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July 2021



The  
**Legal  
Education  
Foundation**

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# Health Justice Partnerships

Integrating welfare rights advice with patient care



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## Acknowledgements

We are grateful to Professor Martin Marshall who worked with Professor Genn on the development of the Health Justice Partnership with the Liberty Bridge Road General Practice in Stratford and his colleagues Dr Mike Jones, Dr Mark Perrera, Sara Ibrahim, and Shibbir Ahmed.

Many thanks to staff at the UCL Centre for Access to Justice who helped set up the Liberty Bridge Road health justice partnership and to the Centre staff who continue to provide free legal services to the community in Stratford: Shiva Riahi, Alice Scott, Rachel Knowles, Paul Heron, Catriona Macdonald, Jacqui Kinghan, Klara Holdstock, Sarah Joy, Michael Marshall, Shang-Chin Lai, Clara Fuhg, Thul Khan, Jennifer Akinola, and, of course, all of our amazing student volunteers. The Centre's activities have been made possible by the continuing support of UCL senior leadership and generous donations from UCL alumni, to whom we are most grateful.

We are grateful to Dr Matthew Appleby who worked closely with the Access to Justice team on setting up the Stratford health justice partnership and developed the original research and ethics protocol for the project evaluation. We would also like to thank the following for their advice and guidance: Charlotte Woodhead, Mavis Maclean, Professor Rosalind Raine, Silvie Cooper and from UCL Health of the Public, Professor Dame Anne Johnson and Professor Graham Hart.

The Legal Education Foundation has supported our work over several years, including our research, advocacy, international workshops, mapping of Health Justice Partnerships in England & Wales and development work on a national strategy for integrating health and free social welfare legal services. We would like to pay tribute to Matthew Smerdon, Natalie Byrom and Jake Lee for their vision, wise guidance and enthusiastic commitment to the development of our work in the health justice field.

Finally, many thanks to Tammy Boyce for the additional strength and experience she has brought to our activities and, in particular, her contribution to the drafting of this report.

# Foreword



The social determinants of health have achieved international prominence as a vital area of multi-disciplinary practice and research. As a foundation focused on the role of law as a tool

for positive change, we have had a long standing interest in how free legal services can play their part in tackling social determinants and reducing health inequalities or, as current policy might frame it, in supporting 'levelling up'.

The relevance and importance of the link between free legal services and health is recognised in many places. Long-standing and inventive collaborations exist in primary and secondary healthcare, but they have, in the main, yet to make the transition from local, regional or pilot approaches to mainstream, system-wide practice. The exception in the UK is Scotland, which has shown the way in integrating welfare rights support into primary care. The Legal Education Foundation's strategy in this field has consciously moved to supporting the integration of models and approaches into health systems and structures, with particular focus on mental health and employment, maternity services, dementia, and palliative care. Integration in other areas, such as cancer care, is already much further advanced. There is a huge prize; to harness the potential for legal tools and strategies specifically and systematically to improve people's health.

It is a complete privilege to be working with Professor Dame Hazel Genn and her team on this agenda. They are ideally placed to take this work forward, making links with others in the four nations of the UK and beyond to develop this as an important global movement. Integrating Health Justice Partnerships into the agenda for UCL's new Centre for the Health of the Public is a hugely exciting step, emphasising the salience of law and free legal services to improving health for all. Professor Genn has demonstrated throughout her pioneering career on law and social justice how she is uniquely skilled at engaging audiences

and helping to make these links. Her work has helped practitioners, researchers and policy makers to understand the role of law in areas such as improving income and social protection, accessing education and care services, addressing unemployment and job insecurity, improving working conditions, improving housing and tackling discrimination - the everyday work of the social welfare lawyer. These may not be the areas that health specialists immediately think of when considering law and health, but they have huge potential in the health field, where the resolution of legal problems can address the upstream causes of downstream health problems via the interconnections between deprivation, poor health, and health inequalities.

While we are interested in strategic and systemic progress, the reasons for this are local and human. There are people being looked after within health services, or people who will need to draw on health services when they become ill, for whom approaches to integrate access to free legal help can make the difference. The intense pressures on health systems are well recognised. Seeking to work with health audiences to take up these approaches is not to add to these pressures but to harness a set of skills and tools that can reduce them, either by addressing issues before they escalate into more complex health problems, or by playing an integrated role in health and care services when people need them. The impacts of Covid-19 on deprivation and health inequalities make this work even more urgent.

**Matthew Smerdon**

The Legal  
Education Foundation

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**The social determinants of health have achieved international prominence as a vital area of multi-disciplinary practice and research.**

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## Executive summary

Social welfare law provides individuals with basic rights in matters of everyday life. It governs entitlements to state benefits and public housing, management of personal debt, fair treatment in employment, access to education and community care, among other issues. Social welfare legal issues predominantly affect low income and disadvantaged groups, and have a harmful effect on mental and physical health. They therefore contribute to health inequalities. The Covid-19 pandemic has increased the urgency of action on health inequalities and highlighted the centrality of social and economic circumstances.

Providing legal assistance in healthcare settings, such as through Health Justice Partnerships, aims to reach people in need, address social determinants of health, support the wellbeing of individuals and provide support to health services. This report introduces and summarises the concept of Health Justice Partnerships and presents findings of a research project conducted at UCL exploring the experiences of clients and GPs in relation to a primary care-based legal advice clinic.

In the UK, Health Justice Partnerships have existed for many years, often as time-limited projects or pilot interventions. Evidence from the UK and around the world shows that they can achieve important benefits for individuals, organisations and communities.

Cross-sector collaboration has become a policy focus in both the health and legal fields, laying the foundations for growth in this area. Health Justice Partnerships depend on collaborative working between health and legal teams. Both the NHS and the Ministry of Justice support this approach, through Integrated Care in the NHS and integrated and accessible legal support hubs. These national cross-sector coordination initiatives are much needed to encourage local services to better tackle the social determinants of health.

