



Developing the Health Justice Evidence Base

PROGRESS THROUGH TRANSDISCIPLINARY RESEARCH AND
METHODOLOGICAL INNOVATION

The Picture Room, The Athenaeum Club, 107 Pall Mall, London, SW1Y 5ER

Thursday 13 February 2020 - 10am-530pm followed by working dinner

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The Athenaeum Club and Club dress rules

Address

107 Pall Mall
St. James's
London
SW1Y 5ER

Travel directions

The nearest tubes are Charing Cross and Piccadilly Circus.
It is a short walking distance from Trafalgar Square, which is served by the bus routes 3, 6, 9, 11, 12, 13, 15, 23, 24, 29, 53, 87, 88, 91, 139, 159, 176, and 453.

Dress rules

Club dress rules require jacket and tie for men and business attire for women. No denim and no trainers/sports shoes.

BACKGROUND

It is increasingly accepted that a strategic approach to improving public health and wellbeing involves addressing the upstream causes of downstream health problems. Gross and widening health inequalities are being compounded by welfare reforms and removal of legal aid, which impact the poorest and most vulnerable in society. Citizens facing poverty, eviction, or unemployment struggle with the challenges of daily life, and lack the headspace for managing their health or making healthy lifestyle choices. Health harming social problems with legal solutions - such as insecure housing, destitution, unstable work, family violence and breakdown - present already pressurised health services with challenges they are ill-equipped to address and that are not amenable to medical treatment. Such non-medical issues account for an increasing proportion of GP consultations.

Health Justice Partnerships [HJP], in which access to free legal advice is provided in health settings like GP practices or hospitals, can help to tackle the determinants of ill health through providing immediate access to high quality legal advice and representation. Such partnerships can be an effective vehicle for alleviating poverty, improving housing conditions and securing stable employment. In response to growing understanding of the link between health and unresolved social welfare legal problems, grass roots partnerships between health professionals and providers of social welfare legal advice have sprung up through local initiatives in the UK, Australia and USA.

Although policymakers are increasingly interested in the potential of HJP, the evidence base to support policy development is weak. HJP is a multifaceted intervention with a wide range of potential impacts. Although current evidence points to individual, community, and system benefits, HJ research is at an early stage of development and evaluation of impact presents significant methodological challenges.

This invitation-only interdisciplinary workshop brings together international experts in evaluation research to assist in articulating and prioritising the HJ research agenda, and developing innovative, transferable evaluation methods that will support rapid translation and policy implementation.

PROGRAMME

- 09.30 **Registration and refreshments**
- 10.00 **Welcome and background to the workshop**
Professor Dame Hazel Genn, Director National Strategy
for Health Justice Partnership
Dr Natalie Byrom, Director of Research at The Legal
Education Foundation
- Broad objectives for the day:
- i. To learn from each other about approaches to Health
Justice Partnership [HJP] (including areas of impact)
and approaches to outcomes measurement, including
metrics, methodology and tools
 - ii. To identify whether there are outcomes and measures
that we want to develop as shared across an
international collaboration in the context of policy,
practice and academic needs and priorities
- 10.10 **Introductions**
Participants have provided in advance of the meeting a brief
biographical note, detailing their relevant expertise and interest in the
workshop.
- 1030-1100 **Where are we now? Health Justice Australia**
Tessa Boyd Caine and Suzie Forell from Health Justice Australia will
present the process they have been working through with HJPs in
Australia to develop an outcomes framework for HJPs. This will
include a presentation of their draft theory of change.
- 1100-1130 **Where are we now? US National Center for Medical-Legal Partnership**
Ellen Lawton and Liz Tobin Tyler will present some background
to their work on Medical Legal Partnership and raise
discussion questions about 'What Counts?' and 'What
Matters?'
- 1130-1145 Refreshment break
- 1145-1245 **Discussion1: Broad objectives and intended beneficiaries of Health Justice
Partnership**
- Common elements in what HJPs aim to achieve and for
whom, within the context of complex systems
- Expected and potential range of beneficiaries
- Who are the beneficiaries of health justice work?
 - Which are the same across jurisdictions?
 - Who are the priority beneficiaries of interest and why?
 - What are the mechanisms of change?

- 1245-1330 **LUNCH**
- 1330 **Discussion 2: Health Justice Partnership Outcomes**
Three discussion groups dealing with different beneficiaries
- What short/medium/long term outcomes do we expect for each beneficiary group?
- 1400 **Discussion 3: Within the context of complex systems, how should we prioritise outcomes for shared measurement? Which outcomes are the most Important to whom [which stakeholders]?**
- Influential?
 - Measurable?
 - Controllable?
 - Comparable/meaningful across jurisdictions/services?
 - What are the 'Must Haves'?
- 1500-1515 **Refreshment break**
- 1515 **Discussion 4: Developing measures for key outcomes**
- Tools already being used
 - Strengths and weaknesses
 - Tools to be developed
 - Practical limitations
 - Data needs
 - Working with practitioners
- 1700 **Reflections and next steps**
- 1730-1830 **Break and pre-dinner drinks**
- 1830-2030 **Working dinner – North Library, The Athenaeum**

WORKSHOP PARTICIPANTS

CO-CHAIR

Professor Dame Hazel Genn DBE, QC (Hon)

