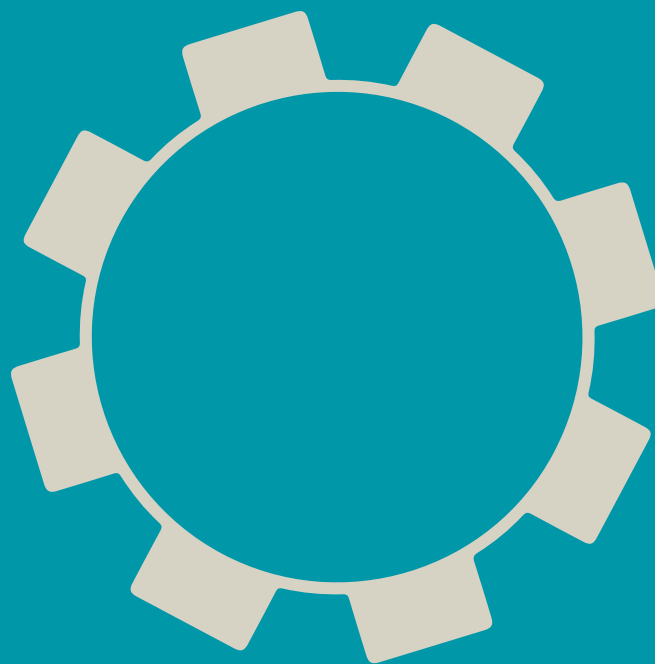
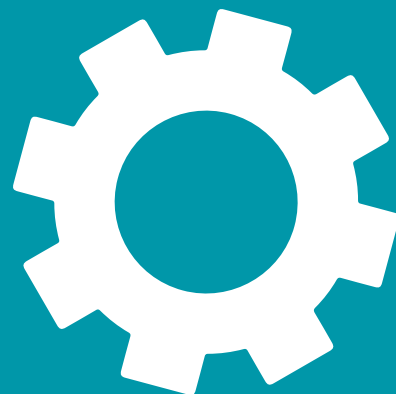