Health Justice Partnerships have the potential to mitigate health inequalities, improve the effectiveness of service delivery and improvements in how law is implemented locally and nationally.

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**Health Justice Partnerships are practitioner-led collaborations between free social welfare legal services and healthcare services to better address the health-harming unmet legal needs of patients.**

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## Social welfare legal issues and health

Law is arguably one of the most important social determinants of health, critically influencing the framework in which individuals and populations live, face disease and injury and eventually die. Social welfare law provides protective rights and entitlements to shield the vulnerable from most of the factors known to harm health and well-being (1). Legal practitioners work across the entire range of social determinants to mitigate negative health impacts including low income, inadequate housing, homelessness, access to educational opportunities, employment security, family breakdown, discrimination, domestic and elder abuse.

Social welfare law provides individuals with basic rights in matters of everyday life. It governs entitlements to state benefits and public housing, management of personal debt, fair treatment in employment, access to education and community care, among other issues (2). However, many people do not access the benefits and support they are entitled to by law (3). People may not know where or how to obtain help. Legal advice can be costly and while free sources of legal advice and assistance are available in the community they may be difficult to access and under-resourced (4); the stigma associated with some welfare issues can also discourage people from seeking support, or they may be hindered by poor health (5,6,7). The inability to access critical services and benefits to which people are legally entitled is often referred to as 'unmet legal need' or 'lack of access to justice.'

Social welfare legal problems are not evenly distributed in the population, but occur more commonly among low income groups and people who are vulnerable to social exclusion, including those with long term limiting illnesses, disabilities and mental health challenges (8, 9). Legal problems also have significant negative impacts on health, leading to stress-related illnesses and physical ill health conditions (10). These negative health consequences may occur through psychosocial pathways and the effects of chronic stress (11). This relationship highlights how legal problems contribute to the cycle of deprivation and poor health, adding to the entrenchment of health inequalities. Legal problems can increase health service workloads through people seeking help from healthcare professionals in the absence of knowing where else to go for help (10, 12). Healthcare professionals, recognising the need for non-medical intervention and support with social welfare issues, often struggle to know how best to assist patients (13).

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## Health Justice Partnership as a health intervention

Health Justice Partnerships are practitioner-led collaborations between free social welfare legal services and healthcare services to better address the health-harming unmet legal needs of patients. The provision of free legal advice has long been understood, within the legal sector at least, to have value for the health and well-being of low income and vulnerable groups where legal support can make the difference between stable housing, money, and employment or crisis (1, 14). Both Marmot Reviews into health inequalities identified the value of providing free legal advice services in GP surgeries (15, 16). Poverty, substandard living conditions, insecure employment and debt all directly impact health and wellbeing and have indirect impacts in denying citizens the capacity to make healthy lifestyle choices. It is against this background that Health Justice Partnerships have been established.

These Partnerships take a holistic approach in providing free social welfare legal advice in healthcare settings and aim to address the social determinants of ill health through, for example, alleviating poverty, improving housing conditions and securing stable employment. They are the vehicle through which social welfare law becomes part and parcel of the approach to improving the health of citizens. Improving housing or increased benefit income, can reduce anxiety and stress leading to longer-term improvements in mental and physical health and health behaviours (16). This can prevent or ameliorate situations that are harmful to health and support the work of health services. Put simply, legal practitioners have the knowledge, training and skills to address legal needs that arise from or are caused by the social determinants of health. Indeed, in the UK, social welfare legal services have been working in partnership with healthcare providers through different models since the late 1980s to better serve the needs of patients (17, 18).

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**A practitioner-led collaboration between free social welfare legal services and healthcare services to better address the health-harming unmet legal needs of patients.**

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### **Comparing the traditional biomedical model of health with an integrated service model**

Figure 1 suggests the different approaches and outcomes to example medical conditions of the traditional biomedical model as compared with a service model that integrates legal advice and support.

**Figure 1. Comparing the traditional biomedical model of health with a model that integrates legal interventions to support health**

**Biomedical model**

Medical	Medical intervention
Chronic asthma	Increase asthma medication dose and frequency, refer to specialist clinic
Insomnia in pregnant women	Sleep hygiene advice, hypnotic medications, referral to psychological therapies
Suicidal ideation or deliberate self-harm	Mental health referral, safeguarding, emergency assessment, psychotropic medications
Lower back pain	Analgesia, imaging investigations, surgical referral
Malnutrition, anaemia, iron deficiency	Supplemental nutrition milkshakes, iron supplements, Vitamin B12 and folate



**Integrating upstream causes, social pathogens and using legal interventions to achieve long term solutions**



Social pathogen	Medical condition	Medical intervention	Legal remedy
Poor quality damp housing	Chronic asthma	Increase asthma medication dose and frequency, refer to specialist clinic	Compel landlord to comply with legal duty to provide healthy safe housing. Check income entitlements. Increase income to enable move to better accommodation
Employer illegally threatening with redundancy	Insomnia in pregnant women	Sleep hygiene advice, hypnotic medications, referral to psychological therapies	Compel employer to comply with legal duty to protect employment of pregnant employees
Landlord threatening eviction	Suicidal ideation or deliberate self-harm	Mental health referral, safeguarding, emergency assessment, psychotropic medications	Prevent eviction and/or compel local authority to provide housing assistance
Unsafe working condition	Lower back pain	Analgesia, imaging investigations, surgical referral	Compel employer to modify working conditions or provide reasonable adjustments to accommodate
Insufficient income for healthy diet	Malnutrition, anemia, iron deficiency	Supplemental nutrition milkshakes, iron supplements, Vitamin B12 and folate	Check income entitlements. Increase income by applying for unclaimed benefit. Appeal decision to deny or withdraw benefits

Source: Genn and Appleby (1)

# The evidence on Health Justice Partnership

A systematic literature review undertaken at UCL assessed the delivery of social welfare legal services in healthcare settings, drawing on both academic and grey literature (19, 20). Evidence from 118 publications, published between 1995 and 2018, were included. The majority were from the UK (60 publications), USA (43 publications) and Australia (9 publications). The review demonstrates the impact of Health Justice Partnerships and provides insights into how they are implemented.

