

The Financial Shield Project

Supporting working aged
people with long-term
health conditions and
financial difficulties



DAMON GIBBONS
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Executive Summary

People with long-term health conditions are often forced into low-paid, precarious work—or are unable to work at all. As a result, many experience debt struggles. The Financial Shield project was developed to address this, tackling the deep two-way link between financial difficulties and poor health. It builds on work showing the importance of financial equity and support to improving people's physical and mental health.

The Financial Shield project embeds proactive financial support into community health settings, making a real difference to people's lives. By creating new pathways to financial support, and addressing the fragmentation of services, the model provides an integrated neighbourhood approach to tackling deep-rooted social and health inequalities.

The project was launched by **Impact on Urban Health** and **Centre for Responsible Credit** at the height of the pandemic in 2020 as a pilot to tackle health inequalities in South-East London. Our multi-agency partnership initially aimed to reduce the severe health risks and economic impacts posed by Covid-19. Aimed at working-age residents with, or at risk of developing, long-term health conditions, the project has become even more relevant in the cost-of-living crisis, and **provides important insights for the proposed, holistic, ways of working within neighbourhood teams envisaged in Government's 10-Year Health Plan for England.**

How the Financial Shield works

A key part of this approach is embedding dedicated advice workers—'Financial Support Link Workers (FSLWs)'—within primary care. This gives residents access to proactive financial assistance, tailored to their support needs. GPs and social prescribers can refer patients directly, and practices also run targeted text message campaigns so that people can self-refer through our accessible digital platform, called "Back on Track".

The pilot has been coordinated by the Centre for Responsible Credit in South-East London. **The partnership brings together 34 GP practices, two councils, and four housing associations,** with the FSLWs managed and supervised by local advice agencies, **Age UK Lambeth** and **Citizens Advice Southwark**. This has delivered a quality assured and joined-up approach, for instance, in managing demands for the service, and in sustaining the trusted relationships that make this model so effective.

The help unlocked by Financial Shield includes financial gains from welfare benefits entitlements; new partnerships with creditors that can ease the stress of debt; and a fast-tracked local breathing space for those at risk of debt enforcement.

Over 1,100 residents have received support from the service. Women aged 45–64, single parents, and people from Black, African, or Caribbean backgrounds were most likely to access support. These are some of the most marginalised members of our society, many stuck with low or precarious incomes, arrears, and insecure housing. The initial pilot has focused on an under-served community, but the model is scalable and designed to work across a wider demographic.

Most residents onboarding to the service are experiencing the twin pressures of escalating financial difficulties and chronic health conditions—including diabetes, arthritis, chronic pain and mental health disorders.

Key achievements and impacts

- **Financial gains of £1.67 million have been recorded.** By May 2025, over 1,000 residents had been helped by the pilot, and financial gains have been recorded for 345 (30%) of these—a median of nearly £4,000. The proportion of residents with recorded gains is slightly higher than comparable projects in London, with the Mayor of London’s Advice in Community Settings programme reporting gains for around 25% of advice seekers.¹

Recorded gains under-estimate the project’s true impact. Gains mainly result from successful benefit claims and appeals, arrears reductions, and access to social tariffs. However, many residents do not feedback the outcomes of their benefit claims and appeals to the FSLW teams and these currently go unrecorded when cases are closed. Additional surveys—conducted by CfRC around a month after case closure—indicate that the number of residents receiving income gains is higher, at around half (46%). Thirty-five percent also received financial support with household bills and arrears; twenty percent received emergency help with food and/or fuel, and ten percent received support with loans, credit cards and other debts.

Modest but impactful investment, returning a mean average of £3.79 for every £1 spent per completed case. This is based on total recorded income gains for all completed cases divided by total costs. It therefore includes those completed cases where no gains have been recorded. As above, this is likely to underestimate the return on investment. Average costs are £400 per resident, and average financial gains across all completed cases are approximately £1,500. The project is also creating additional social value through reduced stress, improved health, and reduced demand on the NHS, which further evaluation activities are seeking to capture.

- **Reduced stress through a local breathing space scheme:** Around a third of residents (350 people) benefited from temporary relief on rent and Council Tax enforcement, allowing them to stabilise their finances, access additional support, and set up affordable repayment plans.

¹ See [Mayor of London \(2024\)](#). ‘Advice in Community Settings: Year 2 Evaluation Report’.

- **Tackling health inequalities and improving health:** Over half (53%) of residents using the scheme reported improved mental or physical health.
- **Reduced pressure on the NHS: with a third of residents making fewer GP visits.** Clinical reviews also indicate that removing financial stress allows GPs to focus more effectively on managing underlying health conditions.
- **High levels of resident satisfaction:** Residents using Financial Shield report a high level of satisfaction², frequently describing feeling less stressed, more able to afford essentials, and better supported in managing their conditions.

Insights and Recommendations

The Financial Shield project demonstrates that co-located financial support and clear referral pathways can produce significant financial, social, and health benefits for a relatively modest, well-targeted investment.

The project offers a proven model for integrating financial support into healthcare. This is highly relevant to proposals in the government's 10-Year Health Plan for England, which commits to reducing health inequalities and creating Neighbourhood Health Centres. These will embed and co-locate NHS, local authority, and voluntary sector services.

By establishing a working model for how NHS, local authority, and voluntary sector services can work together, the Financial Shield provides valuable insights into how a key element of Neighbourhood Health Centres could operate.

The Financial Shield also provides practical lessons for the Integrated Neighbourhood Teams (INTs) model being developed in London by the city's five Integrated Care Boards, London Councils, and the GLA. It also offers insights for local authorities and other service providers—energy and water companies, for example— who may be re-considering their approach to debt management and collections in the context of the cost-of-living crisis.

² A satisfaction survey found an average score of 1.72 out of 5, with 1 being 'very satisfied'.

Our experience indicates that:

- **Targeted, flexible support is effective:** Case studies show that small-scale emergency assistance, combined with benefits and debt advice, can significantly improve residents' ability to manage health and financial pressures.
- **Embedding financial support into clinical teams adds value:** Quality assured advice agencies employ our FSLWs. In Lambeth, these are co-located in GP practices, enabling close collaboration with healthcare professionals and improving referral pathways.
- **Proactive communication improves access:** Structured referral routes—including GP-led identification, SMS campaigns, and self-referral options—have also helped reach residents who are less engaged with traditional advice services.
- **Including face-to-face support is important:** In Southwark, one in six of all residents contacted by our SMS campaigns request an appointment with the FSLWs, based in Citizens Advice. While the majority request phone consultations, forty percent request face-to-face support.
- **Data sharing to support breathing space arrangements can provide better outcomes:** Giving residents the chance to opt-in to cross-sector data sharing has enabled councils and housing associations to offer joined-up enforcement relief and improved access to financial support. These provisions could be improved further by extending partnerships to include energy and water providers.
- **Specialist services remain essential for residents** with the most complex needs. Effective referral pathways to specialist advice—particularly in debt, housing, and immigration—should also be embedded into future commissioning plans.

We therefore recommend Health Commissioners ensure that:

- 1. Financial advice and support is integrated into their plans for neighbourhood health centres and services.** This could be by co-locating quality assured teams in health settings; by providing more structured referral routes; or a combination of both.
- 2. Advice services working with primary care can deliver through wider partnerships.** This includes working with local authorities, housing associations and other agencies that collect payments from residents in their areas.
- 3. Data sharing mechanisms** are fully explored to facilitate partnership working, both to improve outcomes and to measure impacts.
- 4. Partnerships are provided with opportunities to influence wider advice strategies,** including the provision of specialist advice services serving their areas—for example by feeding into Money and Pensions Service debt advice commissioning plans.
- 5. To support long-term funding, partners should work together to develop a shared model for evaluating the social impact and cost-effectiveness of their integrated services.** Discussions concerning who is best placed to co-ordinate this work—involving Government as well as local partnerships—are now required. Department for Work and Pensions should particularly explore how it can help local partnerships to better track the outcomes from their benefit advice work with residents.