Health Justice Partnership



A guide to support
the implementation
of Health Justice
Partnerships

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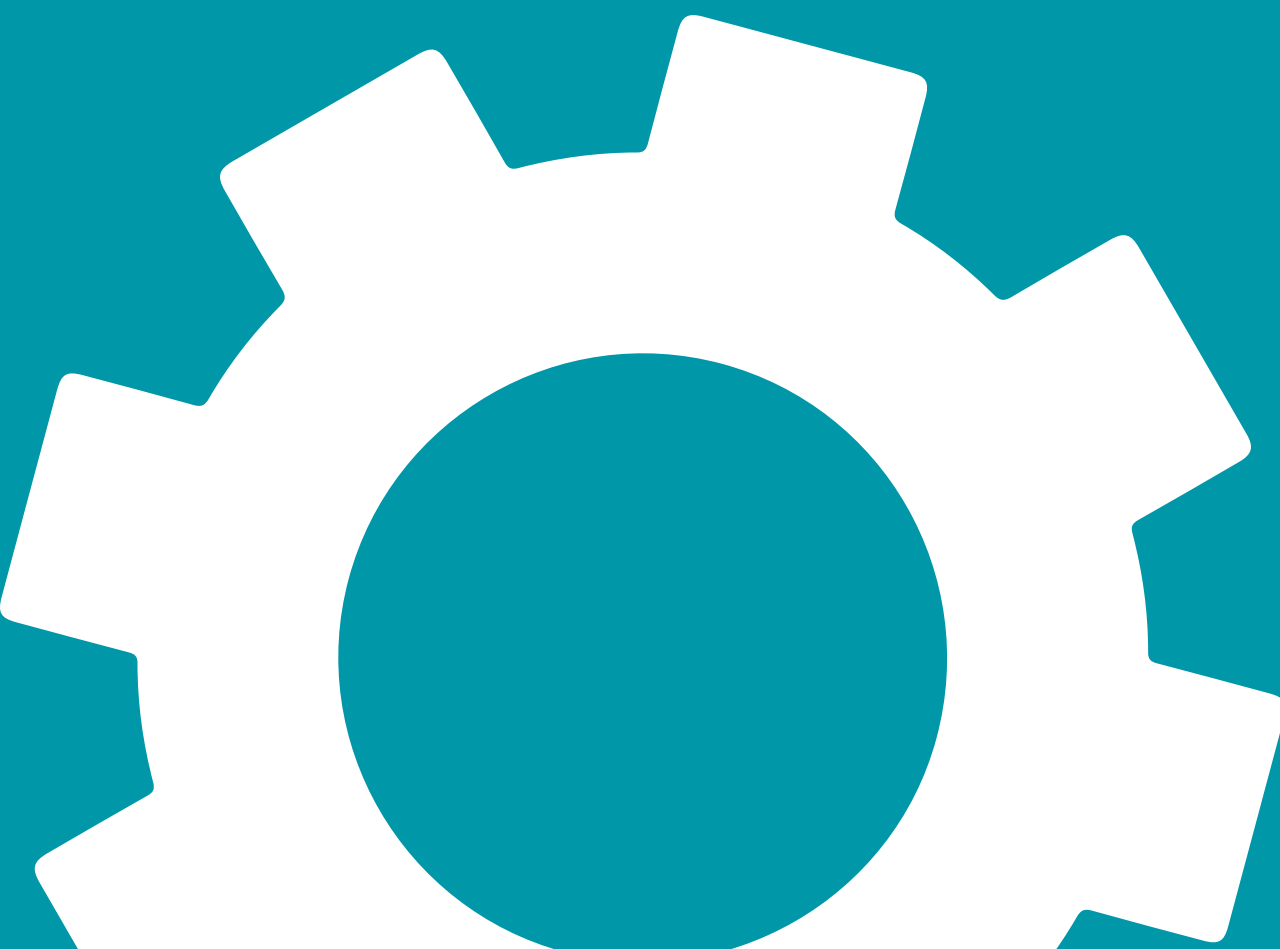
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About Health Justice Partnerships

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.

