

# Worried Sick: The Experience of Debt Problems and their Relationship with Health, Illness and Disability

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*This paper examines social and demographic predictors of debt problems, whether debt problems tend to occur in combination with other problems and which people tend to experience long- rather than short-term debt. Data were extracted from a survey of 5,611 adults' experiences of civil justice problems, throughout England and Wales. Being in receipt of benefits and long-term illness or disability were the strongest predictors of debt, with long-term ill or disabled respondents also being more susceptible to long-term debt. We highlight the importance of advice interventions that recognise the link between civil justice problems and health, illness or disability.*

## Introduction

As part of a wider government agenda to ensure that a more integrated approach is taken to complex policy problems (Cabinet Office, 1999), recent strategies aimed at tackling over-indebtedness have highlighted the pivotal role that partnership working, spanning the credit industry, consumer groups and related elements of the voluntary sector, has to play in seeking to minimise the number of people who become over-indebted (DWP and DTI, 2004). Whilst facilitating wider access to debt counselling and money advice may help people to deal with acute financial crises, it will not change the underlying economics of poverty and social exclusion. Recent examination of healthcare policy has highlighted the problem of widening socio-economic inequalities and their consequences for the increasingly unequal incidence of ill health, morbidity and mortality (Glendinning, 2003). Conversely, disabled people may also suffer from inequalities arising from the way that disadvantage in one sphere carries over to another (Goodlad and Riddell, 2005).

The importance of dealing with civil justice and other social problems together has been explicitly recognised by the government (Department for Constitutional Affairs and Law Centres Federation, 2004). However, in the specific context of household debt, the government now needs to widen the concept of 'partnership' to embrace organisations and professionals outside of the consumer credit and advice sphere. As others have pointed out, disadvantaged groups are likely to experience inequalities in accessing services, which can only serve to further exacerbate their economic marginalisation (Riddell *et al.*, 2005). A number of studies have examined social and demographic predictors of debt problems. Over half of over-indebted households in the United Kingdom have a gross income of less than £7,500 per annum (DWP and DTI, 2004), with sudden loss in income particularly associated with such financial

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difficulties (Kempson, 2002). Such economic factors alone are reasonable predictors of debt problems (Webley and Nyhus, 2001). Similarly, those not in employment are more vulnerable to debt and twice as likely to be in arrears as those who are employed (Department for Work and Pensions and Department of Trade and Industry, 2004). Over one-quarter of Citizens Advice Bureaux clients have reported job-loss as a major factor contributing to their debt problem (Edwards, 2003). Those in their twenties and thirties are also more likely to have debt problems, with almost 40 per cent of those who find debt a 'heavy burden' aged between 25 and 34 (Tudela and Young, 2004). The relationship of age to debt problems may be a consequence of better access to, and more liberal attitude towards using credit, as well as higher rates of setting up new homes and having children among younger respondents, both of which are major causes of debt problems (Kempson, 2002). In addition, tenants as opposed to homeowners are more likely to experience debt problems, and are approximately five times more likely to fall behind with rent payments than homeowners are to fall behind with mortgage payments (DWP and DTI, 2004). A link between lone parenthood and debt has also been observed, with up to one in three lone parents falling into arrears (Edwards, 2003). Relationship breakdown or marital separation have been highlighted as primary causes of these problems (Kempson, 2002).

As well as the above, associations have been found between debt and various aspects of ill-health. (e.g. British Medical Association, 2003; Drentea, 2000; Drentea and Lavrakas, 2000; Jacoby, 2002; Nettleton and Burrows, 1998, 2000; Reading and Reynolds, 2001). For example, studies have shown a relationship between debt and maternal depression among lone parents (Reading and Reynolds, 2001) and credit card debt and ill health (Drentea and Lavrakas, 2000). There is also evidence of increased anxiety as the ratio of credit card debt to income increases (Drentea, 2000). Moreover, analysis of the British Household Panel Survey has suggested that mortgage indebtedness not only adversely impacts on health, but also increases the likelihood that men will visit general practitioners (Nettleton and Burrows, 1998), with the stress caused by mortgage arrears and repossession highlighted elsewhere as a major health issue (British Medical Association, 2003; Nettleton and Burrows, 2000). Similarly, in a recent study of those seeking debt advice from Citizens Advice Bureaux (Edwards, 2003), 62 per cent of respondents reported that their problem led to stress, anxiety or depression. Twenty-seven per cent said they had consequently sought treatment or counselling from a general practitioner (although half of these had received prior treatment; the debt problem having then compounded their situation).

