those from Ways to Wellbeing. We anticipate that this comparison will add value to our findings by identifying any similarities or differences in equity of access and uptake that may be linked to differences in service delivery, and hence inform practice going forward.

Work package 2: Estimating the impact of the service on health outcomes

We will undertake a programme of quantitative and qualitative work to understand the impact of the Money and Mental Health service on clients' health and wellbeing. As detailed in the logic model (figure 2) it is anticipated that clients may experience a range of health benefits. In the short term, these are likely to be particularly related to mental health e.g., reduced anxiety/depression and improved wellbeing due to improvements to clients' financial situation. We will investigate health and wellbeing changes via two approaches; firstly in work package 2 by using a validated assessment at baseline and follow-up, and secondly in work package 3 by undertaking interviews to explore the mechanisms by which any changes in health are inferred. Additionally, in work package 2 we are exploring the possibility of linking Citizens Advice Casebook system data to local NHS data (as we have previously successfully done in the Ways to Wellbeing evaluation) to allow us to quantify impacts on healthcare utilisation, although it is unlikely that this will become available during the timescale of this project but may form the basis for future research proposals.

Quantitative assessment of health and wellbeing

We propose that Money and Mental Health service case workers will administer a brief health assessment tool as part of their standard assessment of all clients referred to the service. The brief health assessment tool will be administered by case workers either face-to-face or over the telephone, depending on the method of consultation used on the day. The case worker will record responses electronically. This will, if possible, be incorporated into Citizen Advice's Casebook system, allowing case workers to complete questions during routine assessment. Baseline data will be collected after the person has been found to be

eligible for support and their needs are being assessed, whilst follow-up data will be collected at 3 months.

In terms of the type of health assessment tool to administer, in similar evaluations of welfare support services that are currently being undertaken by the University of Liverpool and PHIRST LiLaC, we are using the following validated tools: EuroQual 5-dimensions (EQ-5D); Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS); the Office for National Statistics (ONS) four personal wellbeing questions; and a single-item mental health question that asks respondents to rate their mental health on a five-point scale from excellent to poor (29). Previous research has examined the validity and responsiveness of using these tools in different contexts (30,31), and has also explored how measures collected by each tool relate to those of similar tools (32).

While all of the above tools are suitable for use with clients to capture changes in health and wellbeing outcomes, trade-offs exist between the level of detail captured by tools (e.g., with longer more complex tools generally capturing information over a greater number of health and wellbeing domains) versus completion rate (e.g., with shorter more straightforward tools generally being more likely to achieve a greater completion rate). Therefore, to inform the choice of tool to use in this evaluation we held a workshop with representatives from local government, the third sector and public collaborators, with the purpose of sharing experiences and learnings of using the above tools or similar tools with clients. The workshop included discussions regarding the types of tools that may be utilised and methods for administering these along with acceptability and feasibility, and it therefore provided insight into the challenges and benefits of different approaches.

Following the workshop, it was proposed that for the Money and Mental Health service evaluation that we would use a single-item mental health question with clients participating this study. The wording of the question is “In general, would you say your mental health is: Excellent, Very Good, Good, Fair or Poor?”. This tool has several advantages, which include that since it is a single-item question it is straightforward to administer both face-to-face or over the telephone. Further, it is a robust measure that has been previously validated (29). Importantly, it provides a quantifiable measure of changes in mental health that may be directly compared across clients. This is in contrast to qualitative narrative approaches, which provide rich detail on the mechanisms behind any client reported changes in mental health but do not readily allow for a like-for-like direct comparison between clients.

We will provide Kent’s Citizens Advice case workers with training to administer the single-item mental health question at baseline and follow-up; this is similar to an approach that we have successfully carried out with Citizens Advice Liverpool. The tool will be administered to

new clients joining over a 4-month period for those who provide consent. In the year April 2022 to April 2023 the Money and Mental Health service assisted 496 clients, which equates to approximately 41 new users joining the service each month. Given the close working relationship of the Money and Mental Health service team with their clients, whereby each person entering the system is assigned a specific case worker who supports and builds rapport with them over several months, we anticipate that the completion of this single-item mental health question will be greater than for similar welfare services where continuity of one-to-one support does not exist in this way. We therefore estimate that with ≥90% uptake at baseline and ≥60% of those providing 3-month follow-up this will provide an estimated 89 measures at both time points, based on an estimated 164 new referrals made over a 4-month recruitment period.