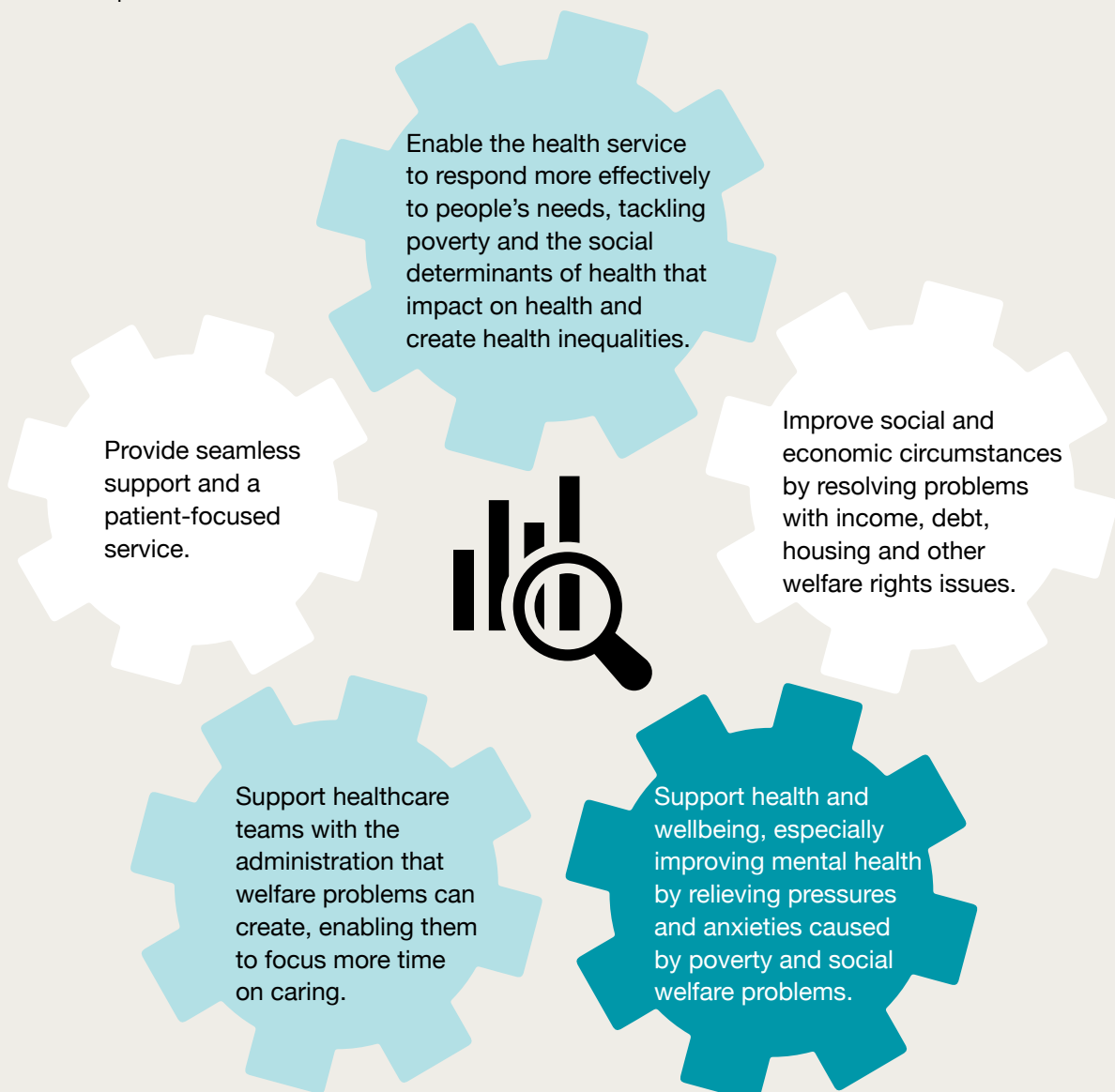
Addressing health inequalities

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.

Establishing Health Justice Partnerships

In the absence of national policy, most Health Justice Partnerships are started by innovative individuals and groups who want to tackle hardship and health inequalities in their communities. They often come about through relationships between local agencies, reaching out and working together to address an identified need. Each partnership will be unique to the local context, and will likely evolve as it develops over time. The points below set out some things to consider when setting up a new partnership.

01 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.



02 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.

03 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.



04 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.

05 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

Learnings to support partnership development

<p>Shared values and vision</p>	<p>The partner organisations should share an understanding of the needs they are jointly addressing and the value that each partner contributes to this work; for example, how advice services can support health and address inequalities. The relationship between organisations should be genuine and respectful, aiming for an inclusive and equal partnership. Be conscious of differences in size and power of the organisations and ensure the partnership works well for all involved.</p>
<p>Designing the service collaboratively</p>	<p>The service should be designed in a way that is responsive to the local context, and it is good practice to devise the service collaboratively with local stakeholders. This includes working with advice providers to determine what can be delivered within the scope of available resources, discussing with healthcare teams about how the advice service can best integrate with existing care, and consulting with lived experience representatives to ensure it responds to the community's needs and wishes.</p>
<p>Clear understanding and expectations</p>	<p>It is important that partners set realistic expectations about the volume and nature of work that can be undertaken within the given resources. Advice work is in-depth and often long-term assistance for people with complex needs, carried out by small scale organisations. Consideration should be given for how to adequately resource advice services to take on healthcare referrals and enable a high quality of service provision.</p>
<p>Advocacy and support for the project</p>	<p>People who advocate for the partnership can play a critical role in getting new projects set up, through their support and goodwill. These people may be service managers, frontline professionals or project funders. They can help to get practical issues sorted out, encourage people to engage, and leverage resources for the work. Support from senior leaders can be especially helpful when introducing new initiatives.</p>
<p>Engagement and relationship building</p>	<p>Developing good working relationships is very important when starting a new partnership, particularly among the advisors and frontline care teams who will work together day-to-day. Positive and trusting relationships will help to generate referrals through the partnership so it can operate successfully. Engagement activities can raise awareness and remind people about the new service, which could be done through joint meetings, regular in-person presence, or specific promotional work.</p>

Flexibility, learning and improvement

Being flexible and adaptable is important in the early stages of setting up a partnership and expectations should not be too rigid. The initial plans may need to be adapted based on what is working for clients and staff. It is useful to have a test period, allowing service delivery to be trialled and modified in response to any initial challenges. Evidence can also be gathered during this time to demonstrate the benefits of the partnership. Maintaining some flexibility over time helps to continue shaping and improving the service.

