Health & wellbeing 2015
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Foreword

Inequalities in health arise because of inequalities in society, in the conditions in which people are born, grow, live, work, and age. In England inequalities in mortality and morbidity are substantial, people living in the poorest areas will, on average, die seven years earlier and have 17 years fewer of disability-free life expectancy compared with people living in the richest areas. Individuals living in poorer areas not only die sooner, but they will also spend more of their shorter lives with a disability.

These serious health inequalities are caused by social and economic inequalities in society. For example, inequalities in education, employment and working conditions, housing and neighbourhood conditions, standards of living, and, more generally, the freedom to participate equally in the benefits of society. If these inequalities are to be addressed then action is required across all these social determinants of health.

Advice and information services are a way in which local government working with voluntary sector providers can take practical action to help tackle the social inequalities in society that lead to the health inequalities we all experience. Advice and information services can lead to improvements in housing conditions, or employment and working conditions as individuals are able to enforce their statutory rights. Advice services, including financial and debt relief services, housing advice and benefits advice are cost-effective ways to increase incomes in low-income households which can lead to increased standards of living. Of course, given the effect of the economic downturn and the changes to the welfare system there is also a key role for advice agencies to ensure that affected households are fully informed about the changes, so people know how they will be affected, and are helped to understand their best options.

As advice and information services are accessible and used by so many individuals, they have a wealth of data about the social determinants of health that can be used when planning services. Data from advice and information providers may not come badged in the headings policy makers and service planners would like. However, as this report shows, with a little knowledge and interpretation, it can act as a valid indicator about the determinants of health that people in communities and neighbourhoods across England are facing.


Professor Sir Michael Marmot
Introduction

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

The first section focuses on the link between health and advice across the Citizens Advice service as a whole:

- The majority of our clients live in poverty, even if they live in affluent areas, and therefore experience the health inequalities in our society
- Our clients’ problems have a negative consequences for their health and wellbeing and GPs report an increasing need for social welfare advice
- Our clients report that the advice we provide has a positive impact on their health and mental-wellbeing

The second section provides evidence about the service provided in the local area and how this supports health and wellbeing. This includes details on:

- The number of clients we reach, including details on topics such as child poverty, fuel poverty, disability and long-term health problems, homelessness, employment and domestic abuse
- The range of projects delivered by the service locally, including outreach services in health settings, and the specific advice outcomes achieved
- An overview of the emerging needs for clients using our service in areas such as welfare benefits, debt and housing

The final section looks forward at the emerging needs of 2015/16, based on trends in our data as well as government policy.

- We expect the roll out of universal credit to lead to a greater need for advice on benefits, digital inclusion and financial capability
- An increase in household debts such as council tax, rent and utility arrears is anticipated
- The condition of property and security of tenure for private rented sector tenants are likely to be issues of increasing concern
- Fuel poverty cases caused or exacerbated by prepayment meter issues have risen steadily and we expect the trend to continue
Health, wellbeing and advice – the national picture
Advice and health outcomes

The last year has seen a number of studies underlining the positive effect that social welfare advice can have on both physical and mental health.

In 2014 Citizens Advice conducted research\(^1\) following up with 2,700 clients 3-5 months after they had received advice.

**Before advice**  
66% felt stressed, depressed or anxious  
30% felt their physical health getting worse

**3-5 months after advice**  
81% felt less stressed, depressed or anxious  
45% felt their physical health had improved

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

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

In another study by the Legal Action Group, backed by the Law Society, 1,000 GPs were asked about advice in relation to health consequences\(^2\).

88% of GPs thought that lack of access to advice on social welfare issues can negatively impact patients' health to at least some extent

48% thought this ‘to a great extent’

The majority of GPs thought that the number of patients who would have benefited from social welfare advice had increased.

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

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\(^1\) Citizens Advice (2014), *Findings from national outcomes and impact research*

\(^2\) Legal Action Group (2014), *Healthy legal advice; Findings from an opinion poll of GPs*
Advice and health services

A study by Citizens Advice\(^3\) into non-health demands on GPs found that 80\% of the 824 GPs interviewed reported that dealing with non-health queries resulted in decreased time available to treat other patients’ health issues, with almost a fifth (19\%) of their consultation time being spent on non-medical matters. The most common issues raised were personal relationships, housing, employment, welfare & benefits and debt.

