Liverpool Welfare protocol – PHIRST LiLaC

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Contents

Plain English summary

Background: Welfare schemes provide financial or in-kind support (e.g. furniture, domestic appliances, and shopping vouchers) to those most in need. This includes those who are unemployed or looking for work, those with low earnings, raising children, retried, caring for someone, or who have a long-term illness or disability. They also support those who are vulnerable due to circumstance, for example due to recently leaving prison, those experiencing domestic abuse, or those who have endured a crisis such as a fire or flood. The aim of welfare schemes is to reduce financial hardship and therefore improve health and wellbeing. Their wider objective is to reduce expenditure on public services such as the NHS, homelessness services, or social care organisations.

Aims: This study aims to understand: 1) how people make use of the welfare system, 2) whether access to welfare schemes is fair for everyone and, if not, what impact this could have on differences in people's health, and 3) the impact that welfare schemes have on the health and wellbeing of those who receive support.

Methods: In this study we are working with Liverpool City Council. We will use data they collect on people who make use of welfare schemes, along with undertaking workshops with staff at the council and local community organisations (such as Liverpool Citizens Advice), to understand how people make use of the welfare system and whether access is fair for everyone and what impact this could have on differences in people's health. We will also undertake interviews with people who have received welfare support to understand the impact of this on their health and wellbeing.

Public involvement: Plans for public involvement during the study will be monitored by the PHIRST LiLaC Public Adviser Panel and the designated public contributor will be involved in overseeing and contributing to public involvement activity throughout the study. We plan to work closely with community organisations in Liverpool who support people to access welfare schemes. This will help us to develop acceptable approaches to carrying out interviews with people accessing the local welfare system.

Sharing the findings: Results from the study will be shared with Liverpool City Council and local authorities in other parts of the country. Local authorities are an important group as they are pivotal in welfare provision and hence will be the gatekeepers of future welfare schemes. The findings will also be published in academic journals. Further, we will be guided by local community organisations regarding any additional outputs that it may be beneficial to produce.

1) Background and introduction

1.1 Welfare provision in the UK

Welfare schemes provide financial or in-kind support to those most in need. Their aim is to reduce financial hardship and therefore improve health and wellbeing. Their wider objective is to reduce expenditure on public services such as the NHS, homelessness services, or social care organisations.

Within the UK, a wide diversity of national and local welfare schemes exists. In general, they provide support for those who are unemployed or looking for work, those with low earnings, raising children, retried, caring for someone, or who have a long-term illness or disability. They also provide support for those who are vulnerable due to circumstance, for example due to recently leaving prison, those experiencing domestic abuse, or those who have endured a crisis such as a fire or flood.

Most welfare provision in the UK is funded by the Government who either administer funds centrally (e.g. for schemes such as Universal Credit and Pension Credit) or supply local authorities with a budget to administer a suite of schemes. Local authorities use this budget, along with local funds, to provide a combination of national welfare schemes (such as Discretionary Housing Payments and Council Tax Support) and local welfare schemes (such as free school meals).

1.2 Welfare provision in Liverpool

Liverpool is one of the most deprived cities in the UK. Furthermore, welfare reforms introduced since 2010, combined with other austerity measures, have had a disproportionate impact on communities across the city. To address the risk of financial hardship to health and wellbeing, Liverpool City Council (LCC) have made a considerable investment into welfare provision. In particular, they have focused investment on schemes where they have flexibility to tailor implementation locally, with the aim of best meeting the needs of the local community. Such schemes are known as Local Welfare Provision (LWP) schemes. While every local authority across the UK offers LWP schemes, compared to other councils LCC have made a substantial investment of around £6 million per year.

1.3 Routes to welfare provision

In terms of routes to accessing welfare provision, service users may be referred by LCC's Benefits Maximisation Team (who assess whether people are accessing all of the support they are eligible for), they may be referred by a third party (e.g. Citizens Advice or a charity), or they may self-refer (e.g. by identifying opportunities on LCC's website). Figure 1 provides an overview of how people enter the welfare system and move within it.

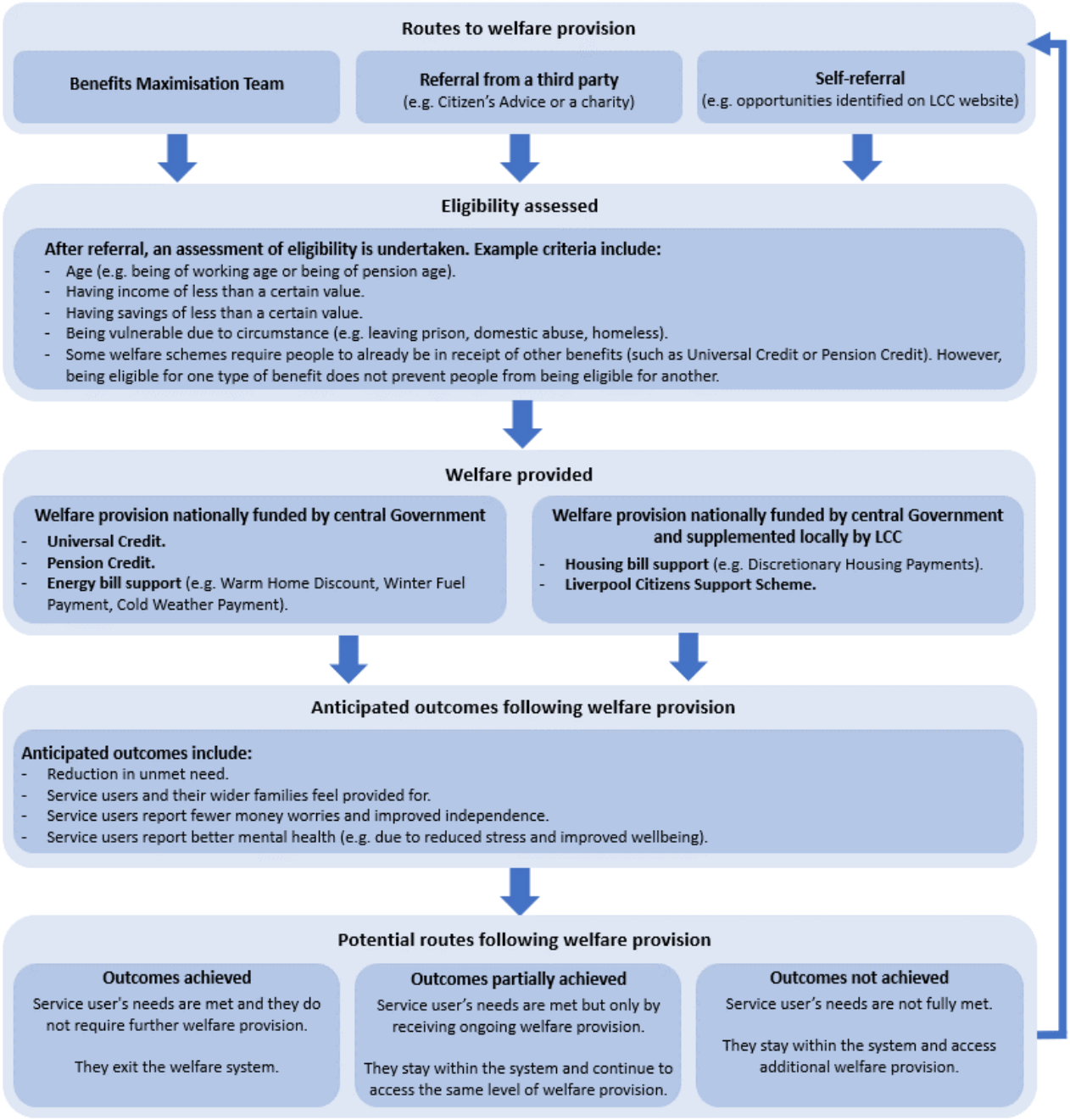

Figure 1: An overview of how people enter the welfare system and move within it.