Good project management

Partnerships can be complex and it helps to have a clear and formalised agreement in place, setting out the roles and responsibilities of each partner, as well as how the work will be managed and paid for. There should be clear points of contact so partners know who to approach for information and support. There should be fair and transparent ways of bidding for contracts and the burdens on applicants should be minimised as much as possible.



Collaborative working in partnerships

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.

Why does collaboration matter?

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.

This table describes how good levels of engagement and teamwork can improve the impacts of partnerships.

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.

Funding and sustainability of Health Justice Partnerships

Funding is a significant challenge for developing and sustaining health justice partnerships. This is related to public funding cuts since 2009/10 that have affected the not-for-profit legal advice sector as a whole. Unstable and insufficient funding can cause high turnover rates for these projects.

Funding arrangements

Funding for health justice partnerships comes largely from the NHS and charities, with some from local authorities and other sources. The purpose of the funding is often linked with specific initiatives such as health inequalities, poverty and cost of living issues, or care for specific health conditions / patient groups.

Partnerships are generally funded short-term, for periods of 1-3 years. This instability can cause problems with staff recruitment and retention. The funds usually cover advisor salaries but less frequently cover other service running costs. Funding shortfalls are common and can impact on staff numbers and the ability of the service to meet patient needs.



Challenges gaining and maintaining funding

- **Limited availability of funds:**

The funding environment for advice services has become increasingly competitive, due to public funding cuts and wider economic issues over recent years. Providers have experienced a significant increase in demand for advice, at the same time as increased service delivery costs. Previous funding streams have become unavailable or are insufficient to sustain services.

- **Limited scope of funds:**

Funding is sometimes allocated in fragmented ways, making it unavailable to be spent where it is needed. For example, social prescribing funds often go into referral and navigation systems rather than the necessary advice delivery. Other funds may be limited to specific geographical areas, or not available for more specialist advice work where it is needed.

- **Limited willingness to fund:**

Gaining commitment from funders can be challenging, especially over long-term periods. This can be due to a limited recognition of the impacts of welfare issues on health, and the important role of advice services. Funders often have narrow funding remits and may not want to take responsibility for projects that are interdisciplinary and inter-organisational.

- **Difficulties making the case for funding:**

Communicating the need and benefits of the partnership is important in making the case for funding. This requires research expertise and administrative staff time that local services often lack. It can also be technically challenging to gather and analyse the necessary data.

- **Onerous funding processes:**

Funding applications can be complex and confusing to navigate, particularly with frequent changes in NHS strategy and structure, and uncertainty around whom to contact. The length and complexity of applications places burden on community advice services, who often have limited managerial resources.

Factors that help leverage funding

- **Communicating need and effectiveness:**

Providing evidence to support funding decisions is crucial. Service evaluations that use data to tell powerful stories and reflect funder's priorities can help to build commitment. This includes communicating the need for the service and the positive outcomes achieved for clients and other stakeholders.

- **Building service quality and reputation:**

Developing a positive reputation locally is important to inspire the trust of investors. Services benefit from becoming well recognized as experienced providers who understood local issues and are known for achieving good results.

- **Support and buy-in from funders:**

Supportive funders who recognise the need and value of the service are key when it comes to funding allocation and renewal. Priorities around tackling poverty and health inequalities are an important area of alignment. Developing positive relationships with funders is helpful in gaining their sponsorship.