Our predicted completion of the tool at 3-month follow-up is lower than at baseline (≥60% versus ≥90%), since we understand that not all clients will still be actively engaged with the service at this time point, either having exited the scheme due to successfully receiving the support they require or having dropped out. Case workers will attempt to contact those who have left the service by 3-month follow-up to complete the tool, but this may be challenging as people's contact details may have changed. We also recognise that whilst using case workers to collect self-rated mental health data from clients on a one-to-one basis has the benefit of a high completion rate it comes with the potential issue of desirability bias, whereby clients may feel obligated to report more positive outcomes, and we will be mindful of this when interpreting our results.

Follow-up data will be used to examine changes in self-rated mental health following the provision of Money and Mental Health service support. In particular, we will examine how changes in mental health vary according to the nature of issues clients present with (e.g., level of debt, difficulty accessing benefits, mental health disorders, physical health disorders), the level of support (e.g., number of contact points) they required, and by personal characteristics (e.g., sex, age, long term health condition, employment status and area level deprivation). Given the anticipated small sample size in this study we do not expect to be adequately powered to detect statistically significant changes, but rather we hope to provide an overview of whether change in mental health has occurred and the effect size of any changes.

In addition, Citizens Advice case workers will also ask for consent from clients for University of Liverpool/Lancaster researchers to contact them to invite a sample to take part in qualitative interviews (described in work package 3), using the following text:

“In the future, the University of Liverpool/Lancaster would like to contact some people who have received our services to better understand how they are helping people and what affect they are having on people’s health and wellbeing. Are you happy for your name, where you were referred from, and your contact details to be shared confidentially with the University of Liverpool/Lancaster for this purpose? Your details will only be used by the university to contact you to invite you to participate in this research and only be kept for the duration of the study.”

Quantitative assessment of healthcare utilisation

The Ways to Wellbeing evaluation mentioned above, has successfully linked data collected by Citizens Advice Liverpool with primary and secondary care data (including information on numbers of GP consultations, antidepressant prescriptions, and unplanned hospital admissions), which has enabled changes in healthcare utilisation pre and post-intervention to be assessed. We are currently exploring the possibility of undertaking a similar linkage of Citizens Advice Kent data with that from local NHS services within the county. It is likely that the timescale for setting up this initiative will not align with the delivery timeline for the Money and Mental Health service evaluation. However, if data linkage is available within time (no later than April 2024) then we will seek to undertake a similar analysis to that being undertaken for the Ways to Wellbeing evaluation to assess changes in healthcare utilisation pre and post-intervention.

Work package 3: Exploring professional and client perspectives

This work package will investigate both the perspective of service providers delivering the Money and Mental Health service and clients of the service through interviews and group conversations.

Citizens Advice service providers/stakeholders

The purpose of fieldwork with service providers and stakeholders will be to capture learning about the service’s delivery, how the service is perceived to influence outcomes and bring about change, as well as factors influencing referral decisions, delivery and impact. Most interview participants will be identified via our primary contacts within Citizens Advice and Kent County Council. We will initially organise a focus group (up to 90 minutes) with the team directly responsible for delivering the Money and Mental Health service. Over the duration of the study, individual advisers from the Money and Mental Health team (n=3-6 participants) will also be invited to participate in a one-to-one interview (approx. 45 minutes) with a researcher to explore any changes over time/developments in the service. The group conversation and individual interviews will take place virtually using video-conferencing

software. We will also ask team members for advice on other stakeholders to interview including other professional referring clients for support or other staff members within Citizens Advice (n=3-5 participants).

Money and Mental Health service clients

This element of the research will explore how clients experience the service, and the ways in which this has or has not influenced their health and wellbeing. We will aim to include clients from different referral pathways including referrals from external partners as well as internal referrals from Citizens Advice. Consideration to age, gender and ethnicity will also be given in the sample, aiming for a maximum sample of 30 clients (minimum sample: 20 clients). All clients will be over 18 years of age with capacity to consent.

Money and Mental health service advisers will have asked clients if they consent to their contact details being shared with researchers at the University of Liverpool and Lancaster University (see work package 2). Those who agree for their details to be shared with researchers will then be contacted directly by a member of the PHIRST LiLaC team either by telephone or by email to confirm they are willing to participate. In situations, where clients had completed support, it would be necessary for Citizens Advice to distribute an invitation by email/post on behalf of the research team (as personal details cannot be shared without permission). Following that, the individual client would then get in touch directly with the research team directly to express interest in taking part.