Finally, many of the residents using our service have incomes that are clearly inadequate to meet their basic needs. Income inadequacy can remain a problem even after residents have secured all their entitlements, with clear negative implications for health, employment, and housing. Our welfare and health systems need to work together to improve outcomes. Adequate benefit levels are essential to provide the foundations for improved health and deliver on the ambitions of the 10-Year Health Plan. Recent efforts to restrict eligibility criteria and reduce levels of support risk undermining this. We therefore recommend that Government ensure:

- 6. All future welfare changes are subjected to a rigorous impact assessment with respect to their impacts for health and the delivery of health services.**

About us

The Centre for Responsible Credit

The Centre for Responsible Credit ('CfRC') is a charity working to develop better support and solutions for people who are struggling with debt; to influence the regulation of credit markets, and to improve the way that credit is provided. We are primarily concerned with the impacts of credit and debt for lower income households.

We undertake research, evaluation, and provide consultancy services, and are committed to promoting greater equity and social justice; to inclusivity and the celebration of diversity, and to empowering lower income people and communities who are in debt to exercise greater autonomy in their lives. For further information, please visit <https://www.responsible-credit.org.uk>

Impact on Urban Health

The places that we grow up, live and work impact how healthy we are. Urban areas, like inner-city London, have some of the most extreme health outcomes. Alongside their vibrancy and diversity sit stark health inequalities.

At Impact on Urban Health, we want to change this. We believe that we can remove obstacles to good health, by making urban areas healthier places for everyone to live.

The London Boroughs of Lambeth and Southwark are our home. They are some of the most diverse areas in the world. It is here that we invest, test, and build our understanding of how cities can be shaped to support better health. We're focused on a few complex health issues that disproportionately impact people living in cities, and we work with local, national and international organisations, groups and individuals to tackle these.

Our place is like so many others. So we share our insight, evidence and practical learning to improve health in cities around the world.

Impact on Urban Health is a part of [Guy's & St Thomas' Foundation](#).

About the author

Damon Gibbons is CfRC's Chief Executive, and has more than thirty years' experience of providing, designing, commissioning, and evaluating services to meet the needs of disadvantaged groups and communities. Damon has been involved in consumer campaigns at the national and international levels on issues of credit, debt, and financial exclusion for well over a decade. He holds a BA(Hons) Economics and Politics from the University of Warwick and an MA Public Policy (With Distinction) from the University of Nottingham.

1 Introduction

Decades of research show that health inequalities in England are closely tied to social and economic factors. People living in deprived communities are more likely to experience long-term health conditions earlier in life and are more likely to die younger.³

Ill health and financial insecurity are closely linked, with financial hardship exacerbating health problems and poor health making it harder for individuals to sustain employment or manage day-to-day living costs.⁴

Working in Lambeth and Southwark, our research⁵ has shown that people who are struggling financially report far lower levels of good health (43%) than those who describe themselves as financially comfortable (80%). The life expectancy gap between two wards in Lambeth and Southwark can be as much as 12.6 years for men and 10.7 years for women.⁶

There are also clear links with poverty and structural disadvantage. Across London, approximately thirty percent of all residents, including a significant proportion of minoritised individuals, require debt advice—nearly double the national average—highlighting the pervasive financial distress in these communities.⁷ Black households are particularly impacted: more than twice as likely to live in poverty⁸, rendering them more susceptible to financial pressures and associated health disparities. Racially minoritised residents are more likely to develop more health conditions, earlier in life.

For those affected, the combined burden of health and financial challenges can trigger cycles of stress, anxiety, and deteriorating well-being, while also placing additional strain on health and social care services. These avoidable disparities not only diminish individual well-being but also represent a significant loss to society, restricting economic participation and growth.

We therefore welcome the Government's recent publication of its 10 Year Health Plan for England and, within this, its commitment to tackling health inequalities, including through the creation of Neighbourhood Health Centres.

³ See, for example, [Marmot et al. \(2020\)](#). 'Health equity in England: The Marmot Review 10 Years On' and [Raymond et al \(2024\)](#) 'Health inequalities in 2040: current and projected patterns of illness by deprivation in England'.

⁴ [Atay, A., & Mackenzie, P. \(2019\)](#). 'Less Money, More Problems: Alleviating health conditions and financial difficulty'. Demos.

⁵ [Impact on Urban Health \(2024\)](#). 'Health & Wellbeing in Lambeth and Southwark: Insights from Local Communities'.

⁶ Further details of ward level differentials are available from Impact on Urban Health's [Urban Health Index](#).

⁷ [Money and Pensions Service \(2023\)](#). 'Need for debt advice and how households are reacting to changes in the cost of living'.

⁸ [Runnymede Trust \(2022\)](#). 'Falling Faster amidst a Cost-of-Living Crisis: Poverty, Inequality and Ethnicity in the UK.'

The Government's vision⁹ is for the Neighbourhood Health Centres to “co-locate NHS, local authority and voluntary sector services, to help create an offer that meets population need holistically.” Importantly, the plan explicitly recognises the need for health services to connect with advice and support services, to help people in financial difficulty and debt. London provides an opportunity to rapidly progress this agenda. Details of a new ‘target operating model’ for a ‘neighbourhood health service for London’ were published in May by the capital’s five Integrated Care Boards with support from other major health partners, London Councils, and the GLA.¹⁰

To inform the delivery of neighbourhood health centres and services, this report provides insights from our Financial Shield project. Recognising the interdependencies between health and financial difficulties, **Impact on Urban Health** launched the Financial Shield project in partnership with the **Centre for Responsible Credit** (CfRC) in 2020, the initiative addresses the traditionally fragmented nature of existing support services by embedding financial advice and assistance within primary care settings. As well as informing the design of future neighbourhood health centres and services, the report is of wider relevance to local authorities, GPs and Primary Care Networks, providers of debt advice, and other organisations with an interest in tackling the link between financial insecurity and poor health.

About the Financial Shield project

Financial Shield is a multi-agency partnership, bringing together local councils, four Primary Care Networks (PCNs) covering thirty-four GP practices, two advice agencies, and four local housing associations. **Its core aim has been to proactively identify working-age residents with—or at risk of developing—long-term health conditions and financial difficulties, and to provide these with integrated support that helps to maximise incomes, reduce essential outgoings, and manage debt.**

At the heart of the project are two teams of dedicated advice workers—‘Financial Support Link Workers’ (FSLWs)—based in Age UK Lambeth and Citizens Advice Southwark. Direct referrals can be made to these teams by GPs and social prescribers. Posters and leaflets in GP practices also encourage residents to self-refer via an online platform, branded as “Back on Track”. Participating GP practices have also encouraged self-referrals by proactively identifying working age patients with long-term conditions and sending SMS messages that advertise the Back on Track platform.¹¹

⁹ UK Government (2025, p.36) ‘Fit for the Future: 10 Year Health Plan for England’.

¹⁰ See ‘A Neighbourhood Health Service for London: The Targeted Operating Model’.

¹¹ This has been the most common referral route in Southwark, where, unlike Lambeth, the team is not embedded within GP practices. In Southwark, seventy percent of referrals come through this route.

After onboarding, residents typically spend sixty days in the project. During this time the FSLW teams work to maximise incomes and provide advice and assistance to help reduce living costs. They also provide advice and assistance concerning outstanding rent and/or Council Tax arrears that residents may have with the two councils and participating housing associations. Where these accounts are in arrears, residents are entered into a localised breathing space scheme, which suspends enforcement activity.

The localised breathing space scheme

The partnership has a localised debt 'breathing space' protocol in place, which is underpinned by a data sharing agreement. Subject to resident consent—local authorities and housing associations to share rent and Council Tax arrears details with the FSLW teams. In turn, FSLW teams can update creditors and healthcare partners on their support activities. Data may also be shared across the partnership for evaluation.

When residents request support via the Back on Track platform, they provide consent for data sharing. The platform then automatically notifies the relevant local authority, and housing association (if applicable) that the resident has joined the project. Councils and housing associations share arrears information with FSLW teams at that point.¹² If arrears exist, these partners place the resident into the localised breathing space scheme, pausing enforcement for up to 60 days. During this time, FSLW teams work with creditors to explore repayment plans. Extensions to the breathing space may be granted based on individual circumstances.

The benefits of an integrated approach

During the past five years, the project has iterated and developed, providing lessons along the way. We have, for example, tested several different ways of promoting the service. Our council and landlord partners have directly contacted people with rent and/or Council Tax arrears to advise them of the project, and we have also sought to raise its profile at community events. However, we have found the most effective means of reaching people with both long-term health conditions and financial problems is by integrating with primary care services.