A number of studies have demonstrated that civil justice problems (i.e. problems for which remedies are potentially available in the civil courts) often do not occur in isolation, and that certain types of problem are likely to occur in combination (e.g. Pleasence *et al.*, 2004a). A number of studies also suggest that multiple problems often centre on family issues, with debt a likely element particularly where children are involved (Pleasence *et al.*, 2004a; Millar and Ridge, 2001; Eekelaar *et al.*, 2000; Davis *et al.*, 1994; Ingleby, 1992). In addition, relationships between money problems and work accidents and industrial disease have been suggested (Harris *et al.*, 1984; Law Commission, 1994). However, while previous research has provided a comprehensive picture of how civil justice problems overlap (Pleasence *et al.*, 2004a) the focus has not been specifically on debt, with debt problems forming part of a far wider ranging money/debt category.

Additionally, little research has been aimed at examining factors that determine the duration of debt problems, though a panel study conducted by Webley and Nyhus (2001) has examined some factors that differentiate chronically from temporarily indebted consumers. Chronic debtors typically had lower net income, were more often single and had an inability to control expenditure. The authors suggested that this smaller group of chronic debtors were characterised by lower economic and social resources.

The present article re-examines social and demographic predictors of debt problems, and shows how such problems are associated with a range of other types of civil justice problem. In doing so, the study aims to identify both what groups are particularly susceptible to debt as well as what further civil justice problems they are likely to be affected by. The study then separately examines social and demographic predictors of long-term rather than short-term debt.

It is hypothesised that, as previous studies have indicated, age, housing tenure, income, employment status and family type are significant predictors of debt problems. Also, given the links between debt and ill-health, it is hypothesised that long-term illness or disability is a key predictor of debt problems. It is hypothesised that debt problems are associated with other problem types commonly associated with processes of social exclusion, in particular, relationship breakdown, employment, homelessness and problems associated with ill health, such as clinical negligence problems. Finally, it is hypothesised that chronic long-term problems are associated with particularly vulnerable respondents.

## **The research methodology**

### *The LSRC national periodic survey of justiciable problems*

The first Legal Services Research Centre (LSRC) national periodic survey of justiciable problems, conducted throughout England and Wales in the summer of 2001, constitutes the baseline survey in a long-term project to gauge the volume of civil justice problems and patterns of consequent advice-seeking behaviour across England and Wales (Pleasence *et al.*, 2004b). It is the most extensive survey of its kind so far undertaken in the United Kingdom, and was based on Genn's Nuffield Foundation funded 'Paths to Justice' surveys (Genn, 1999; Genn and Paterson, 2001). Addresses were randomly selected from the Postcode Address File over 73 postcode sectors throughout England and Wales. All adults over 18 years of age within addresses were interviewed, yielding 5,611 respondents. The eligible household response rate was 57 per cent (66 per cent where successful contact was made with an adult occupant) and the cumulative in-scope adult response rate was 52 per cent. This compares with other large-scale UK social surveys, such as the Family Expenditure Survey (59 per cent in Britain and 56 per cent in Northern Ireland in 2000/01 (Down, 2002)), the Family Resources Survey (65 per cent in 2000/01 (Rowland, 2002)) and the General Household Survey (67 per cent in 2000/01 (Walker *et al.*, 2001)). Respondents completed a screening interview, where they were asked if they had experienced a problem in the preceding three years that had been difficult to solve in each of 18 distinct problem types. The screen interview was carefully constructed to limit (as far as possible) the circumstances reported to those to which legal principles can be applied. Problem types, which covered only civil matters, are listed in Table 1. Each of the 18 problem types comprised a range of subcategories. Problem subcategories that