Figure 2 outlines the key impacts achieved through Health Justice Partnership identified in the literature review.

**Figure 2. The impacts of Health Justice Partnerships**

- ✓ **Improving access to legal assistance**
- ✓ **Resolving legal problems**
- ✓ **Improving the social determinants of health and reducing health inequalities**
- ✓ **Improving health and wellbeing**

Joining up health care and legal assistance offers the following benefits for individuals, health services and public health more broadly through impacting wider determinants of health:

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## Improving access to legal assistance for those in need

- International experience shows that the most consistent benefit of Health Justice Partnerships is improved access to legal assistance.
- Health Justice Partnerships aim to reach people when problems are at an earlier stage and can be more easily remedied (23).
- Free legal assistance located within a healthcare environment encourages help-seeking because it feels discreet, familiar, trusted, and is often closer to home. Placing legal services in health settings targets them where they are likely to be needed (due to the links between health and social welfare problems) and where people can access them more easily (due to the environment being familiar, discreet, convenient and non-stigmatising) (20, 21).
- Health Justice Partnerships aim to reach people when problems are at an earlier stage and can be more easily remedied (23). In England and Wales, the availability of not-for-profit legal advice services has fallen in the last decade following government cuts to legal aid, making this goal increasingly pressing (24).
- Studies show that many people referred by healthcare professionals would not otherwise have accessed legal support. In England and Wales the availability of not-for-profit legal advice services has fallen in the last decade following government cuts to legal aid (24).
- The link with healthcare improved access for particular groups, such as older people and those in poor mental and physical health, who often find it difficult to pursue legal processes without help.



- Referrals from healthcare professionals can encourage patients to access legal services by legitimising the receipt of welfare support (a stigmatised issue) and their trusting relationship with patients can facilitate engagement with the legal service.

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## Resolving legal problems

- Many studies show that the legal services are highly successful in achieving positive welfare outcomes for individuals, particularly improving financial circumstances by obtaining income support and managing debts. This leads to reduced financial strain and financial vulnerability, and helps to mitigate against the financial consequences of illness. Other potentially health-harming legal problems resolved include housing circumstances and homelessness, access to education, employment and utilities.
- On an individual level, patients stand to benefit from a coordinated response to their needs, with support to tackle interconnected health and welfare issues (22). For legal advisors, access to medical evidence can support the legal casework and achieve the best welfare outcomes for individuals (25).

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## Addressing social determinants of health and reducing health inequalities

- Legal assistance can remedy existing problems that may be impacting on health, avoid escalation of problems that may lead to health issues, and prevent legal problems arising as a result of illness. By their nature, welfare advice services assist the poor and socially vulnerable, and therefore have an important role to play in addressing health inequalities (1).
- As well as improved welfare circumstances, the evidence identifies other social conditions that are improved as a result of legal help (largely due to increased income). For example, increased ability to afford fuel and food, and to access to paid-for health and care services such as dentistry, eye care and home help. Extra income also allows greater personal independence and social participation. Welfare rights interventions increased personal confidence and empowerment, leading to progress in other areas such as ability to engage with health care and other support services.
- Few studies have directly examined impacts of free legal services on health and social inequalities. However, the benefits accrue to those of lower socioeconomic status, given the nature of social welfare issues. One study found that women and participants of Black/Black British ethnicity were particularly likely to benefit in terms of reduced prevalence of common mental disorders. Another found that targeting housebound patients resulted in greater financial benefit for this group than for patients attending GP-based welfare rights advice sessions.

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## Improving health and wellbeing

- By addressing health-harming social and economic conditions, legal services have potential to improve both physical and mental health (26) as well as providing a preventative and supportive function to avoid deterioration in health and aid recovery.
- Many studies have demonstrated improvements in mental wellbeing as a result of better material and social circumstances brought about through legal assistance. This includes reduced stress and anxiety, improved mental stability, greater peace of mind, improved sleep, increased ability to cope with ill health, and improved general wellbeing and quality of life. Although there have been few random control trials, quantitative evidence shows improvements in mental wellbeing over time among individuals whose welfare situations improved as a result of receiving legal advice. The literature review identified a number of quantitative studies following health outcomes over time that identified improvements in health where legal interventions led to better material circumstances.
- Examples from across the world demonstrate that legal services based in health settings can contribute to law reform and policy change, addressing community-level health risks and bringing about far-reaching changes for the populations they serve. Health Justice Partnerships can be a powerful tool for promoting population health that utilises the unique expertise at the intersection of health and legal rights.

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## Supporting healthcare services

- Partnerships with legal services are a beneficial resource for healthcare professionals, providing an opportunity to address important non-medical issues beyond their expertise. It allows them to focus attention on patients' health, thereby potentially saving time otherwise spent on managing welfare issues. Studies looking at healthcare utilisation have not demonstrated a consistent pattern, showing mixed results in both quantitative and qualitative evaluations.
- Healthcare teams routinely deal with social as well as medical issues and working with legal advisors can provide a valuable resource to manage patients' needs, respond effectively to complex social problems, and free up the time spent on non-medical issues (27, 28). The role that legal advice plays in supporting health and wellbeing may also reduce the need for (and therefore use of) health services.
- Qualitative studies highlight how integrated legal services can contribute to high quality patient care, providing comprehensive support to address interconnected issues, improving capacity to respond to patient needs and contributing to a positive patient experience.

### **An international development**

Partnerships between health and legal services have emerged across the world in response to the issues outlined above (29, 30, 31). National networks of Health Justice Partnerships exist across the United States and Australia, and examples are also found in Canada, the Ukraine and other countries. In the UK, Health Justice Partnerships have existed for decades, with the first published example from the late 1980s (32).

