

# **The benefits of welfare rights advice: a review of the literature**

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## **Abbreviations**

MIG	Minimum Income Guarantee
PC	Pension Credit
JSA (IB)	Jobseeker's Allowance (Income Based)
IS	Income Support
HB	Housing Benefit
CTB	Council Tax Benefit
CTC	Child Tax Credit
WTC	Working Tax Credit
WFTC	Working Families' Tax Credit
DWP	Department for Work and Pensions

## Contents

<b>1. Introduction and Summary</b>	<b>6</b>
<b>2. Why welfare rights advice? Take up of entitlements &amp; barriers to claiming</b>	<b>8</b>
<b>3. Increasing the take-up of benefits and raising additional resources</b>	<b>14</b>
<b>4. Local economic development: the contribution of welfare rights advice</b>	<b>22</b>
<b>5. The impact of a rise in resources on health and social well-being</b>	<b>24</b>
<b>6. Concluding remarks</b>	<b>28</b>
<b>References</b>	<b>29</b>

# 1 - Introduction and Summary

Welfare rights advice services provide a multitude of support, advice and advocacy services to a wide demographic, covering people with multiple and varied needs, attitudes, behaviour and eligibility for services and assistance (Lasa, 2000; CAB, 2003; Davis, 2003; ASA; 2003)<sup>1</sup>. This report reviews a range of literature addressing itself to whether, and indeed how, welfare rights advice brings financial, social and health benefits to the people who receive it.

The report includes material covering current non-take-up of entitlements; the role of welfare rights advice in encouraging take-up and its financial impact; the potential economic gains for the local community and the role of advice services in improving health and social well being.

Diverse in source, the literature review comprises academic papers, journal articles, reports and information from Government (national and local) along with material from voluntary, campaigning and advice organisations. The standard of information, detail and evaluation contained across this breadth of material is therefore variable. In addition to relevant charities, voluntary organisations and Government departments, the following databases were searched: BIDS, SOSIG, CSA Illumina and Google Scholar. The terms used for searches were a combination of the following: 'welfare rights advice', 'benefits take-up', 'welfare benefits', 'citizens advice', 'general practice', 'primary care trust', 'disabled people', 'older people', 'social security', 'local economy and benefits' and 'advice services'.

## Key findings of the review

- Current level of take-up for welfare benefits and tax credits, combined with complexity of system and diversity of potential claimant population, suggest strong continuing demand for effective, accurate and authoritative non-governmental welfare rights advice service.
- Literature suggests welfare rights advice services improve take-up and deliver significant financial gains for clients.
- Locating advice services in settings such as General Practices particularly effective for reaching older people and disabled people. Some evidence that it may also be effective at reaching younger families, although the literature is not conclusive on this.
- The extra resources acquired by clients, tends to be directed toward extra spending on fuel, food, education, recreation and transport. Findings suggest improvements in living standards and reduction in social exclusion.

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<sup>1</sup> For a detailed introduction to the development and multifaceted nature of contemporary welfare rights advice services refer to Bateman (2006).

- The local economy gains from welfare rights advice delivering improved take-up of benefits for local citizens, because of a multiplier effect.
- Literature indicates significant improvements in mental health of clients following successful welfare rights intervention and improvement in physical health, although these may be more limited.

## 2 - Why welfare rights advice? Take up of entitlements & barriers to claiming

### Introduction

Understanding the usefulness of welfare rights advice first of all requires an awareness of the extent to which people with eligibility for certain benefits are not claiming them. Below we provide a summary of the ‘headline’ current levels of benefit take-up for a range of key benefits and tax credits.

Drawing on information based on the Family and Resources Survey and compiled by the Department for Work and Pensions for its *Income Related Benefits*<sup>i</sup> series, the following section details the estimated level of take-up during 2003-04. The main income related benefits for the working-age and pensioner population included within this are; Pension Credit, Minimum Income Guarantee, Jobseeker’s Allowance (Income Based), Income Support, Housing Benefit and Council Tax Benefit (Department for Work and Pensions, 2006). Figures are also given for the current take-up of the Working Tax Credit and the Child Tax Credit.

### Take up of entitlements in 2003-04 by Caseload and Expenditure

#### *Jobseeker’s Allowance (IB)*

Eligibility for Jobseeker’s Allowance is based on availability for, and preparedness to, actively seek work. Potential recipients of Jobseeker’s Allowance may make a claim for contributions based JSA or those who do not qualify for this may apply for income based JSA. The former is based on National Insurance contributions made whilst in employment and continues for six months after which the claimant will need to apply for income based JSA. This is assessed on your level of income and capital making JSA (IB) a ‘means tested’ benefit (DWP 2006). We provide the latest (2003-04) estimated take-up rates for the latter here.

**Table 1.1: Jobseeker’s Allowance Caseload Take-up 2003-04**

	Couples with children	Single Females	Single Male	All
Take-up range (percentages)	70: 81	42: 54	54: 66	50: 61

Source: *Income Related Benefits 2003-04*

**Table 1.2: Jobseeker’s Allowance Take-up by Expenditure 2003-04**

	Couples with children	Single Females	Single Male	All
Take-up range (percentages)	76:88	45: 62	57:71	59: 70

Source: *Income Related Benefits 2003-04*



## ***Income Support***

Income Support is the principle benefit payable to people with low incomes who are not in full time employment. In 2003-04 it was not paid to those with more than £8,000 capital who were under the age of 60, or to singles or couples if the claimant is employed for more than 16 hours per week, or the claimant's partner (in the case of couples) works more than 24 hours per week. The Minimum Income Guarantee (MIG) was introduced in April 1999 payable to pensioners through Income Support and in 2003 this was replaced by the Pension Credit.

**Table 1.3 Income Support Caseload Take-up 2003-04 (non-pensioners with children)**

	Couples with children	Lone Parents*
Take-up range (percentages)	84: 92	92: 100

*Source: Income Related Benefits 2003-04*

**Table 1.4 Income Support Take-up by expenditure 2003-04 (non-pensioners with children)**

	Couples with children	Lone Parents*
Take-up range (percentages)	84: 92	92: 100

\* due to small number of male lone parents and the problems this presents for statistical robustness this group cannot be divided between male and female lone parents

*Source: Income Related Benefits 2003-04*

**Table 1.5: Income Support Caseload take-up 2003-04 (non-pensioners)**

	Couples without children	Single Females	Single Males
Take-up range (percentages)	82: 92	80: 93	78: 92

*Source: Income Related Benefits 2003-04*

**Table 1.6: Income Support Take-up by Expenditure 2003-04 (non-pensioners)**

	Couples without children	Single Females	Single Males
Take-up range (percentages)	82: 94	84: 97	84: 96

*Source: Income Related Benefits 2003-04*

## ***Housing Benefit***

Available to people on low incomes renting their homes, it is payable either alongside other benefits or on its own. As a means tested benefit, eligibility and payment amount is dependent on a number of factors including; the level of capital possessed by the claimant and/or their partner, the household's income, the age of the claimant, whether the claimant is disabled or has health problems (DWP, 2006).