2) Overview of the welfare schemes to be evaluated

2.1 Benefits Maximisation Team (BMT)

The BMT consists of specialist advisors that provide advice and support to Liverpool residents. The team helps people to claim benefits and wider support, and they also provide assistance with representation at benefit tribunals. The team receives referrals from council departments, external organisations, and residents of Liverpool. They also work with the Adult Services Department to maximise benefit to those who must pay for social care. In the year 2021-2022, the team received 5,914 referrals and they helped residents to claim £8.3 million in additional benefits. The BMT is a discretionary service, and the cost of the team is approximately £1.1 million per year.

Following consultation with the BMT, service users may be referred to one or more national or local welfare schemes. Upon referral, service users may take complex pathways through the welfare system and remain circulating within it for some time. For example, they may be referred for a local welfare scheme but later find they do not meet the required eligibility and they may therefore recontact the BMT to scope eligibility for an alternative local scheme. Alternatively, they may find that they do meet the required eligibility but that the scheme does not fully meet their needs and so they may recontact the BMT to scope eligibility for additional schemes. Figure 2 demonstrates some of the potential pathways that service users may take through the welfare system.

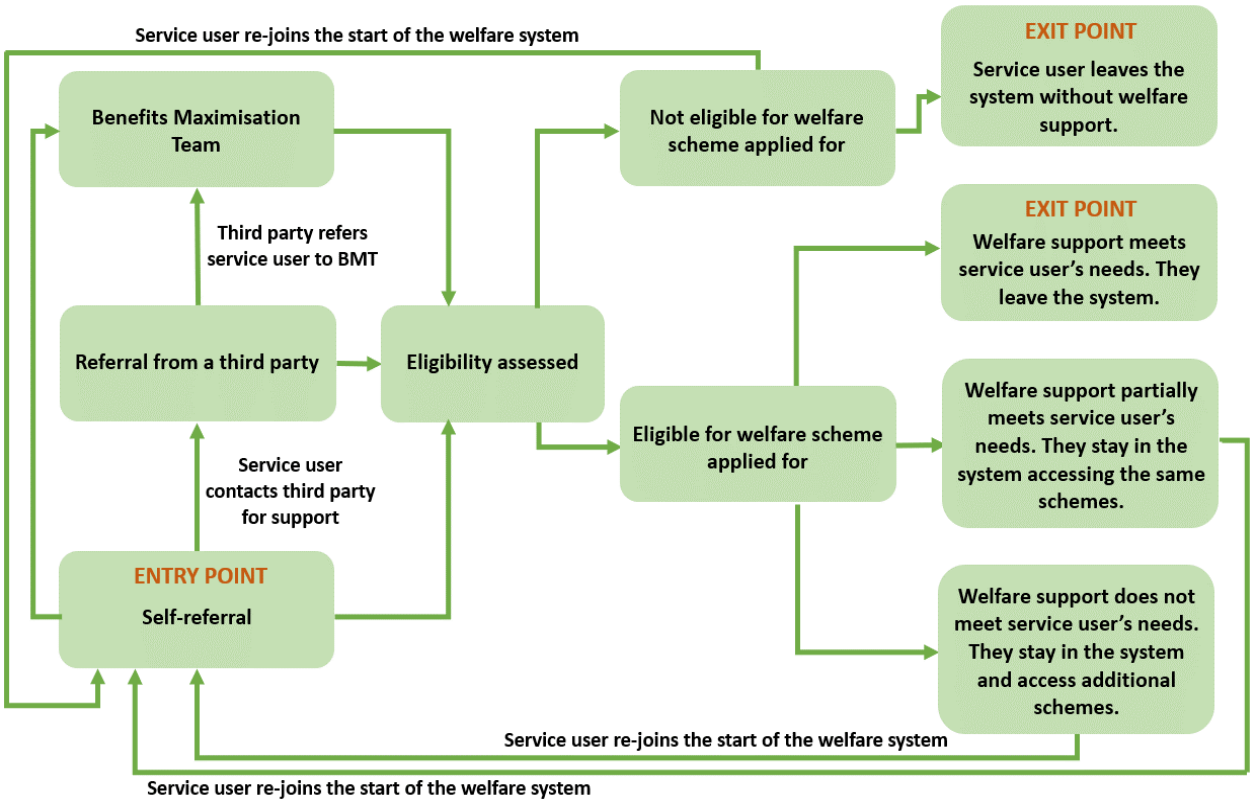

Figure 2: Potential pathways service users may take through the welfare system.

As illustrated in Figure 2, some of the service users that the BMT liaise with will meet the criteria for one or more welfare schemes and will successfully go on to receive support. In this evaluation, in addition to examining the BMT, we propose to focus on two welfare schemes implemented by LCC for which they provide some local funding: Discretionary Housing Payments and the Liverpool Citizens Support Scheme. The reasons for focusing on these schemes include that they 1) target high needs groups, 2) the council has some discretion over eligibility for and implementation of these schemes and is responsible for their administration, and 3) the council has targeted funds at these two initiatives by adding funds from their own budget alongside funds from central government.

2.2 Discretionary Housing Payments (DHPs)

DHPs were introduced in 2001 and provide financial support to people who need extra help with rent or housing costs when their Housing Benefit or Universal Credit does not fully cover these. This is normally because of Government welfare reforms, in particular the under-occupation penalty, the benefit cap, and reductions in local housing allowance rates. These reductions in entitlement can result in hardship and risks to residents' tenancy. DHPs can provide short or long-term support depending on individual circumstances. Unlike the Liverpool Citizens Support Scheme described below, which

operates locally across Liverpool, DHPs are a national scheme although they are administered by local authorities who have some discretion over local eligibility and implementation. The Government provides an annual allocation for local authorities, and this can be added to using local funds. In the year 2021-2022, LCC received £1.65 million from the Government and added £1 million themselves, giving a total budget of £2.65 million which was used to make 10,259 awards.

2.3 Liverpool Citizens Support Scheme (LCSS)

LCSS was launched in 2013 and provides support to people with no immediate funds, for example when they are in the process of applying for a state benefit payment or after an unforeseen crisis event. The scheme consists of a *Home Needs Award* which covers furniture, new white goods, domestic appliances, and essentials such as bedding and crockery to help maintain or establish a home. This award is available for those leaving care or prison and those who have needed to move due to violence or other reasons. The scheme also consists of an *Urgent Need Award* which covers food, essential items for children, essential clothing, fuel costs or help where people have suffered a crisis such as a fire or flood. In the year 2021-2022, the scheme made 17,881 awards with the overall expenditure for the year being £4.04 million.

2.4 Need for evaluation

We propose to undertake an evaluation of the BMT, DHPs and LCSS focusing on understanding how people enter and move within the welfare system, equity in access and uptake of the initiatives and identifying how uptake may impact health inequalities, and the cost of delivering welfare. In addition, we will also undertake a more in-depth evaluation of the LCSS. This scheme is of particular interest because it is tailored to the needs of residents who are experiencing a crisis. For the LCSS, we will also undertake a programme of work to understand the impact of the scheme on service users' health and wellbeing. Since we propose to explore the LCSS in detail, we have worked with LCC to complete a Real-world Intervention Causal Evaluation (RICE) template that describes the scheme (Appendix I). Further, a logic model that sets out the activities associated with the LCSS and the intended scheme outcomes is included in Appendix II.

There is a need for evaluation as the BMT, DHPs and LCSS have been operational for some time and are part of a growing package of local government welfare provision that as yet has not been evaluated from a health equity perspective. Liverpool City Council recently undertook some preliminary work with a local charity (the Liverpool branch of End Furniture Poverty) to evaluate the LCSS. The work consisted of a short survey and telephone interviews to explore the impact of the LCSS on a sub-group of service users who received essential furniture items and to estimate social return on investment. The findings suggested the scheme had a positive impact on service users' physical and mental health and demonstrated the value of providing people with essential furniture.

There is additionally a need for evaluation as funding cuts are anticipated in the coming year. While the findings from this evaluation will not be available in time to inform delivery under these upcoming cuts, the evaluation will provide increased understanding of the Liverpool welfare system that can contribute further investment / disinvestment decisions over the longer term. The team will also meet regularly throughout the study enabling emergent knowledge from the evaluation to be shared throughout the evaluation delivery stage.

