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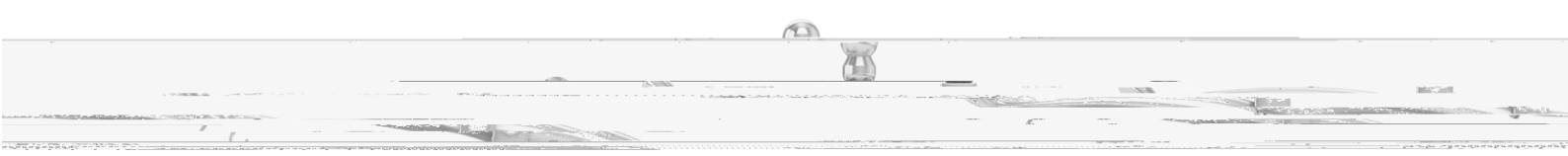
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# Law for health



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## Executive summary

Social welfare law provides individuals with basic rights in matters of everyday life. It governs entitlements to state benefits and public housing, management of personal debt, fair treatment in employment, access to education and community care, among other issues. Social welfare legal issues predominantly affect low income and disadvantaged groups, and have a harmful effect on mental and physical health. They therefore contribute to health inequalities. The C

# Social welfare legal issues and health

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

Social welfare law provides individuals with basic rights in matters of everyday life. It governs entitlements to state benefits and public housing, management of personal debt, fair treatment in employment, access to education and community care, among other issues (2). However, many people do not access the benefits and support they are entitled to by law (3). People may not know where or how to obtain help. Legal advice can be costly and while free sources of legal advice and assistance are available in the

## Health Justice Partnership as a health intervention

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

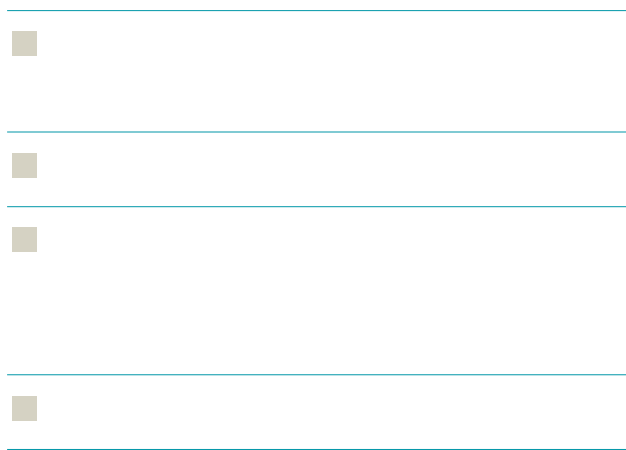
These Partnerships take a holistic approach in providing free social welfare legal advice in healthcare settings and aim to address the social determinants of ill health through, for example, alleviating poverty, improving housing conditions and securing stable employment. They are the vehicle through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



# The evidence on Health Justice Partnership

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

Figure 2 outlines the key impacts achieved









## Health Justice Partnerships in England and Wales

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

- Advice and support on social welfare legal issues was delivered by a wide range of different providers, including national and local charities, local authorities, health services and independent organisations.
- The most common legal issues addressed were welfare benefits, housing and debt (Figure 3).
- Two thirds of the social welfare legal services reported being physically located within health service settings.
- They most commonly connected with GP practices, followed by mental health services and hospitals, but also connected with other types of community health services such as hospices and health visiting (Figure 4).
- The service models were diverse and included multi-disciplinary team working (with welfare rights advisors embedded in care teams), co-location and direct referral pathways, as well as looser connections such as via social prescribing link workers.
- Funding to support the legal services came from a range of sources, most commonly charities, local authorities (including public health) and NHS Clinical Commissioning Groups.
- Most funding was provided on a short-term



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## Implementation challenges

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

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

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## Material resources

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

# Now is the time for strategic development

There are many NHS plans at national,



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

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



## Case study

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### The initiative

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

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### The UCL Health Justice Partnership

In 2016 the UCL Centre for Access to Justice extended its activities and established a Health Justice Partnership - an Integrated Legal Advice Clinic [iLAC] - between UCL and the Liberty Bridge GP surgery at the Sir Ludwig Guttmann Health and Wellbeing Centre in Stratford in the London Borough of Newham. The Centre, intended to be a model for healthcare delivery in the local area, offered a range of healthcare services under one roof, including primary, secondary and specialist healthcare services. Although historically Newham has experienced high levels of deprivation, being situated in a rapidly developing area of London, the practice had a diverse, growing and changing local patient population. iLAC operated on site

