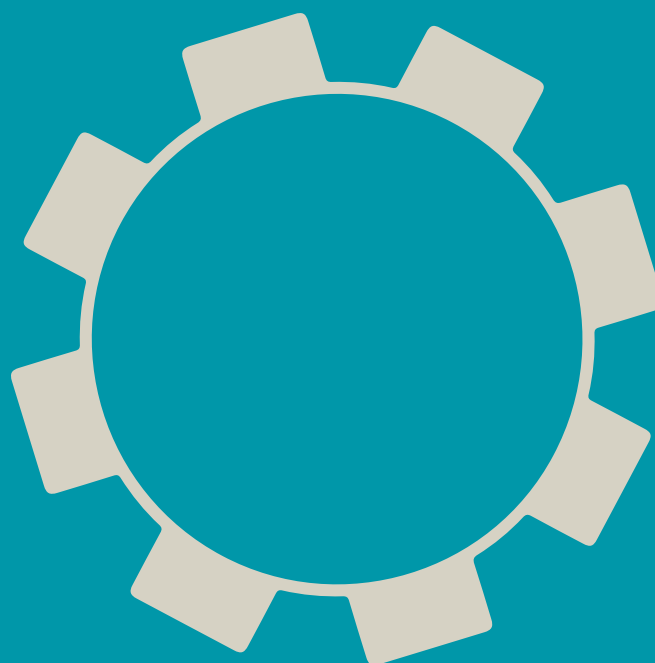




Draft for consultation

Health Justice Partnership



A brief guide
to support the
implementation
of Health Justice
Partnerships

Report details

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About Health Justice Partnerships

What are Health Justice Partnerships?

Health Justice Partnerships are collaborations between health services (GP practices, hospitals, mental health services and others) and organisations specialising in welfare rights. Welfare rights are the rights people have under social welfare law, including those relating to:

	Welfare benefits
	Debt
	Housing
	Employment
	Education
	Community care
	Immigration

Welfare rights provide protections and entitlements that exist as a safety net for low income and vulnerable people. In Health Justice Partnerships, patients are linked in with welfare rights advice services via their healthcare provider. The aim is to support health and maximise recovery by tackling social and economic circumstances that are harmful to health and wellbeing.

Why are Health Justice Partnerships needed?

Tackling health inequalities is one of the four key purposes of Integrated Care Systems, which NHS organisations have a responsibility to address in partnership with local councils and the voluntary and community sector. Health Justice Partnerships are a targeted intervention that can be implemented locally to further this aim.

Securing welfare support

The cost of living crisis is creating acute hardship for people already in the most precarious circumstances. Welfare support provides a critical safety net, but it can be very difficult for people to access their legal entitlements: evidence shows that people with welfare needs are often unaware of their rights and don't know how to access the assistance they need to enforce them. Welfare rights advice services help people to understand and secure access to important benefits and services.

Reaching people in need

Integrating advice services with patient care helps to reach people at a time of need, and those who would not otherwise seek help. People living with poor health and disability are more likely to experience welfare rights issues, because they may be unable to work, have higher living costs or additional support needs. Health settings are accessible, trusted, convenient and confidential, which are all helpful in encouraging people to seek help.