Table 1 Number and percentage of respondents reporting each of the civil law problems in the survey, and the problem subcategories used to define debt problems

Problem Type	Subcategories constituting debt problems	%	N
Consumer		13.3	748
Neighbours		8.4	471
Money/debt	Severe difficulties managing money, Threatened with legal action to recover money owed, County Court judgment made against respondent, Disputed (repeated) penalty charges by banks/utilities, Unreasonable harassment from creditors	8.3	465
Employment		6.1	344
Personal Injury		3.9	217
Housing (renting)	Eviction or several rent payments in arrears	3.8	215
Housing (owning)	Repossession of the home, Several mortgage payments in arrears	2.4	135
Welfare benefits		2.3	127
Relationship breakdown		2.2	124
Divorce		2.2	122
Children		1.9	108
Medical negligence		1.6	92
Domestic violence		1.6	88
Discrimination		1.4	80
Unfair police treatment		0.7	38
Housing (homelessness)		0.6	36
Mental Health		0.5	26
Immigration		0.3	18

were used to define debt problems are also listed in Table 1. We derived debt problems from subcategories relating to three problem types; money and debt, owned housing and rented housing problems.

Having identified a problem, respondents were asked about its nature and any action taken to resolve it. A range of demographic/household data was also collected, with the screening interview lasting approximately 16 minutes. If a respondent had experienced at least one justiciable problem, they progressed to a main interview, which addressed all aspects of a single problem drawn from those identified through the screening interview (including advice, objectives, costs and outcomes). The main interview lasted approximately 25 minutes. Interviews were conducted face-to-face in respondents' own homes and, as with Genn's earlier surveys, were arranged and conducted by the National Centre for Social Research.

### Analysis

First, we fitted a multilevel binary logistic regression model, implemented using MIXNO (Hedeker, 1999), to examine social and demographic predictors of debt problems. Further details of this type of model can be found in Goldstein (2003). In the current study, household is included as a random effect, acknowledging that one household member experiencing a problem may influence the likelihood of that problem for additional

members. Categorical predictors/covariates included gender, ethnicity, housing type, use of transport, family type, tenure, economic activity, long-term illness/disability, academic qualifications, receipt of benefits, age and income. Income was equivalised to control for dependent family members, and was an approximation of McClement's equivalence scale (McClement, 1977). Age was split into five age groups. Constituent categories of all predictors and excluded reference categories can be seen in Table 2 in the results section.

Second, we fitted a further multilevel binary logistic regression model, to examine whether debt problems were particularly likely to be experienced in conjunction with other types of civil justice problem. Fifteen binary predictors were entered, one for each remaining civil justice problem type.

Finally, problems were split into short-term (concluded in less than a year) and long-term (concluded in more than a year or ongoing for more than a year). A binary logistic regression model using the range of predictors in Table 2 was fitted to determine which social and demographic predictors were likely to result in long-rather than short-term debt problems.

## **Results**

### *General experience of debt*

Defining debt problems as any problem subcategory listed in Table 1 yielded 143 respondents with a total of 158 debt problems, about 2.5 per cent of our sample of 5,611 respondents. Multilevel logistic regression output examining the impact of a range of social and demographic predictors on the experience of debt is shown in Table 2.

Respondents who owned their homes were less likely to report debt problems, particularly when compared with those in privately rented accommodation. Particularly susceptible to debt were younger respondents, with susceptibility decreasing as age increased, as well as those with academic qualifications. Of family types, lone parents clearly had the highest rate of debt problems, followed by couples with children. However, the strongest predictors of debt problems were being in receipt of benefits and long-term illness or disability. Those in receipt of benefits reported debt problems around 6 per cent of the time compared to less than 2 per cent elsewhere. Those with a long-term illness or disability reported debt problems over 4 per cent of the time, compared to just over 2 per cent elsewhere; though if we age-standardise those with a long-term illness or disability (e.g. see Pleasence *et al.*, 2004c) the percentage reporting debt rose to over 6 per cent. There was also a significant intra-household correlation suggesting that experience of a debt problem enhances the likelihood of other family members also experiencing a problem.