# Health Justice Partnerships in England and Wales

In 2018 the UCL Centre for Access to Justice reviewed Health Justice Partnerships in England and Wales (18). The report described the characteristics of these partnerships:

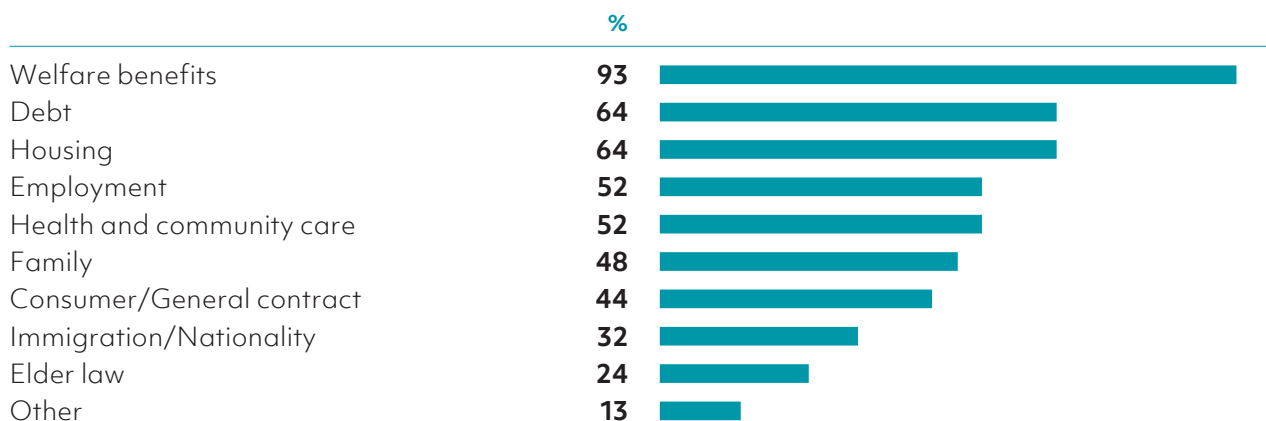
- Advice and support on social welfare legal issues was delivered by a wide range of different providers, including national and local charities, local authorities, health services and independent organisations.
- The most common legal issues addressed were welfare benefits, housing and debt (Figure 3).
- Two thirds of the social welfare legal services reported being physically located within health service settings.
- They most commonly connected with GP practices, followed by mental health services and hospitals, but also connected with other types of community health services such as hospices and health visiting (Figure 4).
- The service models were diverse and included multi-disciplinary team working (with welfare

rights advisors embedded in care teams), co-location and direct referral pathways, as well as looser connections such as via social prescribing link workers.

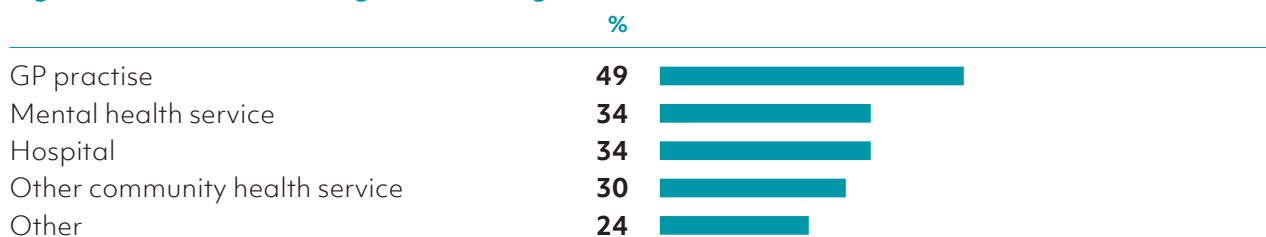
- Funding to support the legal services came from a range of sources, most commonly charities, local authorities (including public health) and NHS Clinical Commissioning Groups.
- Most funding was provided on a short-term basis, with almost seven in ten (68%) having funding for three years or less, and almost four in ten (37%) having funding for one year or less.

Nationwide Health Justice Partnership initiatives have been established elsewhere in the UK. The Welsh government runs the 'Better Advice, Better Health' programme, providing welfare advice in GP surgeries and other health settings (33). In Scotland, welfare rights advisors are embedded in general practices across the country, focussing on areas of significant deprivation and aiming for a closely integrated model of interdisciplinary practice (34).

**Figure 3. Most common areas of law addressed by Health Justice Partnerships in England and Wales**



**Figure 4. Healthcare settings that free legal services connected with**



# What makes a successful Health Justice partnership?

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## Collaborative working

A successful Health Justice Partnership involves collaborative working between health and legal teams. This can take a number of forms:

- Identifying legal needs among patients (and health needs among clients)
- Making and receiving referrals
- Exchanging information to support case work
- Joint case input (liaising about needs and coordinating responses)
- Inter-professional advice, or 'secondary consultation'
- Providing feedback on case outcomes

Collaborative working underpins effective Health Justice Partnerships. When teams work together, this ensures that:

- Patients who require support are provided with assistance (they are identified and referred as necessary).
- Individuals' interconnected health and welfare needs are met (they gain input from both services to achieve successful outcomes).
- Practitioners are supported in the performance of their own roles (they draw on each other's expertise to respond to patient/client needs).

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## Factors influencing collaborative working

### Practical workability

To facilitate engagement, the processes for collaborative working needs to be obstacle-free and fit easily within existing practices. Projects that generate significant workload or administration can be unfeasible and unpopular with healthcare teams. Clear processes for how teams should work together are important (including any necessary administrative approvals), as is clarity of roles and responsibilities.

### Knowledge and awareness

Limited awareness of available legal services is a barrier to engagement among healthcare professionals and maintaining visibility through promotional activities is important. Similarly, knowledge about a specific legal service is essential for engagement (including knowing what assistance it provides, who would benefit, when and how to refer). Providing information and learning opportunities helps to increase understanding.

