Community Impact

An Advice and Advocacy Outcomes Framework

The Advice and Advocacy Evaluation Toolkit

Contents

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1. About this framework

This guide provides a practical Outcomes Framework for organisations delivering advice and advocacy services. It identifies eight areas in which advice and advocacy may contribute to change in people's lives and translates these into indicators that organisations can use to decide what outcomes are relevant to their provision and what evidence they need to collect.

The framework is informed by research evidence and learning from Community Impact's practice. It is intended to provide a common structure for thinking about outcomes while recognising that advice and advocacy services vary considerably in their purpose, intensity and the people they support. Organisations are therefore not expected to measure every outcome or indicator. Instead, they should select those that are plausible for their service and the changes they expect it to support.

The Outcomes Framework is one part of a wider approach to evidence and evaluation. Advice and advocacy services also generate information about who they support, what they deliver, casework activity, case results, service quality and contractual targets or KPIs. These different forms of evidence should be considered alongside outcome data rather than incorporated into the framework simply because they are measurable. The accompanying guidance '*A Guide to Collecting Advice and Advocacy Impact Data*' provides practical guidance on collecting these different types of evidence, while *'How to Evaluate Advice and Advocacy Services: a guide'* explains how they can be brought together to assess and report impact.

1.1. About advice and advocacy

At its most basic, advice involves providing information, explaining rights or options, and helping someone understand what they can do about a problem. More intensive advice can involve casework, where an adviser takes practical steps to help resolve the problem. Studies evaluating advice services do not use a single definition of advice, but they describe a broadly similar range of activities. Naven, Withington and Egan (2012), for example, distinguish between information, signposting and explanation, and a more intensive level of casework. Robotham et al. (2019) similarly distinguish between a website providing information and a telephone service providing specialist casework on debt and welfare problems, including help accessing other services. Farr et al. (2014) make a broader point that there is *"no such thing as generic advice"*: different problems, such as debt, benefits, employment and housing, require different forms of intervention. Advice can therefore describe a continuum from information and explanation through to active casework. Casework may include helping with applications and claims, identifying additional entitlements, negotiating manageable debt repayments, communicating with creditors or other organisations, and making onward referrals. Naven, Withington and Egan (2012), for example, describe advice interventions ranging from explaining benefits and financial options to actions undertaken on a client's behalf to increase income or reduce debt. Stamp (2012) similarly describes debt advice as including renegotiating repayments, re-establishing communication with creditors and helping clients manage their income and expenditure.

Advocacy is distinct from this, although the boundary can become blurred in practice. Naven, Withington and Egan (2012) distinguish information and casework from a further level of support involving advocacy, representation and mediation, including at tribunals or court proceedings. Robotham et al. (2019) show how casework can move towards advocacy in practice. Their caseworkers communicated directly with debt and welfare organisations, supported appeals and were described as acting as an advocate

for the client's money problems. This has also been evident in Community Impact evaluations, where support may begin with advice but move into advocacy when a worker needs to challenge a decision, communicate with a service or represent the person's interests.

Whilst advice and advocacy are therefore often part of the same service offer, they are, in practice and for measurement purposes, separate activities. Advice primarily helps a person understand and address a problem, including through practical casework. Advocacy involves acting alongside or on behalf of the person in their dealings with another organisation or decision-maker. The distinction matters for evaluation because neither activity is itself an outcome. The important question is what changes for the person as a result of receiving that support.

1.2. How this framework was developed

The framework was developed through a review of research evidence alongside learning from Community Impact's own practice. The aim was not to identify a single definitive measure of advice or advocacy, but to identify the main areas of change examined across the evidence and translate these into a practical framework that could be used across different forms of provision.

Three separate Google Scholar searches were undertaken. The first focused on systematic reviews and returned approximately 5,380 records. The second focused on randomised and controlled studies and returned approximately 17,700 records. The third focused on non-experimental evaluations, including qualitative, mixed-methods, longitudinal, cohort, before-and-after, observational and survey studies, and returned approximately 11,200 records. The full search strategies and a summary of the study-selection process are provided in Appendix 2.

Search results were screened for studies in which advice or advocacy formed a substantive part of the intervention and which reported outcomes or changes for service users. Studies also needed to describe those outcomes sufficiently clearly for them to be extracted and classified. This resulted in 21 studies or reviews being included for direct outcome extraction: six systematic reviews, six experimental or controlled studies, and nine non-experimental studies or evaluations.