Direct referrals from GPs and Social Prescribers provide a highly effective referral route. Where the FSLWs are embedded within clinical teams—as is the case in Lambeth—these are able to provide face-to-face appointments within participating practices. In Southwark, SMS messages from GP practices to lists of patients with long-term conditions has been effective in generating appointment requests via the Back on Track platform. Where people use this to request appointments, forty percent express a preference for these to be conducted face-to-face, with the others taking place by phone.

¹² For direct referrals from health professionals, consent is obtained during the first FSLW interview. Arrears information is gathered at that point, but continued support depends on the resident's formal consent to data sharing.

An independent process evaluation was completed by Cordis Bright in September 2023. Drawing on interviews and focus groups involving twenty-four staff across the partnership and semi-structured interviews with twelve beneficiaries, this provided extremely positive findings:¹³

“...the project has successfully designed, implemented and delivered a wraparound offer of financial support to individuals with financial difficulties and long-term health conditions. The pilot healthcare pathways have shown the effectiveness of locating financial support in healthcare settings and evidenced the local unmet need for the service. The test and learn approach taken by the pilot has generated action learning and adaptations, which will support both future delivery of the Financial Shield and other areas wishing to set up similar models.”

This report now provides further details of project impact, drawing on quantitative sources including monitoring data, resident surveys, analysis of GP appointments pre and post intervention, and clinical assessments.

Structure of the report

Section two draws on our monitoring information to profile the users of the project with respect to their onboarding year, key demographics, baseline health conditions and financial difficulties.

Section three provides further detail of the project's interventions, and the outcomes and impacts achieved through to the start of May 2025. This draws on additional monitoring information supplied by our partner advice agencies; our own surveys of project beneficiaries, and data provided to us by project partners with respect to the impact on primary care services and council debts. The section also provides details of project costs and provides a comparison with similar services.

Section four concludes by providing insights and recommendations from our work which are relevant to the design of neighbourhood health services as well as to wider audiences including local authorities, and other funders.

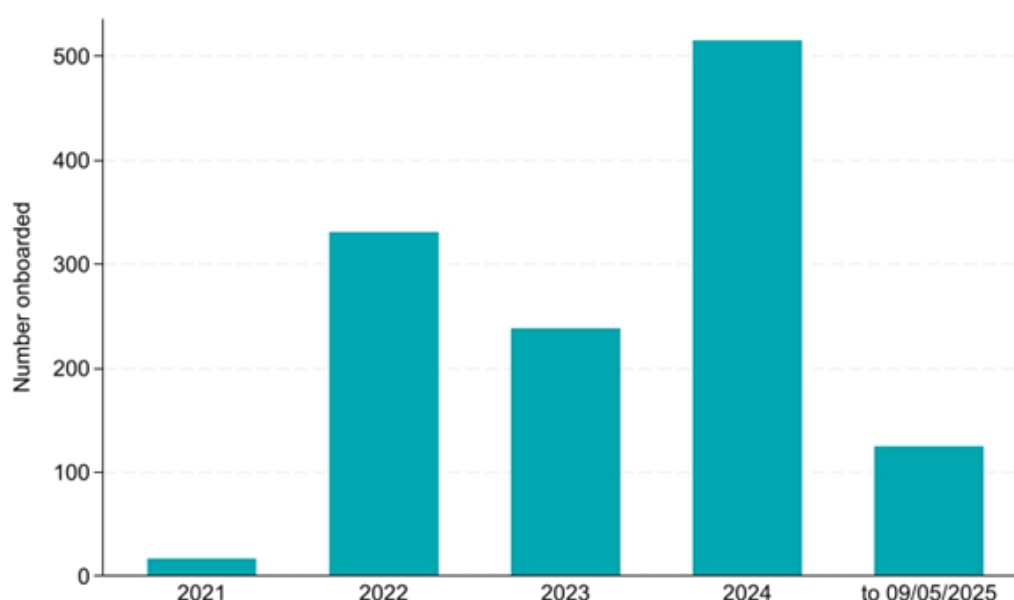
¹³ Cordis Bright (2023, p.4). 'Financial Shield Evaluation: Year 3 report'. Available at <https://www.responsible-credit.org.uk/reports/financial-shield-process-evaluation>

2 Service user profile

Our primary data source is monitoring information provided by the FSLW teams in respect of the 1,147 residents onboarded to the project by 9th May 2025. This is supplemented by information for 779 residents who onboarded via the Back on Track digital platform. When doing so, these are invited to provide details of their health and financial difficulties. Providing that information is optional, but ninety-seven percent of residents do so.

Our monitoring procedures went live toward the end of 2021. Consequently, the data we hold mainly relates to cases onboarded from January 2022 onwards (Figure 1, below).

Figure 1: Number onboarded by year



Staff turnover drove the dip in numbers in 2023, whilst delays in implementing new SMS messaging campaigns in Southwark—following an expansion into new GP practices—explains the lower level of referrals in the first few months of 2025.

We have found SMS campaigns to be highly effective, with these generating appointment requests on the Back on Track platform from around one in every six residents receiving a message. However, the implementation of SMS campaigns can be challenging, as the number of messages being sent out at any one time by GP practices needs to be carefully calibrated to the available capacity of the FSLW teams to take on new cases. This requires consistent and ongoing communication between front-line teams and the participating GP practices and PCNs.

Demographics

Figure 2, below, provides details of the main demographics for residents using the services, broken down by borough.

Figure 2: Gender, age, ethnicity and single parenthood, by borough



Service users are most likely to be single, female, aged between forty-five and sixty-four, and have Black, African or Caribbean heritage.

One in four are single parents, and our monitoring data also indicates that a fifth of these have three or more children.

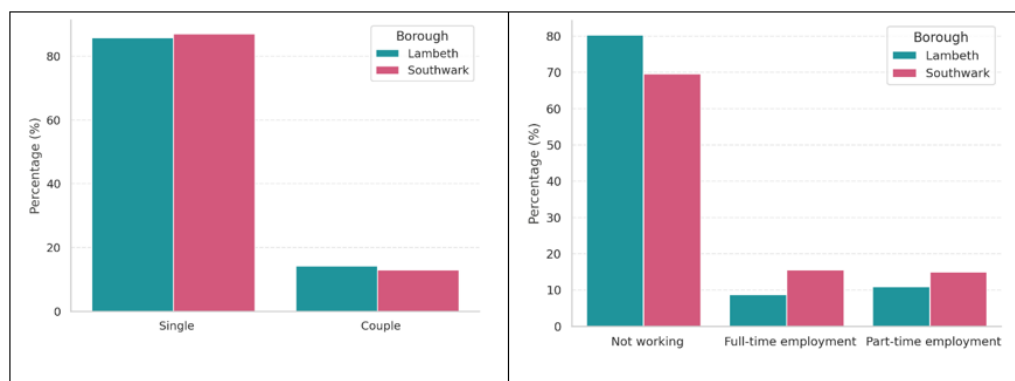
There are some slight differences with respect to ethnicity and age between the two boroughs, with nearly sixty percent of Lambeth's service users having Black, African, or Caribbean heritages and a slightly older age profile.¹⁴ The slightly younger profile of users in Southwark appears to be influenced by the greater use of the Back on Track platform as a referral route in that borough, as we found a statistically significant relationship between the use of the platform and age, with older age groups less likely to onboard through this (after accounting for other demographic factors).

Finally, service users requesting appointments through the Back on Track platform are also asked to provide details of their relationship and employment status. Figure 3, below, provides these details, again broken down by borough. This reveals

¹⁴ Although targeted at working-age residents, the FSLW teams will also assist pensioners who contact them.

a slightly higher level of employment amongst residents using the service in Southwark. However, across both boroughs, only a quarter are in employment. For those that are, there is a fairly even split between full-time and part-time work.¹⁵

Figure 3 Relationship and employment status, by borough



Health conditions

The FSLW teams identify that nearly all onboarded residents (92%) already have long-term health conditions. Just over half have either physical conditions (29%) or mental health conditions alone (26%), but over a third (37%) have both types. In total, two-thirds of residents therefore have physical health conditions, and a marginally lower proportion (62%) are experiencing mental health problems.