**Table 1.7: Caseload take-up of Housing Benefit 2003-04**

	Couples with children	Lone Parents	Others	All non pensioners	Pensioners	All
Take-up range (percentages)	78: 85	93: 100	82: 88	86: 92	82: 88	84: 90

*Source: Income Related Benefits 2003-04*

**Table 1.8: Take-up by Expenditure of Housing Benefit 2003-04**

	Couples with children	Lone Parents	Others	All non pensioners	Pensioners	All
Take-up range (percentages)	82: 91	94: 100	83: 91	90: 94	87: 93	88: 93

*Source: Income Related Benefits 2003-04*

## ***Council Tax Benefit***

For those on low incomes help with paying the council tax on the property they reside in may be available in the form of Council Tax Benefit or the Second Adult Rebate. The former is assessed on the claimant's level of income and capital, whilst the latter may be awarded if a second adult within the property is on a low income or in receipt of JSA (IB), IS or PC. Similarly all recipients of those three benefits are automatically eligible for the main Council Tax Benefit ([www.direct.gov.uk](http://www.direct.gov.uk); DWP, 2006).

**Table 1.9: Caseload take-up of Council Tax Benefit 2003-04**

	Couples with children	Lone Parents	Others	All non pensioners	Pensioners	All
Take-up range (percentages)	63: 71	87: 95	70: 78	76: 83	53: 59	63: 68

*Source: Income Related Benefits 2003-04*

**Table 1.10: Take-up by Expenditure of Council Tax Benefit 2003-04**

	Couples with children	Lone Parents	Others	All non pensioners	Pensioners	All
Take-up range (percentages)	68: 78	88: 96	70: 80	77: 85	56: 63	65: 71

*Source: Income Related Benefits 2003-04*

### ***Pension Credit and Minimum Income Guarantee***

In April 1999 the Minimum Income Guarantee (MIG) was introduced, replacing Income Support for those aged 60 and over. Like its predecessor this was a means tested benefit with government expenditure strongly targeted on the poorest pensioner households, in an effort to alleviate pensioner poverty. Proposals for changes to the system were outlined in 2001 (DWP, 2001) and in October 2003 reforms to the structure of the means-tested element of the state pension system took place, with the introduction of the Pension Credit.

Designed to simplify the system of benefits for pensioners, through the removal of some of the rules which were feared to discourage saving, the Pension Credit contains two elements: the guarantee credit and the savings credit. The former is currently available to those aged 60 and over and ensures that pensioners' income is brought up to a minimum income level. A further change to reward 'thrift' was the removal of the rule present under MIG which meant that a pensioner with savings above £12,000 was excluded from help or if their savings ranged from £6,000 to £12,000, the financial help available was reduced. Savings over £6,000 continue to be included within calculations of the financial assistance pensioners are eligible for, but the rate of income pensioners are assumed to accrue from any savings they have, has been reduced (DWP, 2004).

**Table 1.11: Caseload Take-up of the Pension Credit 2003- 04\***

	Pensioner Couples	Single Female Pensioners	Single Male Pensioners	All Pensioners
Take-up range (percentages)	51:61	60: 70	56: 66	58: 66

**Table 1.12: Take-up by Expenditure of Pension Credit 2003-04\***

	Pensioner Couples	Single Female Pensioners	Single Male Pensioners	All Pensioners
Take-up range (percentages)	56: 65	71: 79	65: 74	68: 76

*\*Figures are based on six months of data as Pension Credit replaced the MIG midway through 2003-04: refer to Income Related Benefits 2003-04: p34 for further information on methodology.*

### ***The Working Tax Credit and Child Tax Credit***

Introduced in April 2003 the Working Tax Credit (WTC) and Child Tax Credit (CTC) replaced the Working Families' Tax Credit, Children's Tax Credit and the Disabled Person's Tax Credit. The WTC extended (subject to certain conditions) in-work support for low income families to working low income individuals and couples without children. Child Tax Credit is paid to families with children whether (subject to eligibility conditions) they are in work or are receiving out of work benefits such as income based JSA or Income Support and is paid in addition to Child Benefit. For both the WTC and CTC entitlement depends on a family's circumstances in that year, thus for 2003-04 the use of childcare, number of children, disability and

income are assessed. In addition, for 2003-04 the first £2500 of income that is above the income between 2001-02 and 2003-04 was disregarded in calculating tax credit entitlement. The latest HM Revenue and Customs estimates of WTC and CTC take-up rates below draw on three sources of data; administrative data; the Family and Resources Survey and the British Household Panel Survey. Further information covering the methodology and modelling of tax credit take-up rates can be found in, *Child Tax Credit and Working Tax Credit Take-up rates 2003-04* (HM Revenue & Customs, 2006).

**Table 1.13: Caseload Take-up of Child Tax Credit and Working Tax Credit**

	Child Tax Credit	Working Tax Credit
Take-up range (percentages)	78: 81	54: 58

*Source: HM Revenue & Customs, CTC & WTC Take-up rates 2003-04*

**Table 1.14: Take-up by Expenditure of Child Tax Credit and Working Tax Credit**

	Child Tax Credit	Working Tax Credit
Take-up range (percentages)	85: 89	75: 81

*Source: HM Revenue & Customs, CTC & WTC Take-up rates 2003-04*

## Explaining non-take-up of entitlements

Research into the non-take-up of entitlements has identified the take-up as a dynamic process involving the interaction of multiple factors and complex relationships between potential recipients, the structure of the benefit system and the administrators of benefits<sup>2</sup>.

Common reasons for non-take-up include:

- Lack of awareness of entitlement
- Previous (bad) experience of claiming
- Complexity of the tax and benefits system
- Stigma associated with means testing
- Reluctance to be subject to intrusive questioning (particularly relevant where ‘intrusive’ questioning of health status compound ‘intrusive’ financial questions).
- Calculation that claiming is not financially worthwhile.