With respect to DHPs, Liverpool City Council will no longer be able to afford to top up Government funds with local funds for the financial year starting April 2024. This will result in a reduction of £1 million overall, which is equivalent to 38% of the annual budget. LCC

are currently exploring the full implications of this, but they anticipate DHPs will need to be prioritised to those most in need. Citizens Advice estimate this will result in 1,000-2,000 fewer Liverpool residents per year receiving this support. Similarly, the LCSS is expected to experience a reduction of £1.1 million in funding, which is equivalent to 25-30% of the annual budget. As a result, LCC anticipate there will need to be a reduction in the number of furniture packages that are offered to service users, along with a withdrawal of cash awards to people in crisis which will be replaced by shopping vouchers. Understanding the equity and health implications of these cuts will provide crucial evidence for future local welfare policy.

3) Review of evidence

3.1 How will the evaluation add to scientific evidence?

A growing body of work has examined the impact of national welfare schemes on health outcomes and inequalities. In general, policies that consist of more generous social security benefits have been associated with improvements in mental health and reduced inequalities, whilst policies that have stricter eligibility criteria or lower generosity of support have been associated with a worsening of mental health and greater inequalities (Simpson et al., 2021; Wickham et al., 2020).

Whilst research has focused on national welfare schemes, little work has been undertaken to evaluate locally administered welfare provision (McAteer et al., 2021), yet local authorities increasingly need to supplement national schemes with local initiatives. Local initiatives differ from national schemes in that they may be more financially constrained, but they may also have advantages through more localised targeting of support, and through the integration of monetary support with in-kind support (Trussell Trust, 2017). The expansion of such schemes in recent years highlights the urgent need for evaluation (Charlesworth et al., 2023). In terms of the welfare schemes that we propose to evaluate in this study, the material below provides a summary of related evidence to date.

3.2 Welfare advice services (similar to LCC's Benefits Maximisation Team)

Research has been undertaken to examine the effectiveness of delivering welfare advice within different settings. Within the UK, welfare advice has traditionally been delivered by local government departments, Citizens Advice, and charities with a focus on welfare provision (such as End Furniture Poverty and the Trussell Trust). In recent years, the delivery of welfare advice has expanded to include healthcare settings, such as GP surgeries and hospitals. As such, a growing body of research has examined the effectiveness of providing welfare advice alongside healthcare services, with the aim of providing a holistic approach to wellbeing (e.g. Adams et al. 2006; Greasley & Small, 2005; Reece et al., 2022). Adams et al. (2006) noted that as over 98% of the UK population is registered with a primary care practice, primary care provides a setting via which the majority of the population can be reached. Much research has evaluated the success (or failure) of welfare advice delivery based on whether service users went on to successfully receive financial support (Reece et al., 2022). However, there is additionally a need for research to better understand the complex routes that service users may take through the welfare system and how personal characteristics (such as age, sex, income, and employment status) may affect these routes and consequently impact service users' financial and wellbeing outcomes following welfare provision.

3.3 Discretionary Housing Payments (DHPs)

There is an existing body of research on the judicial treatment of DHPs from an administrative perspective, particularly in the context of changes to welfare systems such

Universal Credit and the Bedroom Tax (Meers, 2014; Meers, 2015a-b; Walker & Niner, 2005). However, empirical evidence on the impact of DHPs on social and health outcomes is limited. Where qualitative research has been conducted, this has largely focused on the roll-out locally from the perspective of local government and other professional stakeholders (Meers, 2018; Park, 2019; Welsh Government, 2014). Meers (2018) conducted a 'small-scale' vignette study with eighteen local authorities drawing on excepts from an analysis of 242 DHP application forms. This found three key problems associated with DHPs*: 'the time-limited nature of awards, deficiencies in the assessment of applicant income/expenditure, and the attachment of conduct, [and] conditionality to the renewal of awards'*.

Some research has examined service users' experiences of national welfare reforms and schemes. For example, Halligan et al (2017) found working age service users had accessed DHP support after experiencing reductions in other forms of welfare support. While participants reported that the DHPs helped to mitigate these reductions, the time limited nature of awards created concern about what would happen after the DHP had ended (Halligan et al, 2017). Other studies have undertaken interviews and focus groups with service users with complex needs (Cheetham et al, 2019) and social housing tenants (Moffatt et al, 2016) in relation to Universal Credit and the Bedroom Tax, finding these reforms to have had negative effects for individuals and communities, particularly in relation to physical and mental health, as well as social and family relationships.

3.4 In-kind welfare schemes (similar to Liverpool Citizens Support Scheme)

In terms of welfare schemes that provide in-kind support, work has tended to focus on mapping the provision of services, but less so on evaluating their impact on health and wellbeing. For example, the Trussell Trust (2017) worked with 39 local authorities across England to map the provision of foodbanks and identify learnings for delivery. They noted that knowledge about the impact of local welfare provision was patchy, potentially as a result of a lack of reporting requirements, and that knowledge tended to remain localised with learnings not shared.

McAteer et al. (2017) also acknowledged a lack of evaluation of local welfare initiatives and recommended that key outcomes to measure include service users' financial comfort, debt burden, level of confidence, level of feeling in control of life, and depression and anxiety. Where work has taken place to capture impact, this has generally consisted of qualitative interviews that have provided rich detail on how in-kind support has affected people's personal circumstances (e.g. End Furniture Poverty report, 2021).

3.5 How will the evaluation findings be used?

The findings from the evaluation will be used by Liverpool City Council to inform the delivery of the BMT, DHPs and LCSS going forward, which is particularly important in the context of upcoming funding cuts. Nationally, there will be interest in the findings as learnings will likely be of relevance to the delivery of similar schemes by local authorities elsewhere. The current cost of living crisis and associated financial hardship for communities most affected also accentuates the relevance of this research for policy and practice.

4) Co-design of the evaluation

The initial stage of evaluation planning involved undertaking an evaluability assessment drawing on existing methodologies (Craig et al, 2015; Ogilvie et al, 2011) to assess both the feasibility of an evaluation and explore stakeholder interests in an evaluation. Below

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

Principle 1: Clarify your purpose and knowledge sharing goals
The purpose of the evaluation is to examine equity of access to and uptake of welfare schemes, the impact they have on health and wellbeing, and the cost of delivering them. Locally, there is interest in understanding how schemes can be made more equitable and more cost-effective. Nationally, there is interest in how learnings from the evaluation can inform the delivery of welfare schemes elsewhere.

Principle 2: Identify knowledge users
Engagement with our local authority partners has helped to identify key local knowledge users. These include members of the benefits team and public health team at LCC, in addition to representatives from Liverpool-based organisations who support people to access benefits such as Citizens Advice and local charities. National knowledge users include other local authorities and stakeholders interested in or already delivering or commissioning local approaches to welfare provision.

Principle 3: Design the research to incorporate the expertise of knowledge users
The design of the evaluation has been informed by discussions with members of the benefits team and public health team at LCC. The process of engagement has been important for informing practical decisions about the feasibility of the evaluation and understanding the complexities of the welfare system. Key components of the evaluation have been discussed with local stakeholders including those responsible for supporting people to access welfare.

Principle 4: Agree expectations
During the initial evaluability assessment stage, it was agreed with the local authority partners that the evaluation would focus on specific components of the Liverpool welfare system, in particular focusing on schemes that LCC have some discretion in terms of local implementation.

Principle 5: Monitor, reflect and be responsive in sharing knowledge
Through co-production during the evaluation, we will regularly reflect on emerging findings and share these more widely where appropriate as well as identifying further knowledge users to engage with as the research progresses. This will also inform our plans for dissemination outlined below. Our PHIRST LiLaC oversight group includes representation from national community funders, the Local Government Association, and Directors of Public Health who are PHIRST LiLaC co-investigators and who will advise on new opportunities to share knowledge more widely.

Principle 6: Leave a legacy
Outputs will be aimed at our own local authority partners in Liverpool and those in other parts of the country. This is an important group, as these organisations are in charge of delivery and hence will be the gatekeepers of future welfare schemes. The findings will also be published in peer-reviewed academic journals. Further, we will be guided by the knowledge users outlined above regarding any additional outputs that it may be beneficial to produce.