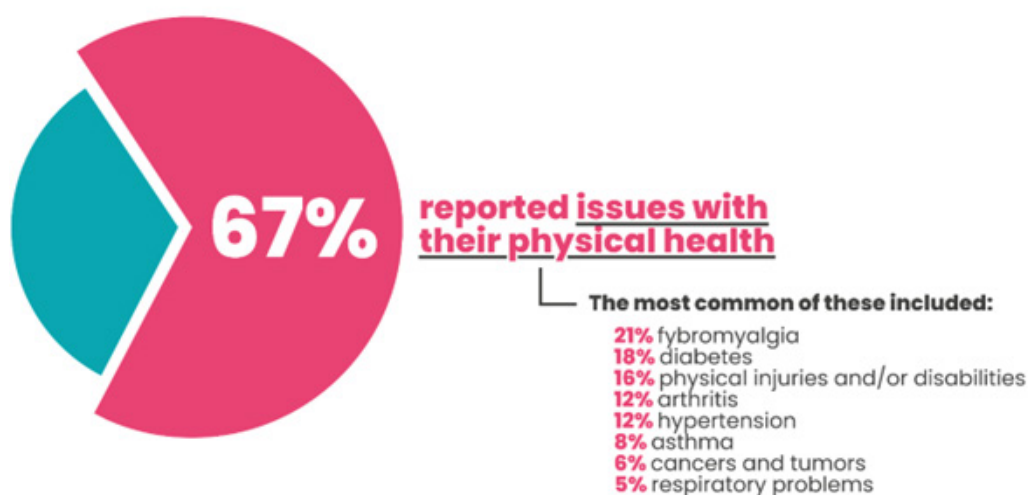
Data from the Back on Track platform builds further on this. The 755 residents providing details of health conditions when onboarding through the platform reported a total of 1,991 medical conditions – an average of 2.6 per resident.¹⁶

Amongst this group, sixty-seven percent reported issues with their physical health. The range of conditions was extremely broad (Figure 4, below), but the most common were chronic pain, including fibromyalgia, diabetes, physical injuries and/or disabilities, arthritis and hypertension. Others included asthma, cancers and tumours, heart conditions, and respiratory problems including chronic obstructive pulmonary disease ('COPD'). We also had some residents reporting with autism, ADHD, high cholesterol, obesity, HIV, and substance abuse/addictions.

¹⁵ In addition to full and part-time employment, the platform also identified self-employed residents, but these constituted <5%.

¹⁶ Data concerning both health conditions and financial difficulties was gathered from the platform in open text boxes. This allowed residents to describe these problems in their own words. Some would do so in considerable detail, naming specific conditions, especially where these related to physical problems. Others, especially those reporting mental health problems, would do so more generally (e.g., stressed, anxious or depressed). Coding of responses was undertaken using the Nvivo software package.

Figure 4: Prevalence of physical health conditions



Sixty percent of residents reported mental health conditions. Stress, anxiety and depression were commonly reported, but clinical depression, bipolar and other personality disorders, post-traumatic stress disorder, psychosis, and schizophrenia were also mentioned on many occasions.

Twenty-nine percent had a combination of physical and mental health conditions.

We have compared the reported physical health conditions of service users to those of the wider population in Lambeth, as reported by local health services¹⁷. The prevalence of chronic pain amongst project users is similar to the wider population (17.3%), and this is also the case for asthma (11.6%). However, service users had a much higher prevalence of diabetes and cancers (5.6% and 2.5% in the wider population respectively).

With respect to mental health, fourteen percent of the wider population suffer from depression and a further nineteen percent have anxiety disorders. Even when these are combined, it is apparent that service users were much more likely to suffer from these problems.

This is important because depression and diabetes “are the most common starter conditions” for patients who go on to develop three or more long term conditions, and “for patients with multimorbidity¹⁸, any combination of long-term conditions that includes depression results in double the number of primary care consultations.” In this respect, it is worth noting that, in 2022/23, the cost of “the average 10-minute face-to-face GP consultation” was estimated at £49.¹⁹ Addressing the financial pressures that exacerbate many mental health conditions could therefore assist the NHS to make considerable savings.

¹⁷ Lambeth DataNet: projects summary update, March 2023 available at <https://www.lambethtogether.net/our-ways-of-working/lambeth-datanet/>

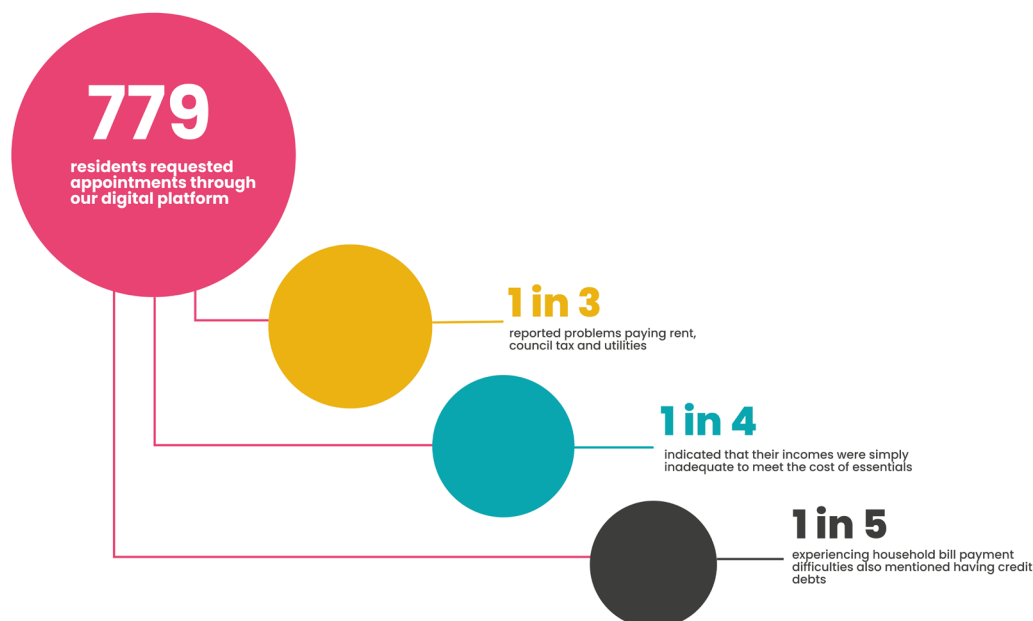
¹⁸ Having two or more long-term conditions.

¹⁹ King’s Fund, ‘key facts and figures about the NHS’, available at <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-nhs>

Financial difficulties

In addition to successfully engaging residents with long-term health conditions, the service has also clearly engaged with people in financial difficulty (Figure 5, below).

Figure 5: Prevalence of financial difficulties



When requesting their appointments through the Back on Track platform around a third of service users reported problems paying rent, Council Tax, and utilities. Most of them mentioned the existence of arrears, and a fifth of residents experiencing household bill payment difficulties also mentioned having credit debts.

A quarter of service users indicated that their incomes were simply inadequate to meet the cost of essentials. Service users frequently mentioned being unable to feed themselves and pay their bills.

During the onboarding process, hundreds of residents have told us how these issues are affecting them. Their testimonies commonly report debt problems and inadequate incomes along the following lines:

“I am in arrears with my rent and Council Tax plus finding it difficult to keep up with electricity now that it’s all gone up. Sometimes I don’t even have enough for food.”

Although less common, some residents are also unable to obtain essential items for their homes:

“I’m struggling to cope with the cost of living and keep on top of utility bills. Microwave has blown up, cooker not working and fridge-freezer not working properly. Would like help to apply for grants to purchase these goods.”

Trying to cope with these issues has led many to use credit, but this creates its own problems. Even when working, the additional payments mean that many cannot make ends meet

“ Trying to work out budgets. Get paid and am still having to use credit cards to pay bills. Just can't focus on what I have to do. ”

We also have evidence that people without recourse to public funds accrue debts to the NHS, which are simply impossible for them to repay given the wider inadequacy of their support:

“ I cannot afford to pay my NHS debt and don't have enough money to eat. ”

Benefit problems are also commonly mentioned at the point of onboarding. One in five service users experienced these, ranging from uncertainty about entitlements, through to requests for help with claiming, and assistance with benefit refusals, reductions, and deductions. Uncertainty about entitlements often stems from the income shocks that health problems create. For example:

“ The cancer diagnoses meant that the household income substantially decreased. Due to financial issues, we have been unable to pay the council tax and have arrears of five months. We are claiming UC, but it seems that we do not qualify for Council Tax Reduction. ”

Meanwhile, sanctions and benefit reductions are often imposed on residents who are already suffering with mental health problems. As one social prescriber—helping a resident to complete the online appointment request—noted:

“ Client has had a lot of sanctions from UC due to not attending appointments. Client has not been mentally stable enough to attend any appointments. ”

Importantly, a fifth of residents made direct references to the interactions between their poor health and financial difficulties. Most referred to health problems preventing them from working, but a quarter told us that their low-income was either causing or exacerbating their health conditions, mainly due to financial stress impacting their mental health. Financial difficulties also prevented people from purchasing equipment and other items necessary for the management of their conditions.