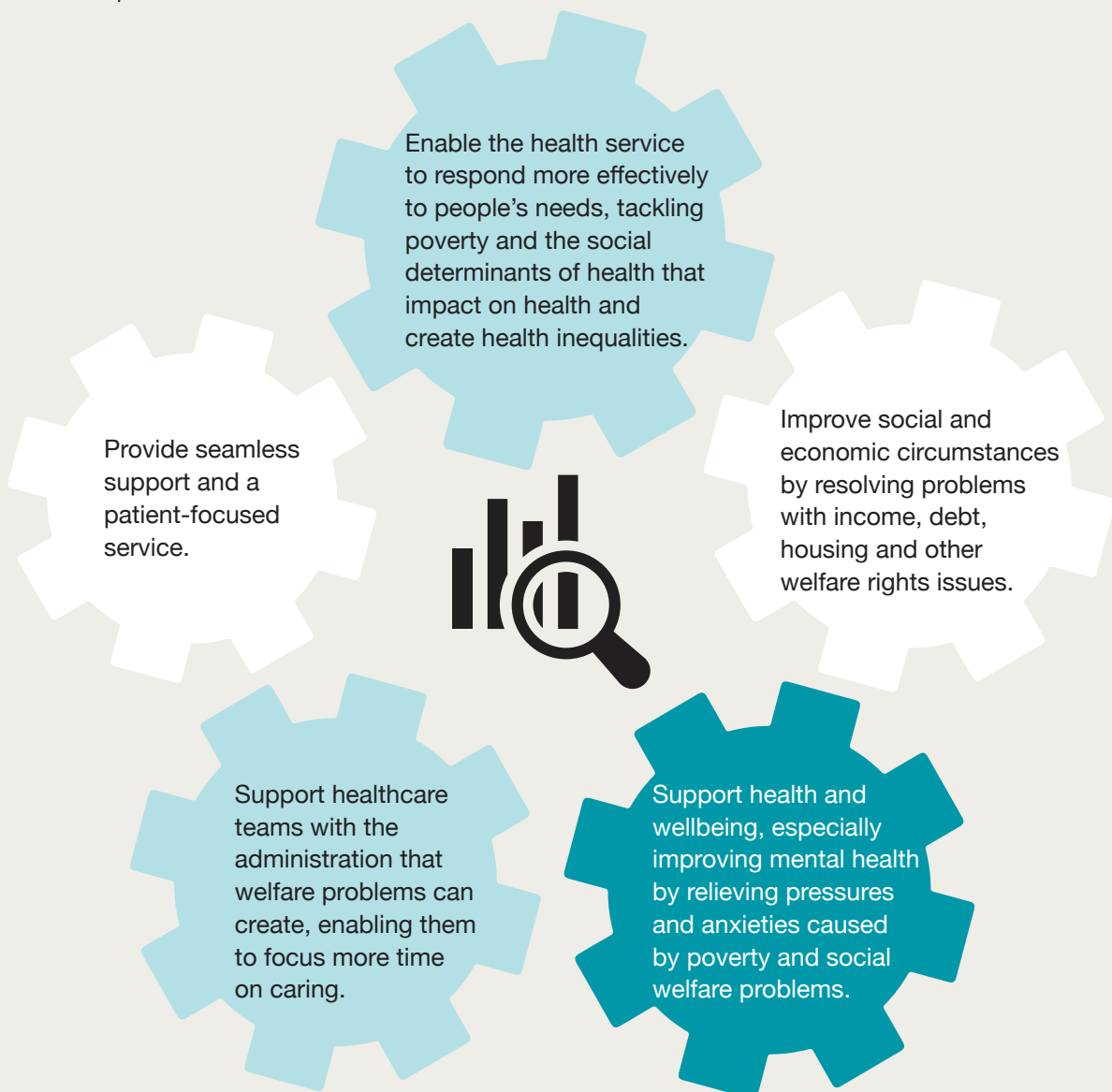
Addressing health inequalities

Welfare rights advice is supportive to health and wellbeing, and tackles underlying causes of illness that predominantly affect people living on low incomes and in deprived communities. It is therefore a critical tool in the efforts to address health inequalities. If left unresolved, welfare rights issues can cause or perpetuate poverty, poor living conditions and stressful circumstances. This directly impacts on mental health through anxiety and distress, but can also influence physical health through lack of adequate food and warmth.



What can Health Justice Partnerships achieve?

Research evidence demonstrates that Health Justice Partnerships can:



The design of Health Justice Partnerships

There is no single or best way to design a Health Justice Partnership: each will be unique to the local needs and circumstances. The table below presents a taxonomy of design options that describe common service characteristics and can be used in planning new partnerships. These options are not exclusive choices, but can be combined in a way that is most suitable for the local context.

