Health Justice Partnerships in England

A study of implementation success

Executive Summary

Collaborative working between teams was affected by several factors. These included personal willingness (beliefs and attitudes towards inter-agency working), practical ability (having the knowledge, opportunities, and systems to work together) and confidence (developing the trust, relationships and habits to work in new ways).

Collaborative teamwork could be facilitated by promoting and championing the partnership, providing information and training to build knowledge and skills, creating opportunities for the teams to interact and communicate, and providing regular feedback on the outcomes of referrals. Strong leadership played a critical role in encouraging and facilitating engagement.

Impacts of partnership working

The partnerships led to a range of positive outcomes for patients, staff and organisations. Some of the benefits were due to having links between the services (co-location and referral systems) and the beneficial work of the welfare rights advisors. These outcomes were reported across all the case studies, and included:

- Having a valuable resource to meet S D W Lwhdowk qhhgv
- Allowing care teams to focus on caring
- Providing easier access to legal assistance for individuals
- Achieving positive welfare outcomes for individuals
- Supporting and improving mental health
- Providing a more positive patient experience
- Supporting hospital discharge (for inpatient services)

Other impacts came about through closer collaborative working between healthcare professionals and welfare rights teams, which provided a more coordinated approach to supporting individuals. These impacts included:

- Ensuring more consistent and timely access to advice
- Facilitating access to medical evidence for welfare casework
- Producing better success rates for welfare claims
- Providing more seamless support for service users
- Improving staff knowledge and expertise

Sustainability of partnerships

The case study partnerships varied in their age, with examples of up to 30 years of existence. Three partnerships were discontinued during or shortly before the research taking place, with funding issues being behind each service closure.

The maintenance of funding for the partnerships was influence by several issues. These included funder willingness (views on the importance, quality and value of the service), ability (the availability of funds and other material resources), and confidence to fund (drawing on evidence, reputation and local relationships to inform decision-making).

Sustainability could be supported by evaluating the service effectively to demonstrate its achievements, championing and promoting the service widely, building strong relationships at strategic level, and working with partner organisations to jointly resource the work. Strong and passionate leaders were critical in building and maintaining support for the partnerships, but wider economic circumstances also had significant influence.

Introduction and context

Why is civil justice relevant to health?

The law provides citizens with rights and entitlements, which aim to protect people from destitution, ensure access to essential services, and guarantee minimum standards for living and working conditions. These areas of law are collectively UHIHUUHG WR DV µVRFLDO ZHOIDUH¶ OHJDO LVVXHV and include issues such as welfare benefits, debt, housing, employment, education, community care and immigration[1].

When individuals experience social welfare problems, but cannot defend their rights, this can lead to situations including financial strain, over-indebtedness, homelessness, poor living conditions, exclusion from work or education, and lack of access to public services and support[2]. These social and economic conditions are strongly harmful to health and largely affect the poorer people in society[3]. Indeed, in the health field, they are recognised as µVRFLDO GHWHUPLQDQWV RI KHDOWK¶ that underpin significant inequalities in health across the population[4].

The law can provide a remedy for individuals facing hardship due to social welfare problems. With appropriate advice and assistance, legal rights and entitlements can be enforced and personal circumstances improved. This provides a powerful means for taking action to address underlying social causes of poor health[5].

Poor health can also lead to social welfare legal problems. For example, living with a serious physical or mental condition can significantly affect an individual¶s work capability, income, and support needs[6]. People in poor health may develop social welfare issues related to their health condition, and may present to health services needing assistance with welfare rights.

What are health-justice partnerships?

Health-justice partnerships are collaborations between health services and organisations specialising in welfare rights (which can include welfare benefits, debt,

Why are health-justice partnerships important now?