Director National Strategy for Health Justice Partnership, UCL Faculty of Laws



Dame Hazel Genn is Professor of Socio-Legal Studies in the Faculty of Laws at UCL. She was Dean of the Faculty 2008-2017 and is currently Director of the UCL Centre for Access to Justice, which she founded in 2013. She is a leading empirical legal researcher and expert on access to civil and administrative justice - author of *Paths to Justice: What People Do and Think About Going to Law* (1999), a seminal study of public access to justice which has since been replicated in 27 jurisdictions around the world. Her work has had a global influence on policymakers in relation to the provision of legal aid and the social and health effects of unmet legal need. Between 2016-2018 she developed the activities of the UCL Centre for Access to Justice to include an innovative partnership with a GP practice in East London delivering free social welfare legal advice to low income and vulnerable patients within the practice. Supported by The Legal Education Foundation, she is currently researching the outcomes of this partnership and working with a wide range of UK and international policymakers, commissioners, service providers, researchers and research funders to develop a National Strategy for Health Justice Partnership and build a robust evidence base. As part of this work she has recently written about the developing health justice field '[When Law is Good for Your Health: Mitigating the Social Determinants of Health through Access to Justice](#)' and published with Sarah Beardon a [mapping study of Health Justice Partnership in England & Wales 2018](#).

She has been appointed to numerous public service roles concerned with the justice system, including the Judicial Appointments Commission (2006-2011) appointing judiciary at all levels including to the Court of Appeal and UK Supreme Court. She was a member of the Committee on Standards in Public Life 2003-7. She served for eight years as Deputy Chair and then Chair of the Economic and Social Research Council's Research Grants Board. She has been a Fellow of the British Academy since 2000 and was Vice President and Chair of its Communications and Publications Committee 2008-11. In 2005, she was awarded the US Law and Society International Prize for distinguished scholarship and she holds Honorary Doctorates from the Universities of Edinburgh, Aberdeen, Hull, Leicester, Keele, Kingston and York. In recognition of her contribution to the justice system, she was awarded a CBE in the Queen's Birthday Honours List in 2000 and appointed DBE in the Queen's Birthday Honours List in 2006.

Workshop objectives

My research career has focused on the impact of everyday legal problems, particularly on the lives of disadvantaged and vulnerable groups who disproportionately experience interconnecting health and socio-legal issues and are least able to access effective support to resolve those issues. Setting up a Health Justice Partnership with a GP practice in East London providing free legal support to practice patients was a translational response to research insights. The experience of setting up a HJP and trying to evaluate it has demonstrated the value and challenges of integrating legal and health services, the need to clarify the objectives and expected outcomes of integrated services, and the considerable importance of common evaluation frameworks for building a robust evidence base that could inform and support strategic policy direction and practice development. The experience has also highlighted the chilling effect of current ethical frameworks for research involving health services which work largely to a clinical trials template. This is a separate policy issue that needs to be addressed.

This workshop brings together experienced researchers, practitioners and policy influencers from a range of jurisdictions with a common interest. It allows time to focus on key questions and methods that need to be clarified, to pool our different experience and skills, and through this process to gain some more clarity about beneficiaries, objectives, processes, outcomes, methods and priorities for research. I also hope that the day will further cement existing relationships and perhaps create some new research collaborations/connections.

CO-CHAIR

Dr Natalie Byrom

Director of Research at The Legal Education Foundation



The Legal Education Foundation is proud to support Professor Dame Hazel Genn in developing a National Strategy for Health Justice Partnership. The Foundation has a keen interest in the role that Health Justice Partnerships can play in addressing legal need in the community, reaching people where they are, improving outcomes for people, improving understanding of the law and legal need amongst health professionals and reducing pressure on the health service. Prior to joining the Foundation, I completed a PhD in access to justice- as part of this research I studied the impact of co-located legal advice on outcomes for individuals who were being supported through the Troubled Families Programme.

Regarding the evaluation of Health Justice Partnerships, the questions I most ask myself relate to how we might better understand and evidence the causal mechanisms by which the legal advice and representation improves health outcomes. Building robust evidence in relation to causal mechanisms matters greatly, because this research will help to inform both the design of Health Justice Partnerships and the decisions of funders and commissioners of services. For example, if we prove the hypothesis that legal advice and representation improves health outcomes because the provision of advice and representation enables individuals to secure additional economic and welfare resources that act on the social determinants of health, then funders and commissioners should look to fund those models of Health Justice Partnership that are most effective at securing additional resource for clients. If it is proved that legal advice and representation improves health outcomes because the legal adviser helps the individual experiencing legal need to understand their problem and feel empowered, regardless of outcome, then that may suggest funding a different kind of service model. In practice, it is likely that a combination of factors results in tangible health benefits for those who access legal advice and representation in health settings. The challenge of identifying and testing the different causal models is both a fascinating research project and an urgent policy challenge.

I am most interested in identifying and testing the causal mechanism linking the provision of legal advice and representation to improved health outcomes. I am also interested to understand whether and how Health Justice Partnerships could be used as a tool for building the evidence base in relation to the impact of particular laws and legal problems on public health. In the US evidence of the health impact of experiencing intimate partner violence has proved powerful in advocating for law reform. I am interested in understanding how a network of Health Justice Partnerships could be used to gather this evidence.