5) Public involvement

5.1 PHIRST LiLaC public involvement

Public involvement is embedded in PHIRST LiLaC's work and activities through the PHIRST LiLaC Public Adviser Panel. This panel meets regularly and consists of 3 public contributors currently (with an additional public contributor to be recruited). The panel is co-chaired by a public contributor who is also a PHIRST LiLaC co-applicant and by a PPI academic co-lead. The panel is responsible for reviewing involvement processes and providing advice on engagement and involvement plans across the PHIRST LiLaC team and its research. The panel has been meeting regularly since July 2022 which means that the public advisers have a good understanding of PHIRST processes and, because they are already in place, they are able to contribute their experience and expertise at a very early stage of the development of the protocol. Public contributors are also members of the PHIRST LiLaC Management Group alongside other stakeholders with an academic, policy or practitioner interest in public health. Management Group meetings provide opportunities for all members to discuss evaluation plans and to oversee PHIRST LiLaC progress more generally.

Plans for public involvement in this evaluation have been discussed with the PHIRST LiLaC Public Adviser Panel. One public adviser from the panel will be invited to take the lead on the welfare evaluation. Public advisers on the panel are contributing their expertise and experience around developing and conducting public health evaluations, rather than having direct lived experience of accessing the local welfare system to be evaluated.

The PHIRST LiLaC Public Adviser Panel will also work closely with PHIRST researchers, advising on the recruitment and conduct of interviews with scheme service users as well as ethical and safeguarding considerations. They will also be actively involved in analysis and interpretation of data from interviews. Public involvement in the analysis of data is less consistently applied in the research process but has important benefits, with potential to challenge pre-existing researcher assumptions, provide new insights, and enhance the thoroughness of analysis processes (Jennings et al., 2018).

5.2 Local public involvement

We anticipate that we will work closely with community organisations who work with and support people who access the local welfare schemes to be evaluated. This will help us to understand the local context and to develop effective and acceptable approaches to carrying out interviews with people accessing the local welfare system.

Plans for public involvement during the evaluation will continue to be monitored by the PHIRST LiLaC Public Adviser Panel and the designated public contributor will continue to be involved in overseeing and contributing to public involvement activity throughout the evaluation.

6) Health equity assessment

As part of the development of the evaluation, a discussion was held with the PHIRST LiLaC Public Adviser Panel around how best to ensure the research addresses health inequalities. During those discussions the FOR Equity tool was completed, which is a tool to assist with identifying the equity dimensions of a research topic and how input from public contributors may best support this. A copy of the completed FOR Equity tool is provided in Appendix III, which has been used to inform the design of this protocol.

7) Evaluation aims and objectives

The evaluation aims to understand: i) how people engage with the welfare system, ii) how equity of access to and uptake of welfare schemes may impact health inequalities, and iii) the impact that welfare provision has on service users' health and wellbeing.

The objectives are as follows:

1. To examine equity of access to and uptake of welfare schemes and how this may impact health inequalities.
2. To examine how characteristics are associated with subsequent pathways that are taken through the welfare system and the implications for inequalities in access.
3. To assess the cost of delivering welfare schemes and examine how spending levels vary with demand for welfare provision.
4. To understand the impact of welfare provision on service users' health and wellbeing.

8) Study design and methods

8.1 Overall study framework

In this evaluation we treat the provision of welfare schemes in Liverpool as a 'natural experiment' as defined in MRC guidance as "policies which are not under the control of researchers, but which are amenable to research which uses the variation in exposure that they generate to analyse their impact" (Craig et al. 2012). Natural experimental studies can be used as a way of understanding the impact of population-level policies on health outcomes or health inequalities. Although they have certain advantages over planned experiments, for example by enabling effects to be studied in whole populations and may sometimes be the only option when it is not possible to manipulate exposure to the intervention, natural experimental studies are more susceptible to bias and confounding. We will therefore be mindful of this when interpreting and reporting our results, and causal inferences will be drawn with care.

The evaluation consists of three work packages: 1) Equity of access to and uptake of welfare schemes and implications for health inequalities, 2) Cost of delivering welfare, and 3) Impact on health and wellbeing.

8.2 Work package 1: Investigating equity of access to and uptake of welfare schemes, pathways through the welfare system, and how these may impact health inequalities (Objectives 1 & 2)

Analysing routine service user data

As part of their service delivery, LCC routinely collect information on people who have used the BMT, DHPs and LCSS, with the data being stored in three separate databases. We will take an anonymised extract of these data, if possible, first linking data between the three datasets to enable analysis of service user flows within the welfare system. Data on postcode of residence will be mapped to Lower Super Output Areas (LSOA) of residence.

The datasets differ slightly in terms of the data items collected:

- The BMT dataset includes data on age, sex, address of residence (which will be mapped to LSOA before extraction), reason for making contact/what type of help is

needed, salary and savings, whether the person is currently in receipt of benefits, and details of the outcome of the interaction including signposting to benefit support and signposting to other support. These data also contain information on the person's household such as the total number of people living in the household and the number of children. Older data from more than approximately 5 years ago are not routinely retained at a granular level for data protection reasons. However, we hope to obtain a copy of more recent data from the last 2-5 years. In recent years the BMT have been receiving approximately 6,000 referrals a year, so we estimate this will provide us with a sample size in the region of up to 12,000-30,000 referrals across this time period.

- The DHPs dataset contains information on personal characteristics, including address of residence (which will be mapped to LSOA before extraction) and whether the person is currently in receipt of benefits. As above, older data are not routinely retained but we hope to obtain a copy of data from the last 2-5 years. In recent years, just over 10,000 awards have been made annually, so we estimate this will provide us with a sample size in the region of up to 20,000-50,000 referrals across this time period.
- Data collected on service users of the LCSS is of similar comprehensiveness to that collected for the BMT and therefore includes information on personal characteristics and household characteristics, but additionally includes information on the nature of the award provided e.g. furniture, food vouchers, essential children's supplies etc. LCC hold data on the LCSS from the last 2-5 years and we hope to obtain a copy of this. In recent years, approximately 18,000 awards have been made annually, so we estimate this will provide a sample size of up to 36,000-90,000 referrals across this time period.

We will use the data detailed above to examine equity of access to (i.e. whether people who need welfare provision have contact with it) and uptake of (i.e. whether those who have contact with welfare provision go on to receive support) welfare schemes. This will be achieved by mapping the characteristics across from the three databases of service users to data on the population of Liverpool, broken down by age, sex, LSOA, deprivation (English Indices of Deprivation), measures of poor health, disability, unemployment, housing benefit, and household size. For granular data on annual population characteristics, we will utilise data from CIPHA (e.g. whole population individual and household linked primary, secondary and social care data for Liverpool; see the CIPHA website for further information https://www.cipha.nhs.uk/), Office for National Statistics (e.g. census measures of disability), and Department for Work and Pensions (e.g. unemployment and housing benefit receipt). Analysis will investigate the extent to which access (i.e. % of the population referred to the three welfare schemes) and uptake (i.e. % referrals successful and values of the benefits issued) reflect the distribution of the drivers of poverty given above and how this has changed over time, varies across places, and varies between the three welfare schemes. Where there are outliers (e.g. where welfare uptake is either higher or lower than expected) will we seek to understand how structural differences within the local landscape affect equity of engagement in welfare schemes e.g. via barriers/supports to the implementation of schemes. This will be explored during the two workshops with the key stakeholders in work package 1.

We will assess the implications of differences in uptake of welfare for health inequalities by analysing the health profile of people using the schemes. Using local healthcare data from CIPHA we will estimate the predicted prevalence of common health conditions (e.g. depression, anxiety, chronic obstructive pulmonary disease, asthma, cardiovascular disease, and diabetes) in the people using the three welfare schemes, based on the

prevalence in each age and sex group within each LSOA in Liverpool and model how that would change by addressing gaps in uptake identified in the analysis above.