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

Deprivation and health

According to data from the Office of National Statistics\(^4\) those living in the 20\% most deprived areas have lower life expectancy and will spend a greater proportion of their lives with a disability.

In the 20\% most deprived areas:

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

In the 20\% least deprived areas:

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

Although these figures are useful in terms of illustrating the link between deprivation and health, it is important to remember that pockets of deprivation can be found in even the least deprived areas.

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

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\(^3\) Caper, K & Plunkett, J (2015), A very general practice: How much time do GPs spend on issues other than health? Citizens Advice

Deprivation and Citizens Advice

While looking at areas of greatest deprivation can be useful, this can mask the pockets of deprivation that can be found in even the most affluent areas. While 30% of clients seen by Citizens Advice last year were resident in the 20% most deprived areas, overall 72% of our clients were living in poverty. This compares to 16% of the population of England and Wales.

- **Fig 2**: Inequality in Life expectancy (LE) and Disability-free life expectancy (DFLE) at birth by area deprivation quintile 2006-09

- **Fig 3**: Proportion of Citizens Advice clients in poverty compared to the population of England & Wales

We estimate that 79% of our clients do not reach the Joseph Rowntree Foundation’s Minimum Income Standard (MIS). This standard establishes the household income required to maintain an adequate standard of living. The proportion of households

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5 Citizens Advice (2015) *Client poverty profile briefing*

6 Joseph Rowntree Foundation (2014) *A minimum income standard for the UK in 2014*
reaching this standard is used as an indicator of health inequalities for local authorities\(^7\).

**4 out of 5 Citizens Advice clients fall below the Minimum Income Standard**

![Fig 4: Citizens Advice clients in relation to the Minimum Income Standard](image)

Citizens Advice clients are also twice as likely to be a disabled person as the population as a whole.

**Wellbeing and health**

The recognition of the link between wellbeing and health is increasing. Both the Public Health Outcomes Framework\(^8\) and the NHS Outcomes Framework\(^9\) include indicators for wellbeing.

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

In 2014/15, Citizens Advice piloted use of the scale used by the Department of Health, the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), to monitor outcomes for clients following advice. Results from a sample of 143 clients interviewed 4-6 weeks after receiving advice are detailed in figure 5 below.

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\(^7\) UCL Institute of Health Equity (2014), *Marmot Indicators 2014*
\(^8\) Department of Health (2012), *Public Health Outcomes Framework*
\(^9\) Department of Health (2011), *NHS Outcomes Framework*
\(^{10}\) Department of Health (2014), *Wellbeing, why it matters to health policy*
Social determinants of health

In 2014, the Marmot Indicators of social determinants of health and health outcomes\textsuperscript{11} were updated. Individual dashboards for local authorities (England only) are available for download\textsuperscript{12}. The Marmot Indicator determinants of health outcomes are:

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


\textsuperscript{12} UCL Institute of Health Equity (2014), \textit{Marmot indicators 2014, local authority profiles}
Health, wellbeing and advice - our local contribution
Who do we reach in our area?

Last year a total of 6876 people living in Bromley received help from the service.\textsuperscript{13}

Figure 6 below shows where our clients live in relation to the indices of multiple deprivation.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure6.png}
\caption{Citizens Advice clients 2014/15 and indices of multiple deprivation in Bromley - Contains OS data © Crown copyright [and database right] 2015}
\end{figure}

\textit{While these maps can be a useful tool for targeting resource, it is important to remember that this geographical resolution can hide pockets of deprivation within otherwise more affluent areas. 72\% of Citizens Advice clients live below the poverty line while only 30\% are resident in the most deprived areas.}

In addition to the open-door advice services available in bureaux, we deliver:

- outreach advice services in over 6 locations across Bromley, including advice in children & families centres
- projects tailored to the needs of particular groups, including those with mental health needs, hearing difficulties and learning difficulties
- advice by telephone for those unable to reach an advice session

\textsuperscript{13} This figure reflects clients resident in the Local Authority and may not perfectly match the figure seen by the local bureau
Forms Completion Home Visiting Service

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

- Benefits & tax credits 1759 clients
- Debt 1214 clients
- Employment 505 clients
- Housing 961 clients

Research has shown that 2 out of 3 of clients’ problems are resolved following advice\(^\text{14}\).