PHIRST LiLaC researchers will organise and conduct the interviews. Interviews will adopt narrative techniques, encouraging participants' stories to be shared. The interviews will ask about the situation that led them to accept the referral/seek support, and the impact of this situation on their lives. Interviews will also cover experience of being referred and the support provided, any differences that the service has made including changes to their situation and health/wellbeing as well as their perspectives on what worked well or less well (to understand how the service could be improved in the future). Interviews will also explore whether clients feel that the service has made it easier or harder for them to engage with financial support. This will require clients to talk about experiences of other services (where accessed) prior to being referred to the service and to compare this with their current experiences. The interviews will be conducted by telephone or video conferencing software depending on the clients' preference. We will endeavour to arrange translation support where participants do not have English as their first language and require this.

Brief demographic information will also be collected after the interview has completed using a short form to capture information on social and demographic characteristics. Participants will be offered an e-shopping gift voucher as a thank you for their time and will be provided

with a debrief letter/sheet that outlines sources of support locally in case of emotional distress.

Analysis of qualitative data

Interviews with clients and service providers will be recorded and transcribed then uploaded for coding in qualitative data management software (NVIVO-12). Thematic analysis will identify important and recurring themes (33). The analysis will pay attention to any emerging themes that illuminate divergent outcomes (e.g., gendered experiences). We will also adopt a participatory approach to analysis involving public advisers, which PHIRST LiLaC is currently piloting in another study. External validity will be sought through consultation with Citizens Advice and local authority partners to identify perspectives or themes that may be missing in the analysis or that challenge our interpretation.

Work package 4: Exploring the costs of delivering the service

Analysis of routine service delivery cost data

We propose to assess the cost of delivering the Money and Mental Health service. In particular, we will examine how any differences in costs are associated with clients' routes into the service and compare these with successful uptake by clients along with variations in level of support (e.g., number of contact points) required by them.

The cost of delivering the service will be determined using data that are routinely collected by Citizens Advice and Kent County Council. We plan to primarily focus on measuring costs associated with staff time and salaries, but if data are available then we may also examine other expenditures such as materials and overheads. We propose to assess how costs vary according to clients' routes into the service depending on accessing this information. For example, will we assess how routes are associated with successful uptake by clients, along with variations in level of support required, and how each of these are associated with delivery costs. We will also seek to explore how delivery costs vary according to personal characteristics such as sex, age, long term health condition, employment status and area level deprivation. Analysis of routinely collected data of this nature will allow measures of efficiency, e.g., the delivery cost for different types of clients, to be computed.

Co-design of the evaluation

The initial stage of evaluation planning involved undertaking an evaluability assessment to assess both the feasibility of an evaluation and explore stakeholder interests in an

evaluation. Below we outline how our approach to knowledge exchange will continue to be, guided by key principles of good practice (NIHR SPHR, 2018).

Principle 1: Clarify your purpose and knowledge sharing goals

The evaluation of the Money and Mental Health service aims to produce learning about an advice service for clients experiencing both financial and mental health problems. Local evaluation partners have indicated that they would use the evaluation findings to inform future commissioning decisions as well as more formative improvements to the service. Our evidence review suggests an evaluation would contribute to addressing a gap in scientific evidence as robust outcome evaluations of similar schemes are relatively scarce.

Principle 2: Identify knowledge users

Our key knowledge users are Kent County Council who has commissioned the Money and Mental Health service in Kent and the Citizens Advice team managing and delivering the service locally. National knowledge users include other Citizens Advice teams, local authorities and stakeholders (e.g., mental health charities) interested in evidence on the provision of advice services and their relationship to health and wellbeing.

Principle 3: Design the research to incorporate the expertise of knowledge users

In particular, the process of engagement has been important for informing decisions about appropriate tools to measure changes in clients' health. As described under work package 2, during the evaluation planning phase, a workshop was organised bringing together representatives from Kent and Liverpool involved in similar studies as well as public contributors to discuss the feasibility, benefits and challenges of using validated tools.

Principle 4: Agree expectations

The agreed focus has been discussed and agreed with local partners. Meetings have also taken place with Citizens Advice head office and public health colleagues in Kent to consider feasible options for accessing Casebook data as well as the possibility of data linkage to other routine data sources.

Principle 5: Monitor, reflect and be responsive in sharing knowledge

Through co-production, we will regularly reflect on emerging findings with local partners and share these more widely where appropriate. This will also inform plans for dissemination outlined below. Our PHIRST LiLaC oversight group includes representation from national community funders, the Local Government Association, and Directors of Public Health who are PHIRST LiLaC co-investigators and who will advise on opportunities to share findings.

Principle 6: Leave a legacy

Outputs will be aimed at partners in Kent but will also seek to produce learning that is generalisable to other parts of the country. The findings will be published in peer-reviewed academic journals. Further, we will be guided by the knowledge users outlined above regarding any additional outputs that it may be beneficial to produce. For example, research, advocacy and practice networks are emerging with a focus on the cost-of-living crisis where the research could be usefully disseminated and shared (for example, Poverty Research and Advocacy Network).