Table: A taxonomy of partnership design options

Service characteristic	Design options	Examples
Target population	Defined by health condition / state	People with particular conditions (e.g. cancer, mental health, HIV), or in particular circumstances (e.g. pregnancy or end of life)
	Defined by demographic characteristic(s)	People of a particular age group (e.g. the young or elderly), gender, ethnicity or intersectionality
	Defined by geography	People living within a certain geographical region
Healthcare setting	Single type of health setting	Based in primary, secondary, tertiary or community healthcare settings
	Mixed health settings	Operating in more than one healthcare setting, e.g. supporting an integrated care pathway across primary and secondary care
Legal issues addressed	Single category of social welfare law	One of: Welfare benefits, Debt, Housing, Employment, Education, Community care, Immigration
	Several categories of social welfare law	Providing assistance with more than one of the categories above
Nature of legal assistance	Advice	Diagnosing how the law applies to a person's situation, explaining their options, providing brief help to take action
	Advice with casework	In addition to advice: challenging decisions, negotiating and corresponding with other parties
	Specialist level advice and representation	Advice requiring detailed knowledge of case law, often involving litigation and representation at court or tribunal hearings

Mode of advice delivery	Face to face	Advice is delivered in person, often on-site within the healthcare location
	Remote	Advice is delivered by telephone, email or video service
	Hybrid	A mixed-mode approach involving some in-person advice as well as remote assistance and follow-up

Approach to linking services	Multi-disciplinary teams	Welfare rights advisors are embedded in care teams and join in with day-to-day activities, e.g. attending staff meetings, ward rounds and join patient consultations
	Co-location	Welfare rights advisors work within the healthcare setting, meeting patients and providing advice on site
	Direct referral	Welfare rights advisors receive referrals directly from healthcare professionals
	Navigation	Welfare rights advisors receive referrals via social prescribing link workers or other care navigators

Nature of joint working	Close collaboration	High levels of interaction, communication and coordination during daily work
	Regular communication	Joint working mainly centres on making / receiving referrals and occasional correspondence regarding case work
	Limited contact	Health and advice teams working almost or entirely separately (especially in self-referral or navigation models)

Administrative integration	Referral systems	Often involves referral forms, referral platforms and/ or exchange of information by shared secure email (via nhs.net or gov.uk)
	Appointment booking	Advice appointments may be booked via the NHS reception team (using a shared calendar) or by the advice service
	Shared record systems	Advice teams may have full or partial access to the medical record system, allowing them to view medical evidence (with patient consent) and to update the record with progress on the welfare issue(s).

FAQs on service design

How is this different from 'social prescribing'?

Social prescribing involves navigating patients via link workers to external services, for support with a wide range of non-medical issues. This is one method to link patients in with welfare rights advice services, and it can be a convenient approach where social prescribing systems are already in place. If this method is chosen, it is vital to ensure there is capacity in local advice services to take on the extra referrals: advice services may not have the resources to provide an in-depth or high-quality service without additional funding.

Other service models involve welfare rights advisors being brought in-house to work within the health service in co-located hubs or multi-disciplinary care teams. These approaches tend to have dedicated project resourcing, and the benefits of close working relationships between professionals and streamlined access for patients.

Hybrid models also exist, in which welfare rights advisors work alongside link workers to provide specialist support within social prescribing schemes.

Is there a 'best' or recommended model for Health Justice Partnership?

The best approach to take locally will depend on many factors, including the needs of service users, the purpose of the service, and the available resources. However, research has demonstrated the benefits of certain aspects of integration, which can contribute to the effectiveness of the model:

Co-location. Providing advice appointments on site within healthcare settings can improve access for patients and increase engagement with the partnership among healthcare teams.

Collaboration. Close working relationships between health and welfare rights teams can strengthen casework, optimize outcomes for individuals and improve professional knowledge and skills.

Please see following section for more information on collaboration.



Principles of good practice

Health Justice Partnerships are innovative projects, often developed bottom-up to support local communities. Given the diversity of the local service landscape, it is not possible to recommend a single or best approach to partnership. Instead, we outline here some foundational principles to aim for.



High quality and impactful advice

The central purpose of Health Justice Partnerships is to resolve health-harming legal issues, which relies on high quality welfare rights advice. Advice sector professionals have significant knowledge and expertise in welfare law, and their interventions can be highly impactful for individuals. While brief advice will sometimes be sufficient, more in-depth and hands-on assistance is often required to adequately resolve a case, particularly for patient groups with more complex issues. The welfare rights advice service should be able to offer casework support where this is needed, and ideally to represent their clients at court or tribunal hearings if necessary. This means they will need to be well enough resourced with sufficient funding and staffing levels.