- **Practitioner champions:**

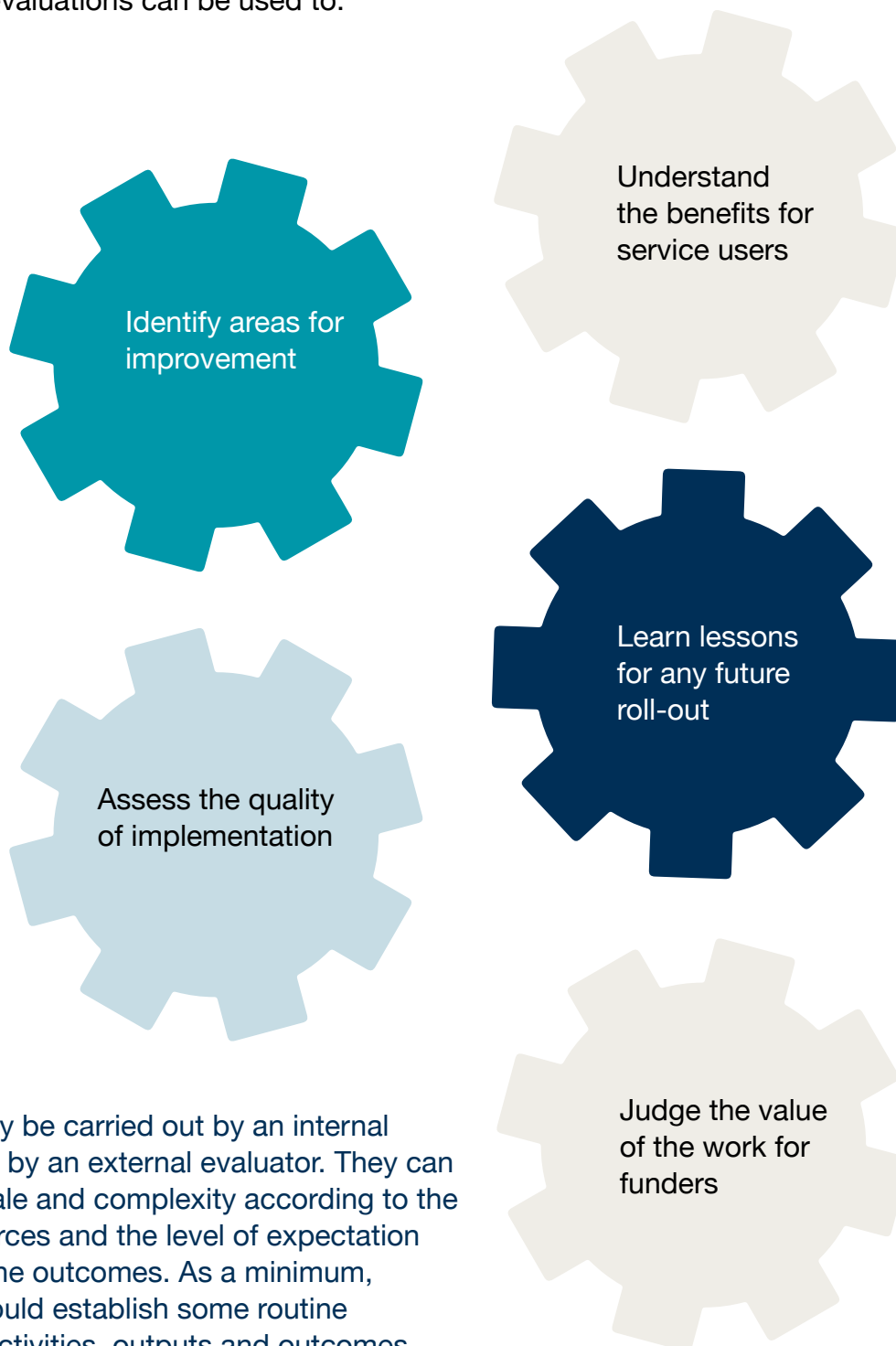
Developing good working relationships between services on the ground is helpful in building support for the partnership. Healthcare professionals who appreciate the value of the partnership for their patients can become strong advocates for continuation of the project.



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.