Public involvement

When the public gets involved in research, they work alongside researchers and practitioners to help shape what research gets done, how it's carried out and how the results are shared and applied in practice. It is important for ensuring lived experiences of an issue informs the research alongside researcher and practitioner expertise. NIHR expects all its funded research to demonstrate public involvement in its studies. Benefits of public involvement include higher quality research with studies more likely to ask appropriate questions in a clear way, with the research also grounded in the experiences of those with lived experiences. Public involvement also contributes to better decisions (because the issues addressed in the research are more comprehensive). A rights based approach to public involvement is also concerned with the democratic right of citizens to be involved in decisions made *'by agencies, organisations, and institutions which impact upon them'* (34).

Planning the evaluation: To facilitate the involvement of public contributors in PHIRST LiLaC a Public Adviser panel meets regularly. The Panel is co-chaired by a public contributor who is also a PHIRST LiLaC co-applicant and also by a PPI academic co-lead. The panel is responsible for reviewing involvement processes and provide advice on engagement and involvement plans across the PHIRST LiLaC team and its research. In addition, individual public contributors are assigned to individual evaluations to provide a lay perspective during the evaluation planning stage. Public contributors are also members of the PHIRST LiLaC Management group alongside other stakeholders with an academic, policy or practitioner interest in public health. During the planning stage of this study, Timothy Wilson (public contributor) attended and participated in planning meetings and discussions, contributed to the evidence review, and will continue to participate in the local evaluation group meetings. We have also sought advice from a service user researcher based at Lancaster University with expertise in public involvement in mental health research.

During the evaluation: The team will continue to involve a member of PHIRST LiLaC's Public Adviser panel (above) as part of the evaluation team. Alongside this, the aim will be to involve other people with relevant lived experiences to provide advice to the study. For example, prior to administering the single-item mental health question with new Money and Mental Health service referrals, we may obtain feedback on use of the tool with a small group of existing clients. Other activities could include advising on participant information sheets and recruitment processes; helping to devise and pilot the client topic guide for interviews and involvement in analysis of data. At the reporting stage this will also involve advising on the content and tone of outputs.

Public involvement can happen in different ways and we have set out different options for agreement with local partners in Kent.

1. Recruit additional public contributors living locally in Kent. Recruitment might include advertising opportunities locally via Citizens Advice (for example to identify volunteers or former clients with relevant lived experience interested in learning more about research. The main benefit is that this could directly enable lived experience of people locally to inform the way the Money and Mental Health service is designed and delivery in future.
2. Given similarities with other evaluations that PHIRST LiLaC/Liverpool University are leading (welfare services and Ways to Wellbeing), an alternative option would involve convening a group bringing together public contributors with interests in financial hardship/mental health who may (or may not) have experiential knowledge of Kent/Citizens Advice. The benefit is that this could enable opportunities for shared learning across projects/localities.

Ethics and data management

Ethical approval will be sought from the Lancaster University Faculty of Health and Medicine's ethics committee and University of Liverpool's Institute of Population Health Research Ethics Committee prior to the evaluation commencing. The research will involve working with secondary data collected by Citizens Advice, group conversations and interviews with Citizens Advice service providers and clients.

Secondary data collected by Citizens Advice on clients who have engaged in the Money and Mental Health service contains identifying information, for example individuals' name and home postcode. Data will therefore be anoymised by removing this information prior to PHIRST LiLaC researchers receiving a copy. Home postcode will be mapped to Lower

Super Output Area (LSOA) of residence (which will allow us to link home location to a measure of area level deprivation) prior to the data being transferred. Given the relatively small number of clients who have participated in the service to-date, if mapping to LSOA would result in clients being potentially identifiable then we will instead map to a larger geography such as Middle Super Output Area (MSOA). To allow the sharing of secondary data, a Data Sharing Agreement (DSA) will be arranged between the University of Liverpool and Citizens Advice in Kent. The evaluation team will also undertake a Data Protection Impact Assessment (DPIA) to identify potential risks arising out of the processing of personal data and to minimise these risks as far and as early as possible.

Group conversations/interviews with staff / stakeholders could have implications for participants being identifiable in the research findings because of their unique roles. However, no outputs from the research will name individuals and where possible the findings will be framed in a way that minimises the likelihood of compromising people's anonymity. Prior to taking part in an interview, all participants will be asked to provide written consent.