### *Overlap with other problems*

Those reporting a debt problem experienced an average of 3.8 problems in total. Only those reporting problems with unfair police treatment, domestic violence, relationship breakdown, homelessness and discrimination reported a higher mean number of problems.

Using a similar multilevel binary logistic regression analysis to above, with binary debt problem v. no debt problem as the response variable, we entered our other problem types (each with a similar binary variable) as predictors (See Table 3). This allowed

Table 2 Multilevel binary logistic regression output for the experience of a debt problem based on a range of social and demographic predictors

		Estimate	S.E.	Z	p-value
<i>Fixed effects</i>					
Gender	Male	0.29	0.25	1.19	0.23
Ethnicity	White British	0.10	0.49	0.19	0.85
Use of transport	Yes	-0.44	0.33	-1.31	0.19
Long-term illness/disability	Yes	1.33	0.27	4.97	<0.001
Receiving benefits	None	-1.16	0.31	-3.80	<0.001
Academic qualifications	None	-0.88	0.34	-2.57	0.01
Economic activity	Inactive	-0.47	0.31	-1.51	0.13
Housing type	Detached				
	Semi-detached	-0.38	0.41	-0.91	0.36
	Terrace	0.11	0.39	0.28	0.78
	Flat	-0.26	0.55	-0.46	0.64
Family type	Couple no children				
	Couple with children	0.80	0.39	2.06	0.04
	Lone parent	1.35	0.47	2.86	0.004
	Single, no children	0.23	0.36	0.63	0.53
Tenure	Rent free				
	Own	-1.70	0.73	-2.33	0.02
	Mortgage	-0.32	0.58	-0.55	0.58
	Publicly renting	-0.03	0.62	-0.05	0.96
	Privately renting	0.48	0.60	0.80	0.42
Age group	18-24				
	25-34	-0.03	0.39	-0.06	0.95
	35-44	-0.70	0.44	-1.59	0.11
	45-59	-0.29	0.45	-0.63	0.53
	60+	-0.98	0.57	-1.71	0.09
Equalised income		0.02	0.03	0.50	0.62
Constant		-3.71	0.95	-3.89	<0.001
<i>Random effects*</i>					
Household**		1.62	0.39	4.16	<0.001***

Notes: \*Random effect variance term, expressed as a standard deviation.

\*\*Intracluster correlation = 0.44.

\*\*\*One-tailed p-value (all fixed effects p-values are two tailed).

us to assess which problem types are associated with the experience of debt. General money/debt problems, renting problems and owned housing problems were excluded from the analysis, since our debt variable was derived from these problem categories.

Reporting of all problem types except children problems led to some increase in the likelihood of a debt problem, with a subset of eight problem types resulting in significant increases. Experience of domestic violence, personal injury, clinical negligence and relationship breakdown all resulted in significant increases in the likelihood of problem debt. Around 20 per cent of those reporting domestic violence, almost 10 per cent of those with personal injury problems, over 11 per cent of those suffering clinical negligence and around 18 per cent of those suffering problems ancillary to relationship breakdown also reported debt problems. There were also highly significant increases in the

Table 3 Multilevel logistic regression output for any debt problem, based on all other discrete civil law problem types reported

	Estimate	S.E.	Z	p-value
<i>Fixed effects</i>				
Discrimination	0.72	0.65	1.11	0.27
Consumer	1.16	0.33	3.53	<0.001
Employment	1.41	0.34	4.17	<0.001
Neighbours	0.47	0.36	1.32	0.19
Homelessness	2.91	0.74	3.94	<0.001
Welfare benefits	1.67	0.52	3.20	0.001
Divorce	0.57	0.71	0.80	0.42
Relationship breakdown	1.87	0.58	3.24	0.001
Domestic violence	1.40	0.61	2.31	0.02
Children	-1.01	0.99	-1.02	0.31
Personal injury	1.08	0.42	2.54	0.01
Clinical negligence	1.72	0.59	2.93	0.003
Mental health	0.42	1.84	0.23	0.81
Immigration	0.04	1.54	0.02	0.98
Police treatment	0.75	0.66	1.14	0.26
Constant	-6.42	0.70	-9.15	<0.001
<i>Random effects*</i>				
Household**	2.21	0.41	5.40	<0.001***

Notes: \*Random effect variance term, expressed as a standard deviation.