(Mayhew, 2002; Mconaghy *et al*, 2003; DWP, 2006; Corden, 1999)

The latest figures for the take-up by income of WTC and CTC suggests, not surprisingly, that people on lower incomes are more likely to make claims than those further up the income scale. The caseload take-up range of families in the £0-10,000

<sup>2</sup> For a more detailed examination of the modelling of ‘cost benefit analysis’ and the dynamic process of decision making around take-up see Van Oorschot (1996), Walker (1996; 2005), Corden (1999) and Pudney *et al* (2002).

bracket was 90% - 96% compared to 31%-43% for those on a £50,000 plus income. Similarly the expenditure take-up for other benefits such as Pension Credit is higher than the Caseload take-up, which suggests that those with the most to gain financially are more likely to do so. Higher income non-recipients may be either less sure of their entitlement or not consider it worthwhile to go through the process of claiming (Walker, 2005). Hancock *et al* (2004) analysed take-up of Council Tax Benefit (CB), Housing (HB) Benefit and Income Support (IS) among pensioner households using Family Resources Survey data between 1997 and 2000. Over one third of pensioners in their sample (36%) were failing to claim at least one of these benefits, but only 16% of these would have received an increase in their income of 10% or more if they claimed their entitlement to all these benefits. Nevertheless, those individuals failing to make a claim may still be losing out on a large proportion of their potential income. For example within the sample of pensioners drawn by Hancock *et al* (2004) the sub group, single women aged 80 and above, had the highest complete (receiving CB, HB & IS) take-up rates (62%). The non-recipients within this sub-group were, however, failing to claim income worth on average an additional 40% of their income. In comparison single men aged 80 and above had a lower complete take-up rate (54%), with non-claimants failing to claim benefits worth, on average, an additional 30% of their income.

Of course factors other than rational economic income maximisation also impact on take-up rates. Eligible non recipients often lack the presence of a 'trigger' for claiming, such as word of mouth information from friends and family or the advice of voluntary and community groups or authoritative figures like General Practitioners. Research has shown that for eligible non recipients of Pension Credit widespread misunderstanding of eligibility conditions negatively impacts on take-up (Talbot, Adelman and Lilly, 2005; Comptroller and Auditor General, 2002; Wiggan and Talbot, 2005). Amongst minority ethnic groups differences in cultural and social practices, behaviour and attitude to claiming entitlements can create additional barriers to take-up. In turn these may be exacerbated for some communities by poor language and literacy skills which act as an impediment to making claims, with those affected finding it difficult to fill in appropriate forms and lacking confidence to seek advice (Barnard and Pettigrew, 2003). Similarly the complexity of the benefits system may act as a barrier for all groups, but some claimants, such as mental health service users, may be disproportionately affected by the complexity. The evidence suggests that mental health service users find provision of easily accessible information, advice and advocacy services essential to their dealing with the benefits system (Davis, 2003).

The persistence of factors inhibiting take-up demonstrates a continued need for services able to offer authoritative expert advice on social welfare issues. Advice services can bridge the gap between peoples' lack of specialist knowledge and wariness of a complex tax and benefit system and the potential gains in financial health and social well being that can derive from successful social security claims.

### **3 – Increasing the take-up of benefits and raising additional resources**

There is a growing body of evidence that welfare rights services are an important element in take-up campaigns, that the resources they raise for clients is often substantial and brings with it positive improvements in recipients living standards (see Bateman, 2006; ASA; 2003; CAB, 2005). Recent survey research of pensioners in receipt of the Pension Credit shows how potential recipients may gain financially from making claims for their entitlements. A study conducted by the Department for Work and Pensions with older people aged 60 and over showed that among those receiving the Pension credit a majority (66%) either agreed or strongly agreed with the statement that ‘I am better off now I receive Pension Credit’, with pensioners aged 75 and over the most likely to agree (86%) (Talbot, Adelman & Lilly, 2005). Over half of the respondents to a survey conducted by Age Concern of those receiving Pension Credit felt that it had made a noticeable difference to their quality of life. Not surprisingly pensioners who gained a greater monetary benefit were more likely to say they had noticed a difference in their living standards. Those receiving an extra £15 per week or more through the Pension Credit were less likely to say that it had made no noticeable difference to their lives compared to those receiving £5 per week extra. Just over a quarter (27%) of recipients noted that the extra resources had enabled them to worry less about how they would pay for everyday essential items, including food and bills. A further 14% felt it enabled them to manage their debts more effectively and 9% said they were now able to see their relatives and friends more frequently (Age Concern, 2004).

There is evidence of extensive local involvement of voluntary, community and public service organisations in encouraging take-up amongst potential benefit recipients with Local Authorities, Primary Care Trusts, Health Action Zones involved alongside charitable grant awarding bodies and others in the funding of dedicated Welfare Rights Advice Units, albeit often, partial and temporary funding (See CAB, 2003). Operating independently and in partnership with other local and national organisations the impact on take-up of benefits and the monetary gains this brings for individuals can be significant. The Tameside Welfare Rights Service operating as part of a wider network of local organisations, including the Pensions Service, CAB and AGE Concern, set up a successful campaign in 2002 to promote take-up of the then Minimum Income Guarantee meeting a target to raise take-up from of MIG from 72% locally to 85%. A Mental Health Money Advice section had also been introduced to deal specifically with debt problems faced by clients in contact with mental health services, due to increasing awareness of debt as a contributory factor for ill health and contact with users of mental health services (Tameside Welfare Rights Service, 2003).

An investigation into the value of the Westminster Advocacy Service for Senior Residents (WASSR) concluded that the its involvement as advocate for local older people, especially those suffering from mental health problems has saved statutory services staff time and financial resources worth around £50,000. The research does rely on an untested model for reaching its estimate, meaning the figure should be utilised with caution and regarded as indicative rather than conclusive, but qualitative evidence based on interviews with managers and staff in statutory service makes clear the important role of WASSR. It was seen as a repository of expertise and advice that could provide additional skills, acting as a bridge between clients and services

clarifying contested issues and helping services to avoid situations where complaints and litigation might arise (Jones, 2004).

The Government have, on occasion, sought to gather local examples of best practice and use these to produce national guidance and advice for take-up campaigns, such as that around Council Tax Benefit (DWP, 2004b). Other projects to improve the range and quality of information and advice on offer have started out at the local level before moving onto a larger scale. The '*Multikulti*' information and advice website for example was initially piloted in Haringey. It developed accessible, culturally aware information and advice, providing accurate translated material relevant to social welfare based on the needs of the community in Haringey. The subsequent roll out brought a range of voluntary and charitable organisations into contact with the project and gave the project access to a greater range of material. A recent evaluation of the project concluded that, in the absence of the Multikulti tool advice work would become more difficult (Multikulti, 2004). The Local Government Association (LGA) has also been involved in attempts to develop best practice guides to improve the quality and effectiveness of take-up campaigns. The LGA produced a good practice guide for local authorities and campaign organisations covering benefits and tax credit take-up campaigns, as part of its *Quids for Kids* campaign. This campaign covers take-up work carried out at local authority level primarily aimed at families and children and some of the campaigns centred on encouraging older people to claim benefits. Much of the work detailed is multi-agency, again reinforcing the importance for campaigns of drawing on and coordinating national and local government departments and agencies alongside a variety of charitable, voluntary and independent advice and advocacy groups (LGA, 2003).