Finally, there are interactions with housing. Residents being onboarded through the platform often referred to recent periods of homelessness, or being at risk of this. Some – subject to the ‘bedroom’ tax – were caught in a ‘Catch 22’ situation because their rent arrears prevented them from obtaining offers of smaller properties. As another social prescriber wrote:

“ [Client is] worried about the arrears and ability to pay. [She] would consider downsizing but can’t due to rent arrears. This stress is affecting her mentally and affecting her endometriosis that can lead to excess bleeding for several weeks. Rent arrears are a key concern. ”

The testimonials we have received are a powerful reminder that our social security system is failing to meet the basic needs of many, with obvious negative implications for debt levels, health, employment and housing.

3 The Impact of Financial Shield

Financial Gains: £1.67 million secured for residents (median of approximately £4,800 per person with gains). Up to

Debt Relief: Around 350 residents benefited from the localised 'breathing space' to halt enforcement action.

Health Outcomes: 53% reported improved mental/physical health; one-third reported fewer GP visits.

Return on Investment: At least £3.79 gained for every £1 spent.

Satisfaction: High service ratings, with most residents 'very satisfied' with support received.

Inadequate incomes: Nevertheless, income inadequacy remains a problem for many, indicating a need for higher benefit levels.

This section details the project's interventions, resident outcomes, and wider impacts on health and financial well-being. In addition to the FSLW monitoring information, the data for this section comes from resident surveys sent at the point of case closure. Surveys have been sent out by CfRC to residents who were onboarded to the project through our online platform on a rolling basis since September 2024. As of 9th May 2025, a total of 286 invitations had been sent, yielding a sample of eighty-eight (30%).

Survey responses have been linked back to the information provided by residents at the time of onboarding through the Back on Track platform, as well as to the monitoring data from the FSLW teams. This enabled us to test for response bias, but we found no statistically significant variations between the demographic profile of respondents and project users more generally, and no evidence that they had any greater prevalence of positive outcomes.²⁰ We therefore consider the sample to be representative of the wider project's beneficiaries.

²⁰ Respondents were less likely than overall to have a recorded financial gain (16%), although the median amount for residents reporting gains was higher at £7,000. Neither the presence nor the level of financial gain correlated to satisfaction levels. The percentage of respondents who had completed the advice process was also only marginally higher (72%) than for all users and there was also no correlation between this and satisfaction levels.

Interventions

After onboarding, residents typically spend sixty days in the project. During this time the FSLW teams work to maximise incomes and provide advice and assistance to help reduce living costs. Workers help residents to:

- **Obtain their benefit entitlements:** This includes supporting residents to make new claims, as well as providing advice and assistance regarding revisions to and appeals against DWP decisions. The income gains achieved for residents from this work can be significant. For example, helping residents to claim Personal Independence Payment ('PIP') typically results in an award of the lower weekly rate of the 'daily living' component, currently worth £73.90 per week or £3,842 per year. Where the project assists Universal Credit claimants to be placed within the 'Limited Capability for Work-Related Activity' group this is currently worth around £5,000 per year.
- **Reduce their bills:** For example, by securing social tariffs for utilities and/or discretionary payments to help with rent and/or Council Tax. Examples of this work include helping with applications to Thames Water's social tariff – called WaterHelp and which can reduce bills by half – and for Council Tax Support.
- **Secure Discretionary Housing Payments:** The amounts secured for residents vary according to individual circumstances.

The FSLW teams are also able to provide emergency help in the form of food and/or fuel vouchers. These are typically small, e.g., £30 food bank vouchers recorded by the Lambeth team.

Finally, the FSLW workers also provide advice and assistance concerning outstanding rent and/or Council Tax arrears that residents may have with the two councils and participating housing associations. Where these accounts are in arrears, residents are entered into the localised breathing space scheme, and the FSLW teams liaise with the creditors to keep them informed of the progress of their case, including whether an offer of repayment towards the arrears can be made at the end of the advice process. However, in cases where specialist debt advice is required, residents are referred onwards.²¹

²¹ In Southwark, these are internal referrals to Citizens Advice's in-house specialist debt team. In Lambeth, referrals are made to external debt advice agencies.

Case Study 1: Increasing incomes prevents homelessness

The project's interventions can make a dramatic difference to people's lives, including by preventing homelessness. For example, a resident injured in a road traffic accident several years ago received a text message about the project from his GP. He was onboarded through the Back on Track platform, reporting that he was unable to work due to pain in his hips, right foot, and shoulder. As a result of the incident and subsequent unemployment, he had become depressed and had also developed a phobia of the outdoors and traffic noise.

The Southwark FSLW team identified that he owed £2,500 in rent arrears from a private tenancy, £6,600 in credit card debt, £680 in electricity debt, and had various debts with friends and family. The most pressing of the debts was the rent, which had led to verbal warnings from the landlord that they were considering issuing a Section 8 notice for his eviction.

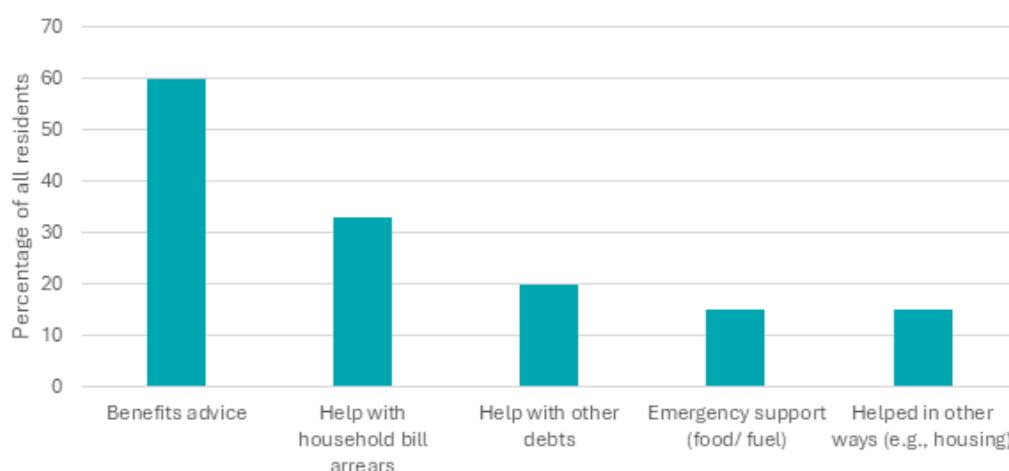
The resident had claimed PIP but had been rejected and was in the process of appealing. However, he had not been assessed for the Limited Capability for Work element of Universal Credit ('UC'), and there was a Local Housing Allowance shortfall of £454 per month between the housing cost element of his UC claim and his actual rent.

Immediate emergency help was provided with a food bank voucher, and the project also secured a payment of £130 from Southwark's discretionary Emergency Support Scheme. The FSLW team then supported a successful application for a Discretionary Housing Payment to address the shortfall in his rent and secured the Limited Capability for Work element of UC. He was also provided with information concerning how to negotiate affordable repayments to his non-priority creditors, which he was confident enough to do for himself.

Survey responses indicate that just under half of respondents received their initial appointments within a week of requesting this, and a further third do so within two weeks.

Figure 6, below, provides the range of project interventions reported by survey respondents. Respondents typically reported receiving two of these different interventions, with most receiving benefits advice and help with household bill arrears.

Figure 6: Project interventions reported by survey respondents



However, one in five reported being provided with emergency support with food and/or fuel, and fifteen percent had received help with other debts (e.g., credit cards). The same percentage reported being helped in “other ways”, mainly with respect to housing issues.

High satisfaction levels

Surveys indicate high satisfaction with the project. The average satisfaction score – on a scale of 1 to 5, with 1 being very satisfied and 5 being very dissatisfied – was 1.72.