The outcomes reported in these studies were initially extracted using the terminology used by the original researchers. This produced a much larger set of overlapping outcomes. For example, closely related changes were variously described as confidence, self-efficacy, mastery, perceived control and independence, while financial outcomes included benefit gains, financial strain, financial security, affordability and standard of living.

These granular outcomes were compared and grouped according to the underlying area of change they represented. The groupings were then sense-checked against learning from Community Impact practice, including evidence from advice and advocacy casework and previous evaluation work. This was particularly important for areas such as rights, voice, independent living and the relationship between immediate case outcomes and wider changes in people's lives.

The resulting groupings were rationalised into eight outcome areas: Financial security; Solving problems; Wellbeing; Being in control; Independent living; Being connected; Knowing my rights; and Access to rights and justice. Each outcome was then operationalised into a small number of indicators describing what we would expect to observe if that outcome were being achieved.

A further consideration was the distinction between immediate or enabling outcomes and wider changes. Securing a benefit, reducing debt or successfully challenging a

decision may be important outcomes in their own right, but they can also create the resources or remove the barriers that enable subsequent change. Additional income, for example, may allow someone to meet essential costs, make plans or exercise greater choice. The framework therefore captures both these initial changes and the wider outcomes they may enable, rather than assuming that the immediate result of advice or advocacy is necessarily the final point of impact.

1.3. How this framework measures 'advice and advocacy'

This framework measures changes for people associated with advice and advocacy. It does not measure provision itself. Activities such as providing information, completing forms, contacting another organisation, making referrals, negotiating, supporting an appeal or representing someone describe what the service did. Similarly, information about the number of people supported, cases completed, contacts made or hours of advocacy describes the scale and intensity of delivery. Satisfaction, accessibility and people's experience of the service are also important, but sit separately from the outcomes themselves. The focus of this framework is on what changes for the person as a result of the support provided.

This distinction is particularly important in advice and advocacy services because different types of information are often brought together under the broad heading of 'outcomes'. Case management systems may contain delivery data, financial gains, decisions overturned, client feedback and contractual KPIs alongside evidence of wider changes in people's lives. All of these can be useful, but they answer different questions. This Outcomes Framework is therefore one part of the wider evidence needed to understand and evaluate a service, rather than a framework into which every measure, target or KPI should be fitted. These different forms of evidence should instead be brought together during analysis and reporting. The accompanying

guides in this toolkit set out how these different types of data can be collected and used in practice, and how they can be combined within an evaluation.

The eight outcome areas in the framework are deliberately broad. On their own, terms such as Financial security, Being in control or Access to rights and justice require further definition before they can be measured consistently. Following Adcock and Collier (2001), the framework therefore moves through two stages between identifying an outcome and developing measures for it:

- Conceptualisation – this means defining what each outcome means for the purposes of this framework. For example, Being in control is conceptualised as greater confidence, self-efficacy and sense of control, including having greater choice and being able to make plans and act on them.
- Operationalisation – this means translating that conceptualisation into indicators that can be observed, recorded or reported. For Being in control, these include whether the service user feels more in control of their situation, can make informed choices about what happens next, can make plans and take action on them, and has more realistic choices or options available.

An important feature of the framework is that it also distinguishes between an immediate case result and the substantive change that result may enable. Securing additional benefits, for example, produces an immediate financial gain, but increasing income is not necessarily the end point of the intervention. Its significance may be that the person becomes more financially secure, can meet essential living costs, has greater choice or is able to make plans that were previously impossible. Similarly, reducing debt may improve financial security, securing appropriate care may support independent living, and overturning an incorrect decision may provide access to rights and justice.

In this sense, advice can unlock resources, knowledge and options, while advocacy can remove barriers that prevent people from exercising them. The framework captures both immediate changes and the wider outcomes they may enable. It does not assume that every immediate result will lead to a wider outcome, or that a relationship between two observed changes demonstrates that one caused the other.