Accessible and responsive to needs

A partnership should be designed with good consideration of the local context to ensure the service is relevant and valuable for both patients and staff. A successful service will be based on needs and tailored to work well alongside existing practice. Issues to think through may include: the types of welfare issues that are prevalent within the target population; the kind of support needed by healthcare teams to manage welfare issues among patients; appropriate location(s) from which to deliver the service; accessible delivery methods considering the patient group; clear and simple processes for referral and joint working. Consider the landscape of local provision of welfare rights services and how they can work (alone or in partnership) to meet these needs.

Collaborative and engaged partners

A partnership is an alliance between organisations, brought together around common goals, shared values and commitments. By joining forces, the partners can tackle complex issues they could not address alone. Genuine collaboration and good working relationships can be a major strength of Health Justice Partnerships (see section below) and ideally this interdisciplinary teamwork becomes a part of everyday practice that is routine, accepted and widely utilised. As well as working together to assist individual patients/clients, partnerships can be strengthened by mutual training, support and consultation between professionals.

Why does collaboration matter?

Collaboration between the health professionals and welfare rights teams is central to the effectiveness of Health Justice Partnerships and can help achieve many of their important aims, making the service more accessible and impactful. The table below presents how higher levels of engagement in inter-professional teamwork can help strengthen the effectiveness of partnerships.

Partnership aim	Low level of engagement in inter-professional teamwork	High level of engagement in inter-professional teamwork
Facilitating timely access to advice for people with legal needs	Patients may find their own way to the service by asking for help or seeing it advertised in the healthcare location.	Patients will access the service more promptly and consistently if they are proactively asked about their needs.
Providing high quality advice and assistance to resolve welfare rights issues	Welfare rights advisers can achieve much when working with clients alone. However, sometimes medical evidence is needed to support the casework.	Welfare rights advisers can more easily obtain critical medical evidence, improving the success rates of welfare claims.
Providing seamless support and a positive patient experience	Patients appreciate that advice is available at a time of need, and feel comfortable accessing a trusted healthcare-based service.	Support is more seamless for the patient, with staff members fully informed about their circumstances and providing continuity of care.
Improving the health service's capacity to respond to health inequality	The advice service is on hand to receive referrals when healthcare professionals identify welfare issues among patients.	Healthcare teams become better informed about welfare issues and patient circumstances, supporting the way they work with individuals.



What does collaboration involve?

Each partnership will have different systems in place for joint working, and therefore operate slightly differently with regards to day-to-day teamwork. The points below provide examples of the activities that collaborative teams may engage in:

- Welfare rights teams provide information and training for healthcare partners, to help them recognize, understand and make referrals for welfare issues.
- Healthcare teams actively identify welfare needs among patients, by asking patients proactively, using needs assessments or checklists, or raising concerns in multi-disciplinary team discussions.
- Healthcare teams make referrals to the welfare rights team when they identify a patient in need of advice.
- Healthcare professionals and welfare rights advisors communicate to discuss a person's situation and coordinate an appropriate response.
- Healthcare professionals provide information relating to a person's health, care or support needs (with their consent) as evidence in the welfare claim or casework.
- Welfare rights advisors provide feedback on the progress and outcomes of their work, so that referrers understand what has been achieved.

Supporting collaborative practice

Developing good levels of collaboration across organisations and professions will take some time to build up and become routine. The points below provide some tips for facilitating collaboration between teams:

- Regularly promote the partnership among healthcare teams locally, to ensure visibility and ongoing awareness.
- Provide opportunities to learn about the partnership (e.g. trainings, inductions), to develop the necessary knowledge for joint working.
- Create regular opportunities for staff to interact, communicate and get to know each other; for example, through interdisciplinary meetings.
- Cultivate relationships between the teams at all levels (including frontline and administrative staff) to build trust in the partnership.
- Seek project champions in the health service, to help promote and encourage engagement among teams.
- Provide feedback on the outcomes of referrals to welfare advice, to increase understanding and motivation among referrers.
- Ensure that processes are in place for information security, confidentiality and consent for information sharing, to enable collaborative working on patient cases.

Establishing Health Justice Partnerships

Establishing a partnership is not a quick or a linear process. The development of the service will be informed by the local context and in consultation with local stakeholders. It will take time to plan and initiate, and will likely continue to evolve over time. Being ready to learn and adapt will help to overcome the challenges and build on the successes of the partnership. The topics below set out some things to consider when establishing a partnership.