\*\*Intracluster correlation = 0.60.

\*\*\*One-tailed p-value (all fixed effects p-values are two tailed).

likelihood of debt problems for those reporting welfare benefits, consumer, employment and particularly homelessness problems. Around 13 per cent of those with welfare benefits problems, over 6 per cent of those with consumer problems, around 10 per cent of those with employment problems and over 30 per cent of those with homelessness problems also reported a debt problem. Of the welfare benefits problems overlapping with debt problems, 'legal entitlement to welfare benefits' was the most common issue, followed by 'amount of welfare benefits'. In the case of employment problems, most common overlaps with debt were for 'changes to term and conditions of employment' and 'being sacked or made redundant' and to a slightly lesser extent, 'unsatisfactory or dangerous working conditions', 'other rights (e.g. maternity leave)' and 'harassment'. Debt problems overlapped with a wide range of consumer problems, covering a range of faulty goods and services.

#### Ordering of problems

Interestingly, when problem sequence was examined based on start dates, there was little evidence that additional problems reported by those with debt problems occur predominantly before or predominantly after their debt problem. However, when we looked at individual problem types reported with debt problems, three problem types seemed generally more likely to precede debt. Of all owned housing problems reported

by those also reporting debt (excluding mortgage payments in arrears already included in our debt category), around 80 per cent preceded the debt problem. Similarly, of relationship breakdown problems, over 60 per cent preceded debt, as did over 60 per cent of domestic violence problems.

#### *Long-term v. short-term debt problems*

We separated debt problems into two groups: those concluded in less than a year, which were classified as short-term debt problems and those lasting a year or more, which were classified as long-term debt problems. Problems that were unresolved but had been ongoing for less than a year were removed.

Excluding short-term debt problems left a sample of 114 debt problems, 63 (55 per cent) of which were long-term problems. Using long-term v. short-term debt problems as a binary response variable and a similar range of social and demographic predictors to those shown in Table 2, we fitted a binary logistic regression model with backward elimination (based on likelihood ratio). Two significant predictors of long-term debt were found; age and long-term illness or disability. Binary logistic regression output can be found in Table 4.

Table 4 Logistic regression output showing significant predictors of long-term as opposed to short-term debt following backward elimination of predictors (based on likelihood ratio)

		Estimate	S.E.	Z	<i>p</i> -value
<i>Fixed effects</i>					
Long-term illness/disability	Yes	1.95	0.65	2.98	0.003
Age group	18–24				
	25–34	0.83	0.67	1.25	0.21
	35–44	0.51	0.69	0.73	0.47
	45–59	–1.20	0.69	–1.75	0.08
	60+	–1.37	1.09	–1.25	0.21
Constant		–0.51	0.55	–0.93	0.35

In addition to being far more likely to experience debt problems in general (see Table 2), respondents with a long-term illness or disability were also significantly more likely to experience long- rather than short-term debt. The probability of experiencing long-term as opposed to short-term debt problems reached a peak with the 25–34 year old age group, with short-term problems becoming increasingly likely as age increased. The impact of both age and long-term illness or disability on the probability of long-term rather than short-term debt is shown in Figure 1.

## **Discussion**

We found a number of social and demographic factors to have an impact on the experience of debt problems. As hypothesised, younger respondents, lone parents, those in receipt of benefits and those suffering a long-term illness or disability were all more likely to have reported debt problems. In the two latter cases around treble the percentage