The following sections give more detail on how Citizens Advice address social determinants of health in Bromley.

**Child poverty in our area**

There are 3.5 million children living in poverty in the UK, with 1 in 4 working age adults with children living below the poverty line.\(^\text{15}\) On average, children born in the 20% most deprived areas have a disability free life expectancy of 55-56 years.\(^\text{16}\) In 2014/15, 36% of clients seeking advice had dependent children.

Evidence suggests that living in a household with problem debt is often associated with emotional distress, problems at school and exclusion from social activities.\(^\text{17}\)

This means that child poverty and household debt are linked to many of the social determinants of health identified by the Marmot Review\(^\text{18}\).

- In 2014/15 the service advised a total of 1214 clients who were resident in the Bromley area about debt and 1759 clients about benefits and tax credits
- A total of 2552 residents were advised about benefits, or debt, or both, to help them maximise their incomes and manage any debts
- From our client records, 41% of clients advised on debt or benefit had dependent children – so we estimate 1047 of these clients had dependent children\(^\text{19}\)

\(^{14}\) Citizens Advice (2014), *Findings from national outcomes and impact research*
\(^{15}\) Joseph Rowntree Foundation (2013), *Monitoring Poverty & Social Exclusion*
\(^{17}\) Children’s Society (2014), *The Debt Trap: Exposing the impact of problem debt on Children*
\(^{19}\) Estimate includes a proportion of clients with unrecorded household type. The percentage of clients with dependent children is calculated as a percentage of clients where the relevant profile item was recorded
Figure 7 below shows the extent of our work concerning debt, financial capability and income maximisation with clients recorded as having dependent children, according to where they live (left hand map), and in relation to the indices of child poverty in the local authority area (right hand map.).

Advice and information from Citizens Advice lifts children out of poverty by increasing income and helping families to manage unaffordable debts. Our outreach projects include working in Children’s Centres and community centres to reach families in poverty.

▲ Figure 7: Citizens Advice debt/benefit clients with dependent children 2014/15 and indices of child poverty - Contains OS data © Crown copyright [and database right] 2015
Fuel poverty in our area

Low income, poorly insulated housing, and expensive, inadequate heating systems contribute to fuel poverty, which in turn contributes to excess winter mortality and morbidity amongst older and disabled people. From 2011/12 to 2013/14 there were over 73,000 excess winter deaths in England and Wales\textsuperscript{20}.

According to Department of Energy and Climate Change (DECC) statistics\textsuperscript{21}, there were 2.3 million households in fuel poverty in 2012.

- In 2014/15 the service advised a total of 2552 clients living in Bromley about money-related matters concerning debt and/or benefits to help maximise their income
- 47\% of these clients advised on debt or benefits were aged 60 or over and/or disabled.
- 200 clients were advised on energy-related consumer problems, fuel debt, or both

Figure 8 below shows the extent of all our advice on income maximisation (debt and/or benefit) according to where clients live (left map), in relation to the indices of deprivation across Bromley (right map).

\textsuperscript{20} Office of National Statistics, \textit{Excess winter mortality by age group 2013/14 (provisional) and 2012/13 (final)}
\textsuperscript{21} Department of Energy & Climate Change (2014), \textit{Annual Fuel Poverty Statistics Report 2014}
In addition to advising about benefit claims and debt problems, the bureau offers financial capability advice to clients – such as budgeting, how to get the best energy deal.

Disability and long term health problems in our area

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

1387 Bromley-resident clients were recorded as disabled or with long term health problems. The actual number will be higher, taking into account those whose disability/health status was not recorded.

35% per cent of our clients living in Bromley were disabled or had a long-term health problem, where disability/health status was recorded.