The indicators provide the basis for deciding what evidence is needed. Some can be evidenced directly through casework or administrative records, while others require information from the service user through short surveys, interviews, feedback or other qualitative approaches. Used alongside delivery data, client and context information, service-quality evidence and relevant hard measures or KPIs, the framework provides a structured way of identifying and interpreting the changes associated with advice and advocacy. Table 1 sets out the eight outcome areas, their conceptualisation for the purposes of this framework, and the studies that informed their development.

Table 1 – Outcomes Development

Outcome	Conceptualisation ('what this means to us')	Studies informing the outcome
Financial security	Improved financial position and stability, including increased income and access to benefits and entitlements, reduced debt, financial strain and vulnerability, and improved ability to meet day-to-day living costs and maintain an adequate standard of living.	Adams et al. (2006); Mackintosh et al. (2006); Pleasence & Balmer (2007); Woodhead et al. (2017); Barnes et al. (2018); Howel et al. (2019); Farr et al. (2014); Naven, Withington & Egan (2012); Reece et al. (2024); Oswald et al. (2024); Hayre et al. (2026); Barr et al. (2025); Whitton / Adisa (2018); Moffatt, Noble & White (2012)
Solving problems	Resolution or reduction of the problems that brought someone to advice or advocacy, including debt, housing, welfare and service-related problems, and prevention of these problems escalating into crisis or greater instability.	Pleasence & Balmer (2007); Barnes et al. (2018); Farr et al. (2014); Money Advice Outreach Evaluation (2007–08); Robotham et al. (2019); Stamp (2012); Warwick-Booth, Trigwell & Kinsella (2016); Whitton / Adisa (2018)
Wellbeing	Improved physical and mental health, wellbeing and quality of life, including reduced anxiety, depression, stress and psychological distress, and improved daily functioning.	Adams et al. (2006); Bambra et al. (2010); Hillier-Brown et al. (2019); Oswald et al. (2024); Williams & Kirkbride (2025); Hayre et al. (2026); Mackintosh et al. (2006); Pleasence & Balmer (2007); Woodhead et al. (2017); Barnes et al. (2018); Howel et al. (2019); Barr et al. (2025); Moffatt, Noble & White (2012); Farr et al. (2014); Money Advice Outreach Evaluation (2007–08); Naven, Withington & Egan (2012); Reece et al. (2024); Robotham et al. (2019); Stamp (2012)
Being in control	Greater confidence, self-efficacy and sense of control, including having greater choice, being able to make plans and being able to act on those plans, including where advice has increased the resources or options available to the person.	Hillier-Brown et al. (2019); Oswald et al. (2024); Williams & Kirkbride (2025); Mackintosh et al. (2006); Pleasence & Balmer (2007); Barnes et al. (2018); Howel et al. (2019); Moffatt, Noble & White (2012); Farr et al. (2014); Naven, Withington & Egan (2012); Robotham et al. (2019); Stamp (2012); Whitton / Adisa (2018)
Independent living	Improved ability to live safely and independently, including carrying out day-to-day activities, maintaining or securing suitable housing, and managing care and other support needs.	Mackintosh et al. (2006); Howel et al. (2019); Moffatt, Noble & White (2012); Farr et al. (2014); Whitton / Adisa (2018)
Being connected	Improved social interaction, relationships and support, including stronger family and community connections, increased participation and reduced social isolation.	Adams et al. (2006); Bambra et al. (2010); Mackintosh et al. (2006); Howel et al. (2019); Naven, Withington & Egan (2012); Stamp (2012)
Knowing my rights	Improved knowledge and understanding of rights, entitlements, options, services and processes, including knowing where to go for help and what action can be taken.	Money Advice Outreach Evaluation (2007–08); Whitton / Adisa (2018); Warwick-Booth, Trigwell & Kinsella (2016); Robotham et al. (2019)
Access to rights and justice*	Improved ability to secure and exercise rights and entitlements, obtain fair treatment and access to services, challenge decisions, use complaints and appeals processes, and obtain appropriate redress.	Warwick-Booth, Trigwell & Kinsella (2016); Pleasence & Balmer (2007); Stamp (2012); Farr et al. (2014); Money Advice Outreach Evaluation (2007–08)

*Access to rights and justice is much more strongly evidenced in the practice data than as an explicitly named outcome in the extracted research studies. The studies in that row are the closest empirical contributors through access, problem resolution, debt resolution and creditor/action outcomes, rather than studies that explicitly label their outcome "rights and justice."