I am looking forward to a day of intense discussion and hearing how experts in other jurisdictions are approaching the conceptual and methodological challenges associated with evaluating Health Justice Partnerships. I am also keen to learn about methodological innovations in health services research more broadly, and how these might be applied to the evaluation of health justice partnerships, and legal

interventions more broadly. As part of the Legal Education Foundation's Strategy for 2020-25 I am leading work to develop a UK Access to Justice Lab. The Lab aims to improve the availability of robust quantitative evidence in the field of access to justice research and shift the culture in the way access to justice interventions are studied and understood. As part of this work, I am hoping to commission work adapting methodological approaches used in public health and health services research to the access to justice context. I hope that the workshop will enable the Foundation to strengthen our links with the health services research community.

Dr Matthew Appleby

Clinical Research Fellow, NIHR UCLH Clinical Research Facility



Clinical researcher working in early phase clinical trials, I am also a lecturer in translational neurology and teach medical students on the UCL MBBS course in Health Justice Partnerships in Primary Care with Professor Genn. I participated in the set-up and wrote the research proposal for the Newham Health Justice Initiative. I am aware of the breadth of initiatives and attempts to capture service users reported benefits into robust primary and secondary outcome measures.

I am able to contribute from my clinical and research experience working in over 30 clinical trials and applying experimental research methods to Health Justice interventional analysis. Additionally, I have the experience of a day-to-day doctor who frequently refers to legal and welfare advice services to help support patients with chronic neurological and neuromuscular conditions with unmet legal needs.

Sarah Beardon

PhD student, UCL Department of Applied Health Research & UCL Faculty of Laws



Sarah's research examines the implementation of health-justice partnerships, focussing on how healthcare and legal services are integrated in practice. The research compares different service models across England and explores systems which have arisen in different contexts, with the aim of informing successful delivery of health-justice partnerships. Previously Sarah worked with the UCL Centre for Access to Justice on an evaluation study exploring health outcomes of legal advice. She holds a Master's degree in public health and has worked in other roles in the charity and academic sectors.

I have been reviewing the international literature on delivery and impacts of HJPs, to summarise current knowledge and identify evidence gaps. I am currently conducting case studies across England to explore different approaches to delivering HJPs. I am interested in the design of integrated systems and how collaboration between health and legal professionals takes place. I am aiming to identify factors which affect successful implementation of HJPs in different contexts, to inform effectiveness and scalability.

Given the diversity of HJP service models, I am interested in testing how various approaches differ in their effectiveness – what outcomes do they generate, for whom and under what circumstances? In my own study I am examining sustainability as a key service outcome, as well as active collaboration between health and legal services.

Dr Tessa Boyd-Caine
CEO, Health Justice Australia



Tessa is the founding CEO of Health Justice Australia, established in 2016 as the national centre for health justice partnerships. She has worked in health, criminal justice and human rights organisations in Australia and internationally. She was previously Deputy CEO of the Australian Council of Social Service. Her report of her Fulbright Professional Scholarship in Nonprofit Leadership was published as [Lead or be left behind: Sustaining trust and confidence in Australia's charities](#). Her PhD from the London School of Economics was published as a book, [Protecting the Public? Detention and Release of Mentally Disordered Offenders](#) by Routledge in 2010. She is on the Board of Gondwana Choirs, the leader in Australian choral performance; and plays Ultimate Frisbee.

At Health Justice Australia we have been regularly gathering and reporting data on the profile of the health justice landscape in Australia. We have been developing an outcomes and evaluation framework for health justice partnerships, in order to:

- identify what services aim to achieve by coming together in partnership
- identify what others see as the value of health justice partnership
- add clarity to the range of beneficiaries and outcomes for each
- develop shared language, goals, outcomes, measures and metrics,
- improve the consistency and quality of evaluation across the network
- to support services to learn from their practice

We have also been Linking legal assistance into major public health studies focused on integrated service responses to complex needs (e.g. ACEs and their impact on children's mental health and the care of People with Complex Multi-morbidities).

We are interested in:

- the impact of legal help on health outcomes and
- on the added value of collaboration between health and legal and other services,
- whether patient/client wellbeing (across domains of financial, health, family, safety, housing) could work as a metric for cross sector collaboration

We are keen to share what we have been thinking, doing and learning in our development of an outcomes framework for health justice partnership, including the challenges and limitations. It remains a work in progress.

Rosalind Bragg
Director, Maternity Action



Ros Bragg is Director of the UK charity Maternity Action. We deliver online information, telephone advice and casework to pregnant women and new parents. We advise in the areas of employment and benefits, and housing, income and access to healthcare for migrant women. Our 50+ online information sheets are viewed 1.3 million times per year and we provide telephone advice and casework to 2,500 women and their partners each year.

We are currently undertaking a development project on Health Justice Partnerships (HJP) funding from the Legal Education Foundation. We are laying the groundwork for a HJP with a maternity service on maternity rights at work and maternity benefits. We are members of the English health agencies' strategic partners programme (VCSE Health and Wellbeing Alliance) and have been engaging with Department of Health and Social Care, NHS England and Improvement and Public Health England on ways to incorporate Health Justice Partnerships in their policy frameworks. We have spoken to the Royal College of Midwives and others about how to make a HJP work effectively, and undertaken internal discussions with our advice staff about options for design of a HJP.