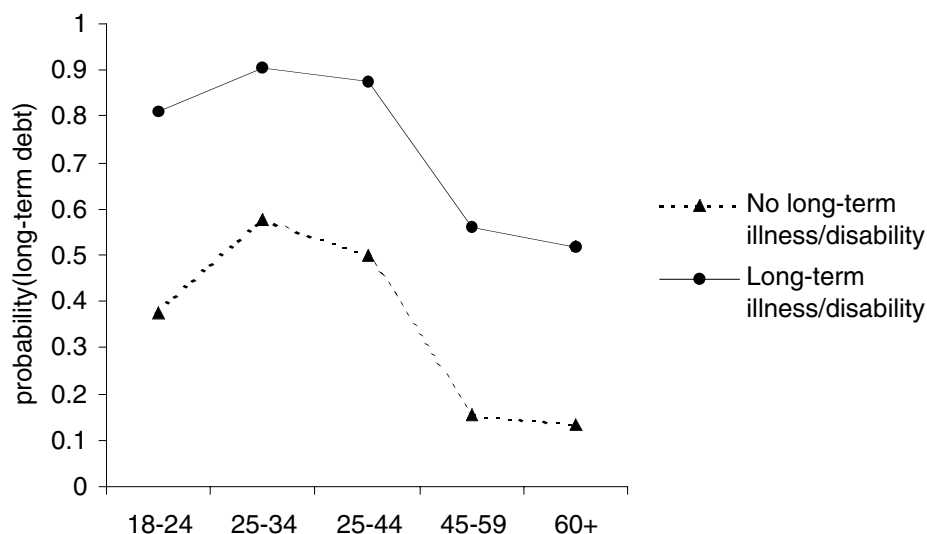


Figure 1. Estimates of the probability of long-term as opposed to short-term debt based on age group and long-term illness or disability and calculated from parameter estimates in Table 4.

reported debt problems as compared with others. Our finding that those with academic qualifications were more likely to report debt problems is likely to reflect a link between academic qualifications and age, with older respondents (who are less likely to report problems) less likely to possess them. While equivalised income was not found to be a significant predictor of debt problems, as it has been elsewhere (Kempson, 2002; DWP and DTI, 2004), this was likely a consequence of sharing variance with other variables associated with both low-income and experience of debt, such as receipt of welfare benefits and family type. In general, therefore, our findings confirm the typical profile of a debtor as a young, single parent, living in rented accommodation (Webley and Nyhus, 2001).

The prominence of long-term illness or disability as a predictor of debt problems confirms previous research linking debt problems to ill health (e.g. British Medical Association, 2003; Drentea, 2000; Drentea and Lavrakas, 2000; Jacoby, 2002; Nettleton and Burrows, 1998; 2000; Reading and Reynolds, 2001). This association highlights the potential for a co-ordinated approach, which recognises that healthcare and welfare professionals have a role to play in identifying those who are most vulnerable to debt. Such co-ordination may also help to prevent the degeneration of circumstances which is often a characteristic of those experiencing social and civil justice problems (Pleasence *et al.*, 2004b). The follow-up survey to The LSRC National Periodic Survey of Justiciable Problems (The English and Welsh Civil and Social Justice Survey) features detailed tracking over time of a range of illness and disability characteristics and will more comprehensively investigate the relationship between illness, disability and the experience of problem debt.

Again as hypothesised, those experiencing debt problems were found to have been likely to have also experienced other civil justice problems. We observed significant increases in the likelihood of debt problems for those reporting domestic violence,

personal injury, clinical negligence, relationship breakdown, welfare benefits, consumer, employment and, particularly, homelessness problems. There was no consistent ordering pattern as has been observed in relation to, for example, family problems (Pleasence *et al.*, 2004b). In most cases, debt was as likely to come before as it was to come after other issues. Domestic violence and relationship breakdown problems were, though, notable exceptions. These problems more often occurred prior to debt problems; indicating the severe changes in circumstances that can follow family breakdown.