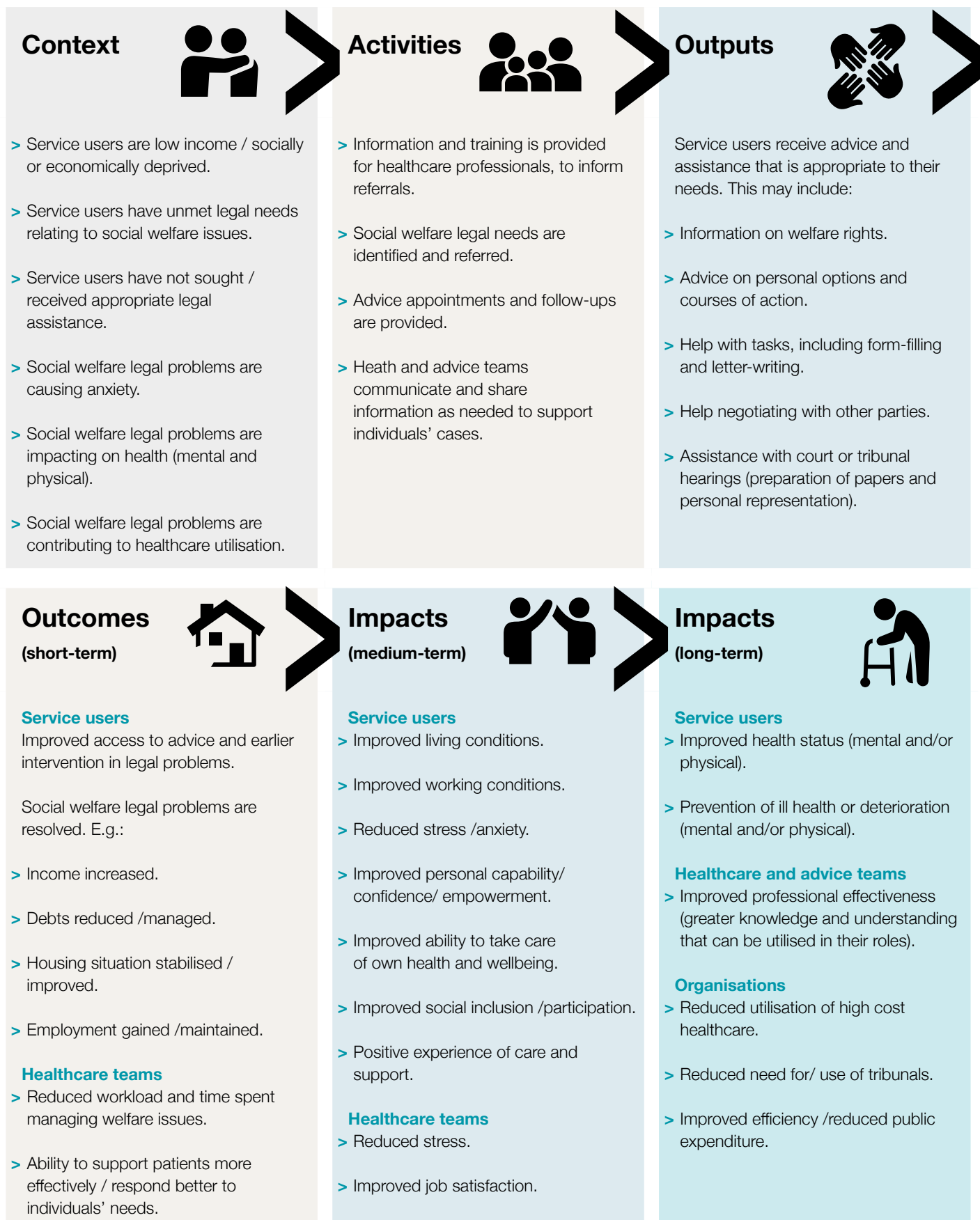
Using an outcomes framework

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.