### Personal intentions

The willingness of staff members has a strong influence on whether they will engage in collaborative working. While healthcare professionals generally welcome and appreciate collaborations with advice services, not all are enthusiastic or committed. Reasons for resistance include not recognizing the value of the legal service, feeling it is inappropriate to their role, not being interested and not wanting to do associated administration.

### Trusting relationships

Staff work well when they know and trust each other. Mistrust and antipathy between teams can inhibit collaborative working, often in the early stages of partnerships before knowledge and relationships have developed. Opportunities to work together (including in meetings and daily interactions) are important in developing relationships and building confidence.

### Effective communication

Good communication underpins many of the issues described above, helping to increase knowledge, raise awareness, build relationships, communicate achievements and allow discussion and joint working. Factors that can inhibit communication include heavy workloads, high staff turnover and physical separation of services.

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## Implementation challenges

Challenges that partnerships experience relate to service delivery in practice. These include difficulties developing effective systems for joint working, issues achieving engagement and participation from staff members, and difficulties embedding integrated working into routine practice. Sustainability is also a challenge: while some partnerships are longstanding, many projects have short lifetimes and the turnover rate can be high.

Although there is scant research exploring implementation in detail, some repeated themes have been identified as influencing project success.

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## Factors influencing sustainability

### Material resources

Securing sufficient funding is a common challenge for partnerships, with many operating on short-term and insecure funding. Failure to maintain ongoing funding is a frequent reason for projects to be discontinued. Other challenges include managing demand for the legal service (needs are often high and capacity limited) and obtaining appropriate space to operate from within the health setting. Providing free space to Health Justice Partnerships is an example of how the NHS can be an Anchor Institution, by using its buildings and space to support local communities and the activities of the voluntary, community and social enterprise sector (35).

### Evaluation

Evaluation plays an important role in sustainability, providing evidence of the partnership's value and achievements to potential funders. Measuring outcomes that reflect the funders' priorities is important for demonstrating the project's worth and justifying continued investment over time. However, evaluation can also be a complex and challenging task for the services.

### Strong leadership

Strong leadership is important in designing and developing partnerships and ensuring ongoing evaluation and improvement of the service. Champions with passion and influence play an important role promoting the service and encouraging ongoing support. Commitment from a strategic level within the health service is critical for legal services to integrate and secure the necessary resources.

### Planning

Undertaking a legal needs assessment prior to developing a partnership ensures that the service is appropriate to the local setting. Engaging healthcare teams in the service development ensures it aligns with their needs, preferences and existing practices. Having clear goals helps in establishing new partnerships, and a shared understanding of the purpose and long-term vision is important for ongoing success.

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**Providing free space to Health Justice Partnerships is an example of how the NHS can be an Anchor Institution.**

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## Now is the time for strategic development

There are many NHS plans at national, regional and local levels to improve population health. Health Justice Partnerships are an evidence-based intervention focusing on prevention and able to influence the upstream social, legal, economic and environmental factors that affect the social determinants of health and health inequalities.

Taking action on health inequalities and access to justice has never been more urgent. The COVID-19 pandemic has increased levels of economic hardship in the population and the need for welfare support. This comes after a decade of austerity in the UK, which has led to rising destitution, debt and homelessness (36) and increased social inequalities (37). Significant cuts to legal aid have reduced the support available for people experiencing social welfare legal issues (38). The impact of these cuts has been greatest on vulnerable groups such as young people, those with mental health problems, migrants and people living in poverty (38, 39).

Worsening social and economic conditions may lead to long-term health consequences (especially for mental health) and widening health inequalities (40). As with previous economic recessions, the social welfare-related workload could increase for healthcare professionals, placing additional strain on health services (27, 41). Health Justice Partnerships can help healthcare professionals to address welfare needs among patients, as well as providing more effective support for people impacted by the current circumstances.

Health inequalities have been described as 'wicked problems', difficult to shift. This report shows the growing evidence base on the role of Health Justice Partnerships and their potential for mitigating health inequalities. The issue is no longer whether Health Justice Partnerships are an effective intervention; the issue is how to get a Health Justice Partnership in every local authority – whether in general practices, hospitals, allied health services, or offered as part of social prescribing programmes. To achieve maximum opportunity to address the wider determinants of health, the provision of social welfare legal advice and support should be embedded into 'care pathways'. In this way advice and support can not only address immediate health harming legal needs but offers the potential to intervene at an early stage, thus avoiding difficulties from escalating and reducing the stress and poor health and costs associated with spiralling crises.

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**Taking action on health inequalities and access to justice has never been more urgent.**

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## The shift to integrated care

Policies in both the health and legal sectors signal a move towards cross-sector collaboration. The new Integrated Care Systems in the NHS bring together health services, local authorities and voluntary and community sector organisations to plan and deliver care for their local populations. This approach aims to provide integrated care for patients and to take more coordinated action on prevention and health inequalities (42). Simultaneously in the legal field, the Ministry of Justice has proposed integrated legal support hubs (including in health settings) to deliver services in a more effective and accessible way (43, 44, 45). This alignment of priorities towards greater partnership working may provide increasing opportunities for Health Justice Partnership initiatives.

Like Integrated Care, Health Justice Partnerships focus on the needs of service users and require organisations to work together, across departments and specialities, in order to contribute to the broad goal of addressing the social determinants of health. Social prescribing is another tool in the NHS to address the social determinants of health and link patients with local services and community assets, such as free legal services offered by Health Justice Partnerships.

What is needed now is cross-sector action at the national level to coordinate initiatives aimed at more integrated service delivery to tackle the social determinants of health. A clearly articulated, coherent national strategy would act as a catalyst for commissioning and delivery of services designed to meet the needs of local communities. Such a strategy urgently needs to address how to ensure the sustainability of voluntary and community services who are essential partners in the vision for integrated public health services.