1.4. Outputs, outcomes, and indicators

At this stage, it is useful to distinguish between different types of evidence generated through advice and advocacy so that information collected through case management systems, client feedback and evaluation is interpreted consistently. In particular, services often collect substantial information about what they did and what happened in a case, but this is not all evidence of impact. Distinguishing outputs, outcomes, indicators, delivery data and client/context data helps organisations use each type of evidence appropriately for monitoring delivery, understanding who is being supported, assessing change and reporting impact:

- Outputs – these describe what an advice or advocacy service delivers, for example, the number of people supported, advice sessions provided, cases opened or closed, referrals made, applications completed, or advocacy meetings attended. Reporting outputs helps show the scale and intensity of provision.
- Outcomes – these describe the areas of change that advice and advocacy are expected to support. In this framework, these are Financial security, Solving problems, Wellbeing, Being in control, Independent living, Being connected, Knowing my rights, and Access to rights and justice. Outcomes may occur at different points in the pathway of change. For example, securing additional income may be an important immediate outcome because it increases the resources available to someone, while the wider outcome may be that they can meet essential costs, make choices or plan ahead.
- Indicators – these describe the observable signs that progress is taking place within each outcome area. In this framework, they are expressed as statements describing what has changed for the service user. These provide the basis for

case records, short client measures, surveys, interviews and other qualitative evidence

2. What outcomes are relevant to advice and advocacy

The same underlying outcome can be described in different ways. Studies may use different terms for closely related changes, divide a broad outcome into several narrower constructs, or use different measures to examine what is essentially the same area of change. The purpose of the outcome headings in this framework is therefore to provide a common set of organising categories under which these related constructs can be grouped.

The outcomes presented in this framework represent the main areas of change identified across the advice and advocacy evidence reviewed and through learning from Community Impact practice. The same broad areas of change were conceptualised and operationalised differently between studies. Researchers used different constructs, focused on different dimensions of change, or used different measures to examine closely related outcomes. The eight outcomes used in this framework therefore provide organising categories through which these related constructs and measures can be brought together. For example:

- Financial security: This outcome brings together changes in financial position and material circumstances, including benefit or income gains, financial strain and vulnerability, debt, affordability, standard of living, food security and financial stability (Adams et al., 2006; Mackintosh et al., 2006; Pleasence & Balmer, 2007; Howel et al., 2019; Reece et al., 2024; Hayre et al., 2026).
- Solving problems: This outcome brings together evidence concerned with whether the problem that led someone to seek support is resolved, reduced or stabilised. This includes debt and housing resolution, crisis resolution and

prevention, creditor problems and wider problem resolution (Pleasence & Balmer, 2007; Farr et al., 2014; Stamp, 2012; Warwick-Booth, Trigwell & Kinsella, 2016).

- Wellbeing: This outcome brings together related measures of mental and physical wellbeing, including anxiety, depression, stress, psychological distress, mental wellbeing, physical health, functioning and quality of life (Adams et al., 2006; Hillier-Brown et al., 2019; Williams & Kirkbride, 2025; Barnes et al., 2018; Howel et al., 2019; Hayre et al., 2026).
- Being in control: This outcome brings together constructs concerned with people's capacity to exercise choice and act on their circumstances, including confidence, self-efficacy, self-esteem, mastery, perceived control, financial control, ability to manage problems and independence. It also captures the increased choices and capacity to plan that may result when advice unlocks additional resources or options (Mackintosh et al., 2006; Pleasence & Balmer, 2007; Barnes et al., 2018; Naven, Withington & Egan, 2012; Oswald et al., 2024).
- Independent living: This outcome brings together changes concerned with people's ability to manage day-to-day life and live independently, including independence, daily activity, suitable housing, care and support, and the practical conditions needed to remain independent (Moffatt, Noble & White, 2012; Howel et al., 2019; Farr et al., 2014; Whitton / Adisa, 2018).
- Being connected: This outcome brings together social outcomes concerned with relationships, social interaction and support, family wellbeing, participation and connection with other people and communities (Adams et al., 2006; Mackintosh et al., 2006; Howel et al., 2019; Naven, Withington & Egan, 2012; Stamp, 2012).
- Knowing my rights: This outcome brings together changes in knowledge and awareness that enable people to understand their rights, entitlements, options and available sources of support, and to know what action they can take in

response to a problem (Money Advice Outreach Evaluation, 2007–08; Warwick-Booth, Trigwell & Kinsella, 2016; Whitton / Adisa, 2018; Robotham et al., 2019).