Case studies

Liverpool Citizens Advice on Prescription

Citizens Advice on Prescription provides free welfare advice at all GP Practices and mental health settings around Liverpool, as well as working with community partners such as charities and pharmacies. While welfare advice has been offered across Liverpool's healthcare settings since the 1990s, Citizens Advice on Prescription was piloted in 2012 in five GP surgeries and is commissioned by the Liverpool Integrated Care Board. The service identified a welfare need particularly in those with mental health concerns and was consequently expanded in 2015 to cover more settings and offer specialist advice. With the introduction of Social Prescribing, the service now also provides further wellbeing support to clients in secondary care settings. Partner organisations can refer clients through a web-based referral platform, and appointments are offered face-to-face, over the telephone, or through WhatsApp to ensure it is accessible for all. A strong partnership between the advice service and healthcare staff has been essential in advocating for the service and has allowed for insightful evaluation through linked data, which is fed back to commissioners regularly.

Sheffield Mental Health Advice Service

One of the oldest Health Justice Partnerships in the country, the Mental Health Advice Service in Sheffield provides free welfare advice to inpatients with severe mental health needs at two mental health hospitals, along with those using primary and secondary community mental health services. Established in 1976 as an independent service, it is now a part of Citizens Advice Sheffield since 2013 and is funded by the Integrated Care Board. Its aim has been to provide support to those with severe mental health needs, who are at higher risk of welfare problems (e.g. 3.5x more likely to have problem debt) while finding it harder to access appropriate assistance. Clients are screened by hospital staff on admission and referred to specialist welfare advisors, who receive mental health training. Once clients have been discharged from the hospital, advisors continue to work with them at other locations if needed. A key facilitator of the longstanding service has been the close collaboration and good working relationship between healthcare and advice service staff



Derbyshire Public Health Advisory Service

The Derbyshire Public Health Advisory Service was established in 1995 and initially piloted in one GP practice before expanding to cover the whole county. The service is available to everyone registered at local GP practices, and aims to support those most affected by health inequalities. The service is funded by the Derbyshire County Council public health team, who commission the local Citizens Advice Bureau to deliver the service. Referrals are made by healthcare professionals or clients can self-refer. Other partner services have the option to refer people who may not be registered at the GP practice. Working closely with healthcare and other local services has maximised support the service can provide to clients, and feedback suggests that clients prefer the primary care setting which is familiar and comfortable for them. Regular impact reports are provided for the commissioners and help to evidence the need and effectiveness of the service.

Southwark Law Centre

The Southwark Law Centre provides an immigration consultancy service to the King's Health Partners Pathway team. The Pathway team identified immigration status as being a root cause of high levels of homelessness locally, and approached the Law Centre to establish a partnership to tackle this problem. The service aims to address the underlying cause of homelessness and thus reduce associated poor health, mortality, and A&E admissions. It allows access to advice for people who are lost in the system and would not otherwise obtain assistance. The Law Centre provides telephone consultancy to address enquiries from the Pathway teams at King's and Guy's & St Thomas' hospitals, and a solicitor attends team meetings to advise on patients' situations and relevant case law. The hospital's homeless team and other healthcare professionals are provided with training and second tier advice by the Law Centre to further support the patients they care for. Some limited casework is also provided through legal aid, although the project funding does not cover this. Since 2022, funding for the project has been settled on a rolling basis.

Wirral Maternity Health Justice Partnership

The first of its kind and funded by the Cheshire and Merseyside Women's Health and Maternity Programme, the Maternity Health Justice Partnership is a collaboration between Maternity Action and the Wirral Women and Children's Hospital to support pregnant women and new families with a range of work-related and welfare rights advice needs. With the new partnership, midwives can signpost anyone using their service who might have concerns regarding their maternity rights at work, or who may need support accessing maternity pay or to understand what benefits they might be entitled to. The service specialises in issues affecting low income and marginalised communities, including migrant and asylum-seeking women. Advisors at Maternity Action offer free telephone advice, available five days a week between 10 am and 1 pm, and email advice accessed via an online contact form. After a successful 12-month pilot beginning in April 2022, the partnership has now been renewed and is in the process of expanding its geographical remit to support more women and families with specialist maternity rights advice.

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Please visit the UCL website:
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