Using the disability types recorded, we estimate:

- 43% had a long-term health condition
- 26% had mental health problems
- 21% had physical or sensory impairment
- 4% had learning difficulty or cognitive impairment
- 5% had multiple impairments

Case Study

Our client was living with her husband and two children in Housing Accommodation property. The client received Employment Support Allowance, Housing Benefit, Council

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23 Wadell & Burton (2006), Is work good for your health and wellbeing?
Tax Reduction, Child Tax Credit and Child Benefit. Her husband does not work. The client wanted help to make a claim for PIP.

The Gateway Assessor assessed the client’s health problems and how these affected her ability to self-care and mobilise, referring to the relevant activities related to PIP. From the information the Assessor obtained it was felt that the client may qualify for the standard rate of the mobility and the enhanced rate of the daily living component of PIP. Based on this the client was referred to our Forms Completion Service (FCS) where a volunteer helped the client to complete the PIP claim form. Subsequently, an advisor carried out a benefit check for the client, to ensure that the household was receiving its full benefit entitlement.

The client later received notification that her PIP claim had been successful and she was awarded the standard rate of the mobility and daily living components of PIP. The advisor made the client aware that her husband could now claim Carers Allowance (CA) and should also inform JCP of the award of CA so that a carer premium could be included in their weekly ESA applicable amount. The advisor also made the client aware that we may be able to help them to challenge the PIP decision not to award the enhanced rate daily living component. For us to do this, the client would need to provide us with medical evidence from her GP or other doctor that details how her physical and mental health affect her ability to self-care and mobilise. The client informed the advisor that she did not wish to challenge the PIP decision and was very satisfied with the outcome of her query.

Figure 9 below compares the type of problems clients experienced in 2014/15 for different client groups - those with mental health problems, those with other types of disability or ill health, and clients without disability or health problems.

Clients with mental health problems have more debt problems than other disabled people, with a similar level as clients who are not disabled, whilst clients with other kinds of disability or long term health problems are less likely to have debt problems. All kinds of disabled clients, not surprisingly, are much more likely to need help with benefits than those without disability or health problems.
Disabled and ill clients are less likely to be employed and so more often require help with benefits. In particular, the recent changes in sickness-related benefits are causing problems to these vulnerable groups – particularly the introduction of employment & support allowance (ESA) which replaces incapacity benefit. We have helped a record number of clients with their appeals against unfair work capability assessments for ESA. Using bureaux’ evidence, Citizens Advice nationally has highlighted the major flaws in the assessment process with the government.

The replacement of Disabled Living Allowance in April 2013 by the lower-funded substitute Personal Independence Payment (PIP) is causing an even larger number of disabled people to require advice and assistance. PIP was first introduced for new claims in the North West and parts of the North East of England in April 2013, and then across Britain from June 2013, replacing DLA. It was an intentionally slow start, held up further by delays emerging at every part of the new claims process for PIP.

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

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

Although it has been highlighted that disabled people have been protected from the freezing of - or sub-inflation increases in - the level of benefits and tax credits, it is only the disability additions which have been protected. A much larger proportion of a disabled person’s benefits are not specifically targeted at disabled people but cover rent and living costs and allowances for children. The level of benefit that disabled people receive has therefore dropped substantially in real terms over the last five years.
Citizens Advice has found disability to be the single biggest cause of employment discrimination amongst clients – bigger than race or gender. Amongst our clients seeking help with employment problems, disabled clients are more frequently advised about discrimination than other clients.

Clients with long term illnesses frequently require help with benefits.

Homelessness in our area

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

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

Case Study

Our client has three main issues: 1. Repossession hearing for rent arrears. 2. Social Services seeking signature to take their young child into voluntary care. 3. Harassment by one particular family of neighbours. Extremely distressed and overwhelmed.

Our adviser concentrated on the rent arrears and possession action. Court hearing booked for 5 days’ time.

The client was dyslexic and appeared vulnerable and unable to cope well with their affairs without the support of a neighbour.

Arrears of just over £1000. Arisen due to non-payment of element of rent not covered by housing benefit. Our client was working but now on ESA owing to attack and harassment by neighbour.