A follow up survey of local authorities conducted by NOP to evaluate the impact on local authority practice of the LGA *Quids for Kids* good practice guide, suggested that local authorities were broadly positive about the information it contained. The actual use of the guide and associated campaign events to inform and directly encourage take-up campaigns was, however, less evident. Of the local authorities/organisations running campaigns 73% felt these would have occurred irrespective of the wider *Quids for Kids* initiative. On the other hand, 22% of respondents felt that without the LGA initiative they would not have run take-up related events, suggesting that the LGA campaign 'flagged up' an issue and approach that, for at least some respondents, the importance of may not have been immediately clear (LGA, 2005).

The launch in 2005 of a £13 million fund for organisations to encourage take-up of Pensions Credit by the Department for Work and Pensions, to finance schemes that build on local links already in place, is recognition of the important role voluntary, charitable and community organisations can have in delivering welfare rights advice. The Partnership fund aims to make use of a wide and diverse group of organisations and individuals, including Primary Care Trusts, Housing Associations, charities, local authorities, carer and disability groups. The purpose being to harness their skills and knowledge of the dissemination of information on entitlement to benefits among older people and particularly harder-to-reach groups, with the purpose of improving the take-up of Pension Credit (see DWP, 2005). Take-up campaigns and work by voluntary and charitable organisations can make a significant difference in encouraging greater numbers of potential recipients to apply for benefits and this is illustrated by the total monetary figures raised during some take-up campaigns. A two

year Neighbourhood Renewal scheme 'Poverty and Income Maximisation', in Newham set up to tackle social exclusion brought together a range of voluntary, charitable, welfare rights and public sector organisations to improve take-up and improve advice on tax credits and benefits. As part of conducting an impact assessment of the project it drew on national and local data covering a range of measures, such as take-up of Pension Credit, local recipients of Housing Benefit and Council Tax Benefit, to set a baseline (information on outcomes at the start of the project against which to measure change). An assessment of the project aims and achievements concluded that it had exceeded its targets in key areas, including increasing the number of individuals receiving advice and assistance from the programme (6,829 against a target of 5,500) and delivering an increase in income (£9,065,207 against a target of £4,734,543) demonstrating the value of coordinated multi-agency action in welfare right advice work (London Borough of Newham, 2005).

A review of a three year (2000-2003) welfare rights take-up project in Yorkshire and Humberside, run by the Royal National Institute of the Blind (RNIB) to improve take-up of benefits amongst the visually impaired, showed the scope for welfare rights advice and the advantages that could be delivered through multiple agency working. In the RNIB campaign staff and volunteers from almost 90 different organisations were involved with many agencies including local CABs, societies for blind people, local authority welfare rights units, Age Concern groups and voluntary advice centres publicising the campaign, distributing material and providing advice sessions. The results showed that two thirds of the 1733 individuals who received advice about their entitlements required further support in making claims (one third were already receiving their full entitlements) and of these, 53% were aged 60 and over, with a large number making claims for Disability Living Allowance. The multi-agency nature of the project, involving local voluntary centres, advice groups, religious organisations and societies for the visually impaired and disability groups provided greater coverage of the RNIB target groups, delivering improved exposure and awareness for the campaign (RNIB, 2003).

The monetary impact was substantial with RNIB estimating that around £916,000 per year of additional income (April 2000-January 2003) was received by people with sight difficulties and their carers. Just over half of this figure was through awards for Disability Living Allowance/Attendance Allowance with the remainder made up of a range of other benefits including, Jobseeker's Allowance, Income Support, Council Tax Benefit, Housing Benefit, Incapacity Benefit and Tax Credit claims (RNIB, 2003). Other Welfare Right groups such as local Citizen's Advice Bureaus have also recorded substantial gains for eligible clients. For example, the Rutland Citizens Advice Bureau indicate that in 2003-04 appeals and tribunals led to an additional £18,618 annual income for their clients and £14,000 worth of over and underpayments successfully challenged (Rutland CAB, 2004).

The evidence for the cost effectiveness of welfare rights advice is positive, if broadly anecdotal. The RNIB estimate that provided the people who were awarded extra benefit claimed for three years on average then £44 would have been raised for every £1 of funding (RNIB, 2003). The Citizen's Advice Bureau (CAB) through its network of local offices run a number of benefits take-up campaigns, sometimes working with GP surgeries and other local health services. The CAB estimate that for every £1



spent on running take-up campaigns they will net up to £85 for claimants (CAB, 2003).

### **Diversity and commonality: take-up and the benefits of welfare advice services**

The population eligible for benefits, but not currently claiming is, as noted in section one, not homogenous, and neither are specific subsets such as disabled people or older people homogenous in terms of needs, characteristics or views. This diversity impacts on the particular needs of the individual, the gains they see from receiving benefits and their willingness to use welfare rights services. Research by the charity Macmillan for example, estimates that £126.5 million in disability benefits currently goes unclaimed by people with a terminal diagnosis of cancer (Macmillan, 2004). A case study by Nosowska (2004) investigating delays in claiming of DLA and AA by cancer patients in one hospice found that, whilst patients lacked awareness of their entitlements, health and social care professionals did not always provide assistance and/or information to facilitate a claim. Similarly other 'hard to reach' groups including disabled people, some people in minority ethnic communities and refugee and asylum seeker populations may have specific and multiple barriers arising from the complexity of their situation and its interaction with the benefits system. In these cases easily accessible welfare rights advice is likely to be even more salient.

Survey research of 44 refugee groups and disabled people's organisations resulted in the identification of 5,312 disabled refugees or asylum seekers. Follow up qualitative research conducted interviews with 38 of these individuals and found extensive unmet care needs and a lack of knowledge about entitlements to either benefits or services. This was combined with a general wariness about the state and negotiating with social services. Together the impairment-related issues and communication difficulties associated with English language proficiency, British Sign Language ability and/or how to access suitable training in these, all served to reinforce a sense of social exclusion already felt, due to the absence of strong or sufficiently embedded social networks (Roberts and Harris, 2002).