The analysis will also aim to investigate the pathways that people may take through these welfare schemes (see Figure 2). We will seek to understand how pathways that are taken through the welfare system are associated with characteristics and outcomes. For example, we will identify service users who have remained in the welfare system for some time and made repeated contacts with multiple schemes and explore how their characteristics and outcomes differ from those who make a single contact.

Mapping the welfare system and processes

We will hold workshops and utilise existing policy and scheme documents to investigate the components of Liverpool's welfare system and the processes through which service users access specific schemes. This will include up to two workshops, each with an average of ten participants, incorporating professionals working within the BMT along with wider community and voluntary organisations in the city involved in signposting service users for support, for example Citizens Advice and representatives from the Liverpool Poverty Action Group. Workshops will be audio-recorded and used to generate transcripts. The workshop topics will include:

- The process through which people enter the welfare system and move through it.
- Key changes to specific schemes such as DHPs and LCSS.
- Wider contextual factors (e.g. the cost of living crisis) that may have enhanced or limited uptake of schemes.
- Any barriers/supports to the implementation of schemes.

During this stage, the evaluation team will also access and review a small number of documentary sources where these specifically detail eligibility criteria and changes to the delivery of the welfare schemes over time. These will include for example, cabinet minutes, public materials, and website information. Documents are already in the public domain and/or our partners in the local authority have already offered to provide access to materials (or they have already shared them); as such we do not anticipate any difficulties in obtaining these for research purposes.

Both workshop transcripts and documentary sources will be collated and analysed using software such as ATLAS.ti or NVivo. These findings will firstly elaborate our model of policy implementation (see Figure 1). The findings will also inform a more detailed timeline of any changes to the delivery of welfare schemes and eligibility criteria over time, as well as documenting wider contextual factors that may affect uptake of welfare provision. In turn, these outputs will inform the direction of the analyses in work packages 2 and 3 as well as supporting the overall interpretation of findings from the evaluation.

8.3 Work package 2: Understanding the cost of delivering welfare (Objective 3)

Analysing routine service cost data

Whilst it will not be possible to complete a cost benefit or cost effectiveness analysis of the schemes, we propose to assess how the cost of delivering the schemes changes with changes in demand (e.g. during the COVID-19 pandemic) to understand (in)efficiencies in service delivery. We will estimate two components of the cost of delivery to the local authority: 1) the costs of administering services, and 2) the values of grants/in-kind benefits issued. Administration costs will be estimated based on staffing levels and salaries and the values of benefits issued from the administrative datasets outlined in work package 1. We propose to use these cost data to estimate spending patterns over time

and how these are associated with policy changes by triangulating information on changes to welfare delivery collected during the workshops and documentary analysis in work package 1. Analysis of real data of this nature will allow measures of efficiency e.g. the delivery cost for each £1 issued in benefits to service users as well as the administrative cost of increasing welfare provision in response to external factors such as the COVID-19 pandemic and the current cost of living crisis to be computed.

8.4 Work package 3: Impact on health and wellbeing (Objective 4)

We will undertake a programme of quantitative and qualitative work to understand the impact of welfare provision on service users' health and wellbeing. This component of the evaluation will focus on the LCSS, which is the main local welfare scheme that LCC has the most discretion regarding the extent and nature of provision. As detailed in the logic model for the LCSS (Appendix II) it is anticipated that service users of the scheme may experience a range of health benefits. In the short term, these are likely to be particularly related to mental health. We will investigate health and wellbeing improvement through two approaches; firstly by using a validated assessment at baseline and follow-up, and secondly by undertaking interviews to explore the mechanisms by which any changes in wellbeing are inferred.

Quantitative assessment of health-related wellbeing

We propose that LCSS case workers will administer a short wellbeing questionnaire as part of their standard assessment to all service users referred to the service over a 2 month period who provide their verbal consent. The questionnaire will be administered after the person has been found to be eligible for support and their needs are being assessed. Our local authority partners have experience of administering questionnaires with their service users and have suggested that the preferred method is to send service users a text message to their mobile phone with a link to an online survey. This is preferred over attempting to ask questions on the telephone, as LCC report that follow-up calls often go unanswered by service users.

Discussions with LCC have indicated that the Office for National Statistics (ONS) four questions that relate to personal wellbeing may be a suitable option for evaluating wellbeing. The ONS questions are answered on a Likert scale ranging from 0 "not at all" to 10 "completely". The questions are worded as follows: 1) Overall, how satisfied are you with your life nowadays?, 2) Overall, to what extent do you feel that the things you do in your life are worthwhile?, 3) Overall, how happy did you feel yesterday?, and 4) On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday? The questions have been previously validated and have been used in a large number of studies (see the ONS website for further details – weblink provided in the reference section of this document).

We will supplement these questions with an additional question related to mental health. The wording of the question is "In general, would you say your mental health is: Excellent, Very Good, Good, Fair or Poor? This question has been previously validated and widely used (Ahmad et al., 2014).

LCSS case workers will be provided with training to administer the questionnaire at baseline and follow-up; an approach that we have successfully carried out in a similar evaluation with Liverpool Citizens Advice. We estimate that with 50% uptake at baseline and 50% of those providing follow-up this will provide an estimated 750 measures at both time points, based on the estimated 1,500 referrals made monthly to the service.

Service users who complete the survey will be entered into a prize draw to win shopping vouchers. We anticipate that follow-up data will be more challenging to collect, for example because service users may not have the same contact details or may be in crisis. We therefore propose to pilot the feasibility of collecting this data. If data are successfully collected, they will be used to examine changes in wellbeing following the provision of LCSS awards. Regression models will be used to estimate the change in each wellbeing measure between baseline and follow-up and how this varies by receipt of a Home Needs Award versus an Urgent Need Award as well as by age, sex and deprivation quintile.

Further, LCSS case workers will also ask for consent from service users for University of Liverpool researchers to contact them to invite a sample to take part in qualitative interviews (see below), using the following text:

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

Qualitative interviews exploring experiences and impacts of welfare

Interviews with individuals will be used to investigate their experiences of accessing the LCSS and the perceived difference that this support has made in the context of their lives.

The fieldwork will be conducted with an estimated sample of 30 participants; the team believes this sample is feasible to deliver within available timescale/resources and reflects sample sizes of similar welfare studies (Cheetham et al., 2019; Moffatt et al., 2016). General inclusion criteria are as follows: aged 18 years or over; living in Liverpool and applied for support from the LCSS on one or more occasion. We will also utilise analysis of routine data about the reach of welfare support (from work package 1) to inform final decisions about sampling. For example, we may decide to sample individuals who have accessed multiple forms of support in addition to LCSS (e.g. they may have accessed DHPs or other welfare schemes) and also sample those who have accessed either the Home Needs Award and/or Urgent Need Award provided by the LCSS. Due to the relatively small sample size, we do not anticipate sampling people for interviews who applied for the scheme but were found to not be eligible. However, perceptions on the extent this happens in practice will be explored through the workshops with the BMT and community organisations in work package 1.

Recruitment will be via Liverpool City Council’s BMT and/or ‘gatekeeper organisations’ (local community organisations within the city who have a role in signposting and supporting service users to welfare schemes). Workers within these organisations will distribute invitations/flyers by email/post or in person to eligible participants. Similar qualitative studies of welfare have worked closely with local organisations to support recruitment in this way as involving trusted local organisations can provide reassurance to potential participants who may have concerns about sharing information with external organisations unknown to them. This approach may also help with foreseen recruitment challenges given the likelihood that some people experiencing crisis situations may have moved address since receiving support.

Those who agree for their details to be shared with researchers will then be contacted either by telephone or by email to confirm they are willing to participate, and to arrange

an interview. PHIRST LiLaC researchers will conduct the interviews. The interviews will take place either face to face in a community venue or will be conducted by telephone, lasting an average of 60 minutes. Interviews will be guided by a semi-structured schedule to allow the interviewer to explore particular themes or responses in more detail as they emerge. We will endeavour to arrange translation support where participants do not have English as their first language and require this.