We filled out the defence form with our client and advised our client to take it to the court today and to turn up early for the hearing.

Our client has made attempts to pay sums off the arrears and from today will pay rent plus £10.00 per week. We helped client write to her Housing Association to confirm this.
A few days later after the Court hearing we contacted our client. The court confirmed agreement that our client could pay £5.00pw off arrears but client is paying more and is happy with this arrangement. Our client is still supported by her neighbour and no longer needing support from us on neighbour dispute and other money issues. We agreed to close the case and told our client to contact us if anything further arises.

Client now has access to their child once a week. Our client is reasonably happy with this as had feared child being taken into care. Our client is having counselling for depression.

**Employment and employability**

Evidence shows\(^24\) that employment is good for physical and mental health and that getting back into work can be the best way for people with health conditions to recover.\(^25\)

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

- In 2014/15 the service advised a total of 658 clients with an employment advice issue
- 155 clients sought our help on employment terms and conditions
- We helped 564 people with Jobseekers Allowance enquiries

**Victims of domestic abuse**

Domestic abuse victims have a high level of repeat victimisation, often with the severity of incidents escalating over time. This has an extreme adverse effect on the physical and mental health of the victims and of children witnessing abuse. In the last year 47 residents of Bromley sought advice from the CAB about domestic abuse. We work closely with other agencies to help clients resolve these problems, and we help sort out any ensuing debt and housing issues and benefit entitlements following separation.

The ASK RE Programme is a service wide initiative training and supporting advisers to ask a routine enquiry of unaccompanied face to face clients with debt or benefit

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\(^{24}\) Wadell & Burton (2006), *Is work good for your health and wellbeing?*

\(^{25}\) NHS (2014), *Is work good for your health?*
enquiries about whether they have in the past experienced, or are currently experiencing, any form of gender violence and abuse (GVA).

The programme provides information and training as to how to ASK a routine enquiry about GVA. The programme aims to help break the silence about GVA, give better advice and support to clients who disclose, and develop improved referral and sign-posting pathways with partners.

Projects – work in health settings

In our Outreach sessions, there is a higher demand for benefit advice than amongst our other clients. GPs are often faced with clients suffering from stress due to debt or poverty and they are unable to resolve the underlying causes. Referral to a Citizens Advice adviser for benefit or debt advice helps the client and saves the GP’s time for their real work.

Published research shows that debt problems and financial concerns commonly lead to anxiety, stress and depression. These mental health problems are a big drain on the health service.

Outcomes for clients

Benefit advice outcomes:

A total amount of £1,070,847 benefit gain was recorded. The real total is considerably greater as the outcome was not known for many clients. The average ongoing annual benefit gain per client was £5,600 where known. The average back-payment per client was £1,900 where known.

Debt advice outcomes:

Repayment rescheduling:

- £34,648 clients had one or more debt repayments successfully rescheduled, to make their outgoings more manageable

Debt written off:

- £489,556 clients had one or more debts written off - through bankruptcy, debt relief order, or otherwise.
- The average value of debt written off for these clients was £17,800

Homelessness prevented

- 17 clients were prevented from becoming homeless
Clients also report positive health outcomes:

- In Bromley, 51% of debt advice clients reported an improvement in their health following advice, and 63% of debt advice clients reported a reduction in their stress levels.  

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

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

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

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27 Citizens Advice (2009), Outcomes of a Longitudinal Study of Citizens Advice Service Clients in Wales  
28 Citizens Advice (2014), Health Outcomes Monitoring Toolkit: pilot results
Health, wellbeing and advice - emerging needs
Benefits

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

- Digital inclusion/online applications
- Financial capability: assistance with budgeting for monthly payments
- Rent arrears (pilots suggest social housing tenants may fall behind with rent payments\(^{29}\) as direct payments to landlords are stopped, and that many people are reluctant to access financial support until they reach crisis point\(^{30}\))

There is also concern that universal credit payment to a nominated head of household may lead to an increase in financial abuse.\(^{31}\)

A continued increase in demand for advice on the new Personal independence Payment (PIP) is also anticipated.