The last decade has seen a significant increase in the levels of need for welfare support in the population. A number of factors have contributed to this, including the economic impacts of the 2008 financial crisis, the subsequent cuts to welfare benefits introduced with austerity policies, and more recently the effects of the Covid-19 pandemic[13–15]. Simultaneously, the provision of

Welfare rights issues

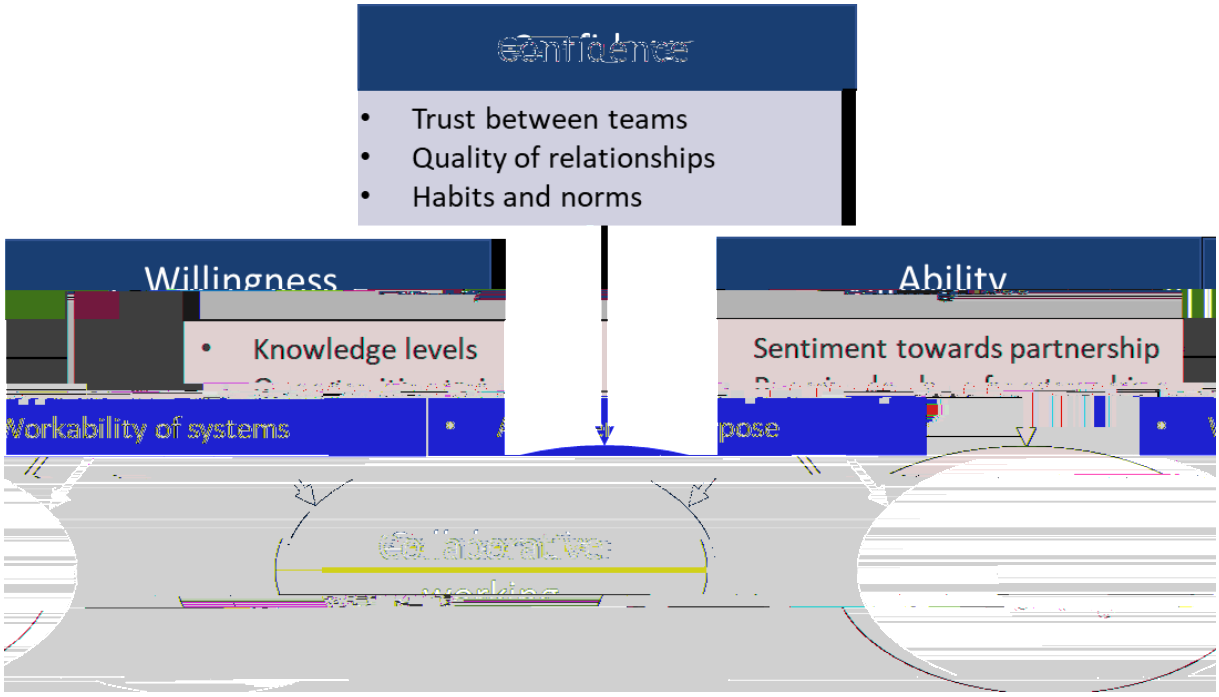
Three services specialised in welfare benefits, and the others provided advice on several areas of social welfare law. The most common issues experienced by patients related to welfare benefits, debt and housing.

How did the teams work together?

What encouraged or prevented engagement?

Figure 2 displays the main factors that influenced whether healthcare professionals and welfare rights advisors would work together closely. These factors included personal attitudes and beliefs, practical issues in joining up services, and other factors such as knowledge, skills and relationships.

Figure 2: Factors influencing engagement in collaborative working



These themes are described in more detail below:

Willingness

Sentiment towards partnership:
Staff who had positive views about working in partnership were more engaged in making referrals and participating in other ways. They welcomed the new team members and helped promote and facilitate the partnership.

Perceived value of partnership:
Staff who valued the partnership engaged well with it, because they saw and understood the benefits for themselves and their patients. Belief in the importance of non-medical interventions and interdisciplinary approaches contributed to positive views.

³(Hospital) social work department, we are actively liaising with them all day every day. So we are in and out of their offices, they come to us all the time, you know the offices are busy with people N Q R F N L Q J R Q W K H G R R U µ & D Q Z H M X V ¶ R U F D Q \ R X K H O S P H Z L W K W K D W ¶´

What actions can be taken to facilitate collaborative working?

- **Promote the partnership to the relevant teams**
  This raises awareness and acts as a reminder for people. Consider attending and talking at meetings, producing promotional materials or sending regular updates.

- **Provide opportunities to learn about the partnership**
  This ensures people have a good understanding of the service. Consider offering information and trainings, doing inductions or offering shadowing opportunities.

- **Create opportunities for the teams to interact**
  This makes communication easier and enables colleagues to build relationships. If day-to-day interaction is not possible, ensure teams are regularly included in relevant meetings, events or away days.