The research is also likely to have safeguarding implications more generally. In part this concerns the sensitive nature of the topics covered in interviews (e.g., financial hardship and mental health) or disclosures during the interviews that might lead the researcher to be concerned that the person or others are at risk of harm. As part of our ethics approval stage, the evaluation team will complete a safeguarding assessment with local partners and the PHIRST LiLaC Public Adviser Panel, which will identify key safeguarding issues and put in place an action plan to mitigate against these.

All data associated with the evaluation, including secondary data shared with the evaluation team by partner organisations as well as primary data collected during the workshops and interviews in the form of audio-recordings and transcripts, will be securely stored online in a shared SharePoint folder. This will be accessible only to members of the team at Liverpool and Lancaster Universities, as well as providing controlled access for external project team members where required.

Dissemination and outputs

The cost-of-living crisis and the pandemic's ongoing social and economic consequences have heightened public health attention to financial circumstances as a social determinant of health. Global crises have amplified economic stressors for many in society. The research will produce outputs highly relevant for local and national practice in the current climate; with advice/support from our practice co-investigators (directors of public health) local authority

and Citizens Advice, we will target key policy and practice organisations/government departments including the Association of Directors of Public Health, the Local Government Association, and the Department for Health and Social Care. We will share all outputs with local partners and invite them to provide feedback prior to any outputs being finalised.

Timeline and milestones

Key milestones	**Dates**
Submit protocol to NIHR and review	By August 2023 (month 0)
University ethics committee approvals/preparatory work (e.g., data management protocols)	September / October 2023 (months 1-2)
Work package 1 – reach and uptake	November 2023 – May 2024 (months 3-9)
Work package 2 – evaluating health outcomes	November 2023 – May 2024 (months 3-9)
Work package 3 – group conversation/interviews with Citizens Advice/stakeholders	November 2023 (month 3) March/April 2024 (months 7/8)
Work package 3 – Money and Mental Health client interviews	November 2023 – May 2024 (months 3-9)
Work package 4 – evaluating costs	February – May 2024 (months 6-9)
Remaining data analysis and result writing	June – August 2024 (months 10-12)
Reporting with KCC and Citizens Advice	August 2024 (month 12)
Final outputs	August – October 2024 (months 12-14)

Governance

A Project Evaluation Group (PEG) will oversee delivery of the research, meeting approximately 6 weekly. The PEG will include researchers with relevant expertise from across PHIRST LiLaC, representatives from Kent County Council, Citizens Advice in North and West Kent and public contributors.

Dr Emma Halliday (PHIRST LiLaC co-lead investigator) will act as the overall lead for the study with budgetary responsibility, including monitoring progress towards milestones. Dr Emma Coombes (Research Fellow, Liverpool University) will be responsible for day-to-day management of work packages 1, 2 and 4 with support from a Senior Research Associate (Huihui Song). PHIRST LiLaC's team's Research Fellow (Dr Michelle Collins) will oversee/support work package 3, with a Senior Research Associate (post currently undergoing recruitment) responsible for delivering the qualitative fieldwork and day-to-day

engagement with local partners. They will also oversee public involvement in the research with a member of PHIRST LiLaC's public involvement panel (Timothy Wilson). Prof Ben Barr will provide senior academic advice to the study, particularly concerning the collection of outcome measures and data linkage between external health and social care datasets to Citizens Advice Casebook data.

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Appendix I: Evaluations of CA advice schemes – examples of existing studies

Citation	Summary of advice provided	Study design	Outcomes measured	Key findings	Source
Boston Citizens Advice (2012)	Advice on prescription service providing comprehensive benefits advice and help with applications and appeals	Evaluation (analysis of case files and client survey)	Wellbeing; financial: income gains	Improved wellbeing Mental health conditions, stress and health-care use not measured	Young and Bates (2021)
East Staffordshire CAB (2015)	Advice on a range of issues	Evaluation (analysis of service data and client satisfaction survey)	Mental health conditions, well-being; stress; financial (income gains, debts managed) service implementation and delivery: satisfaction	Improved mental health; improved wellbeing; reduced stress Health care use not measured	Young and Bates (2021)
Krska et al. (2013) (23)	Citizens Advice Bureau health outreach in primary care services	Mixed methods (interviews with staff and analysis of medical records)	Use of healthcare; service implementation and delivery: satisfaction	Use of health care mixed outcomes	Young and Bates (2021)
Woodhead et al. 2017 (19,20)	Co-located welfare advice services in healthcare settings	Prospective quasi-experimental (GMQ−12 and (SWEMWBS); interviews surveys with providers and clients	Mental health conditions; well-being; stress; financial: income gains; service implementation and delivery: accessibility	Mental health and stress improved; use of health care and wellbeing mixed	Young and Bates (2021)