Debt

Over the last several years we have seen an increase in the proportion of clients coming to us with Council Tax, rent and utility arrears in relation to other forms of debt, as illustrated in figure 10 below. Council Tax is now the most common debt problem among our clients. We expect this trend to continue in the coming year.

![Figure 10: Proportion of debt clients by debt type 2008/09 – 2013/14](image)

\(^{29}\) Inside Housing (2013), *Rent arrears to go up ‘£180’ under Universal Credit*

\(^{30}\) Department for Work and Pensions (2014), *Local Authority Led Pilots, Preparing for Universal Credit Implementation*

\(^{31}\) Women’s Aid (2015), *Unequal, trapped & controlled, Women’s experience of financial abuse and potential implications for Universal Credit*
Housing

Although quality of housing is not included in the Marmot indicators, studies have shown that the quality of the home has a substantial impact on health. The Building Research Establishment has calculated that poor housing costs the NHS at least £600 million per year.\(^{32}\)

The proportion of privately rented dwellings has steadily increased in recent years, corresponding to a decrease in social rented households and households buying with a mortgage, as shown in figure 11 below\(^{33}\)

![Figure 11: Proportion of dwellings by tenure type, English Housing Survey](image)

While efforts to meet the Decent Homes Standard have resulted in an improvement in housing conditions for many social rented households, accommodation in the private rented sector has lagged behind, with 33% of homes failing to meet the standard compared to 15% in the social housing sector.\(^{34}\)

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

Fuel poverty

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

\(^{32}\) Nichol S. et al. (2010), *Quantifying the cost of poor housing*
\(^{33}\) Data source: Office of National Statistics (2015), *English housing survey 2013 to 2014*
\(^{34}\) Data source: Office of National Statistics (2015), *English housing survey 2013 to 2014*
Over the last three years, our Consumer Service helpline has seen a steady increase in cases relating to energy prepayment meters.

As shown in figure 12, we have also seen a steady rise in the number of prepayment meter self-disconnection cases, where customers are unable to top up their meter.

The reality behind this is that many people are finding themselves without power, most often in the winter months. This problem is often exacerbated by automated debt repayments being deducted from the meter balance.
Another issue is that the cost of prepayment meter tariffs is generally considerably higher than those available to consumers paying by direct debit.

![Figure 14: Average energy tariff comparison for an average household\(^{35}\) between direct debit and prepayment meter.](image)

On average, prepayment meter tariffs are 14\% higher for dual fuel, 11\% higher for electricity and 17\% higher for gas. This amounts to a difference of around £150 per year for gas and electricity combined for an average household.

We expect the increase in prepayment meter cases to continue this year. As well as financial capability work with our clients, Citizens Advice will continue to work with energy companies towards a fair deal for prepay.

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\(^{35}\) Based on average yearly household use: 3,200 kWh electricity/13,500 kWh gas
Appendix 1: Client Profile

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

Table 1: Super Output Areas

<table>
<thead>
<tr>
<th>Super Output Areas (SOA)</th>
<th>Clients %</th>
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<tbody>
<tr>
<td>20% most deprived</td>
<td>20%</td>
</tr>
<tr>
<td>Outside 20% most</td>
<td>80%</td>
</tr>
<tr>
<td>deprived SOAs</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 2: Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Clients %</th>
<th>LA area %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>38%</td>
<td>48%</td>
</tr>
<tr>
<td>Female</td>
<td>62%</td>
<td>52%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
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Table 3: Age