Minority ethnic group communities, as we noted in section one, have also faced multiple barriers in accessing welfare services, in addition to those they share with the larger white population. There is also considerable diversity within the experience of minority ethnic groups with needs, attitudes and practices diverging. There is evidence that African-Caribbean claimants tend to have a clearer acceptance of their right to make claims on the benefits system understood in terms of the previous contributions they have made through employment and taxation (Barnard and Pettigrew, 2003). Religious and cultural factors may however, in some communities, underpin a resistance to making claims on the benefit system through influencing notions of rights, entitlements and permissible behaviour. The interweaving of religious, cultural factors with notions of rights and responsibilities can be, as previous research indicates, complex with potential claimants drawing on differing concepts to support claiming or distance themselves from the legitimacy of receiving state support. Research during the 1990s, for example (Joseph Rowntree Foundation, 1994), drew attention to how some Bangladeshi Muslims saw social security benefits as *Lillah* or charity for the poor, whilst others notably those who had paid tax and National Insurance deployed the concept of *Haq* or right in discussion of services. The danger is that those without such contributions will feel they have less morally

legitimate grounds to claim benefits to which they are entitled, compounded the fact that they may already be more socially excluded and less aware of the services available to them. Studies into benefit take-up and the take-up of Pension Credit in particular suggest this is indeed the case. Older Pakistani and Bangladeshi women for example have tended to have greater welfare needs arising from their lower employment levels and subsequent lower pension entitlement, savings and assets, whilst at the same time having demonstrably less awareness of right to services and benefits (Ahmad and Walker, 1997; Barnard and Pettigrew, 2003).

A recent piece of qualitative research into issues of citizenship and exclusion amongst older people provides common accounts of financial hardship and 'going without' amongst pensioners prior to making successful claim for AA, DLA or the Minimum Income Guarantee, alongside examples of cultural diversity. Craig (2004) interviewed pensioners in urban and rural areas, with about half of the respondents drawn from minority ethnic groups. The sense of exclusion experienced by these older people had a cultural dimension. White British respondents spoke of not being able to attend local clubs and events, while respondents of South Asian origin mentioned being unable to visit extended family and missing out on attendance at important social and cultural events like weddings and festivals. The result for all pensioner respondents, however, was the same; an increased sense of loneliness and isolation impacting on their emotional and physical well being. Again there was also evidence that cultural attitudes mediated respondents' sense of social rights. Black respondents were broadly more confident and forthcoming about their entitlement to support, which centred on the idea of reciprocity. Earlier tax and National Insurance Contributions were a 'citizenship contract' which entitled them to draw on support from the state at a later date, echoing New Labour's notions of 'rights and responsibilities'. In contrast respondents of South Asian origin (particularly elderly women) took a more deferential stance to Government provision of support, feeling themselves lucky to receive anything and reluctant to put this at risk by enquiring about any other assistance they might be entitled to. Receipt of the MIG and other benefits which had previously gone unclaimed was identified by all respondents as making a positive improvement their social, emotional and material living standards, even if the overall improvement was still limited. Extra income reduced recipients' experience of social exclusion as they participated more fully in social and cultural activities and enjoyed improved mobility. Transport costs and expense incurred due to the use of physical assistance from friends, family or formal carers could now be covered, meaning individuals were less concerned that they could not offer adequate recompense. A wider range of goods and services also became available to recipients as income increased, resulting in extra resources directed to heating and food expenditure (Craig, 2004).

The challenge for welfare rights advice services is to find a route through these multiple barriers to reach 'hard to reach' groups (see below for studies on locating advice services in primary care). The provision of welfare rights advice where it is able to interact with 'hard to reach' groups can, however, make a substantial difference to peoples lives, bringing huge relief to recipients, not least financially. This is, perhaps, not surprising, a recent qualitative study by Preston (2005) investigating the impact of extra resources from DLA on families with disabled children found the extra resources affected standard of living. Disabled children may spend a disproportionate amount of time in the home and Preston found the resources

from DLA were used for a variety of purposes connected with this including, home entertainment (particularly computers/ games consoles and televisions) and educational equipment (books). DLA was also used to purchase clothes, Christmas presents, trips to the cinema and other social activities which could increase social inclusion as well as contributing to basic costs, such as transport and contributing to the financial autonomy of mothers, who are more likely to be the main carer and therefore more likely to be reliant on a partner for their income (Preston, 2005). In this sense greater take-up of DLA amongst families with disabled children would contribute to the Government's goals on child poverty and social inclusion and potentially increase gender equity within households.

### **Rural disadvantage, fuel poverty and benefits advice**

A failure to claim benefits to which they are entitled affects multiple areas of the potential recipient's standard of living. Low income impacts on the ability of the non-claimant to 'get around', take part in social activities, afford adequate quantity and quality of food and clothing and heat their homes to recommended levels. Indeed the experience of fuel poverty can further reinforce other aspects of social exclusion through its negative impact on health (Baker, 2001). For people in rural areas the problem of fuel poverty and the barriers to advice services are likely to be greater and may further reinforce the experience of social exclusion. In 2001 the proportion of urban households affected by fuel poverty stood at 7.6%, whilst in rural areas this figure was 11.6% (NEA, 2005a). For groups regarded as most at risk, such as pensioners, the potential financial, social and health advantages could be substantial. Research by the Commission for Rural Communities on rural disadvantage, drawing on 21 in-depth qualitative interviews with disadvantaged people aged over 60 has shown that even where evidence of disadvantage was clear, respondents played down their material needs and demonstrated a deep seated commitment to self sufficiency and independence. At the same time a sense of isolation and loneliness often existed particularly for those with limited access to informal support networks of family and friends. If respondents could not afford, or were unable to use transport such as cars and/or buses then individuals standard of living could decrease and their sense of social isolation increase (CRC, 2006). Similarly Philip *et al* (2003) found that while there appears to be a culture of self reliance and reluctance to claim benefits amongst some pensioners in rural areas, the problems low income pensioner households face in urban areas, are often exacerbated for pensioners in rural areas. Increased transport costs, food costs and the expense of heating in remote rural areas (some areas of rural Scotland lack a mains gas supply) all impact on family budgets (see Palmer *et al*, 2004). If pensioner households are not claiming the benefits to which they are entitled then they will be more at risk of social exclusion. They will also be ineligible for other schemes that can provide assistance in avoiding hardship, such as energy efficiency schemes and consequently are more likely to be at risk of fuel poverty (Wright, 2003).