Assessing needs and gaps

- > **What is the main issue the partnership will address?** Start with an idea of the target population, how are they affected by welfare rights issues and how the service might make a difference to them.
- > **What are the welfare needs of the target population locally?** Gather what information is available, which may come from a range of sources. For example, local data on deprivation and welfare issues, research indicating the needs of intended service users, and consultations drawing on the experience of service users and other local stakeholders.
- > **Do any similar services exist?** Search for information about other local activity to identify if the need is already being met, or if there are opportunities to align and collaborate with other services.



Laying the foundations

- > **Who are the potential partner organisations?** Identify local health services that provide care for the relevant population(s), and local advice providers that can assist with the welfare rights issues.
- > **Who is keen to work together on this issue?** Begin networking, reaching out to potential partners and building local relationships. Seek out supporters who will champion the project and help to move it forward.
- > **What is the joint vision for the partnership?** Try to establish common ground between the organisations at the start. For example, common interests and goals, and a shared understanding of the role and importance of the partnership.

Agreeing how to work together

- > **What sort of relationship is wanted and needed?** Discuss ideas for an appropriate level of collaboration between services. E.g., whether a referral system is sufficient, or a closer approach to coordination and joint working is desirable.
- > **How will the partnership be governed?** Find agreement on who will be responsible for overseeing the partnership, what the leadership structure will be and how project decisions will be made.
- > **How will the partnership be resourced?** Explore what each partner organisation can contribute to the partnership in terms of funding, staffing, physical space, training, equipment etc., and whether additional resources need to be secured.

Planning the service activities

- > **What is feasible to deliver with the given resources?** Consider the available capacity of the advice team and agree on what scale of service can be delivered. E.g. geographical coverage, number of referring healthcare sites / teams.
- > **What systems will work well alongside current practice?** Consider options for how the services will link up and work together. Consult with relevant staff groups to ensure the system is as easy as possible to engage with.
- > **How to ensure equitable access?** Think about people within the target population who may find it more difficult to access the service and consider how this could be addressed

Adapting the service over time

- > **Is the partnership working as intended?** Build in some routine data collection to monitor the service activities and outcomes. This will help to identify how well the service is doing against its aims.
- > **What are the challenges proving to be?** Consult with people involved in service delivery to identify if/where there have been challenges with implementation. For example, with systems, resources or information/training needs.
- > **How can the systems be improved?** Using the information gathered, discuss if/how the partnership could be adapted to optimise its performance.

Funding and sustainability

Funding sources

The advice sector provides social welfare legal services free for clients, who are typically low-income individuals. The services are generally resourced through charity support, public funds and volunteers, and are not profit-making.

Funding to support the advice services within Health Justice Partnerships can come from a range of sources. Nationwide, charitable funding is the single most common source of income. Public funding is sometimes provided by local authorities or the NHS, which can be through joint funding arrangements (e.g. local integrated care funding). Non-financial support from the health service can enhance the capacity for partnership work with advice services, such as rent-free space for delivering advice, access to training, equipment and management support.



Sustainability issues

Maintaining Health Justice Partnerships in the long term is one of the major challenges, and project turnover rates can be relatively high. Various issues can contribute to this instability, including:

Short-term funding:

A significant proportion of partnerships (around four in ten) are funded for one year at a time, and the majority are funded for less than three years. Sometimes this is for pilot or start-up funding, without a guaranteed funder for the longer term.

Lack of statutory responsibility:

Welfare rights advice services do not fall under the duties of any public authority to provide for their local population, and central funding through legal aid has been removed. This leads to a lack of clarity about who should be responsible for providing advice, and contributes to a tendency to cut advice services.

Siloed funding and organizational remits:

Health Justice Partnerships address health inequalities issues that are important across organizational boundaries. Any individual funder can feel they are unfairly bearing the costs of something that should (at least in part) be contributed to by others.

Economic and political change:

For both public and charitable funders, the wider economic and political circumstances can affect the level of funds which they have to invest. In times of austerity, investment decisions may become focused on narrower organizational priorities.

Influencing funding decisions

Funding decisions will be made by people responsible for planning local services, who will be weighing up many factors in their decisions. The points below indicate some actions that can help garner support:

Evaluate the service to demonstrate relevant achievements:

This ensures funders have the evidence they need to understand the value of the service and back their investment decisions. Funders and providers should work together to set expectations of the evaluation and understand information needs.