Karen Carrick
Evaluation Manager, Improvement Service Scotland

Karen Carrick is employed by the Improvement Service (IS) as the Evaluation Manager and assists local authorities and their community planning partners to evaluate the activities they support or deliver. One of her areas of responsibility is overseeing the IS's work on the establishment of [welfare advice and health partnerships](#) (WHAPs) in primary, secondary and other health and social care settings. The IS works in collaboration with NHS Scotland and the Scottish Public Health Network to support and implement such partnerships. Recognising the impact of WHAPs, in 2018-19 the Scottish Government gave eight local authorities in Scotland funding to increase the number supporting the delivery of the embedded model of offering access to advice services in medical practices. The IS is working with the local authorities to enable the model to be adopted and has reported on the impact of the funding. The ambition is to extend this method of service provision to c80% of local authorities by 2022. More information of all the projects on which Karen is currently working can be found at [Improvement Service - Evaluation](#).

A graduate in law, Karen is an assessor for Social Value UK and has published a variety of papers. For over twenty years she has been employed in the voluntary sector in a variety of roles. Organisations for which she has worked include Save the Children, Greenspace Scotland and the Scottish Council for Voluntary Organisations. Areas of work have encompassed child rights, community planning, and, more recently, evaluation and performance management. Following the production of a [Social Return on Investment analysis of the benefits of co-locating advice staff in medical centres](#), she is exploring the role social value can play in transforming public services to better meet user needs.

As a consultant she has conducted research and produced reports for several local authorities and public bodies on a variety of topics.

Cris Coxon

Head of Civil and Administrative Justice Research, Ministry of Justice



I have been working as a government Social Researcher and Statistician for almost twenty years, spending time in various roles at ONS, the Home Office and MoJ. I have worked directly on Access Justice topics for the last ten years and currently manage the social research for several civil and administrative justice policy areas within MoJ. I am also managing the evaluation of the Legal Support Programme which includes six pilots to test different ways of helping people early in the problem resolution journey.

Suzie Forell

Research Director, Health Justice Australia



Suzie Forell (BA Hons, M Crim Hons) is Research Director for Health Justice Australia (HJA), the national centre of excellence for health justice partnership (HJP). HJPs embed legal help in health care teams to improve health and justice outcomes for vulnerable communities. Suzie leads HJA’s work to frame and gather evidence on the value of integrating legal/social care into health care settings to improve: client health and wellbeing; practitioner capacity; and service efficiency. With long experience in justice research, and particular expertise in legal need and service delivery to improve access to justice, Suzie is also an Honorary Professor in the University College London Faculty of Laws.

Suzie was previously Principal Researcher at the Law and Justice Foundation, building key evidence around the vulnerability of those experiencing disadvantage to multiple and compounding legal problems, for which they do not necessarily seek help. Suzie then led the Foundation’s ‘what works’ research program to evaluate responding legal assistance strategies including outreach, family law duty services, collaborative partnerships and community legal education. Suzie is an author of *Reshaping legal assistance services: building on the evidence base*. Prior to this Suzie worked with NSW Police to explore harm minimisation strategies in the context of drug law enforcement.

Matthew Jay

Legal Epidemiology Group, UCL Great Ormond Street Institute of Child Health



With a background in law and epidemiology, I am particularly interested in the use of epidemiological methods to understand the actual operation of law and its proximal and distal outcomes for the individuals whom it affects. This includes law’s manifestations throughout society—not just the courts and tribunals—and the ways in which law impacts on health and well-being. While working as the Data Manager in the Pain Control Service at Great Ormond Street Hospital, I was the Specialist Adviser for EEA & Swiss Migrants in the Citizens Advice Bureau at the same hospital before starting my Master’s in Social Epidemiology at UCL. I now primarily work with whole-population administrative data to study educational outcomes in children subject to public family law within a legal epidemiological framework.

Social and legal epidemiology (Jay, 2019) aims to explicate the complex relationships between upstream societal factors and health, to understand for example, the social gradient in health. A principal reason for providing Citizens Advice services at Great Ormond Street was the recognition that social welfare is crucial for health and that clinicians can better focus on the health needs of their patients knowing that the latter are receiving advice for their social problems.

Dominic Jones
Senior Advisor (Prevention), Healthy London Partnership



Dominic Jones is a senior advisor to the prevention program at Healthy London Partnership in London. Healthy London Partnership's mission is to make London the world's healthiest global city. They work to support transformation across health and social care, and in partnership with the Greater London Authority, Public Health England, NHS England, London's councils, clinical commissioning groups, and Health Education England. Dominic is working on supporting the health system to work in partnership with London's full range of voluntary sector organisations, charities, social enterprises, philanthropic funders and social investors. He is currently focused on building a platform to enable local areas to develop the knowledge, systems and financing needed to truly integrate and scale social prescribing activities that can help address the wider social determinants of health. The initial focus of this work has been on people unable to work due to health conditions, and has explored how to effectively stratify and target citizens, different referral routes and assessment tools, and various types of support activities (starting with arts and exercise based therapies and employment advice, but in the future social welfare legal advice services), and in turn how can we use that understanding of value creation to enable both better targeting of interventions and improvement of support activities, as well as to underpin sustainable revenue and growth models.