- Access to rights and justice: This outcome concerns what happens when rights and entitlements are exercised in practice, including accessing services or support, challenging decisions, using complaints, reviews or appeals, and obtaining an appropriate response or redress. This outcome is particularly strongly informed by learning from Community Impact practice. The research evidence contributes related findings around access, problem resolution, creditor action and challenging or resolving decisions, although it less commonly labels these explicitly as 'rights and justice' outcomes (Pleasence & Balmer, 2007; Stamp, 2012; Farr et al., 2014; Warwick-Booth, Trigwell & Kinsella, 2016).

2.1. Hard and soft outcomes

This framework includes both 'hard' and 'soft' outcomes. Hard outcomes are concrete changes that can usually be verified through casework or administrative records, such as additional income secured, debt or arrears reduced, accommodation retained, a service accessed, or an incorrect decision changed. Soft outcomes describe changes in how a person feels, understands their situation or is able to act, such as reduced anxiety, increased confidence, greater control, improved understanding of rights and options, or feeling less isolated.

The distinction matters because advice and advocacy often produce both kinds of change, and they may occur at different points in the pathway. A successful benefit claim, for example, may produce a clear financial gain. That is an important outcome, but the additional income may also enable the person to meet essential costs, make choices, plan ahead or live more independently. Similarly, advocacy may secure access to a service or overturn an incorrect decision, while also increasing the person's sense

of control or reducing the stress associated with the problem. Learning from Community Impact practice therefore suggests that concrete case outcomes should not automatically be treated as the final end point of change.

The indicators in this framework are designed to capture both types of outcome where relevant. Some can be evidenced directly through case records, while others require information from the service user through surveys, interviews, feedback or other qualitative approaches. Organisations do not need to collect every type of evidence for every case. They should use the indicators that are relevant to the support provided and draw on existing administrative or casework data where appropriate.

Looking at hard and soft outcomes together can provide a fuller picture of what advice or advocacy has achieved. Hard outcomes show whether a concrete change occurred in the person's circumstances, while soft outcomes can show what that change meant for their wellbeing, control, independence or ability to act.

An important point is not to assume that one caused the other. If, for example, increased income is accompanied by improved wellbeing or greater control, an evaluation can report that these changes occurred together and consider the contribution advice or advocacy may have made. It should not claim that the financial gain caused the wider change unless the evaluation was specifically designed to establish this.

3. The Advice and Advocacy Outcomes Framework

The framework below in Appendix 1 sets out the eight core outcome areas associated with advice and advocacy. The headings provide a practical structure for organising evidence about change while accommodating the different terminology and measures used across the research and in practice. Not every advice or advocacy service should be expected to contribute to every outcome. The outcomes that are relevant will depend on the problems being addressed, the type and intensity of support provided and the circumstances of the people using the service. Organisations should therefore select the outcomes that are plausible for their provision and then select a manageable number of indicators describing what they would expect to see if those outcomes were being achieved.

The indicators also reflect different kinds of evidence. Some outcomes, such as receiving a benefit, reducing debt, resolving a problem or successfully challenging a decision, can often be recorded directly through casework records. Others, such as increased control, reduced worry or greater understanding of rights, depend more heavily on what the person reports. An evaluation can therefore combine case outcomes with short client measures and qualitative evidence rather than attempting to measure every outcome through the same tool.

The same change may also provide evidence against more than one outcome. Securing a benefit, for example, may represent access to an entitlement, improve financial security, resolve the presenting problem and give the person greater choice over what they can do next. The framework separates these concepts so that organisations can be clear about the type of change being measured, rather than requiring each case outcome to fit within only one category.