Champion and promote the service:

This raises awareness of the partnership locally and increases recognition of its activities and importance. Consider promoting the work at meetings or conferences, and through publications or other media.

Build strong relationships at strategic level:

Positive and supportive relationships between the services' leadership can be critical for developing buy-in and securing and maintaining resources. Aim for regular communication and progress updates, and work together to develop and improve the service.

Consider joint resourcing where possible:

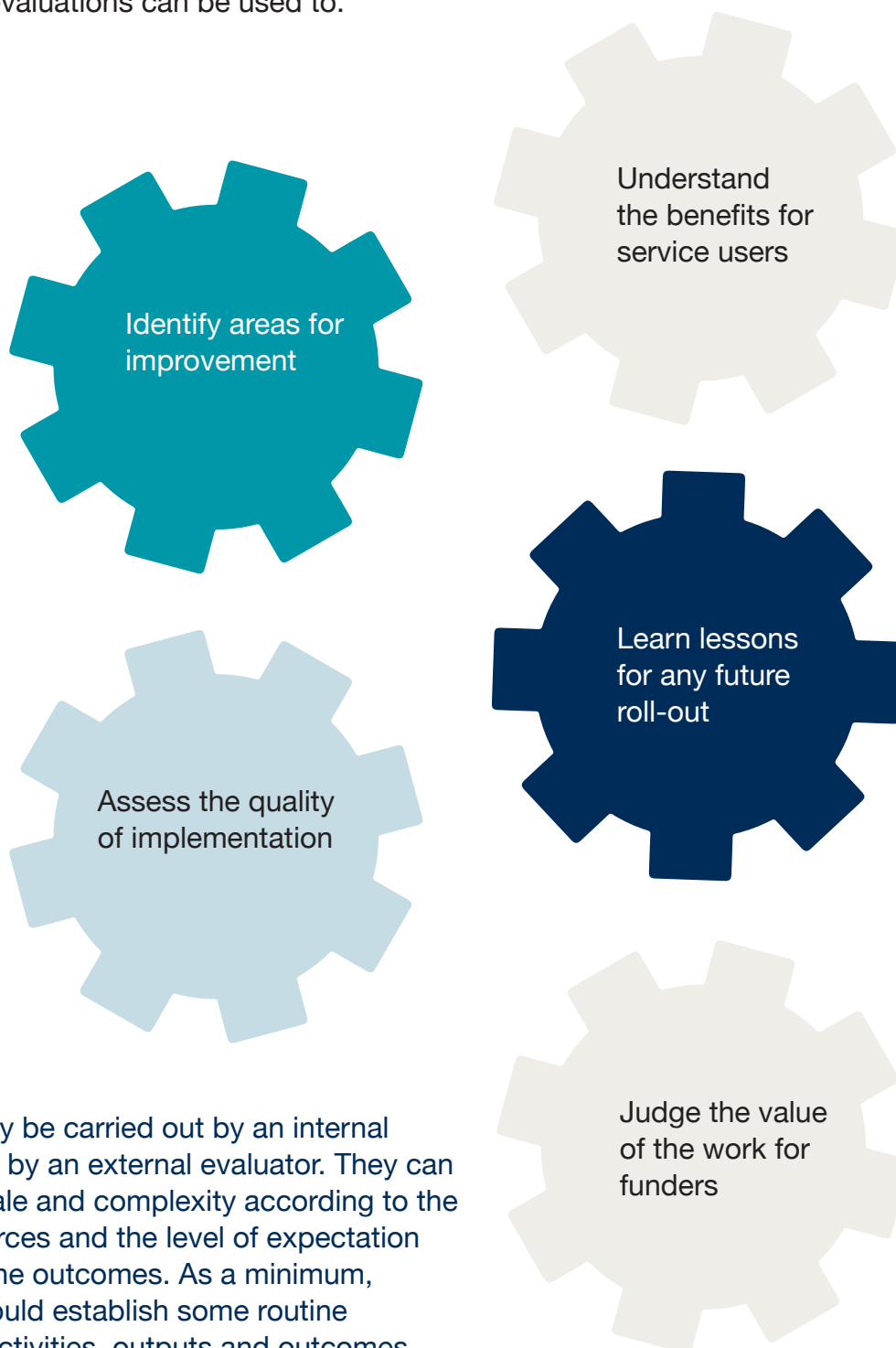
When local partners jointly contribute resources to support the service, this can create a stronger sense of joint ownership as well as increasing the resources available to the partnership.