We have been asking ourselves what measures, systems and processes need to be in place in local systems to understand the value that is created by social prescribing activities (including HJPs or allied services), and in turn how can we use that understanding of value creation to enable both better targeting of interventions and improvement of support activities, as well as to underpin sustainable revenue and growth models. We would like to better understand the potential of existing HJP models, emerging thinking on best practice in outcome measurement, and research approaches when working in complex systems.

Ellen Lawton



Co-Director, National Center for Medical Legal Partnership

Ellen Lawton, JD is a Principal Investigator and Lead Research Scientist at the George Washington University where she co-leads the University's National Center for Medical-Legal Partnership in the Department of Health Policy and Management.

An expert in poverty law generally, Ms. Lawton is a lead editor of the 2011 textbook, [Poverty, Health & Law: Readings from Medical-Legal Partnership](#). Ms. Lawton is internationally recognised for her leadership in developing the medical-legal partnership approach and has published an array of articles describing this work in both clinical and legal journals.

Ms. Lawton received the 2011 Innovations in Legal Services Award from the National Legal Aid and Defender Association, is chair of the board of directors at Health Imperatives and is a member of the board of directors of Community Resources for Justice. She also serves on the national advisory committee for the Primary Care Leadership Program.

We are seeking to link MLP evaluation with broader SDOH evaluation activities; to unite/inform the field on evaluation themes and perspectives across a varied terrain of small-scale projects focused on a range of populations, settings, geographies and interventions. We are interested in the role of MLP in health care workforce efficacy and job satisfaction.

Dr Suzanne Moffatt

Reader in Social Gerontology, Newcastle University



Suzanne Moffatt PhD is Reader in Social Gerontology at Newcastle University's Population & Health Sciences Institute. Suzanne has 30 years post-doctoral experience researching the health and well-being of people in mid and later life, the impact of inequalities over the lifecourse, and the impact of changes to the welfare system on poverty, income, health and wellbeing. Suzanne has undertaken work funded by the Medical Research Council, Department of Health, National Institute of Health Research, Age UK, Macmillan Cancer Support, the Cabinet Office and the Chief Scientist Office Scotland and has expertise in qualitative, quantitative and mixed methods research. Suzanne has co-authored eleven peer reviewed publications on the impact of welfare rights advice on health and wellbeing. Prior to the 2012 Welfare Reform Act, this research

focused on income maximisation, but more recently, Suzanne's research has concerned the impact of social security benefit reductions (specifically the 'bedroom tax') and the substantial changes to the social security system arising from the implementation of Universal Credit.

<https://www.ncl.ac.uk/medical-sciences/people/profile/suzannemoffatt.html>

Ash Patel
Programme Head for Justice, Nuffield Foundation



Ash is Programme Head for Justice at the Nuffield Foundation. He has over 15 years of experience conducting empirical social research and specialises in complex and mixed methods research and evaluation focussing on low income and disadvantaged groups. In his current role, he is responsible for developing the Foundation's justice portfolio to strengthen access to justice and advice sector related research and support the operational effectiveness of the justice system. For more than a decade Ash was part of the highly influential Legal Services Research Centre (LSRC) and more latterly at the Ministry of Justice. Through his work there, Ash has explored the needs, knowledge and acceptability among those that encounter or rely on the justice system as well as the nature and effectiveness of

interactions between the public and advice services. Prior to joining the Nuffield Foundation, Ash was Head of Research (Inclusion) at the Learning and Work Institute (L&W) where his work focussed on the interaction between work and health, integrated service delivery and labour market disadvantage. This has included designing and delivering evaluations of integrated work and health interventions, co-located services and Individual Placement and Support (IPS) service models.

Professor Neil Pearce
Professor of Epidemiology and Biostatistics, London School of Hygiene and Tropical Medicine

I joined the LSHTM at the beginning of 2011, after working in New Zealand for the previous 30 years. During my time in New Zealand, I worked extensively with various Maori and Pacific health researchers, particularly with regards to issues of access to health care for chronic disease. With regards to Maori, problems of access particularly involve issues of cultural safety and failings of the health services. I was on various Committees of the New Zealand Health Research Council including the Public Health (Chair), Maori Health and Pacific Health Committees. I was President of the International Epidemiological Association during 2008-2011.

My current research interests focus on epidemiological and biostatistical methods, and their application to studies of non-communicable diseases (NCDs), including occupational and environmental health, asthma, kidney disease and neurological disease. I have a particular interest in global epidemiological studies, including my continuing involvement in the International Study of Asthma and Allergies in Childhood (ISAAC), which has evolved into the Global Asthma Network (GAN), and the recently developed DEGREE study which is taking a similar approach to Chronic Kidney Disease of unknown cause (CKDu) in Low-and-Middle-Income Countries. Furthermore, since moving to the LSHTM, I have developed and was founding Director of the LSHTM Centre for Global NCDs.

Professor Rosalind Raine
Professor of Health Care Evaluation, UCL Department of Applied Health Research



Rosalind is Professor and Head of the Department of Applied Health Research at UCL, a public health medicine doctor, Director of NIHR* ARC North Thames (Europe's largest partnership of world leading applied health and care researchers) and Vice Director of NIHR Cancer Policy Research Unit.