Appendix 1 – An Advice and Advocacy Outcomes Framework

A. Financial security	B. Solving problems	C. Wellbeing	D. Being in control	E. Independent living	F. Being connected	G. Knowing my rights	H. Access to rights and justice
A1. The service user receives the financial benefits or entitlements they are eligible for.	B1. The problem that brought the service user to the service is resolved or substantially improved.	C1. The service user feels less worried, anxious or stressed about their situation.	D1. The service user feels more in control of their situation.	E1. The service user can remain safely in suitable accommodation.	F1. The service user has or maintains supportive relationships.	G1. The service user knows the rights or entitlements relevant to their situation.	H1. The service user obtains the service, support or entitlement they have a right to access.
A2. The service user's debt or arrears are reduced or become manageable.	B2. The service user's situation is stabilised where full resolution is not possible.	C2. The service user reports improved mental wellbeing.	D2. The service user can make informed choices about what happens next.	E2. The service user can carry out essential day-to-day activities, with appropriate support where needed.	F2. The service user feels less socially isolated.	G2. The service user understands the options available to them.	H2. The service user's views are heard and considered by relevant organisations or decision-makers.
A3. The service user can meet essential day-to-day living costs.	B3. The service user's problem is prevented from escalating into a more serious crisis or greater instability.	C3. The problem has less negative impact on the service user's physical health or day-to-day functioning.	D3. The service user can make plans and take action on them.	E3. The service user has the care or support needed to live independently.	F3. The service user can take part in social or community activities that matter to them.	G3. The service user knows what action they can take next.	H3. The service user is able to use a complaint, review or appeal process where needed.
A4. The service user is less financially vulnerable and has greater financial stability.	B4. Meaningful progress is made towards resolving the problem where the final decision or action lies with another organisation.	C4. The service user reports improved overall wellbeing or quality of life.	D4. The service user has more realistic choices or options available to them.	E4. The service user can manage their day-to-day life more independently.	F4. The service user feels more connected to their community.	G4. The service user knows where to get further help if they need it.	H4. An incorrect or unfair decision affecting the service user is changed or corrected.
			D5. The service user feels more confident dealing with their situation.				H5. The service user obtains an appropriate response or redress where their rights have not been respected.

Appendix 2 – Database Search Strategies

Three searches were undertaken in Google Scholar to identify evidence examining the outcomes of advice and advocacy. The searches were designed separately to identify systematic reviews, experimental and controlled studies, and non-experimental evaluations.

Search 1 – Systematic reviews

Search string: *("advice service*" OR "advice provision" OR "advice intervention*" OR "community advice" OR "welfare advice" OR "social welfare advice" OR "welfare rights advice" OR "benefits advice" OR "housing advice" OR "debt advice" OR "information advice and guidance" OR "information, advice and guidance") AND (effect* OR impact* OR outcome*) AND ("umbrella review" OR "overview of reviews" OR "review of reviews" OR "systematic review" OR "meta-analysis" OR "meta analysis")*

Google Scholar returned approximately 5,380 records. Results were screened for reviews that synthesised evidence on the effects or outcomes of advice, welfare rights, benefits, debt, housing or closely related advice interventions. Reviews were excluded where advice was not a substantive component of the intervention or where they did not report outcomes relevant to the framework. Six systematic reviews were included in the outcome extraction.

Search 2 – Randomised and controlled studies

Search string: *("welfare rights advice" OR "welfare advice" OR "social welfare advice" OR "benefits advice" OR "debt advice" OR "money advice" OR "housing advice" OR "community advice" OR "Citizens Advice" OR "Citizens Advice Bureau" OR CAB) AND ("randomised controlled trial" OR "randomized controlled trial" OR "randomised trial" OR "randomized trial" OR RCT OR "cluster randomised" OR "cluster randomized").*

Google Scholar returned approximately 17,700 records. Results were screened for studies using randomised, controlled or comparable experimental designs to examine the effects of advice interventions. Studies were retained where advice or casework formed a substantive part of the intervention and where outcomes for service users were reported. Six experimental or controlled studies were included in the outcome extraction.

Search 3 – Non-experimental evaluations

Search string: *("welfare rights advice" OR "welfare advice" OR "social welfare advice" OR "benefits advice" OR "debt advice" OR "money advice" OR "housing advice" OR "community advice" OR "Citizens Advice" OR "Citizens Advice Bureau") AND (evaluation OR "impact evaluation" OR "service evaluation" OR outcome* OR impact*) AND (qualitative OR "mixed methods" OR longitudinal OR cohort OR "before and after" OR "pre post" OR observational OR survey OR interview*) -"randomised controlled trial" -"randomized controlled trial").* Google Scholar returned approximately 11,200 records. Results were screened for evaluations of advice and advocacy using qualitative, mixed-methods, longitudinal, cohort, before-and-after, observational or survey designs. Studies were retained where they provided evidence about changes experienced by service users or about outcomes generated through advice or advocacy. Nine non-experimental studies or evaluations were included in the outcome extraction.