Case Study 2: Reducing water debt

A single resident with vasculitis and arthritis also struggled to communicate over the phone. Although she was receiving her full Universal Credit entitlement, she had accrued over £2,000 of debt to Thames Water. The project assisted the resident to make a call to Thames Water, completed a financial statement with her, and put in place a £20 a month payment plan for the debt. She was also put onto the WaterHelp scheme to reduce her bill moving forwards.

Outcomes

As of 9th May 2025, the project had closed 1,030 cases. A further 117 cases are still ongoing. Total financial gains stand at £1.67 million, and these have been delivered to 345 residents: thirty percent of all those using the service. This is slightly higher than projects funded by the London Mayor’s ‘Advice in Community Settings’ programme, which reports financial gains for around a quarter of advice seekers.²²

The number of people gaining from the project is likely under-reported, because outcomes are not always fed back by residents. For example, our survey respondents included a Lambeth resident with Council Tax arrears. Although no financial gains

²² See [Mayor of London \(2024\). ‘Advice in Community Settings: Year 2 Evaluation Report’](#).

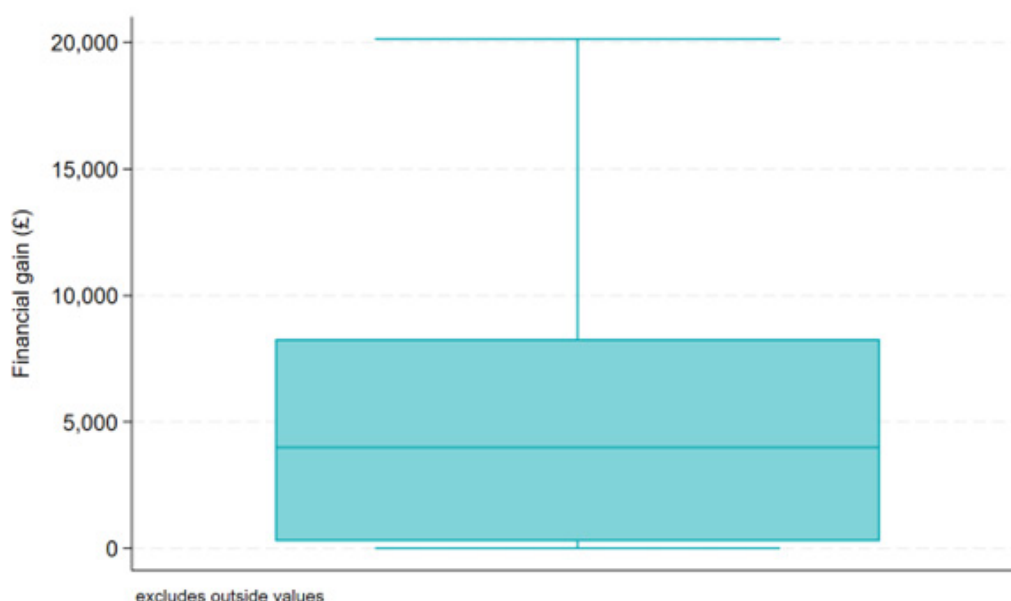
have been recorded for this resident, they told us that their debt was reduced by the council after they entered the project's 'breathing space'. We report further on how the breathing space has helped people reduce their rent and Council Tax arrears below.

More generally, limited feedback is an issue where residents have been assisted to submit new benefit claims or to challenge decisions. It would therefore be beneficial to discuss how the Department for Work and Pensions could help facilitate the improved tracking of outcomes for advice projects.

Based on our survey responses, considerably more residents receive benefit gains than is currently being captured by the monitoring data. Around half (46%) of residents completing surveys received an uplift from increased benefits support, and there is no suggestion of survey response bias having impacted these results. A further thirty-five percent received financial support with household bills; twenty percent received emergency help with food and/or fuel, and one in ten received support with other debts, such as help with payment plans or arrears reductions.

The full distribution of recorded financial gains is provided in Figure 7, below. The mean average, for the 345 residents with recorded gains, was £4,862. However, this is skewed by some very high benefit awards where the project secured a combination of PIP and other benefits. The median financial gain is therefore lower at £3,991.

Figure 7: Distribution of financial gains (£)



There is a wide variation in the financial gains achieved for residents. A quarter of these – receiving emergency support and small discounts on their household bills – had financial gains of less than £300. However, at the other end of the distribution, a quarter – receiving benefit awards – had financial gains of more than £8,000. The maximum financial gain achieved for any individual is around £20,000.

'Breathing space'

In addition to delivering financial gains, the project's 'localised breathing space' arrangements also provided relief from rent and/or Council Tax enforcement to around a third of residents (350 people). The project completed its work with over half (57%) of these, and around one hundred residents subsequently submitted financial statements to their landlord and/or Council Tax department, providing an opportunity for these to discuss affordable repayment arrangements and offer further assistance.

For example, Lambeth council have reviewed the cases of twelve residents recently accessing the 'breathing space' scheme in the borough. In their view:

“The project has been beneficial for the Council Tax department and the residents who have engaged within this pathway. Upon entering the pathway, residents are not always in receipt of the relevant discounts, exemptions, and Council Tax Support they may be entitled to. Upon being made aware of a resident's financial circumstances and vulnerabilities we are then able to assist them in a better way which can result in reducing the balances owed. We are also able to set up affordable repayment plans, which are beneficial to both the council and the resident.”

Council financial data confirms this. Council Tax balances for the twelve residents totalled over £22,000 on entry to the breathing space, but subsequent assistance reduced these by over two-thirds to just over £7,000: an average reduction of £1,250 per resident.

Inadequate incomes

Despite its interventions, the project cannot resolve all residents' financial difficulties. Even after every effort has been made to secure benefit entitlements and reduce household bills, many residents remain unable to afford the basics. We have reviewed fifty recent cases where residents told us they had inadequate incomes when requesting their initial appointments through the Back on Track platform. Likely reflecting wider difficulties in their lives, eighteen (36%) of these unfortunately failed to attend those appointments, and their cases were closed after additional attempts to contact them were unsuccessful.

Of the remaining thirty-two cases, twenty-six completed the advice process. Most of this group (16) were entered into the project's breathing space and received temporary relief from the enforcement of rent and/or Council Tax arrears. The group also benefitted from emergency help with food and fuel and obtained some small reductions to their household bills. Together this support was worth around £200 each. However, benefit gains for this group were limited, as most were already receiving their full entitlements. For those completing the advice process, only two received any significant income gains. This indicates that for many residents, problems of inadequate income levels remain prevalent even after the project's interventions.

For many people with long-term health conditions, the social security system does not provide sufficient support, and many residents have accrued debts as a result. For example, Southwark Council's Council Tax team report that at least half of the income and expenditure statements for participants that it received from FSLWs revealed that the household had a 'negative budget'.

This means the household income, based on the Standard Financial Statement²³, was too low to cover day-to-day essentials, with no surplus available to start reducing even the highest priority debts—including Council Tax. Other income and expenditure statements revealed that the household had very little surplus income.

In these situations, the project often needs to refer to specialist debt advice for help in securing Debt Relief Orders, although the FSLW teams report that some residents can be reluctant to take this route as they are often reliant on credit to pay for essentials and do not wish to see their future access to credit negatively impacted.

Case Study 3: Impact of the 'bedroom tax'

A single resident living in a three-bed housing property was referred to the project. She had obtained the property when living with her two sons, who were now adults and had left home. She is unable to work due to her health problems and receives Employment Support Allowance (ESA) at the highest rate for her health condition. She receives Housing Benefit and a Council Tax exemption due to severe mental impairment and has no savings. She currently has rent arrears of over £6000, which have accrued due to the 'bedroom tax' over several years.

Due to her severe mental impairment, it took several appointments for the FSLW team to check benefit entitlements and complete an application for a Discretionary Housing Payment. However, this was ultimately successful, clearing the rent arrears and covering the ongoing shortfall. Discussions with the housing association were then enabled with respect to possible future housing options, including transfers and exchanges and a possible move into sheltered accommodation.

Advice was also provided with respect to PIP, which would not only increase her income but, if someone is needed to care for her overnight, would justify a two-bed property.