The schedule's topics have been informed by previous studies investigating lay experiences of welfare (Cheetham et al., 2019; Halligan et al., 2017; Moffatt et al., 2016), and will cover the following broad topics:

- Experiences of applying and receiving support.
- Reasons for applying for support.
- Support received and what this was used for.
- Impact of LCSS on health and social outcomes (material circumstances, physical health and wellbeing, social relationships).
- Views about LCSS and suggestions for changes.

Demographic information will also be collected after the interview has completed using a short form to capture information on sex/gender, age category, employment status, household composition. Participants will be offered a shopping voucher as a thank you for their time and will be provided with a debrief letter/sheet that also outlines sources of support locally and contact details in case of emotional distress (see ethical considerations in Section 9).

Interviews with service users will be audio-recorded and then professionally transcribed. Following this, transcripts will be anonymised and checked for accuracy. Following familiarisation based on an initial reading of transcripts, a coding scheme will be developed and modified after being applied to 10% of transcripts. A final coding framework will then be agreed, and interviews uploaded into qualitative analysis software, NVivo, for coding. Where public partners are involved in coding and do not have access to software, they will code transcripts manually using a proforma with coding then imported into the NVivo file. The use of framework techniques (e.g. charting) will also support a rapid analysis of data across key themes and topics in the data. A team approach to coding involving two researchers and a public partner will support reliability, with emergent themes regularly discussed with the wider evaluation team. External validity will be sought through consultation with local community organisations and our local authority partners to identify perspectives or themes that may be missing in the analysis or that challenge our interpretation (Silverman, 2001).

9) Ethics and data management

Ethical approval will be sought from the University of Liverpool's Institute of Population Health Research Ethics Committee prior to the evaluation commencing. The research will involve working with secondary data collected by our local authority partners, workshops with key stakeholders, documentary analysis, as well as interviews with welfare scheme service users and in the main does not raise serious ethical concerns.

Secondary data collected by LCC on service users who have engaged in their welfare schemes contains identifying information, including individuals' name and home postcode. These two variables will be joined in the format "name_postcode" to generate a unique identifier for each individual. The unique identifiers will then be used to code individuals

according to whether they have made repeated or single contact with the BMT, DHPs and LCSS schemes. We anticipate that our local authority partners will generate the unique identifiers on our behalf, so that names of individuals may be removed from the data prior to it being shared with us. To allow the sharing of secondary data, a Data Sharing Agreement (DSA) will be arranged between the University of Liverpool and Liverpool City Council. The evaluation team will also undertake a Data Protection Impact Assessment (DPIA) to identify potential risks arising out of the processing of personal data and to minimise these risks as far and as early as possible.

Workshops will be undertaken with members of the BMT and key stakeholders from local organisations. This is likely to have implications for participants being identifiable in the research findings because of their unique roles. However, no outputs from the research will name individuals and where possible the findings will be framed in a way that minimises the likelihood of compromising postholders' anonymity, for example, reporting findings thematically across organisations where possible.

Interviews will be undertaken with service users of the LCSS. Prior to taking part in an interview, participants will be asked to provide written consent. Where interviews are conducted face to face, participants will complete a paper version of a form; where interviews are remote (e.g. by telephone), an electronic consent form will be provided via a link in Qualtrics or Microsoft Forms (an online survey tool which can be easily accessed via mobile phones, tablets and computers). The research is also likely to have safeguarding implications more generally. In part this concerns the sensitive nature of the topics covered in interviews (e.g. financial hardship) or disclosures during the interviews that might lead the researcher to be concerned that the person or others are at risk of harm. As part of our ethics approval stage, the evaluation team will complete a safeguarding assessment with our local authority partners and the PHIRST LiLaC Public Adviser Panel, which will identify key safeguarding issues and put in place an action plan to mitigate against these.

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

10) Dissemination and outputs

We will produce a final report for our local authority partners at the end of the evaluation and we also plan to produce one or more papers for publication in peer-reviewed scientific journals.

In addition to the above outputs, a primary target of our dissemination strategy will be local authorities in other parts of the country. This is an important group, as these organisations are in charge of delivery and hence will be the gatekeepers of future welfare schemes. We will work with the Local Government Association, the national organisation that represents local government, to disseminate via their routes (e.g. LGA publications, seminars, workshops etc). We also hope to disseminate via the Association of Directors of Public Health (ADPH), which is the representative body for Directors of Public Health in the UK.

As part of dissemination activities, we will develop lay outputs (e.g. infographics) for public audiences. We will also work with organisations such as Citizens Advice as they often provide a gateway to welfare schemes by referring members of the public onto them. In addition to the improved process of delivering welfare, engaging with these organisations will enable them to produce more informative public-facing materials that will help members of the public better understand the support available to them and how they are able to access it.

Depending on time and capacity within the team, we will also consider the feasibility of producing more creative outputs. For example, we previously worked with an artist to produce visual narratives of residents' experiences of health inequalities which both practitioners and members of the public reported to facilitate engagement on health inequalities in a non-stigmatising way (Halliday, 2019; see also 'Communities in Control' website https://communitiesincontrol.uk/graphics/).

We will share all outputs with our local authority partners and invite them to provide feedback prior to any outputs being finalised. Outputs will be jointly developed, and peer reviewed by public and practitioner stakeholders to ensure they reflect the priorities of these groups.

11) Timeline and milestones

Key milestones	**Dates**
Submit protocol to NIHR	May 2023 (month 0)
Apply to university ethics committee	June 2023 (month 1)
Arrange access to data collected by LCC (ethics not required)	June 2023 (month 1)
WP1: Analysing routine service user data	July 2023 to March 2024 (months 2-10)
WP1: Mapping the welfare system and processes	September to December 2023 (months 4-7)
WP2: Analysing routine service cost data	January to March 2024 (months 8-10)
WP3: Quantitative assessment of health-related wellbeing	July 2023 to January 2024 (months 2-8)
WP3: Qualitative interviews exploring experiences and impacts of welfare	January to March 2024 (months 8-10)
Remaining data analysis and result writing	April to May 2024 (months 11-12)
Report for LCC	May 2024 (month 12)
Final outputs	May to July 2024 (months 12-14)

12) Governance

A Project Evaluation Group (PEG) will oversee delivery of the research. The PEG will include researchers with relevant expertise from across PHIRST LiLaC, representatives from LCC, and public advisers.

Dr Emma Coombes (Liverpool University) will be responsible for the day-to-day management of the study and leading the delivery of the quantitative components of the research. She will co-lead the overall study with senior academic support from Prof Ben Barr (below). Dr Michelle Collins (Lancaster University) will oversee the delivery of the qualitative components of the research, supported by Dr Joy Spiliopoulos (Lancaster University) leading the delivery of workshops, documentary analysis, and interviews. Prof Bruce Hollingsworth (Lancaster University) will provide support with the economics component of the study along with a Health Economics Research Fellow (to be appointed). Prof Ben Barr (Liverpool University and PHIRST LiLaC co-lead investigator) will act as the overall lead for the study with budgetary and reporting responsibility.

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Appendix I

RICE template for Liverpool Citizens Support Scheme

	Intervention for Evaluation	
	BRIEF NAME	
1.	What is the intervention or service called?	Liverpool Citizens Support Scheme (LCSS).
	WHY	
2.	What are the aims and objectives of the intervention, what are the outcomes you expect it to achieve?	The aim is to provide financial or in-kind support to those most in need in order to reduce their financial hardship. By reducing financial hardship, the objective is to improve health and wellbeing of service users and their families. By improving the health and wellbeing of service users and their families, the objective is to alleviate wider costs to public services, such as in relation to the NHS, homelessness, or social care organisations.
3.	How do you expect the intervention to achieve these aims. Describe any rationale, theory, or goal of the elements essential to the intervention.	The provision of financial or in-kind support, such as food vouchers or furniture, to those most in need will reduce the hardship of these people. The award is tailored to the needs of the service user and their family, rather than being a generic financial handout, and is therefore likely to have the greatest impact on their health and wellbeing.