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## Developing the evidence base for policy

There is a need to move beyond pilots and small projects in order to develop a strong evidence base to inform and support policy development. The potential impacts of Health Justice Partnerships are both rich and complex to measure. They offer the solution to immediate health-harming legal needs by improving material circumstances; they can create greater confidence of patients about their entitlements to services and benefits enabling them better to help themselves when facing future challenges; they reduce stress and anxiety and improve wellbeing. Health Justice Partnerships also offer benefits to health practitioners and have the potential for cost savings to health and other services. In this way Health Justice Partnerships can mitigate health inequalities, lead to more effective service delivery and improvements in how law is implemented locally and nationally. An evaluation framework that captures some of the short, medium and longer term impacts of Health Justice Partnerships for individuals and the wider community is urgently needed. Such a framework, if adopted nationally and internationally, could provide powerful evidence to inform policy development.

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## **The role of education in nurturing collaboration between health and free legal services**

The time has come for the medical and legal profession to have a different conversation, to appreciate the skills and knowledge each has to help make lives better for those who most need our help. Health practitioners instinctively recognise what lawyers define as ‘health harming legal needs’ and the value of services other than medical intervention to deal with the underlying problems that are making their patients ill. Doctors and a range of other healthcare professions, including midwives, are therefore in the position of ‘critical noticers’. However, they are not currently familiar with the full range of social issues to which free legal services may provide a solution, nor with the language used by lawyers. They do not have the knowledge or connections with free social welfare legal services to confidently signpost or refer their patients for assistance. They certainly do not have the skills, experience or time to provide advice themselves, nor should they.

An introduction to the connections between law and health and the role of free legal services in addressing social determinants of health should be an essential part of the training of all healthcare professions. We are proud that UCL has introduced a compulsory Health Justice module into its MBBS course for 5th year students on the General Practice module (delivered by Professor Genn and Dr Appleby). The course provides an introduction to social welfare law, health justice partnerships, social prescribing, integrated healthcare systems and practical information about national and local sources of social welfare advice and information. It is a first step, but one that should and could become part of national health training.

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## **Our commitment to high quality Health Justice Partnerships**

Our literature review (19) demonstrated that public health and access to justice research have moved beyond the limitations of single discipline approaches to provide evidence about how health and legal services together might mitigate negative determinants of ill health among disadvantaged and vulnerable groups. By working together public health and legal scholars offer the potential to evaluate legal assistance as a health intervention. To achieve this level of transdisciplinary collaboration, there is a need for health researchers to recognise the importance of law and legal services as influences on health and incorporate this perspective into public health and inequalities research. Equally, legal scholars need to appreciate that health is one of the most important issues law can influence.

Successful implementation is important for the viability of Health Justice Partnerships and for achieving their intended impacts. UCL is undertaking further research in this area to explore different service models that exist across England and to understand factors influencing service delivery. The research studies both on-the-ground and strategic level factors and will provide recommendations to support activity in this area nationwide.

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**The time has come for the medical and legal profession to have a different conversation, to appreciate the skills and knowledge each has to help make lives better for those who most need our help.**

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## Case study

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### The UCL/Liberty Bridge Road Practice Health Justice Partnership in Stratford

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#### The initiative

In 2013 UCL Faculty of Laws established a Centre for Access to Justice with a community Legal Advice Clinic offering free legal support, including ongoing casework and representation on a range of social welfare issues (including welfare benefits, housing, education and community care). The clinic is staffed by solicitors and welfare specialist advisers, who are supported by a team of UCL law students volunteering as supervised pro-bono legal advisers. The clinic offers students a rich educational opportunity at the same time as a valuable and much needed service to members of the local community.

UCL to NHS Property Services, UCL acquired premises in central Stratford and the clinic has since moved its base there. The clinic continues to accept referrals from GPs and other local agencies.

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#### Evaluating the HJP

When iLAC was established, a key objective was to explore the role of this innovative Health Justice Partnership in supporting patient health and wellbeing, as well as the value of the service model for local GPs. The evaluation was conducted through surveying clients of the service and GPs in the practice.

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#### The UCL Health Justice Partnership

In 2016 the UCL Centre for Access to Justice extended its activities and established a Health Justice Partnership - an Integrated Legal Advice Clinic [iLAC] - between UCL and the Liberty Bridge GP surgery at the Sir Ludwig Guttman Health and Wellbeing Centre in Stratford in the London Borough of Newham. The Centre, intended to be a model for healthcare delivery in the local area, offered a range of healthcare services under one roof, including primary, secondary and specialist healthcare services. Although historically Newham has experienced high levels of deprivation, being situated in a rapidly developing area of London, the practice had a diverse, growing and changing local patient population. iLAC operated on site in the health centre between 2016 and 2018, providing assistance for patients and people resident in the borough of Newham. The service was advertised within the health centre and promoted locally. Patients of the practice could be referred by general practitioners (GPs) or self-refer to the service. As a result of a gradual reduction in space made available for the clinic within the Health Centre and rising rental charges paid by

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#### Client survey

All clients of iLAC were surveyed before their first legal advice session and then followed up at three months and six months later. The survey included commonly used health and wellbeing scales (such as mobility, self-care, usual activities, pain/discomfort, and anxiety/depression), mental wellbeing assessment (focusing more on feelings and thoughts) and information about smoking and drinking (46). The survey also collected information from clients about perceived changes in health following receipt of legal assistance. Other questions included the frequency of GP consultations in the preceding three months, and the status of their legal issue as ongoing or resolved.

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#### GP interviews

All GPs at the surgery were invited to interview and discussed the legal needs among patients, actions they could take to address social welfare issues, and their views on the value of the partnership with iLAC.

## Evaluation results

### Client survey

The client survey ran over 16 months until 100 eligible clients had consented to participate in the study. There was high recruitment rate of 92% and follow-up continued until the 100th client had been contacted for the final survey after six months.