She is recognised as a world leading applied researcher with expertise in the evaluation of major health service/ public health change, of digital health innovations and of determinants of widespread implementation of evidence-based care. She integrates diverse techniques including complex data analysis and ethnography to examine the impact of health/public health interventions on

health outcomes, health inequalities, health care quality and costs.

Rosalind is an elected member of NIHR Strategy Board and of the Lancet Commission on *The Future of the NHS*. She advises on health policy internationally, nationally and regionally; chaired the UK Heads of Academic Departments of Public Health (representing Departments at over 30 universities) and sat on the HEFCE Research Excellence Framework Panel (whose recommendations inform the distribution of Government funding to UK universities).

She was selected by the British Medical Association as one of 29 national role models in academic medicine and by NIHR as one (of just six) of the countries 'leading edge scientists'. She has also been selected as an NIHR Senior Investigator.

Rosalind led the first prospective, controlled, quasi-experimental evaluation of co-located welfare support services. Her interest is in designing, disseminating and supporting the implementation of HJPs internationally, of learning from and spreading best practice and, crucially of having an impact on patients, the public, policy and inequalities.

Ned Sharpe
Policy Advisor, Ministry of Justice



I am a Policy Advisor at the Ministry of Justice, working on Legal Aid and Legal Support Strategy. I have a high-level interest in all of the pilots on the Legal Support Policy Programme, and especially in their evaluation as this will be key in determining the future direction of our strategy. One of the pilots is a co-located hubs pilot, in which we are exploring co-locating a variety of different support services together in a holistic hub that can better address the different problems that people experience. The first of these hubs sites is likely to be based in a health setting, so we are currently exploring health justice partnerships and their evaluation.

Jessie Stanbrook
Senior Policy Advisor, Ministry of Justice



I am a Senior Policy Advisor at the Ministry of Justice, mostly focusing on two pilots in the Legal Support Policy Programme. One of these is the co-located hubs pilot, in which we are exploring co-locating a variety of different support services together in a holistic hub that can better address the different problems that people experience. The first of these hubs sites is likely to be based in a health setting, so we are currently exploring health justice partnerships and their evaluation. I am particularly interested in evaluating the impact of health justice partnerships, as well as understanding challenges and potential solutions around data sharing, so that when designing the pilot's evaluation we can ensure that we will be able to make a valuable contribution to the evidence base to inform future policy in legal support.

Jen Taylor-Watt
Portfolio Manager, Guy's and St Thomas' Charity

Jen Taylor-Watt is a Portfolio Manager at Guy's and St Thomas' Charity, which is a place-based Foundation, working to tackle complex health issues that are prevalent locally in Lambeth and Southwark, but also relevant to other urban areas across the UK and internationally. Prior to joining the Charity, Jen worked within the NHS for 10 years, in a range of different roles, including commissioning and programme management. Most recently she worked for East London NHS Foundation Trust (ELFT) as an Improvement Advisor, where she supported staff and service users to address complex issues undermining quality of care, such as reducing waiting times and reducing violence on inpatient wards. Jen also supported ELFT's first cohort of test projects focused on improving population health and quality of life, through considering the wider determinants of health and working with broader partners in the community.

Guy's and St Thomas' Charity's Multiple Long Term Condition Programme

Our organisation is running a ten-year programme exploring how people in urban areas develop multiple long-term health conditions and what can be done to slow down progression. There's currently little evidence on who is at the greatest risk of progression to multiple long-term conditions or what is most effective to slow this down. Our programme focuses on answering these questions, testing approaches in our boroughs of Lambeth and Southwark and sharing what works with others. We partner with other organisations to fund and support the delivery of projects, conduct research and amplify our results.

We have identified two strands of preventative work that will shape our projects and interventions: improving healthcare and addressing social risk factors (including housing, employment, financial and legal circumstances). We will aim to understand how improvements to NHS services and people's social context can help slow progression from one to many long-term conditions. More information on our MLTC programme is here: <https://www.gsttcharity.org.uk/what-we-do/our-programmes/multiple-long-term-conditions>

Liz Tobin-Tyler

Assistant Professor of Health Services, Policy and Practice, Brown University School of Public Health



Elizabeth Tobin-Tyler, JD, MA, is Assistant Professor of Family Medicine and Medical Science at the Alpert Medical School and of Health Services, Policy and Practice at the Brown University School of Public Health. She teaches, writes, and consults in the areas of health policy, health justice, public health law and biomedical and public health ethics. Her research focuses on the role of law and policy as structural determinants of health and health disparities, community-based and health system interventions that address health inequity and interprofessional medical-legal education.

She has published widely in legal, medical and public health journals. She is senior editor of *Poverty, Health and Law: Readings for Medical-Legal Partnership* (2011) and co-author of *Essentials of Health Justice* (2019). Ms. Tobin-Tyler is a national expert in the development of medical-legal partnerships. In 2013, she was awarded the Distinguished Advocate award by the National Center for Medical-Legal Partnership for her work in promoting the medical-legal partnership model and for developing interprofessional medical-legal education. In 2014, Ms. Tobin-Tyler was selected as a Robert Wood Johnson Foundation Future of Public Health Law Education Faculty Fellow, for which she developed an innovative interdisciplinary curriculum for teaching prevention. She has served on numerous national, state and local advisory boards and councils related to health justice, including the National Center for Medical-Legal Partnership Board of Directors, the National Advisory Council for the Learning Collaborative on Health Equity and Young Children, the Advisory Board of the Center for Prisoner Health and Human Rights and the as the Chair of the Rhode Island Alliance for Healthy Homes.