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## Evaluation results

### Client survey



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

### Legal outcomes

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

### Health outcomes according to legal problem resolution

Health and wellbeing scores at each follow-up time point were compared for people who reported their legal problems to be ongoing or resolved (adjusting for differences in baseline scores between the groups). At three months, there was no significant difference between the groups for any score. At six months, both the average health index score (EQ 5D) and mental wellbeing (SWEMWBS) score were significantly higher (indicating better health) for respondents whose legal problems had been resolved compared with those whose problems were ongoing.

### Respondents' experiences of health change

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

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

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

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

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

Initially, after receiving 10.9.5ndvia67-GB

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## GP interviews

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

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

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

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

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

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

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

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

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

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

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

## Experiences of collaborative working

The personal aspect of having the legal clinic



- 26 Allmark, P., Baxter, S., Goyder, E., Guillaume, L. & Crofton-Martin, G. (2013). Assessing the health benefits of advice services: Using research evidence and logic model methods to explore complex pathways. *Health and Social Care in the Community*, 21(1):59 – 68.
- 27 Iacobucci, G. (2014). GPs increasingly have to tackle patients' debt and housing problems. *BMJ*, 349:g4301.
- 28 Fairak, A. (2018). The roadblock to recovery: How mental health practitioners deal with people's practical problems in England. Citizens Advice.
- 29 Lawton, E. (2014). A History of the Medical Legal Partnership Movement. *Community Health Forum*
- 30 Forell, S. (2018) Mapping a new path: The health justice landscape in Australia, 2017. *Health Justice Australia*.
- 31 Bateman, N. (2008) Just what the doctor ordered: Welfare benefits advice and healthcare. *Age Concern England*.
- 32 Springfield Advice and Legal Representation Project (1986). *The Advice and Legal Representation Project at Springfield Hospital: 1982 – 1985: an evaluation*. King's Fund Publishing Office.
- 33 Welsh Government (2015). An assessment of the implementation of the "Better Advice, Better Lives" scheme: Final Report. *Welsh Government Social Research*.
- 34 Sinclair, J. (2017). *The Deep End Advice Worker Project: embedding an advice worker in general practice settings*. Glasgow Centre for Population Health.
- 35 Reed, S., Gopfert, S., Wood, S., Allwood, D., Warburton W. (2019) *Building healthier communities: the role of the NHS as an anchor institution*. The Health Foundation.
- 36 Hudson-Sharp, N., Munro-Lott, N., Rolfe, H. & Runge, J. (2018). *The impact of welfare reform and welfare-to-work programmes: an evidence review*. Equality and Human Rights Commission.
- 37 Oxfam (2013). *The true cost of austerity and inequality: UK Case Study*. Oxfam International.
- 38 Amnesty International (2016). *Cuts that Hurt: The impact of legal aid cuts in England on access to justice*. Amnesty International UK.
- 39 Youth Access (2018). *A travesty of justice? Young people's access to legal aid*.
- 40 Kousoulis, A. et al. (2020). *The COVID-19 Pandemic, Financial Inequality and Mental Health*. Mental Health Foundation.
- 41 Iacobucci, G. (2014). GPs' workload climbs as government austerity agenda bites. *BMJ*, 349:g4300.
- 42 Department of Health and Social Care (2021). *Integration and Innovation: working together to improve health and social care for all*. Crown Copyright.
- 43 Ministry of Justice (2019). *Post-Implementation Review of Part 1 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO)*. Crown copyright.
- 44 Ministry of Justice (2019). *Legal Support: The Way Ahead. An action plan to deliver better support to people experiencing legal problems*. Crown copyright.
- 45 UK Government (2012). *Legal Aid, Sentencing and Punishment of Offenders Act 2012*. Available from: <https://www.legislation.gov.uk/ukpga/2012/10/contents/enacted>
- 46 The EuroQol health-related quality of life measure (EQ -5D -5L), a two-part questionnaire which assesses health across a range of domains; the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), which assesses thoughts and feelings.