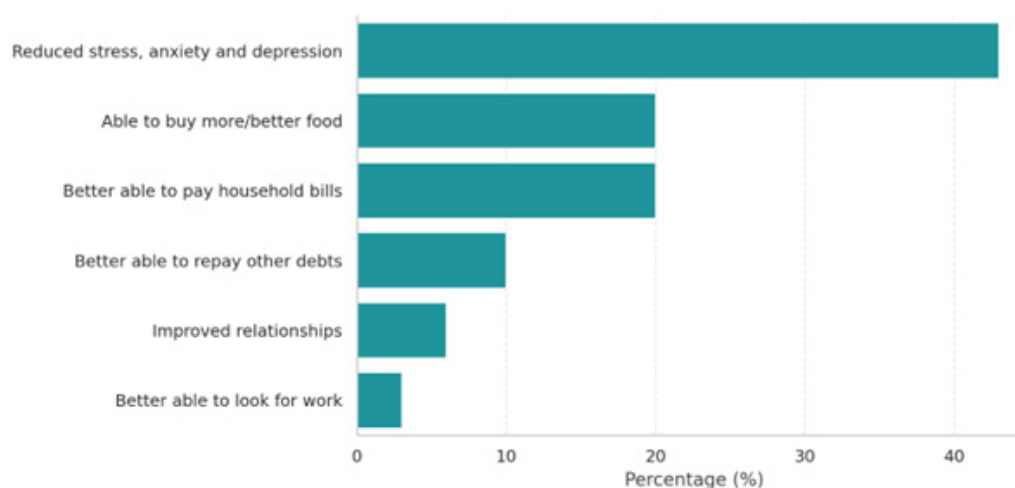
Further advice was provided regarding the transition from ESA to Universal Credit as the resident would soon be receiving a migration notice from DWP.

²³ The Standard Financial Statement is a tool used to summarise a person's income and outgoings, along with any debts they owe. Primarily for people seeking debt advice, the SFS is mainly used by debt advice providers and other relevant organisations. It provides a single format for financial statements, allowing the debt advice sector and creditors to work together to achieve the right outcomes for people struggling with their finances.

Impacts

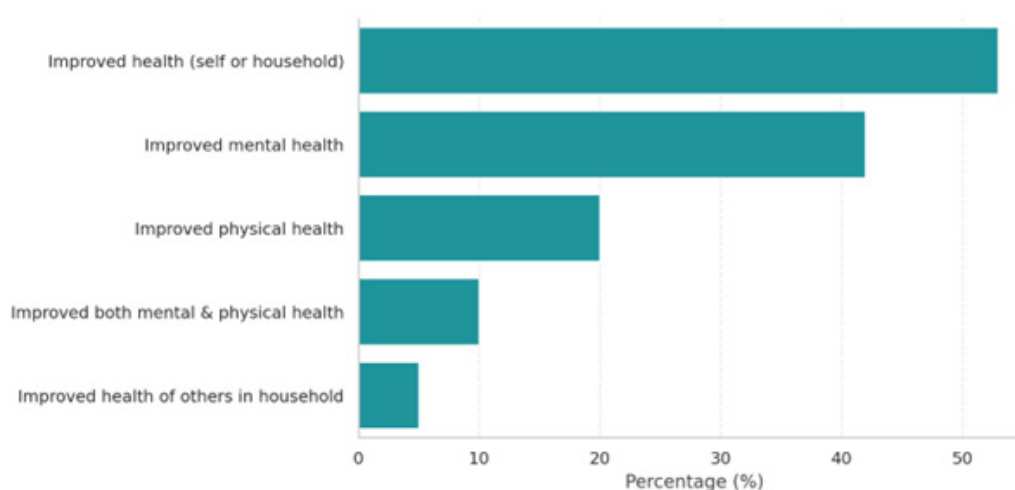
Survey responses indicate that the project has made a considerable difference to many residents' lives, as set out in Figure 8, below:

Figure 8: Reported Impacts



Seventy percent of residents reported at least one of these positive impacts, and around a fifth reported two or more. These impacts were also reported as having improved residents' health as illustrated in Figure 9, below.

Figure 9: Improvements in health



Just over half (53%) also reported that the project has helped to improve their health, or the health of someone living with them. Forty-two percent reported that the project has helped to improve their mental health, and a fifth say it has helped to improve physical health. Around one in ten report that it has helped improve both. A further five percent report that the project has helped to improve the health of others, including children, living in their households.

Benefit gains and help with household bills clearly contribute to these impacts. For example, a Southwark resident with fibromyalgia and suffering from anxiety and depression told us that the project had helped her with a review of Personal Independence Payment and to deal with her household arrears. These interventions “helped [her] to feel less stressed and get the help needed to sort out [her] problems”.

In other cases, even modest financial support made a difference. For example, a Lambeth resident, in receipt of Universal Credit while recovering from surgery to remove a cancer and suffering from depression, told us that the £200 of emergency support she received from the project:

“Helped me a lot when I was really down and depressed. [I had] no gas, no electric, no food. Just feeling really down and they were there for me. I don’t know where I’d be. Just keep up the good work a lot of people out here do really appreciate what you do.”

In many cases, it is evident that without the project residents would remain unaware of their benefit entitlements. For example, a Southwark resident with bipolar disorder who was finding it “difficult surviving on £377 a month” told us that the project provided advice about benefits he “never knew about”. Since receiving these, the resident’s diet and mental health have both improved.

In others, it is apparent that advice concerning the wording of claims is important:

“The benefits that I was told I should apply for were accepted. I was so surprised because I had asked [DWP] about one of them previously [and been told I wasn’t eligible] but when I asked again using the words my Back on Track adviser told me to write it worked. I was shocked but happy. The other scheme I was told about [was for] help with my water bill, which I knew nothing about and that really helped me. Thank you.”

The project also helps residents engage with creditors when they otherwise might not. For example, a resident with Wolf-Parkinson-White syndrome initially reported feeling “overwhelmed” by rent and Council Tax arrears and by her debts to Thames Water and her energy provider. After hearing about the project from her GP she was able to access the project’s breathing space arrangement, which helped to reduce her bills. As a result, she is “no longer stressing about [her] debts”.

Use of primary care services and clinical perspectives

We have explored whether the reported improvements in health have reduced the use of primary care services and/or improved the management of conditions.

The partnership reviewed a random sample of about fifty cases in Southwark to determine post-intervention effects. This was conducted in June 2023 by our PCN partner, Improving Health Limited, in South Southwark. The cases were randomly

selected, and Improving Health reported the number of GP consultations in the three months prior to and post the project intervention.

In the three months prior to intervention, patients supported by the project received a total of 209 appointments (an average of 4.4, equivalent to 17.6 appointments per year). Post-intervention more than half reduced their use of GPs and there was an overall reduction in GP appointments of thirty percent (1.4 appointments, equivalent to 5.6 appointments per year).

Our resident surveys from September 2024 onwards also point to a reduction in GP appointments. Residents also attribute this directly to the project's interventions. A third of the eighty-eight residents responding to our surveys (30) report that the "support from Back on Track has meant" that they don't need to visit their GP as often as they did before they entered the project. This indicates that the project is reducing the pressure on local NHS services, although further work is needed to establish by exactly how much.

Clinical perspectives

NHS savings likely extend beyond fewer GP consultations, as evidence shows the project also enables GPs to focus more on managing health conditions. Dr Vikesh Sharma, from the Grantham Practice in Stockwell is exploring this on our behalf, by reviewing the clinical notes for cases where the project has secured significant financial gains. This review of cases started relatively recently as it has required amendments to the project's data sharing agreement and terms and conditions for the use of the onboarding platform. To date, fifteen cases have been reviewed, and we expect to increase this number to around forty-five by the end of this year.

In nine of the cases reviewed to date, clinical notes indicate that the project has helped to either reduce the number of GP appointments; enabled greater focus on the management of conditions, or both.

Examples include:

- A resident with arthritis who attended twelve GP appointments in the six months before intervention. On each occasion she expressed concern about her financial situation linked to a loss of employment. During that time there was a deterioration in her mental health and the patient voiced suicidal ideation. The project assisted the resident to claim Universal Credit and was also able to reduce her Council Tax arrears by £2,400. Following this support, there were no GP appointments for the first three months and only two appointments in the three months following that. The clinical notes indicate that those appointments were also better focused on the management of her mental health condition.
- A refugee initially attended GP consultations complaining of memory loss and being unable to eat well. The GP identified these as symptoms of depression, which in turn related to financial problems. The project provided emergency support and entered the resident into the project's breathing space as there were outstanding Council Tax arrears of more than £2,300. These were subsequently written off, and the council also provided Council Tax Support

and a single person's discount on the current year's bill. The GP's notes indicate that within six weeks, the resident was reporting as feeling much better, with both his mood and weight improving. No appointments were required for the following six months.