As US health care is embracing value-based care and integration of social and health care services, I have been exploring how we develop meaningful metrics for evaluating success. In particular, I am interested in how we demonstrate the value added of legal services and advocacy. Measures typically used for evaluating integration of social services (e.g. reduced emergency department visits and readmissions to the hospital) do not adequately demonstrate impact on patients' health and well-being or practice and system transformation. How do we measure actual benefits of integrated care to individuals, communities and populations? How do we move beyond process measures (e.g. how many referrals were made) to meaningful outcome measures (e.g. reduced homelessness, reduced racial disparities in childhood asthma)?

As an educator, I am interested in how we measure changes in practice among the next generation of practitioners who have been trained in integrated care models, particularly HJP. I am also interested in ways to develop measures that demonstrate how HJPs stimulate systemic change (e.g. improving systems – government, social service and health -- that benefit populations, not just individuals).

Professor Jose Valderas

Professor of Health Services and Policy Research, University of Exeter



Jose Valderas is an Academic General Practitioner, with a commitment to research on patient centred care. He leads the [Health Services & Policy Research Group](#) at the University of Exeter Medical School and the patient-centred care theme of the [Exeter Collaboration for Academic Primary Care \(APEX\)](#).

His current research interests focus on the use of patient reports on their own health for decision making in clinical practice and health policy, and the improvement of processes of care (quality and safety), with a particular interest in patients with multiple conditions. He has been awarded a Clinician Scientist Award by the National Institute of Health Research (NIHR), UK, for a research

programme on the use of patient reported outcome measures (PROMs) in improving primary care for people with multi-morbidity. He has participated in over 30 research projects and have authored over 100 publications and services as an Associate Editor for the European Journal of General Practice.

Since completing training as a General Practitioner, he has maintained active clinical practice in different countries and in a variety of environments, including developing countries. He is also devoted to postgraduate teaching, particularly in areas where research meets clinical practice (Clinical Epidemiology and Evidence Based Practice).

His main areas of research expertise are in patient centred care, with a particular focus on the use of measures of Patient Reported Outcomes and Experiences (development, adaptation, application, interpretation and clinical applications of PROMs, qualitative methods for content generation, psychometrics and quantitative analyses (classical test theory and Item Response Theory Models), and appraisal of instruments), multi- and co-morbidity, and quality and safety in Primary Care.

Paige Welham

Social Research Officer, Ministry of Justice



I am a social researcher at the Ministry of Justice, working on the evaluation of the Legal Support Programme. One of the pilots within the programme is exploring co-locating a variety of different support services together in a holistic hub that can better address the different problems people experience. This hub is likely to include a health-justice partnership.

I am interested in the outcomes and evaluation methodologies that other studies in this space have used, the difficulties they have faced and how they have overcome them.

Sharon Witherspoon MBE FAcSS
Head of Policy, Academy of Social Sciences



Sharon Witherspoon is Head of Policy at the Academy of Social Sciences, where she is also a Fellow. She was at the Nuffield Foundation, a grant-giving endowed charitable trust, for 19 years, first heading its programmes of social research and social policy, and then for three years as Director. Before that, she was a practicing social researcher at NatCen and the Policy Studies Institute, designing and analysing large-scale social surveys on various topics. She was awarded an MBE for services to social science in 2008, received the British Academy President’s Medal in 2011, and was awarded an honorary doctorate by University College London in 2015 for services to social sciences and law. She has carried out many empirical studies in law and led the Nuffield Foundation’s programme of research in law during her time there. She currently also sits on the Senior Salaries Review Body, where she leads its work on judicial pay in the UK. She is a Trustee of Full Fact, the UK’s leading fact-checking charity.

Dr Charlotte Woodhead
Research Fellow, King’s College London Department of Psychological Medicine

Previously conducted a mixed methods quasi-experimental study with embedded process evaluation of GP co-located HJPs in London. The qualitative aspect of the process examination included assessment of underpinning mechanisms through which HJP influenced change, and how context and human agency affected whether and how those mechanisms operated (using a Realist Evaluation approach).

Given the complexity of the ‘intervention’, and contexts into which they are embedded, I have been thinking about ways in which HJPs could incorporate theory-based approaches and be considered as “events within systems” (Hawe, 2009; Moore et al., 2019). This would help identify underpinning mechanisms, systemic influences of HJPs, and improved understanding of how HJP’s “change the status quo” within different contexts.

READING PACK CONTENTS

The following publications are provided as PDF documents in the online OneDrive folder that is available to workshop participants.