Study selection

The searches were intended to identify the principal outcome constructs used in evaluations of advice and advocacy rather than to produce a pooled estimate of intervention effectiveness. Search results were therefore screened for their relevance to the development of an outcomes framework.

Titles and available abstracts or summaries were first reviewed to identify potentially relevant studies. Potentially relevant full texts were then examined to determine whether:

- advice or advocacy formed a substantive part of the intervention or service;
- the study reported outcomes or changes for service users;
- the outcomes were sufficiently described to allow extraction and classification; and
- the study added relevant evidence beyond material already identified.

Duplicate records and studies appearing across more than one search were considered once for inclusion, although the same underlying study could also appear within an included systematic review. Across the three searches, 21 studies or reviews were included for direct outcome extraction: six systematic reviews, six experimental or controlled studies, and nine non-experimental studies or evaluations. The outcomes reported in these studies were extracted using the terminology used by the original authors. Closely related outcomes were then compared and grouped into broader outcome areas. These groupings were subsequently sense-checked against learning from Community Impact practice before being operationalised into the eight outcomes and associated indicators used in this framework.

References

Adams, J., White, M., Moffatt, S., Howel, D. and Mackintosh, J. (2006) 'A systematic review of the health, social and financial impacts of welfare rights advice delivered in healthcare settings', BMC Public Health, 6, 81. doi: 10.1186/1471-2458-6-81.

Adcock, R. and Collier, D. (2001) 'Measurement validity: A shared standard for qualitative and quantitative research', American Political Science Review, 95(3), pp. 529–546. doi: 10.1017/S0003055401003100.

Adisa, O. (2018) An evaluation of an alternative money advice service for survivors of domestic abuse. Ipswich: Suffolk Institute for Social and Economic Research, University of Suffolk.

Bambra, C., Gibson, M., Sowden, A., Wright, K., Whitehead, M. and Petticrew, M. (2010) 'Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews', Journal of Epidemiology and Community Health, 64, pp. 284–291. doi: 10.1136/jech.2008.082743.

Barnes, M.C., Haase, A.M., Scott, L.J., Linton, M-J., Bard, A.M., Donovan, J.L., Davies, R., Dursley, S., Williams, S., Elliott, D., Potokar, J., Kapur, N., Hawton, K., O'Connor, R.C., Hollingworth, W., Metcalfe, C. and Gunnell, D. (2018) 'The help for people with money, employment or housing problems (HOPE) intervention: pilot randomised trial with mixed methods feasibility research', Pilot and Feasibility Studies, 4, 172. doi: 10.1186/s40814-018-0365-6.

Barr, B., Anderson De Cuevas, R., Abba, K., Piroddi, R., Daras, K., Aregawi, G., Gabbay, M., Ahmed, S., Corcoran, R., Granger, R., Hartfiel, N., Ezeofor, V., Tudor Edwards, R. and Mahoney, C. (2025) Evaluating the health impact and cost-effectiveness of Citizens

Advice on Prescription, a whole system approach to mitigate poverty over the life course. Final report. NIHR Policy Research Programme, project NIHR202465.

Day, L., Collard, S. and Davies, V. (2008) Money Advice Outreach Evaluation: The Provider and Partner Perspectives. Legal Services Commission.

Farr, M., Cressey, P., Milner, S.E., Abercrombie, N. and Jaynes, B. (2014) Proving the value of advice: A study of the advice service of Bath and North East Somerset Citizens Advice Bureau. Exeter: South West Forum.

Hayre, J., Canning, E., Pearce, H., Khera, R. and Ford, J. (2026) 'Public health policies and interventions to address health inequities in high-income countries: an umbrella review', BMC Public Health, 26, 473. doi: 10.1186/s12889-025-25876-2.

Hillier-Brown, F., Thomson, K., McGowan, V., Cairns, J., Eikemo, T.A., Gil-González, D. and Bambra, C. (2019) 'The effects of social protection policies on health inequalities: evidence from systematic reviews'.