Schemes that impart welfare rights advice, however, may be a particularly useful tool in addressing the risks of fuel poverty to families and individuals, in both urban and rural locations, by encouraging income maximisation amongst those on low incomes who might be eligible for greater resources from the tax and benefits system. A review of fourteen different anti-fuel poverty schemes involving a range of

organisations in the public, private and third sector, and making use of benefit entitlement checks and income maximisation has been conducted by National Energy Action. The review concludes that welfare rights advice can increase the resources at the disposal of households and that schemes addressing fuel poverty, which focus on income maximisation rather than energy efficiency, are the most effective for those in, or at risk of, fuel poverty (NEA, 2005b).

### **Welfare rights advice in General Practice and Primary Care: the financial benefits**

A considerable body of literature has been building about the financial value that welfare rights advice can offer when used in particular locations for specific groups (Galvin *et al*, 2000, Abbott, 2002). A study conducted by Greasley and Small (2005a) into the outcomes of a service providing welfare advice across 30 general practices in Bradford over the initial 24 months of the project showed advice workers saw 2,484 patients. Of these, 69% were of south Asian ethnic origin and in total the advisors raised the considerable sum of £2,389,255 (mainly disability related) in welfare benefits, demonstrating the financial impact welfare rights advice can have.

An in-depth qualitative study of welfare rights advice offered in three general practices serving deprived communities in the North East by Moffat *et als* (2004) provides an insight into how even small increases of income for eligible but not claiming recipients in ‘hard to reach groups’ can make a substantial difference. Interviewing eleven respondents with chronic health problems Moffat *et al* (2004: 298) found that seven would not have used the service had it not been situated within the GP surgery and eight had no previous experience of welfare rights services. The reaction of the respondents to their new financial benefits (all related to disability) was very positive,

*“After everything was sorted out, I was just sitting there and, God, I felt I was on cloud nine. Everything was good, do you know what I mean? Every time I looked at my purse, I thought I’ve got money in my purse today”*

*“I got Attendance Allowance, £31 something... it’s made a lot of difference to my life, it meant I didn’t have to scrimp and scrape.... It’s made a nice difference all round... it’s a nice feeling for the simple reason that I’ve never had money...” (interviewees quoted in Moffat *et al*, 2004: 299).*

A recent study exploring the cost effectiveness of benefit take-up services offered by a health care organisation suggested that the overall efficiency of monetary gains could be further improved by the use of a screening device (e.g. a short Health Assessment Questionnaire). Powell *et al* (2004) draw attention to the important role played by the screening device for identifying patients likely to be eligible for Disability Living Allowance or Attendance Allowance, concluding that it maximised the effectiveness and productivity of welfare rights advisors. A study into a community nurse-led Attendance Allowance screening programme across 24 general practices, with follow up from a money advice worker, produced similar results. Of the six hundred and thirty participants recruited – over three hundred and sixty

subsequently received benefits amounting to a total figure raised of £1,136,424 (Hoskins *et al*, 2005)

A study by Langley *et al* (2004) of patients from 20 general practices and four hospital out-patient departments, across four areas in the southwest of England, produced similar results. Adults with an established mobility problem who were not in receipt of Disability Living Allowance or Attendance Allowance were sent a Health Assessment Questionnaire, designed through the incorporation of a disability index to elicit the eligibility of patients with moderate or severe arthritis for DLA or AA. Patients identified as moderate to severe disability were offered welfare rights advice, with 87% proceeding to apply for DLA or AA and a subsequent 69% success rate. The total amount of benefit raise was, again, considerable, with an annual total at 2002-2003 rates of £353,000. The study is not able to show how many patients would have completed forms and applied for DLA or AA irrespective of the intervention (Langley *et al*, 2004), but many disabled people do not claim the full range of assistance to which they are entitled (Grundy *et al*, 1999; Grewal *et al*, 2002).

Studies of welfare rights advice in primary care have predominantly concentrated on the financial benefits older people and disabled people may obtain. Adults with young families may also make significant gains from welfare rights advice. Child poverty persists within the UK despite the Government's commitment to eradicate Child poverty within twenty years and the recent progress made towards this target (Paxton and Dixon, 2004). The arrival of a baby in a household may often lead to changes in the employment patterns of the parents. Consequently, as the financial circumstances of the household alter the eligibility of the household for social security benefits changes. Research by Reading *et al* (2002) attempted to measure some of the gains families with young children might obtain from citizens advice services within a primary care setting. The study placed an advice worker in three urban primary care health centres for one day per week over a nine month period. Of the 107 families who agreed to participate in the research 22% made use of the advice service. The relationship between mothers and their health visitor emerged as a key factor in whether they approached the advice worker with those who found their health visitor willing to discuss social and financial difficulties and go beyond health issues and the simple mention of potential advice, more likely to talk to the welfare rights advisor. Interestingly friends, family and partners were not found to have the same pivotal role in decisions about using the service (Reading *et al*, 2002). Whilst families with children may gain from welfare rights advice in primary care settings, the research is not conclusive that as a group they are one of the main beneficiaries. Work by Abbott and Hobby (2003), drawing on a longitudinal study of the contribution to health of welfare advice based on demographic data from 354 participants, casts doubt on the efficacy of primary care for families with young children and indeed mental health service users<sup>3</sup>. Rather Abbott and Hobby argue that its principal beneficiaries are people in middle and old age, for whom it delivers a good service.

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<sup>3</sup> This is in contrast to some of the studies discussed in Section 5 which indicate, primary care situated welfare advice, facilitates the engagement of 'hard to reach' groups like mental health service users.

## **4 - Local economic development: the contribution made by welfare rights advice**

Take-up of entitlements by eligible non recipients can make a considerable contribution to improving the financial situation of a household; deliver an increase in living standards and a reduction in deprivation and poverty experienced. The impact of increased benefit take-up may also bring about an economic effect for the wider community as the higher incomes enjoyed by previously non-claiming recipients are spent on the purchase of goods and services.

The New Economics Foundation (NEF) has developed a 'local multiplier tool' to provide an 'indicator' of the impact on local economies of sources and destination of local expenditure. The results of the two pilot projects undertaken by the NEF with Newham Council Social Regeneration Unit and Lancashire County Council on the effects of their different take-up campaigns found that both resulted in direct gains to the local economy. Resources such as tax credits and welfare benefits like Income support are not merely welfare for the individual, but can also be used as an effective part of local economic development (Sacks, 2002).

Further research and evaluation of the impact on local economies of increased benefit take-up from welfare rights advice reinforces this point. Ambrose and Stone (2003) calculate that Brighton and Hove Citizen's Advice Bureau raised an additional income for its clients of £676,000. This is the 'first run' figure - the direct increase in spending power attributable to the CAB's advice activity - the true economic benefit is, however, much higher because of the multiplier effect in the local economy. This is created as the money circulates through spending on local goods and services, before it 'leaks' out and spending spills over into other communities. Drawing on the local multiplier tool kit developed by the New Economics Foundation, Ambrose and Stone conclude that a multiplier effect of 1.7 (viewed as a conservative estimate) operates in the Brighton and Hove case. The economic impact of the initial £676,000 raised should therefore be multiplied by 1.7 giving a total financial gain to the local economy of £1,149,000 (Ambrose and Stone, 2003).