Folder 1: UK publications

- Beardon, S & Genn, H. 2018. The Health Justice Landscape in England and Wales: Social welfare legal services in healthcare settings. *UCL Centre for Access to Justice*.
- Beardon, S; Woodhead, C; Cooper, S; Genn, H & Raine, R. (Unpublished). Health-Justice Partnerships: A systematic scoping review of international evidence. Part 1: Impacts.
- Beardon, S; Woodhead, C; Cooper, S; Genn, H & Raine, R. (Unpublished). Health-Justice Partnerships: A systematic scoping review of international evidence. Part 2: Implementation.
- Byrom, N. 2020. (Unpublished). Appendix A: Draft hypothesis for the causal mechanisms between the provision of legal advice in health settings and improved health outcomes.
- Genn, H. 2019. When Law is Good for Your Health: Mitigating the Social Determinants of Health through Access to Justice. *Current Legal Problems*.
- Jay, M. 2019. Legal epidemiology, evidence-informed law and administrative data from: *Routledge Handbook of Socio-Legal Theory and Methods*.
- Pike, M. 2020. Local shared investments funds: investing to tackle health inequality at its roots. *Neighbourhood Networks*.

Folder 2: Australian publications

- Health Justice Australia. 2019. Health justice partnership: An insight into the change we're driving.
- Health Justice Australia. 2019. Joining the Dots: 2018 census of the Australian health justice landscape – key findings.
- Forell, S. 2020. Background paper – Understanding the value of cross-disciplinary practice: Reflections on the challenges and opportunities.

Folder 3: USA publications

- Association of American Medical Colleges (AAMC) Accelerating Health Equity, Advancing through Discovery (AHEAD) programme tools: 1 – Medical-Legal Partnership Logic Model. 2 – MLP learner survey. 3 – Patient and Community Health Survey.
- Finkelstein, A; Zhou, A; Taubman, A & Doyle, J. 2020. Abstract: Health Care Hotspotting: A randomised controlled trial. *The New England Journal of Medicine*.
- Medical legal partnerships evidence base summary. *County Health Rankings & Roadmaps*.
- National Center for Medical Legal Partnership 2016. NCMLP Performance Measures Handbook.
- Tobin-Tyler, E. Medical-Legal Partnership: Interprofessional Education and Training.
- Warren-Clem, K; Goffinet, D & Weaver, A. 2016. CHART-IT: a framework for systematically documenting the impact of legal assistance on the health of low-income individuals and families. *Medical Legal Partnership of Southern Illinois*.

Folder 4: Impact studies

- Dalkin, S; Forster, N; Hodgson, P; Lhussier, M; Philipson, P & Carr, S. 2019. Exposing the impact of intensive advice services on health: A realist evaluation. *Health and Social Care in the Community*.
- Howel, D; Moffatt, S; Houghton, C; Bryant, A; Becker, F; Steer, M; Lawson, S; Aspray, T; Milne, E; Vale, L; McColl, E & White, M. 2019. Does domiciliary welfare rights advice improve health-related quality of life in independent-living, socio-economically disadvantaged people aged ≥60years? Randomised controlled trial, economic and process evaluations in the North East of England. *Plos One*.

- Moffatt, S & Scambler, G. 2008. Can welfare-rights advice targeted at older people reduce social exclusion? *Ageing & Society*.
- Munoz-Laboy, M; Martinez, O; Davison, R & Fernandez, I. 2019. Examining the impact of medical legal partnerships in improving outcomes on the HIV care continuum: rationale, design and methods. *BMC Health Services Research*.
- Tsai, J; Middleton, M; Villegas, J; Johnson, C; Retkin, R; Saidman, A; Sherman, S & Rosenheck, R. 2017. Medical-Legal Partnerships At Veterans Affairs Medical Centers Improved Housing And Psychosocial Outcomes For Vets. *Health Affairs*.
- Woodhead, C; Collins, H; Lomas, R & Raine, R. 2017. Co- located welfare advice in general practice: A realist qualitative study. *Health and Social Care in the Community*.
- Woodhead, C; Khondoker, M; Lomas, R & Raine, R. 2017. Impact of co-located welfare advice in healthcare settings: prospective quasi-experimental controlled study. *The British Journal of Psychiatry*.

Folder 5: Evaluation design and guidance

- Craig, P; Dieppe, P; MacIntyre, S; Michie, S; Nazareth, I & Pettigrew, M. 2006. Developing and evaluating complex interventions: new guidance. *Medical Research Council*.
- Craig et al. 2010. Using natural experiments to evaluate population health interventions: guidance for producers and users of evidence. *Medical Research Council*.
- Davies, A; Ariti, C; Georghiou & Bardsley, M. 2015. Evaluation of complex health and care interventions: Using retrospective matched control methods. *Nuffield Trust*.
- Fletcher, A; Jamal, F; Moore, G; Evans, R; Murphy, S & Bonell, C. 2016. Realist complex intervention science: Applying realist principles across all phases of the Medical Research Council framework for developing and evaluating complex interventions. *Evaluation*.
- Hawe, P; Shiell, A & Riley, T. 2009. Theorising Interventions as events in systems. *American Journal of Community Psychology*.
- Moore et al. 2015. Process evaluation of complex interventions: Medical Research Council guidance. *The BMJ*.
- Moore et al. 2019. From complex social interventions to interventions in complex social systems: Future directions and unresolved questions for intervention development and evaluation. *Evaluation*.
- Raine, R et al. 2016. Challenges, solutions and future directions in the evaluation of service innovations in health care and public health. *NIHR Health Services and Delivery Research*.