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

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<thead>
<tr>
<th>Age</th>
<th>Clients %</th>
<th>LA area %</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-24</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>25-34</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>35-49</td>
<td>35%</td>
<td>29%</td>
</tr>
<tr>
<td>50-64</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>65+</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
### Table 4: Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Clients %</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>61%</td>
</tr>
<tr>
<td>White Irish</td>
<td>1%</td>
</tr>
<tr>
<td>White Other</td>
<td>8%</td>
</tr>
<tr>
<td>Mixed White &amp; Black Caribbean</td>
<td>2%</td>
</tr>
<tr>
<td>Mixed White &amp; Black African</td>
<td>1%</td>
</tr>
<tr>
<td>Mixed White &amp; Asian</td>
<td>0%</td>
</tr>
<tr>
<td>Mixed Other</td>
<td>1%</td>
</tr>
<tr>
<td>Asian or Asian British Indian</td>
<td>1%</td>
</tr>
<tr>
<td>Asian or Asian British Pakistani</td>
<td>0%</td>
</tr>
<tr>
<td>Asian or Asian British Bangladeshi</td>
<td>1%</td>
</tr>
<tr>
<td>Asian or Asian British Other</td>
<td>2%</td>
</tr>
<tr>
<td>Black or Black British Caribbean</td>
<td>6%</td>
</tr>
<tr>
<td>Black or Black British African</td>
<td>9%</td>
</tr>
<tr>
<td>Black or Black British Other</td>
<td>3%</td>
</tr>
<tr>
<td>Chinese</td>
<td>0%</td>
</tr>
<tr>
<td>Roma/Gypsy/Traveller</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Table 5: Disability

<table>
<thead>
<tr>
<th>Disability</th>
<th>Clients %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled/Long-term health</td>
<td>41%</td>
</tr>
<tr>
<td>Not disabled</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Table 6: Occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Clients %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed (FT/PT/self-employed)</td>
<td>37%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>22%</td>
</tr>
<tr>
<td>Retired</td>
<td>12%</td>
</tr>
<tr>
<td>Home carer</td>
<td>6%</td>
</tr>
<tr>
<td>Permanently sick/disabled</td>
<td>13%</td>
</tr>
</tbody>
</table>
### Table 7: Household Type

<table>
<thead>
<tr>
<th>Household type</th>
<th>Clients %</th>
<th>LA area %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single person</td>
<td>36%</td>
<td>12%</td>
</tr>
<tr>
<td>Single person with dependent children</td>
<td>22%</td>
<td>8%</td>
</tr>
<tr>
<td>Single person with non-dependent children</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Couple</td>
<td>13%</td>
<td>19%</td>
</tr>
<tr>
<td>Couple with dependent children</td>
<td>17%</td>
<td>32%</td>
</tr>
<tr>
<td>Couple with non-dependent children</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Table 8: Housing Tenure

<table>
<thead>
<tr>
<th>Housing Tenure</th>
<th>Clients %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own outright</td>
<td>10%</td>
</tr>
<tr>
<td>Buying home (mortgage etc.)</td>
<td>13%</td>
</tr>
<tr>
<td>Shared ownership</td>
<td>1%</td>
</tr>
<tr>
<td>Social housing tenant</td>
<td>39%</td>
</tr>
<tr>
<td>Private tenant</td>
<td>24%</td>
</tr>
<tr>
<td>Rent-free housing</td>
<td>1%</td>
</tr>
<tr>
<td>Homeless (incl. hostel/B&amp;B)</td>
<td>2%</td>
</tr>
<tr>
<td>Staying with relatives/friends</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Table 9: Income Profile

<table>
<thead>
<tr>
<th>Income profile</th>
<th>Clients %</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; £400pcm</td>
<td>27%</td>
</tr>
<tr>
<td>£400 - £599pcm</td>
<td>16%</td>
</tr>
<tr>
<td>£600 - £999pcm</td>
<td>21%</td>
</tr>
<tr>
<td>£1,000 - £1,499pcm</td>
<td>15%</td>
</tr>
<tr>
<td>£1,500 - £1,999pcm</td>
<td>9%</td>
</tr>
<tr>
<td>£2,000 - £2,499pcm</td>
<td>7%</td>
</tr>
<tr>
<td>£2,500 - £2,999pcm</td>
<td>1%</td>
</tr>
<tr>
<td>&gt; £3,000pcm</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Appendix 2: GP survey findings

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

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

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

<table>
<thead>
<tr>
<th>To a great extent</th>
<th>To some extent</th>
<th>To a small extent</th>
<th>To no extent</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>48%</td>
<td>40%</td>
<td>7%</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>