		Being taken out of financial crisis will bring mental health benefits to service users and their families meaning they are better able to support their own health and wellbeing. Being taken out of financial crisis will bring physical health benefits to service users and their families which will operate via the wider determinants of health (e.g. healthier diet, improved employability, less exposure to risk etc). The limit of two awards to a household within a 12-month period will mean they are less likely to become dependent on the scheme.
	WHAT	
4.	Resources: Describe any resources, budget, staff, physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).	Staff costs. Computer equipment and associated capital for scheme administration. Website to publicise the scheme to potential service users. Telephone service for applicants to speak with LCSS staff. Referral pathways from LCC's Benefits Maximisation Team or charity partners. Budget for scheme administration (approximately £800k per year). Budget for awards (approximately £4.04 million per year).
5.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention/service, including any enabling or support activities.	Potential service users either self-refer (for example via the website or word of mouth etc) or are referred or signposted onto the scheme (for example via LCC's Benefits Maximisation Team or charity partners). Potential service users call a designated telephone line to speak with a member of LCSS support staff. Their eligibility for the scheme and needs are assessed during this call.

		If the potential service user need is considered urgent their case is considered and a decision is made on their application within two working days. If the potential service user need is considered non-urgent their case is considered and a decision is made on their application within ten working days. The potential service user will be informed either: 1) that they have not been approved for an award, or 2) that they have been awarded an “Urgent Need Award”, or 3) they have been awarded a “Home Needs Award”. If receiving an award, the service user is provided with instructions on how to claim it.
	WHO PROVIDED	
6.	For each category of intervention provider/partner agency describe their expertise, background and any specific training given.	**Liverpool City Council** ***Expertise:*** Expertise in local population need. Expertise in running local welfare provision schemes. Expertise in assessing the eligibility and need of potential service users. Network of contacts to support referral/signposting into the scheme (e.g. Benefits Maximisation Team, charities). Network of contacts to support provision of awards to eligible service users (e.g. Furniture Resource Centre to provide furniture). ***Training:*** Staff trained to interact with potential service users, to communicate the nature of LCSS to potential service users, to assess their need and identify appropriate actions to address this need, to work with

		referral partners and understand their own structures, to work with provider partners to initiate practical solutions to service users' needs. **Benefits Maximisation Team and charity partners** ***Expertise:*** Expertise in local population need. Expertise in recognising unmet need in their own service users that LCSS could address. Strong understanding of the nature of the LCSS offer. Strong referral/signposting pathways to LCSS. ***Training:*** Staff trained to interact with their own service users, to identify unmet need in their own service users that LCSS could support, to communicate the nature of the scheme to their own service users, to signpost/refer their own service users onto the scheme. **Provider partners (e.g. Furniture Resource Centre)** ***Expertise:*** Expertise in provision to meet identified need in LCSS service users. Strong links with the LCSS service. ***Training:*** Interacting with LCSS service users to provide for their need.
	HOW	
7.	Describe the modes of delivery of the intervention (e.g. face-to-face or by some other mechanism, such as internet or telephone) and whether it was provided individually or in a group.	Initial contact between individual potential service users and LCSS staff is via a telephone call. Following initial telephone triage via the contact centre, cases are passed to the team who then call service users for a more in-depth discussion about their needs.

	WHERE	
8.	Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	Delivery for the intervention is not place-based other than the eligibility criteria requiring potential service users to either live in Liverpool or be in the process of moving to Liverpool.
	WHEN and HOW MUCH	
9.	Describe on average the numbers of people receiving or directly involved in the intervention over what time period. Describe the average intensity of activity with each person e.g. the number/range of contacts/sessions.	In the financial year 2021-2022, the scheme made 17,881 awards with the overall expenditure for the year being £4.04 million. This equates to an average value of approximately £226 per award.
	TAILORING	
10.	If the intervention was planned to be adapted to different group/communities/individuals, then describe what, why, when, and how.	The nature of delivery is bespoke in that each service user has a support package that is tailored to their own needs.
	MODIFICATIONS	
11.	If the intervention has been modified over time, describe the changes (what, why, when, and how).	The intervention has remained largely unchanged since being introduced in 2013. However, a consultation is currently open on the future of provision, which is driven by the need to make budget savings. Depending on the consultation outcomes the following changes may take place from the 2023-2024 financial year: **Introducing a 'Repair or Replace' element for domestic appliances** LCSS currently spends more than £400k per year providing replacement domestic appliances. By introducing a repair or replace element an engineer will be sent to the resident's home to attempt to repair the domestic appliance. Where the engineer determines that an appliance cannot be repaired or is uneconomical to repair, a replacement will be provided. The

	replacement will be a refurbished appliance in the first instance and where this is not available a new appliance will be provided. **Stop providing furniture packages for some tenants** LCSS provides furniture packages, totalling £500k per year, to tenants of Registered Social Landlords. However, Registered Social Landlords can provide furnished tenancies and can recover the cost of these by applying a service charge to the rent. The tenant can claim this service charge through their housing benefit or Universal Credit Housing Costs. **Removing the availability of some items** LCSS provides an extensive range of items from cutlery packs and bedding through to large items of furniture and domestic appliances. Reducing some items or only providing recycled items would reduce the overall expenditure of the scheme. **Replacing cash awards with supermarket vouchers** LCSS currently provides cash awards for people who find themselves in an emergency. It is proposed that cash awards are removed from the scheme and replaced with supermarket vouchers as there is the potential to achieve some savings through discounts by providing supermarket vouchers instead of cash.

Adapted from: Hoffmann et al. (2014). Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ, 348: g1687.

Appendix II

Logic model for Liverpool Citizens Support Scheme

Inputs	Activities	Mechanisms for change	Outputs	Shorter term outcomes (Weeks)	Medium term outcomes (Months)	Longer term outcomes & impact (Years)
<u>People:</u> Staff hours in LCC. Volunteer/staff hours in partner organisations. Time of Mayor and Councillors. <u>Resources:</u> Marketing materials (website etc). Broader publicity/comms. Capital equipment (e.g. telephone service, back-office equipment etc). Budget for scheme administration. Budget for scheme awards.	Service is publicised to potential service users via LCC website, other comms, and partner organisations. Relationships are built with referral/ signposting partners including developing a shared understanding of the scheme and pathways onto it. A designated telephone line is provided to allow potential service users to speak with LCSS support staff and make an application. A protocol is developed and	The provision of financial or in-kind support, such as food vouchers or furniture, to those most in need will reduce the hardship of these people. The award is tailored to the needs of the service users and their wider families, rather than being a generic financial handout, and is therefore likely to have the greatest impact on their health and wellbeing. Being taken out of financial crisis will bring mental health benefits to service users and their wider families meaning they	Number of unique applicants to the scheme by applicant characteristics (e.g. age, gender, ethnicity etc). Number of applicants making repeat applications to the scheme by applicant characteristics. Number of successful applications by applicant characteristics. Number of awards by value. Number of 'Urgent Need Awards' made. Number of 'Home Needs Awards' made. Number of applications made by nature of situation (e.g. individuals or families in poverty, dealing with fire/flood, release from prison, escaping	Service users are less likely to report unmet need. Service users are more likely to report their wider family is provided for. Service users are less likely to report worries over money. Service users report feeling in better mental health via mechanisms such as reduced stress and improved wellbeing. Service users report feeling in better physical health via mechanisms such as improved sleep.	Service users adopt behaviours that support their health and wellbeing (e.g. healthier eating, physical activity etc) and take part in fewer risky behaviours (e.g. smoking, excess alcohol intake etc). The physical health and wellbeing of service users and their wider families is improved. The mental health and wellbeing of service users and their wider families is improved. Use of public services such as the NHS, homelessness services, or social care	The percentage of Liverpool residents living in poverty declines. The percentage of Liverpool residents living in poor health declines. Health inequalities are reduced within Liverpool. The percentage of adults out of work in Liverpool declines. The percentage of children and young people out of education in Liverpool declines. Expenditure on public services such as the NHS, homelessness

Supply of goods to service awards.	implemented to assess applicants for eligibility and identify how to meet their needs. Depending on need, service users engage with supplier organisations to address their need (e.g. supply furniture).	are better able to support their own health and wellbeing. Being taken out of financial crisis will bring physical health benefits to service users and their wider families, which will operate via the wider determinants of health (e.g. healthier diet, improved employability, less exposure to risk etc). The limit of two awards to a household within a 12-month period will mean they are less likely to become dependent on the scheme.	domestic abuse or violence etc). Number of awards made by nature of situation. Number of applications made by nature of need (e.g. food, clothing, furniture, help with fuel costs, provision of white goods etc). Number of awards made by nature of need.	Service users report better freedom and independence, and less isolation.	organisations is reduced amongst service users and their wider families.	services, or social care organisations in Liverpool is reduced.