The Fraser Allander Institute (FAI) at the University of Strathclyde, has carried out a similar analysis of the economic impact that Glasgow City Council Welfare Rights Services (GCCWRS) have on the local economy of Glasgow. The direct 'first run' financial effect of advisory and support services delivered by the GCCWRS in 2000-01 amounted to an estimated increase in local income among low-income households in Glasgow by £11.032m. The FAI estimates that an extra 264 jobs across Scotland resulted from this increased expenditure, with 163 of these in Glasgow itself. On the basis of the GCCWRS costs and the number of jobs estimated to have been created the researchers estimate that in 2000-01 the cost per job created across Scotland and cost per job created across Glasgow compared very favourably in financial terms with the cost of dedicated government assistance programs (Fraser Allander Institute, 2001). A follow up study in 2003 that repeated the investigation of GCCWRS's impact on the local economy through their welfare right work produced similar results. The initial 'first run' direct effect was to increase local income among low-income households by £10.795m. The effect on employment was to create an estimated 258 additional jobs across Scotland (a slightly lower figure reflecting the slightly smaller amount of money raise by the GCCWRS) and with 180 of those in

Glasgow. The increase in the latter reflects changes in Glasgow's share (it has risen) of Scottish employment over the two periods, which is used to estimate the distribution of jobs between Glasgow and the rest of Scotland that flow from the spending of increased benefit resources generated by GCCWRS (Fraser Allander Institute, 2003).

## 5 - The impact of a rise in resources on health and social well-being

The interactions between welfare advice, environment, socio-economic status, health and quality of life are complex and multifaceted. A growing body of studies suggest that welfare rights advice, through improving take-up of entitlements, has a positive impact on health and social well being, and that placing advisory services in a primary care context is particularly effective for reaching eligible non-recipients (Health Links Advice Project, 2002; Coppel *et al*, 1999; Abbott and Hobby, 2000; Harding *et al*, 2002; Citizens Advice Bureau, 2005).

Abbott, Hobby and Cotter's (2005) study into the relationship between relief of deprivation and the impact on health provides a case in point. The research, a longitudinal observation of advice to participants, compared those whose income had increased with those whose income had not. Taking place in 2000-01 the study covered 345 people across seven sites in England during the first wave of interviews with the exercise repeated again with a second wave at six months (245 people) and third wave at twelve months (201 people). The findings of the study indicate that an increase in income was associated with a decrease in bodily pain at six months and improvements in psychosocial health at twelve months. This may have been the result of a combination of factors including increased spending on material goods to meet needs (food, fuel, clothing), and a reduction in anxiety over money improving tolerance of pain and/or enabling the participant to communicate more effectively with their GP leading to more effective medical intervention (Abbott, Hobby and Cotter, 2005).

An earlier review of the evidence of the impact made by welfare benefits advice in primary care produced similar results. Exploring 'pathways from poverty to ill health and ill health to poverty', and the role of welfare rights advice in primary care, Abbott (2002) cautions that we should only expect small health improvements. Welfare rights advice by itself can only make a limited contribution to health care for deprived patients. Nonetheless the importance of welfare rights advice for service users should not be underestimated, particularly the contribution it can make to improvements in psychological status amongst those benefiting from increased incomes. For younger, new claimants a reduction in financial worry may contribute to long term reduction in ill health associated with such anxiety and stress. For older patients the impact will be most keenly felt on immediate improvements in quality of life and reduction in financial strain (Abbott, 2002).

An evaluation of the Health and Social Welfare Support Service, developed as a pilot project by Ellesmere Port and Neston Primary Care Trust provides further support to the positive impact on health of welfare rights intervention. A 'before and after' study, the evaluation used a questionnaire to assess the health baseline of the 74 participants and a year later followed this up with a second questionnaire to give some measure of the intervention effect. The findings were interesting in that, prior to intervention participants physical and mental health had a below average status (as measured on a particular instrument of health assessment (Short Form 12 or SF-12). Following the intervention both physical and mental health remained below average, but mental health had significantly improved whilst changes in physical status were



broadly insignificant (Caiels and Thurston, 2004). Simkins (2001) reports on an investigation into the effect, with regard to health improvements made by a CAB advice worker, seconded for one year to two Health Action Zone wards in the Carlisle area. Users of the service were asked to complete a SF-36 quality of life questionnaire followed up six months later with another SF-36 questionnaire. The overall financial gain the advice worker delivered to users of the service was about £70,000, but wider impacts on health and social well being were harder to discern. Anecdotal evidence of improvements in mental health was evident, but a more conclusive finding from this study is, as Simkins acknowledges, difficult to reach. This was due to the small number of participants in the second wave of the research (8) which meant that it was not possible for the project to draw statistically significant conclusions based on the data gathered from the questionnaires. In part this reflected a general lack of awareness of the service, giving rise to a smaller though flow of service users than initially hoped, although some health service staff indicated that any significant increase would, in fact, swamp the advice worker (Simkins, 2001).

Qualitative research gives some insight into how successful claims for assistance following advice service intervention for eligible non-recipients facilitate improvements in individuals lives. Moffatt *et al* (2004) investigated three general practices in Teeside and conducted qualitative interviews with eleven participants who had experienced an increase in resources following a welfare rights intervention. The results cannot, and were not, designed to be representative and are best viewed as indicative of the gains that can flow to successful claimants. Social benefits included reduction in relationship tensions caused by financial pressure and the ability to take part in a wider range of activities, lessening the sense of exclusion and loneliness. Health gains ranged from improved sleep patterns and diet, to giving up smoking and improvements in mental health.

An extensive review carried out of a range of material covering welfare advice within GP surgeries and hospital settings draws attention to the common gains for patients and primary care staff.

- Placing advice workers in GP surgeries improves access for traditionally hard-to-reach groups in danger of exclusion because of age, poor health, lack of transport and psychological barriers to accessing mainstream advice services.
- Health workers develop a greater awareness and knowledge of benefits and relevant 'rights' advice enabling them to take a more holistic approach to patient (socio-economic) needs.
- The service can improve the health and quality of life enjoyed by patients.
- Improvements in health and well being of patients can lead to reduction in use of NHS resources (Greasley and Small, 2002).