Service evaluation

Evaluation involves collecting and analyzing information about a service, in order to judge its merit / significance and inform certain decisions. It can include routine monitoring, as well as more in-depth studies.

The results of evaluations can be used to:



Evaluations may be carried out by an internal project team or by an external evaluator. They can vary in their scale and complexity according to the available resources and the level of expectation / ambition for the outcomes. As a minimum, evaluations should establish some routine monitoring of activities, outputs and outcomes. This information can be used and expanded on when doing more in-depth evaluation work. Whatever approach is chosen, the evaluation should be tailored to the service's goals and local information needs.



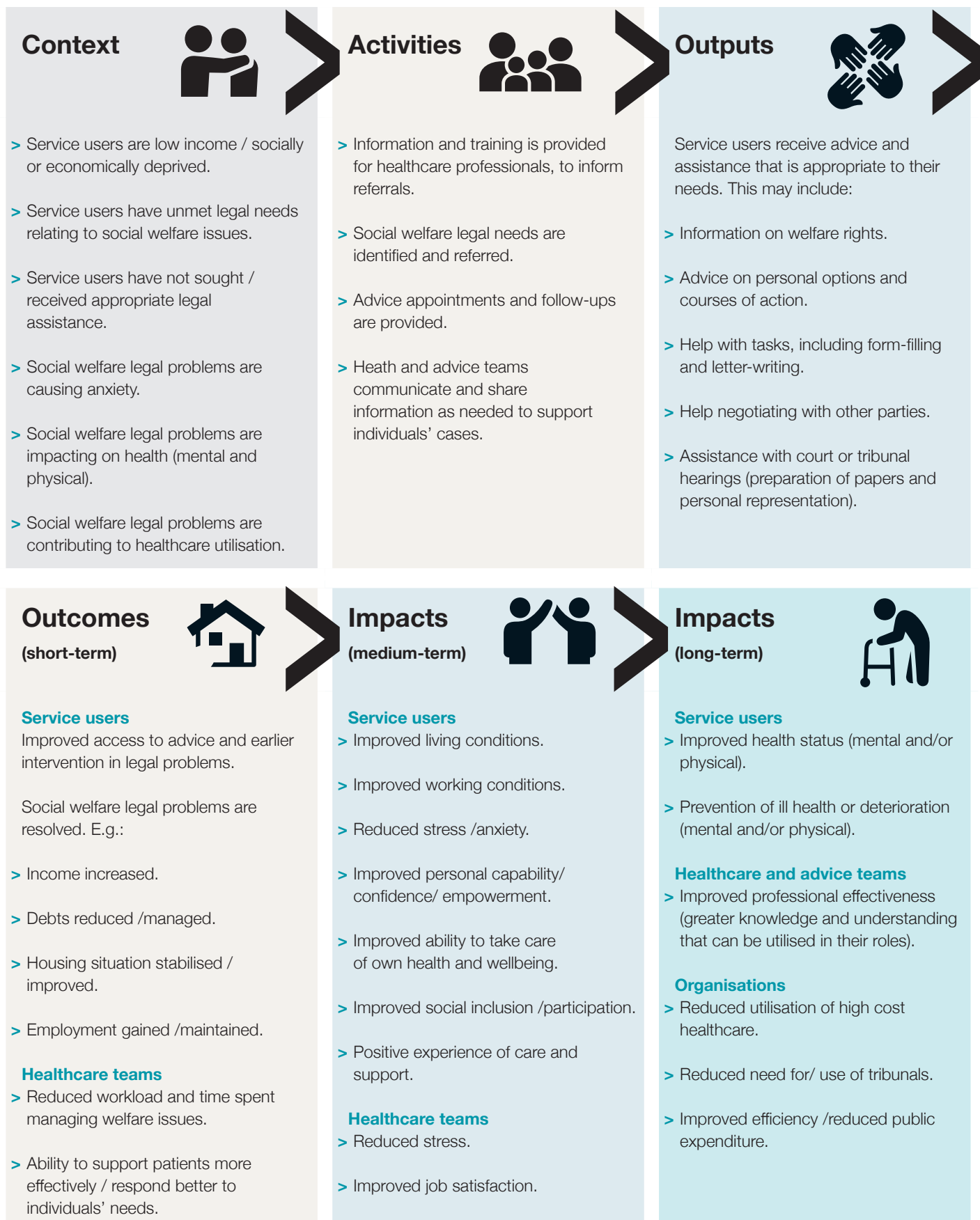
Using an outcomes framework

A good place to start when planning an evaluation is to think through the underlying logic: what is supposed to change as a result of the intervention, how would it change, and why? Mapping out this logic will help to clarify the focus of the evaluation and can inform decisions about what data to collect.