- A single parent with previous experiences of homelessness presented with multiple conditions including type 1 diabetes, chronic pain, stress and anxiety issues. Although she had previously been offered social prescribing support she had not engaged with this. The notes from seven GP appointments prior to intervention mentioned stress due to financial issues. The project was able to secure additional Universal Credit payments due to her limited capacity for work, worth around £5,000 per year. Following this, the patient still required multiple appointments, but the clinical notes indicated a "clear shift in the content of consultation", which moved to focus on the management of her diabetes after reviewing her medication for depression.

Further evaluation of these aspects is ongoing. However, findings to date indicate social value is generated both by reducing the use of health services and by enabling healthcare professionals to better undertake their core roles.

Costs of delivery

Most delivery costs stem from managing and staffing the FSLW teams. For four workers, these are £180,000 per year. A further budget of around £20,000 per year covers the costs of hosting the Back on Track onboarding platform with its automated e-mail functionality, and the printing of posters and leaflets. In 2024, the cost per resident using the project was around £400.

In comparison, the project has recorded a mean average financial gain of around £1,518 per user. Whilst this is likely an under-estimate, it nevertheless provides a return of £3.79 for each £1 spent. Additional social value will also have been generated by the other outcomes reported (better diets, ability to pay bills etc.) and by the reduced pressure on the NHS.

While further work is needed to quantify these, the average costs and financial gains reported by the project are comparable to other welfare rights services operating in healthcare settings. Reece et al²⁴ conducted a systematic review of literature concerning the costs of, and outcomes being achieved by these services in 2022. Average costs of delivery per person were ranged from £124 to £421, and average financial gains per person were between £776 and £3,656.

This would place the Financial Shield project at the higher end of costs and in the middle of the range for benefits per person. However, the costs of delivering Financial Shield are likely influenced by its location in London and by inflation in the three years since the study.

²⁴ Reece, S., Sheldon, T. A., Dickerson, J., & Pickett, K. E. (2022). A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review. *Social Science & Medicine*, 296.

4 Conclusions and recommendations

The Financial Shield project has delivered clear and measurable benefits to residents with long-term health conditions who are struggling financially. Over four years, it has shown that linking financial advice and support to primary care settings can make a significant difference to people's lives.

More than 1,000 cases have been closed, resulting in £1.67 million in recorded financial gains, with many individuals securing substantial benefit entitlements, reductions in household bills, and relief from rent and Council Tax arrears. These financial outcomes outweigh the costs of delivery by a factor of 3.79 to 1.

The true social value generated by Financial Shield is likely to be greater still. Financial gains are underestimated, because we are not informed of the outcomes from benefit applications in all cases. Many residents also report improvements in their ability to afford essentials, reductions in stress and anxiety, better mental health, and greater stability in housing and daily life. Survey responses indicate that around half (46%) of the residents received an uplift from increased benefits support. A further thirty-five percent received financial support with household bills; twenty percent received emergency help with food and/or fuel, and one in ten received support with other debts, such as help with payment plans or arrears reductions.

Emerging evidence also suggests a reduction in the pressure on primary care services, with around one-third of residents' report visiting their GP less often because of the project's interventions. Clinical feedback further highlights how removing financial stress can enable healthcare professionals to focus more effectively on managing underlying conditions.

While evaluation activities to fully capture and quantify the social value of these outcomes are ongoing, the project indicates that integrating financial and health support can contribute to both better health outcomes and more efficient use of NHS resources.

The project offers a proven model for integrating financial support into healthcare, which is highly relevant to the government's health reform agenda. It also offers insights for local authorities and other service providers, struggling with collections in the cost-of-living crisis.

The challenge now is to build on these lessons—to embed financial advice as a core element of neighbourhood health services, ensure partnerships with local authorities and advice agencies are well resourced, and to create and sustain the trusted partnership relationships that make this model so effective. Doing so would not only improve individual lives but would also strengthen the foundations of a fairer, more efficient health and social care system.

We therefore recommend Health Commissioners ensure that financial advice and support is integrated into their plans for neighbourhood health centres and services; whether by co-locating quality assured teams in health settings; by providing structured referral routes to these or a combination of both.

In doing so, our experience indicates:

- Targeted, flexible support is effective: Case studies show that small-scale emergency assistance, combined with benefits and debt advice, can significantly improve residents' ability to manage health and financial pressures.
- Embedding financial support in clinical teams adds value: Quality assured advice agencies employ our FSLWs. In Lambeth these are co-located in GP practices, enabling close collaboration with healthcare professionals and improving referral pathways. This makes the impact of their work visible to healthcare professionals and encourages further referrals.
- Proactive communication improves access: Structured referral routes—including GP-led identification, SMS campaigns, and self-referral options—have helped reach residents who may not engage with traditional advice services. In Southwark, where these processes have been used most often, one in six of the contacted residents requests an appointment with our FSLWs based in Citizens Advice. While the majority request phone consultations, forty percent request face-to-face support. The calibration of SMS campaigns to the capacity of the front-line to take on new cases is also critical, requiring effective communication channels between health services and advice agencies.
- Data sharing and breathing space arrangements support better outcomes: Data sharing between advice providers and health services is essential. However, our data sharing arrangement has gone further by including local councils and housing associations: facilitating the creation of a local breathing space scheme. This has brought much needed relief from enforcement to many residents and provided councils and housing associations with a more holistic view of resident circumstances. It has also enabled residents to better access financial support from councils and landlords, and allows outcomes to be tracked, which can help build the case for more sustainable funding. There are, however, opportunities to go further, for example by bringing in energy and water providers into these arrangements.
- Specialist services remain essential: Integrated models have limits when supporting residents with complex needs. While Financial Shield can help with benefit claims and provide advice about reviewing and appealing decisions, specialist services providing advocacy and representation at those appeal hearings is often required. Similarly, where residents have complex debt problems and require, for example, assistance to apply for Debt Relief

Orders, this lies outside of the project's scope. Specialist services such as these, and with respect to housing, immigration, and employment matters, nevertheless need to be available to take referrals from front-line services. The experiences of integrated neighbourhood services therefore need to feed into the commissioning plans for specialist advice services. These include, for example, the Money and Pensions Service's debt advice commissioning strategy.

We recommend health commissioners learn from our experience and ensure that advice services working with primary care are therefore delivered within the context of wider partnerships, involving local authorities, housing associations and other agencies that collect payments from residents in their areas. Those partnerships should also be able to influence the provision of specialist advice services serving their areas.

In addition, those partnerships would benefit from a **common framework for assessing social value and return**. To support long-term funding, partners should work together to develop a shared model for evaluating the social impact and cost-effectiveness of their integrated services. Our ongoing work in this area will provide further insights. However, there is a need for this work to be coordinated, and discussions are needed with Government concerning its role in this. Discussions with Department for Work and Pensions would also be beneficial to explore how the outcomes from benefit advice can be better tracked and reported by advice agencies.

Finally, **our welfare and health systems need to work together to ensure better outcomes**. Our current social security system is inadequate. Many residents continue to face financial hardship despite receiving all available support, with knock-on, negative, impacts for health and wellbeing. Adequate benefit levels are essential to provide the foundations for improved health and deliver on the ambitions of the 10-Year Health Plan. Efforts to reduce the volume of sickness and disability benefit claimants by changing eligibility criteria, as well as reductions in the level of support being provided to claimants, risk further undermining health equity.

We therefore recommend that all future proposed welfare changes should be subject to a rigorous impact assessment with respect to their impacts for health and the delivery of health services.

As the Government moves forward with its 10-Year Health Plan and the creation of Neighbourhood Health Centres, Financial Shield offers a practical, proven template. Scaling up this type of integrated support could help to reduce health inequalities, improve the financial resilience of people with long-term conditions, and enable healthcare services to operate more effectively. The ability of such models to drastically reduce health inequalities are, however, also dependent on the existence of an adequate social security system.



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