A study of health funded welfare rights advice delivered in three London Boroughs found advice on welfare benefits offered in GP surgeries benefited from a more 'relaxing and comfortable' environment than more traditional advice services, lowering barriers to take-up. Provision of specialist in-house advice has been found to make GPs more likely to raise welfare issues with patients than those lacking an on site or specialist welfare advice service that is easily accessible. In turn, patients may be more likely to seek information or guidance from GPs on welfare issues when they are aware that specialist services are available for them to use (Sherr *et al*, 2002).

One advantage of welfare rights provision within general practice is that it may improve the access to welfare right advice of mental health service users and people from minority ethnic community, although some evidence indicates this potential may be limited (see Abbott and Hobby, 2003 –Section 2). Research by the Mental Health Foundation and the National Association of Citizens Advice Bureaux has pointed out that mental health users have particular problems with the complexity of the benefits system, exacerbated by rapid and ongoing changes in their circumstance and compounded by a lack of awareness about how to access appropriate advice (MHF/NACAB, 1998). A study by Sharpe and Bostock (2002) of debt, access to welfare and money advice, and the role of psychological therapists, found that while many referred mental health users to advice service some felt they lacked adequate training or knowledge of who the appropriate agency would be and/or were concerned that advice services for the general public did not necessarily suit clients with mental health problems (crowded waiting rooms and lengthy waiting times could prove particular problems). Qualitative research conducted by Greasley and Small (2005b) with advice workers and primary care staff in the Bradford Health Plus Project showed that one of the key benefits identified by those involved in delivering welfare rights advice in primary care settings was how it improved services for hard to reach groups. Focus groups of GPs, reception/office staff and advice workers felt that the services gave access to patients who might not use mainstream advice centres, particularly people with mental health problems and some members of the female South Asian population. GPs and office staff also felt that it freed up their time making them more productive, by enabling them to direct patients looking for help with benefit claims and advice to an immediately identifiable and authoritative source – the advice worker. Some problems were encountered by advice workers, in that some practices were far from enthusiastic and lacked commitment to the role that an on site welfare rights advisor could play, with the latter receiving only perfunctory support. Another difficulty was the lack of knowledge some staff had about the role of advisors and the advice they could offer, leading to inappropriate referral of patients (Greasley and Small, 2005b).

The *Better Advice, Better Health* project, placing advice systems in GP practices, was introduced in 2003 in Wales by the Welsh Assembly Government. The project provided a useful opportunity to investigate on a scale larger than many studies offer the relationship between advice and financial gains and gather evidence on the impressions and views of clients and GPs on the service and Borland and Owens (2004) have reported on the findings of the evaluation. Following pilots in seven areas in 2001-02 the project was expanded to all 22 local authorities in Wales. Four models of service delivery were used with some projects based in GP surgeries, some in community hospitals, another group taking referrals from health care workers and advising people in their homes, whilst another set were established in CAB premises where it had not proved possible to set them up in health carer settings and home visits were impractical for whatever reason. Covering all 22 Welsh local authorities, this created a project that served a wide cross section of GP practices, including sites of socio-economic deprivation and those situated in more prosperous areas.

The results were impressive in terms of clients seen and income raised. The number of clients seen by advice workers exceeded the target set by the Welsh Assembly: 6,445 against a target of 4,000 and raised £3,448,672. Although this fell short of the £4,000,000 target it does again indicate the kind of impact an initiative such as this

can have, particularly when rolled out on a large scale. The overall satisfaction of patients with the service was also high, with 91% of the 1,088 patients completing a feedback questionnaire saying they were 'very satisfied with the service'. While a majority of patients said they would be happy to use either a mainstream high street CAB service (61%), a significant minority (39%) indicated a preference for the surgery service. A questionnaire sent to a 60% random sample of participating surgeries investigating the views of staff, showed substantial support for the provision of welfare rights advice. There was 72.7% support (agreeing or strongly agreeing) that the advice worker had reduced the workload of members of staff and 78.8% believed that it had improved the work they were able to do in this area. An overwhelming proportion of respondent GPs (90.9%) also agreed that the advice service removed any stigma about asking for help and 62.5% thought it resulted in improvements to patients general health (Borland and Owens, 2004).

## 6 - Concluding Remarks

Take-up of many benefits and tax credits remains sub-optimal (DWP, 2006; HM Revenue & Customs, 2006). Potential claimants continue to face multiple barriers to take-up, including the complexity of the benefits system, reluctance to divulge sensitive information, lack of awareness to entitlements and wariness of the claiming process itself. For some sections of society particular barriers may be more salient than others, and it is important to recognise common barriers alongside diversity of need, experience and attitudes within the potential claimant population.

Welfare rights advice services continue to play a key role in improving take-up and delivering significant extra resources to low income households. The findings of the numerous studies discussed in the report are clear that the extra resources raised, even when these are relatively small, can have a sustained positive impact on individuals' experience of hardship and social exclusion. The studies point to extra resources leading to increased spending on; fuel, educational and recreational goods and services and transport – all critical to reducing household likelihood of falling into poverty or social exclusion (Preston, 2005; NEA, 2005b). The findings from studies into the health benefits of welfare rights advice suggest improvements in mental health following successful welfare right intervention and (limited) improvements in physical health (Abbott, 2002; Greasley and Small, 2002; Moffatt *et al*, 2004; Hoskins *et al*, 2004).

For some eligible non-recipients, welfare rights advice may be particularly important in enabling them to make claims for welfare benefits. Mental health service users are more likely to find the complexity of the tax and benefits system overwhelming and certain minority ethnic groups, such as older women of South Asian origin show less awareness of their entitlements than others. In both such cases, however these clients may also be those least likely to make use of traditional high street services. This may be due to awareness issues again and/or lack of contact with many arms of the state that might put them in touch (South Asian older women), or health difficulties that make the environment (crowded waiting rooms, queues) or these services unsuited to their needs (some mental health service users) (Davis, 2003; Greasley and Small, 2005a).

The increasing use of welfare rights advice services in primary care has developed partly as a response to the importance of delivering services which will engage 'hard to reach' groups. The research broadly indicates that they have met with some success. The most successful service tended to be where other health workers were fully supportive of the initiatives and the welfare rights advisors became an integral part of the health unit, with other health care staff aware of appropriate clients to refer on to them. Where advice workers were more marginalised, due to location (lack of space) and/or lack of interest from healthcare staff the literature suggests the impact was less. The literature does broadly support the idea that many groups of eligible non recipients benefit from advice services offered in primary care from, younger families to hard to reach groups (disabled people, some black and minority ethnic groups, mental health service users). Some studies do however caution that the primary beneficiaries are older people, rather than younger families or hard to reach groups (Abbott and Hobby, 2003).

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