### Who were the clients?

Almost all of the 100 participants were working age (88 participants). Clients were ethnically diverse (including 31 Black participants, 23 White, 13 Asian) and largely of low income (58 had annual incomes below £10,000, 19 between £10-20,000). More than half (58) lived on less than £10,000 per year and almost eight in ten (77) less than £20,000.

### Legal issues

The most common issues that clients sought advice about at the clinic were welfare benefits and housing. Just under one-fifth of clients had a problem with more than one legal issue, which is consistent with previous work which demonstrates the propensity of social welfare legal problems to occur in clusters.

### Perceptions of impact of legal problems on health

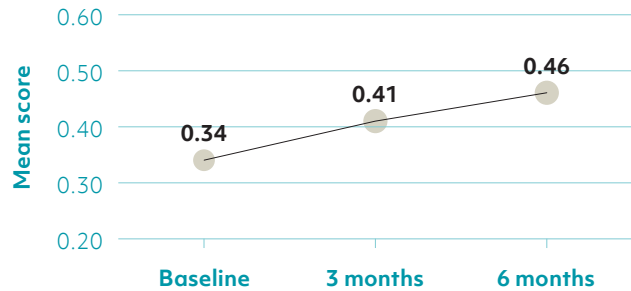
All clients surveyed were asked whether they felt that the legal problems for which they were seeking help had impacted their health and wellbeing. More than half said their legal problems had impacted on physical health (57%) and mental wellbeing (58%) 'to a great extent'.

### Health outcomes overall trends

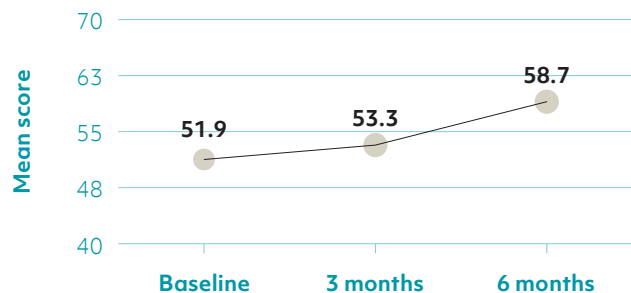
As well as looking at the outcome of legal problems, we tracked clients' health and wellbeing scores over time. We found statistically significant improvements over time for the index measuring mobility, self-care, usual activities, pain/discomfort, and anxiety/depression (EQ5D)

Figure 5. Mean health and wellbeing scores at each time point

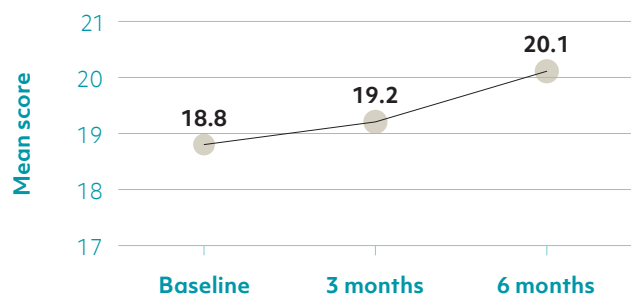
### Score for mobility, self-care, usual activities, pain/discomfort, and anxiety/depression (EQ5D)



### Overall assessment of health (EQ5D VAS)



### SWEMWBS score



as well as global assessment of health (EQ5D VAS) (Figure 5). The mental wellbeing score (SWEMWBS) also showed an upward trend over time, although this was not statistically significant.

### Legal outcomes

Our survey approach tracked the outcome of legal problems and all clients were asked whether their legal problems were still ongoing at the time of follow-up. After three months, just under three-quarters (71%) of respondents reported their legal issue to be ongoing and after six months this proportion had dropped to just under two-thirds (64%). At both time points, one quarter (25%) of respondents whose legal problems were ongoing had more than one legal problem at baseline. This reflects the often complex and lengthy nature of legal cases, particularly where multiple issues are involved.

### Health outcomes according to legal problem resolution

Health and wellbeing scores at each follow-up time point were compared for people who reported their legal problems to be ongoing or resolved (adjusting for differences in baseline scores between the groups). At three months, there was no significant difference between the groups for any score. At six months, both the average health index score (EQ5D) and mental wellbeing (SWEMWBS) score were significantly higher (indicating better health) for respondents whose legal problems had been resolved compared with those whose problems were ongoing.

### Respondents' experiences of health change

Participants reported that receiving legal assistance had brought great relief and provided valued reassurance and support. Some respondents described feeling empowered as their concerns were being addressed, in contrast to feeling helpless when trying to tackle their legal issues alone.

“ The legal advice has made a huge impact and given us positive hope for the future. We are in a very strong and good position which has helped my whole family improve the physical and mental wellbeing. Without free legal advice, we would have not succeeded in our position today. [Respondent, Female, 35-49 years]

Where participants reported feeling their health had improved, this mainly related to improvements in mental wellbeing occurring as a result of progress in dealing with their legal problem(s). A wide range of improvements in psychological health were reported, including reduced stress and anxiety, greater peace of mind, better sleep, more energy, new hope and optimism, greater confidence and improved ability to cope with difficulties. Reducing the amount of medication being taken for anxiety and insomnia was also reported. Experiences of improved physical health were less common, but included better management of blood pressure due to reduced stress, people taking better care of their health and generally having a sense of greater wellbeing.

“ I have improved mentally due to having some peace after help to deal with my claims. I had nowhere to turn to and felt very vulnerable and afraid. [Respondent, Female, 50-64 years]

Where no overall change in health was experienced, this sometimes related to chronic health conditions that did not change, as well as issues in respondents' lives that were unrelated to the legal problem. Others had had mixed progress with their legal problems, with improvements in some areas but with other issues ongoing. Respondents were reassured and grateful for the legal support they received, but continually affected by ongoing welfare problems and other challenging life circumstances.