The frequent occurrence of debt problems alongside other civil justice problems, and the association of debt problems with social problems such as unemployment, suggests the importance of dealing with problems together rather than in isolation (Pleasence *et al.*, 2004b; Moorhead *et al.*, 2004). This has now been explicitly recognised by the government (Department for Constitutional Affairs and Law Centres Federation, 2004) and the large-scale Family Advice and Information Networks (FAInS) pilot is directed towards the more holistic and integrated provision of public funded legal advice (Walker, 2004). Our findings also suggest that a wide range of professionals who have routine contact with those vulnerable to debt problems might usefully be integrated into a broadly conceived civil justice infrastructure; not as providers of advice, but as 'problem noticers' (Pleasence *et al.*, 2004b), who are able to actively look out for the signs of problems, distribute literature about how to deal with them and 'signpost' people to appropriate advisers. Some professionals, such as those in the health sector, are uniquely placed to view aspects of people's lives that might raise the suspicion of their facing debt problems; although, evidently, the skills of problem noticing would need to be developed through training. Evidently, only those professionals who work in fields that relate to debt (e.g. doctors, accountants, social workers, Jobcentre Plus staff, etc.) could reasonably be expected to act as problem noticers. The utility of the role would otherwise be diminished, especially as there may be significant resource implications in training professionals to spot problems and signpost effectively. Nevertheless, the benefits of increasing the likelihood of problems being dealt with, or dealt with at a point before they have had the chance to escalate or bring about others, could contribute enormously to efforts to reduce their impact and extend the jurisdiction of social justice.

The association of debt problems, and indeed a broad range of associated problems (Pleasence *et al.*, 2004c; Easterlow, Smith and Mallinson, 2000; British Medical Association, 2003), and long-term illness or disability also suggests the importance of integrating health and advice services, through initiatives such as Health Action Zones and Community Legal Service Partnerships (Bauld and Judge, 2002; Legal Services Commission, 2001).

Evidence is now emerging that the provision of advice services in healthcare settings cannot only provide solutions to patients' problems, but can also improve patients' health. For example, health has been shown to improve for those whose income increased after having received advice, despite often chronic disability (Abbott and Hobby, 2000). The economic impact of welfare benefits advice in healthcare settings, through increasing benefits take up, can be substantial (Toeg *et al.*, 2003, Powell *et al.*, 2004). Advice provision could potentially break the link between poverty and ill-health, and so also act to redress health inequality.

The setting up of Patient Advice and Liaison Services (Department of Health, 2002), the increase in the number of Citizens Advice Bureaux situated in hospitals (Citizens Advice, 2004) and the development of partnerships between health centres and advice

agencies (Abbott and Hobby, 2003) are all concrete examples of increasing integration of health and advice services.

When contrasting long-term and short-term debt, we found two social and demographic predictors impacting upon the likelihood of long-term debt. First, 25 to 34 year old respondents were particularly susceptible to long-term debt, with short-term debt becoming more likely for older respondents. Second, long-term ill or disabled respondents were significantly more likely to experience long- rather than short-term debt problems, doing so for around 70 per cent of debt problems, compared to around 45 per cent elsewhere. This supports the suggestion that chronic debtors are likely to have lower economic and social resources (Webley and Nyhus, 2001). It also re-emphasises the importance of integrating advice and health services.

In terms of age, this 25 to 34 year old group correspond to those who are most likely to find debt a 'heavy burden' (Tudela and Young, 2004) and suggests that this group are not only more susceptible to debt problems (e.g. Kempson, 2002), but also tend to suffer more persistent and serious debt problems. This age group is likely to demonstrate a range where people become economically independent and begin to acquire major assets, such as houses (Pleasence *et al.*, 2004b). Debt problems involving such major assets are likely to result in more persistent difficulties.

Since the current government came to power, partnership working has become increasingly used as a means to deliver public programmes (e.g. Asthana *et al.*, 2002). However, while such working is now central to the government's approach to alleviating social deprivation and inequality, the complex inter-relationships between the many different aspects of these are far from being fully understood (Buck *et al.*, 2005). This may sometimes operate to limit the range of organisations that work within partnerships. In relation to debt problems, while partnership working has become central to the government's strategy to minimise the number of people who become over-indebted, our findings suggest that the range of organisations that could play a role within such partnership working is broader than commonly envisaged and should extend beyond those that have a clear connection with debt issues. As has been noted above, disadvantage in one sphere may carry over to another. Partnership working may act to tackle disadvantage across different spheres (Riddell *et al.*, 2005). However, determining the success of increasingly complex partnerships presents increasingly complex challenges. As Granner and Sharpe (2004) have recently observed, valid and reliable measures of success that hold across multiple partners are necessary to identify optimal partnership working and evaluate outcomes.

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