- **Provide feedback on the outcomes of advice work**
  This ensures that referring professionals understand the positive impacts of the advice service and increases their motivation to refer again in future. Consider providing updates during teamwork or producing regular progress reports.

Reflections on wider issues affecting partnership working

Physical and administrative barriers to collaboration

For close collaborative working between teams, the professionals needed to be able to interact and communicate during their day-to-day work. This allowed them to build trusting relationships, discuss their work and share necessary information. There were physical barriers to this in some cases, where teams worked in separate spaces with little opportunity for interaction. This was particularly notable in primary care settings. Creating shared workspaces can be challenging in primary care, but other methods can help to build trust and team identity through informal communication. This includes interdisciplinary team meetings, team building activities and use of technology[19]. There were also administrative barriers to collaboration in some services. For teams to make referrals and exchange patient information, there need to be processes in place for patient consent and secure data exchange. Shared IT systems were used in some places that enabled more secure and efficient access to information.

Strong leadership for creating system change

Any new system requires behaviour change on the part of staff teams, which can be challenging to introduce and sustain. Strong leadership plays a critical role in enabling this transition. In the partnerships studied, leadership was shown by people in a variety of roles, including frontline staff as well as managers. These people could facilitate team working by motivating colleagues, reminding and encouraging

These themes are described in more detail below:

Willingness

Alignment with strategic goals:
Funders were supportive when they felt the partnership was contributing to their own strategic aims and priorities. Questions about which organisation should be responsible for funding the partnership could cause tension and discontent.

Value for money judgements:
Funders views on the partnerships were influenced by whether they felt the service was meeting an important need and delivering high quality, impactful work for the investment.

Personal views and sentiments:
Funders with positive views on the partnerships had supported them over time and protected budgets through times of change. Negative perceptions of the service had contributed to funding removal.

Ability

Sufficient funds:
Availability of funds was an ongoing challenge that was influenced by wider economic and political circumstances. This could place significant pressure on funders, and many partnerships operated on short-term and minimal funding.

Sufficient material resources:
Additional material resources were needed to keep the projects going, such as physical space for appointments and sufficient staffing capacity.

Support in kind:
Contributing non-financial resources made a big difference to partnerships day-to-day operations, such as rent-free space, administrative support, equipment and training.

Confidence

Use of evaluation evidence:
Strong evaluation helped partnerships to demonstrate their impacts. Funders were impressed by evaluations that communicated outcomes that were important to them, which contributed to ongoing financial support.

Local service reputation:

Reflections on wider issues affecting sustainabilityresearch identifiedweight,

Economic and political circumstances

Over time, economic and political changes had affected the availability of funds for the partnerships. The situation has become increasingly difficult over recent years: local authorities have faced annual budget cuts, and health services have needed to make efficiency savings in the face of growing financial problems. The Covid-19 pandemic has compounded these difficulties and placed additional pressure on funders. Poorer regions of the country have been impacted to a greater extent.

Individual versus collective organisational goals

In the face of financial pressure, some funders had needed to focus in on narrower goals relevant to their individual organisation ¶ priorities. The research identified that funders could often feel they were pulling more than their fair share of the weight, and that they should not alonealone

Recommendations

Recommendations relating to service design

1. Involve local stakeholders in the design and ongoing development of partnerships, to ensure they are responsive to needs and easy to engage with in practice (input from both patients and staff can be valuable).
2. Build referral links with a wide range of healthcare professionals (including nursing, mental health, social work, administrative staff, among others) to broaden access.
3. Where capacity is limited, consider a focus on areas of high need (e.g. geographical pockets of deprivation, or service user groups with high rates of welfare issues).
4. For partnerships aimed at the general population through primary care, aim to ensure equitable access for patients in the region (e.g. could open the service to neighbouring practices or use remote methods to extend reach).
5. Form links among local advice providers for additional capacity and legal expertise, including through volunteer and pro-bono support.
6.

References

1. Advice Services Alliance. The Advice Quality Standard. 2017.
2. McKeever G, Simpson M, Fitzpatrick C. Destitution and paths to justice. 2018.
3. Balmer N. English and Welsh Civil and Social Justice Panel Survey: Wave 2. 2013.
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Acknowledgements

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