Howel, D., Moffatt, S., Haighton, C., Bryant, A., Becker, F., Steer, M., Lawson, S., Aspray, T., Milne, E.M.G., Vale, L., McColl, E. and White, M. (2019) 'Does domiciliary welfare rights advice improve health-related quality of life in independent-living, socio-economically disadvantaged people aged ≥60 years? Randomised controlled trial, economic and process evaluations in the North East of England', PLoS ONE, 14(1), e0209560. doi: 10.1371/journal.pone.0209560.

Mackintosh, J., White, M., Howel, D., Chadwick, T., Moffatt, S., Deverill, M. and Sandell, A. (2006) 'Randomised controlled trial of welfare rights advice accessed via primary health care: pilot study [ISRCTN61522618]', BMC Public Health, 6, 162. doi: 10.1186/1471-2458-6-162.

Moffatt, S., Noble, E. and White, M. (2012) 'Addressing the financial consequences of cancer: qualitative evaluation of a welfare rights advice service', PLoS ONE, 7(8), e42979. doi: 10.1371/journal.pone.0042979.

Naven, L., Withington, R. and Egan, J. (2012) Maximising Opportunities: Final Evaluation Report of the Healthier, Wealthier Children (HWC) Project. Glasgow: Glasgow Centre for Population Health.

Oswald, T.K., Nguyen, M.T., Mirza, L., Lund, C., Jones, H.G., Crowley, G., Aslanyan, D., Dean, K., Schofield, P., Hotopf, M. and Das-Munshi, J. (2024) 'Interventions targeting social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews', Psychological Medicine, 54, pp. 1475–1499. doi: 10.1017/S0033291724000333.

Pleasence, P. and Balmer, N.J. (2007) 'Changing Fortunes: Results from a randomized trial of the offer of debt advice in England and Wales', Journal of Empirical Legal Studies, 4(3), pp. 651–673. doi: 10.1111/j.1740-1461.2007.00102.x.

Reece, S., Moss, R.H., Tanveer, Z., Hammad, M., Pickett, K.E. and Dickerson, J. (2024) 'Exploring the feasibility of evaluating a community alliance welfare advice programme co-located in primary care in Bradford: an uncontrolled before and after study', BMC Public Health, 24, 300. doi: 10.1186/s12889-024-17773-x.

Robotham, D., Andleeb, H., Couperthwaite, L. and Evans, L. (2019) Evaluation of the Mental Health & Money Advice Service. Final Report. The McPin Foundation.

Stamp, S. (2012) 'The impact of debt advice as a response to financial difficulties in Ireland', Social Policy & Society, 11(1), pp. 93–104. doi: 10.1017/S1474746411000443.

Warwick-Booth, L., Trigwell, J. and Kinsella, K. (2016) Making Advice Work (Calderdale) Evaluation: Final Report. Leeds: Leeds Beckett University.

Williams and Kirkbride (2025) 'Community-based interventions on the social determinants of mental health in the UK: an umbrella review', Journal of Public Mental Health. doi: 10.1108/JPMH-07-2024-0087.

Woodhead, C., Khondoker, M., Lomas, R. and Raine, R. (2017) 'Impact of co-located welfare advice in healthcare settings: prospective quasi-experimental controlled study', The British Journal of Psychiatry, 211(6), pp. 388–395. doi: 10.1192/bjp.bp.117.202713.

About Community Impact

Community Impact is an independent evaluation and impact consultancy working with charities, community organisations, funders and commissioners to improve how they understand, measure and use evidence to support service improvement, programme development, commissioning and organisational decision-making.

Our approach focuses on producing evaluation that is proportionate, practical and operationally useful. We support organisations to develop theories of change and outcomes frameworks, design data-collection tools and evaluation systems, undertake evaluations, analyse existing service data, and strengthen their internal evaluation capacity.

We also work with organisations to review and rationalise existing outcomes and measures, map evaluation approaches across programmes and portfolios, and develop common measurement frameworks where evidence needs to be understood or aggregated across different forms of provision.

Alongside commissioned evaluation and consultancy, Community Impact develops practical evaluation resources and toolkits that organisations can use independently. These translate evaluation methods and research evidence into approaches that can be applied within everyday service delivery, particularly where organisations have limited evaluation capacity or work in complex community settings.

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