Appendix III

FOR Equity tool

Note taking form

1. Mapping inequalities relative to your research

What is the problem you plan to address and which dimensions of social and health inequalities are relevant?

What are the root causes of those inequalities beyond possible behavioural/lifestyle factors? Have you considered how they intersect?

PPI: How have you involved members of the public and other stakeholders in helping you identify the problem you want to tackle and the relevant dimensions of inequalities?

Welfare schemes are run by local authorities to provide financial and other support to people who would benefit most. This includes those on low income or those who have problems in accessing the resources they require to live, for example because they have a disability that means they are unable to work.

Many welfare schemes are run in such a way that they can be tailored to the particular needs of local populations. This is good in that it means that those needs are most likely to be met by the schemes. However, a downside of this local tailoring is that there is evidence to suggest that the provision of welfare support differs between different areas. This could be a problem if a result is that certain population groups, for example particular ethnicities or age groups, get differing levels of support depending on where they live.

Our research is comparing the characteristics of people applying to a range of welfare schemes in Liverpool and looking to see how scheme characteristics relate to the characteristics of successful applicants. In doing so, it will help us understand how best schemes can be run to ensure that local need is met, whilst at the same time particular population groups are not disadvantaged in their ability to access support. In particular, intersectionality (the overlap of different personal characteristics that combine to create advantage or disadvantage) will be considered.

PPI: We have public advisors who are part of the PHIRST LiLaC team who are guiding our research questions and study design. They will support the delivery of the evaluation by contributing to project meetings with our local authority partners, Liverpool City Council.

Note taking form

2. Integrating equity issues into research questions

How can your research questions be framed in a way that enables you to identify potential inequalities and explore their causes?

PPI: Have you involved members of the public and other stakeholders in shaping your research questions?

At present the United Kingdom is experiencing an economic recession and whilst in recent years the difference in incomes between the most and least wealthy members of the population has overall been getting smaller, the current financial situation means that the costs of living are rising more quickly than incomes amongst the poorest members of society. As a result of this more people on higher incomes are needing to make use of welfare schemes to meet their daily needs. Further, those on higher incomes would have previously supported the delivery of welfare schemes via volunteering time or donations.

Whilst the current rate of inflation is expected to decline over the next 24 months, higher costs will leave a legacy of greater reliance on welfare support. This is particularly the case in more deprived urban areas, such a Liverpool, where levels of deprivation are high. We are therefore framing our research questions to look at how people engage with welfare schemes, understand the impact of these schemes on health and wellbeing, and examine the cost of the schemes for the organisations who deliver them. By comparing these characteristics across schemes, and also by comparing with the characteristics of the wider population, we will explicitly embed an ability to identify inequalities in our research as these are the primary focus of our activity.

PPI: The ethos of PHIRST LiLaC is around co-development of evaluation and our team includes representatives from Liverpool City Council and the Poverty Action Group, as well as members of our public advisory panel. All of these groups are being involved in the development of the research questions.

Note taking form

3. Designing and conducting research sensitive to inequalities

Will your study design, data collection, and analytical methods enable you to capture the structural causes of inequalities and identify any differential impacts and experiences?

PPI: How have you involved members of the public and other stakeholders in shaping the study design and in analysing and interpreting the data?

By examining the pathways that service users make into the welfare schemes we will be able to understand the structural drivers of inequalities in access. For example, by being able to make use of data collected and supplied by Liverpool City Council we will be able to explore how the geographical spread of scheme applicants, and successful applications, relates to the structural characteristics of different areas of the city, with a focus on features such as area socio-economic deprivation as well as ethnicity. Intersectionality will also be considered.

To further understand how these structural drivers of inequalities are operating we will augment this quantitative analysis of secondary data with qualitative interviews where we explore lived experiences of individuals taking up welfare support. The triangulation of both approaches will provide detailed insight into the drivers of scheme use, informing the future development of schemes so that existing structural barriers may be better overcome, and access provided for all who have need of them.

While the welfare schemes are delivered by Liverpool City Council, it is likely that external factors across the wider Liverpool City Region will influence the schemes' impact and we will attempt to capture this in our work.

PPI: The ethos of PHIRST LiLaC is around co-development of evaluation and our team includes representatives from Liverpool City Council and the Poverty Action Group, as well as members of our public advisory panel. All of these groups are being involved in the development of the study design and will be invited to support the analysis and interpretation of results when these activities commence.

Note taking form

4. Prioritising findings relevant to action on inequalities in reporting and dissemination

What are the most effective ways you can share your findings relevant to understanding and/or reducing health inequalities? Which audiences should you target and why?

Have you considered whether your research findings and their dissemination could inadvertently contribute negatively to inequalities and how this could be avoided?

PPI: How have you involved members of the public and other stakeholders in planning and disseminating your findings?

The primary target of our dissemination strategy will be our own local authority partners in Liverpool and those in other parts of the country. This is an important group, as these organisations are in charge of delivery and hence will be the gatekeepers of future welfare schemes. We will work with the Local Government Association, the national organisation that represents local government, to disseminate via their routes (e.g. LGA publications, seminars, workshops etc). We will also work with organisations such as Citizens Advice as they often provide a gateway to welfare schemes by referring members of the public onto them. In addition to the improved process of delivering welfare, engaging with these organisations will enable them to produce more informative public-facing materials that will help members of the public better understand the support available to them and how they are able to access it.

We also wish to share our findings with academics, as the academic community can help us better understand the drivers of inequalities in the population. We note there is currently little evidence on how people engage with welfare schemes and the impact that the schemes have on them, so we will contribute to this understanding by publishing papers in the academic literature.

Given that we are not testing an intervention or actively modifying scheme delivery in this research we believe the risks of inadvertently contributing to inequalities are low. There is some risk of stigmatization of certain population groups if dissemination activities were felt to be “finger pointing” and we will be very aware of this risk when disseminating our findings. For example, we will use very careful wording and ensure that no individuals or small population groups (e.g. a group of people with a particular characteristic living in a particular neighbourhood) can be identified. We believe that by explicitly identifying inequalities in welfare uptake in our dissemination that we have a very strong chance of reducing future inequalities by informing the evolution of welfare scheme design and the risk of inadvertent inequality amplification is very low.

PPI: As soon as our research has started, we will involve our public advisors and other stakeholders, as identified above, in planning our dissemination activities.

Note taking form

5. Principles and practice in equity sensitive research

Have you considered whether you may be making implicit assumptions or have implicit biases that influence your research? How might you mitigate against these?

PPI: Are the involvement processes in your work transparent to the members of the public and other stakeholders involved and is there a feedback/complaints process set up?

We have considered this. We propose to undertake a brief survey (consisting of asking about wellbeing) with people who have engaged with local welfare schemes. In sampling people to receive this survey we will not make explicit assumptions about the likely representation of particular groups but will rather work with our local authority partners to ensure that our sample is representative of the true population of service users. Similarly, when using secondary data, we will use comprehensive datasets rather than focusing on particular areas or population subgroups. We will also sample for our qualitative work based on the characteristics of service users identified from the secondary data, rather than making a-priori assumptions about who should be included in interviews or focus groups. Further, we will work with organisations from the third sector to ensure that our sample is representative.

PPI: We believe our involvement processes are transparent. Our evaluation protocol will set out the processes for involvement at all stages of the evaluation, and team members and stakeholders will have the opportunity to review and comment on this before it is finalised. Our public advisors and stakeholders will have the opportunity to feedback throughout the evaluation at regular project meetings and will be made aware that they may contact members of the PHIRST LiLaC team with feedback or to raise a concern or complaint at any time.