The table on page 16 presents a draft 'Theory of Change' for Health Justice Partnerships, which we have developed based on existing research in the field. This can act as a starting point for thinking through how a local Health Justice Partnership may work, and can be used and adapted based on what is most relevant in a given context.

Theory of Change:

Rationale for the mechanisms of Health Justice Partnerships



Data types and sources

Evaluations can draw on a wide range of information, which may include quantitative (numerical) data and/or qualitative (descriptive) data. Both can provide valuable insights. The table below presents some examples of data that can be gathered for use in evaluation or routine monitoring of Health Justice Partnerships.

Data source	Examples of data that can be gathered
Client referral or intake forms	<p>Context of the issue:</p> <ul style="list-style-type: none"> Referral source Personal details (E.g. demographics, postcode, socio-economic circumstances, health conditions) Nature of the welfare rights issue(s)
Advice service information system	<p>Record of advice work undertaken:</p> <ul style="list-style-type: none"> Number of referrals / cases taken on Numbers and types of welfare rights issues addressed Numbers of advice sessions delivered Nature of the assistance provided Number of cases closed / ongoing Case resolution and outcomes Anonymized personal case studies
Health service information system	<p>Health status or service use for patients referred:</p> <ul style="list-style-type: none"> Number of attendances / admissions / length of stays Use of medications or other indicators of health
Client baseline surveys / interviews	<p>Client experiences at or shortly after intake:</p> <ul style="list-style-type: none"> Impacts of the legal issue on daily life, including emotions, behavior or health Experiences of accessing advice, including benefits of integration with healthcare
Client follow-up surveys / interviews	<p>Client experiences post-advice or at case closure:</p> <ul style="list-style-type: none"> Satisfaction with the assistance received Changes resulting from the advice, including in personal circumstances, capabilities, opportunities and health
Staff surveys / interviews	<p>Experiences of partner organisations engaged:</p> <ul style="list-style-type: none"> Satisfaction with information or training delivered Level of knowledge or engagement with the service Perceived benefits of the partnership Areas for improvement of the service
Record of other partnership activities	<p>Description of engagements:</p> <ul style="list-style-type: none"> Promotional activities Information, training or consultation provided Partner meetings or events attended Relationships developed

Note on measuring impacts

Measuring impacts involves measuring change in an outcome of interest. The challenge is in demonstrating (robustly) that the intended change took place because of the intervention and not because of something else. This is a complex academic problem, and studies designed to rule out any potential bias are large, costly and time-consuming to undertake (experimental or quasi-experimental research). This is unlikely to be proportionate in the context of appraising local service delivery, but is an important area for continuing academic study.

- Simpler (but less robust) approaches to measuring change can be used and may identify patterns that indicate a positive difference has been made. These include:
 - Before-and-after assessment (E.g. measuring something at the beginning and end of engagement with a service)
 - After-only assessment (E.g. asking respondents to state whether something has changed according to their own assessment)
 - Qualitative feedback (E.g. using client stories, interviews or feedback to describe how something changed in response to the intervention)

Collecting both quantitative and qualitative data can help strengthen the argument, as can presenting the information in the light of an underlying logic ('theory of change').

Presenting the findings

A written report is likely to be the main output of an evaluation, and good presentation is important for making the results useful, meaningful and engaging. Describe the service activities with sufficient detail and refer to existing literature to present a strong rationale for the work. Tell a story with the data you have gathered, explaining what the results mean and how they are relevant to the interests of your stakeholders. In addition to presenting numerical data, using patient case studies or feedback can bring the work to life.

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Where can I find more information?

Please visit the UCL website:

www.ucl.ac.uk/health-of-public/health-justice-partnerships

Or contact the UCL research team:

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