“ Initially, after receiving legal advice, I was feeling a bit more optimistic and relaxed and was able to sleep properly... but because my situation hasn't really changed and due to other factors like problems at work... and my application for tax credits being rejected, I've been having a lot of sleepless nights again and feeling down on most days. [Respondent Female, 35-49 years]

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## GP interviews

### The role of GPs in addressing social welfare issues

All five GPs working in the practice took part in interviews. They all reported encountering social welfare legal issues among their patients on a regular basis, including problems with housing, finances, immigration, employment and domestic violence. Patients would approach them for help with filling out forms, writing letters and mediating in disputes with schools, landlords and workplaces. Reasons for patients raising these issues with their GPs included people not knowing where else to go, not being able to afford legal assistance and having little confidence or resilience to cope alone. A significant proportion of the GPs' work involved addressing these social welfare issues, which would often present as health problems in the first instance.

“If there's some kind of acute crisis going on, then often the legal problem would be manifested in some kind of mental health symptoms – stress and depression. So, that's...that's common. [GP 4]

The GPs all recognised social welfare issues as significant underlying causes of illness among their patients. Most commonly they reported impacts on mental health, which in some cases were extreme, but also impacts on physical health due to poor living conditions. Patients' ability to take care of their own health was also affected, with stress and poor mental state preventing patients engaging with therapy or undergoing medical interventions like surgery.

GPs expressed their wish to support patients with having social welfare issues addressed. While providing active assistance was clearly felt to be beyond their remit as clinicians, they described signposting patients to other sources of support (including iLAC) and felt this signposting role was appropriate. Some questioned the need for greater involvement and emphasized the importance of individual responsibility in following up on referrals and accessing services. There were a number of practical challenges for GPs in knowing how to manage social welfare

issues: time pressures of the job made it difficult to explore patients' needs fully, and with welfare issues being outside their expertise it was hard to be sure of the most appropriate course of action. Community services were also limited in number and turning over at a rapid rate, therefore knowing where to refer patients was not straightforward.

“It's difficult you know, there's so much stuff for us to know, and we obviously have to know a bit about legal issues, but it's sometimes difficult to keep it all in your mind. [GP 2]

### The role of legal advice in the healthcare setting

The GPs were all positive about having the iLAC legal clinic on site and felt supported by it in a number of ways. Having a source of legal expertise to draw on was reassuring and gave them confidence that the right thing was being done for patients and that any welfare issues would be appropriately addressed. They also described the value of the clinic in addressing social determinants of health, which could contribute to improved patient health and wellbeing. GPs reported patients returning feeling better and happier after receiving legal assistance, which had helped them cope with daily hardship. Alleviating patients' stress and improving their living conditions were outcomes of the legal service felt to be particularly important in supporting health. In an area of high deprivation, the GPs all felt the initiative was important and some wished it to be expanded more widely.

“As medics we can sort of treat the symptoms... But ultimately you've got to try to fix the source of the stress, really. And that's a social thing. Well, when it is a social thing it needs a social process. [GP 3]

The GPs felt that having the clinic on site was valuable in helping patients to access the legal assistance they needed. They thought co-location would improve attendance, being somewhere patients already visited and felt comfortable seeking help; patients would also gain confidence to attend due to the caring environment and the personal recommendation from GPs.

## Experiences of collaborative working

The personal aspect of having the legal clinic delivered on site was helpful to GPs in different ways. Having contact with the legal advisers made the service feel familiar and available, and knowing the staff personally gave the GPs confidence in recommending the service to patients. Seeing the legal team around also raised awareness of the service in their own minds, meaning they were more likely to think of making referrals.

“ The personal touch has been really helpful, getting to know people’s faces... I guess that’s helped because you feel like you are more on hand. [GP 1]

There were various challenges for the GPs in developing working connections with the legal service. The practice had a high use of locum GPs, and due to continuous staff turnover it was difficult to embed particular ways of working or create much awareness of the service among locum doctors. Even though the regular GPs were aware of the legal service it was felt to be sometimes under-utilised, largely due to the time pressures on medical professionals but also because it was an unaccustomed way of working. While personal relationships seemed good between the medical and legal teams, working together on individuals’ cases could sometimes present challenges due to differences of opinion on patients’ capabilities and best interests.

“ You’re talking about quite a significant kind of behavioural change, and indeed maybe even cultural change, in getting people to refer to a new service. [GP 4]

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## Conclusions

The survey found significant improvements in quality-of-life scores overall during the six months following initial receipt of legal assistance.

Legal problem resolution was associated with significantly greater improvements in two of the health and wellbeing scores. This pattern was

reflected in participants’ free-text comments in the survey, which highlighted experience of improved health where there had been positive progress with legal issues (particularly benefits to mental wellbeing). Without an external comparison group however, these changes could have been influenced by the effects of bias. A similar pattern was found in a quasi-experimental study of a comparable intervention, which found improvements in mental wellbeing for participants whose situations improved within a three months period (48).

Interviews with GPs in this study highlighted the value of the partnership as a resource to assist healthcare professionals in managing patients’ non-medical, health-harming needs. This positive contribution to patient care has been indicated in other studies of healthcare professionals’ views on similar service models (25, 49). Key themes relating to implementation align with studies in similar UK settings, including the need for promotion to raise awareness of the service, challenges developing engagement from healthcare professionals (in part due to high staff turnover and workload), and the importance of feedback on outcomes of legal referrals (49, 50).

Partnerships between healthcare and legal services are championed internationally as a means of supporting the wellbeing of the most disadvantaged in society. They exist in many different healthcare settings and provide assistance on a wide range of social welfare legal issues to diverse patient groups (18, 51, 52). This diversity has not been explored in research assessing the impacts of Health Justice Partnerships and may be important in determining how interventions work, for whom and in what circumstances. Exploring the impacts of these partnerships on health, healthcare systems and health inequalities remains a priority for research in this area. Greater understanding of the different service models and considerations for successful implementation are also needed in order to inform adoption and spread of these initiatives.

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## Health Justice Partnership

### Website

<https://www.ucl.ac.uk/health-of-public/research/health-justice-partnerships-homepage>

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