

Evaluation of the Hackney Welfare Rights Advice in Health Settings Programme

June 2024

Berni Graham

Independent Researcher

*“Absolute gold dust, essential to have
a service like this” [GP]*

Table of Contents

Summary	3
Introduction	8
Programme background and context	10
Key evidence from the literature	16
The Hackney advice in health settings programme	20
Programme reach – who gets advice	25
Programme financial and other outcomes	34
Key enablers found in this programme	38
Key challenges found	42
Estimating unmet need for advice in health settings in Hackney	46
Discussion and conclusion	50
Recommendations	54
References	55
Appendices	58

Glossary of abbreviations used in this report

AA	Attendance allowance
DLA	Disability living allowance
DWP	Department of Works and Pensions
CH	City and Hackney
CTR	Council tax benefit/ council tax reduction
EMIS	Egdon Medical Information System
ESA	Employment and support allowance
HB	Housing benefit
HMRC	His Majesty's Revenue and Customs, which adjudicates on & administers universal credit and pension credit
LBH	London Borough of Hackney
PIP	Personal independence payment
UC	Universal credit
VCS	Voluntary and community sector
WR	Welfare rights – the rights people have under social welfare law, including welfare benefits, debt, housing, community care, education and immigration
WRA	Welfare rights advice

Summary

In 2023, City and Hackney Public Health commissioned this independent evaluation of the Hackney welfare advice in health settings programme, which it has funded for over 20 years. Hackney routinely scores high across many indices of deprivation. The Hackney welfare rights advice in health settings programme was set up in recognition of, and aimed to help address, many of the social determinants of health, not least poverty, poor housing, debt, inequalities and the stresses people experience from these.

Providing welfare legal advice in health settings aims to make professional advice as accessible as possible, especially for people who might otherwise be unaware of the legal remedies available, or who find accessing other advice centres difficult. Bearden and Genn (2018) found that 380 similar programmes run in England and Wales. There has also been a growing trend to base advice services in other community settings (Mime Consulting, 2023).

In Hackney, legal advice on issues such as housing, social welfare benefits and debt is provided by a range of organisations, including a council unit, branches of national advice bodies such as Citizens Advice, the local Voluntary and Community Sector (VCS) and community organisations which have been developed by and work with many of Hackney's diverse communities. Many of these VCS provide services in this programme.

At the time of writing, the Hackney programme had been running for over 20 years. Initially, 10 advice agencies were commissioned to work in 27 Health settings. Since then, funding and the number of health settings had been reduced substantially. From 2018 to 2023 City and Hackney Public Health provided £120,000 annual funding. This increased to £131,000 for the year 2023-24. This funds five advice agencies to work with eight health settings.

Methodology

This evaluation used a mixed methodology to explore programme processes, outputs, outcomes, enablers and challenges and to generate recommendations: a rapid literature review; secondary analysis of programme data; and in-depth qualitative interviews with a wide range of stakeholders ($n=32$). These included advice organisations; patients who had received advice; GPs, Practice Managers, receptionists and other staff in health settings; organisations delivering 'social prescribing' in Hackney; and Public Health and Local Authority leads. Interviews were conducted in person, by phone and online, according to interviewees' preferences. They were recorded and transcribed and analysed.

Programme description and access

The Hackney programme comprises four well-established VCS advice organisations, providing weekly expert, specialist, welfare rights sessions in seven GP practices and one advice organisation providing a referral system for units in Homerton University Hospital and social prescribers working in GP surgeries. These GP practices are spread across Hackney. All serve areas of high deprivation and diverse populations. One solely works with homeless people and asylum seekers. Overall, this programme was found to be well established and highly effective. The regular advice sessions have become totally integrated in these GP surgeries, run smoothly and are seen as contributing to healthcare. Accessing advice

appointments was found to be simple, and to match needs. Practice managers, receptionists, GPs and other health staff directly book advice appointments, mostly using the surgery's electronic appointment system. In addition, patients commonly self-refer, booking their own appointments directly and advisers see people without an appointment, or arrange to see them in their main advice offices if the issue is urgent. Non-attendance was reported to be very low, and was said to be the same groups and situations for those who do not attend GP appointments.

Who gets welfare advice in this programme

Available data show that these advice services are used by people from all backgrounds and reflect Hackney's richly diverse demographic profile. All these GP surgeries are sited in areas of very high deprivation and serve diverse local communities. One of the advice organisations, Derman, prioritises advising Turkish speaking people but in this programme advise patients from all backgrounds.

Notably, a much higher proportion of people with disabilities and/ or with long-term health conditions seek advice from these health setting advice services, ranging from 40% to 98% of those advised. This is much higher than the rates seen by the same advice organisations in their main advice sites, and higher than the [Census 2021](#) data on the incidence of disability and/ or chronic ill-health in Hackney (29% combined). Some advice services reported seeing more younger people over recent years. This was attributed to the cost-of-living crisis and fallout from COVID-19, as queries commonly related to housing, employment rights, and welfare benefits if they lost their job. Despite its name, Age UK works with people of all ages, and through their partnership with Family Action they attracted referrals from Social Prescribers based in GP practices across the borough.

Patients' advice needs

Advice organisations noted that the range of legal problems patients presented were much the same as what they encountered in their main advice centres, with welfare benefits, housing and debt topping the list. Immigration and employment matters are also common.

Advisers assessed that many of those seen were not getting their full legal benefit entitlement for many reasons, most typically because of being unaware of what they were due, coupled with the complexity of the system, access barriers, wrongful refusals and requiring specialist assistance to challenge erroneous decisions. Problems with housing included advice on disrepair, access to social housing and an increasing number of disputes with private landlords, particularly around evictions and disrepair. Advisers carry out holistic assessments as a matter of course and reported finding additional advice issues, most commonly underpaid benefits.

This programme provides welfare advice to more people than might otherwise get advice

These specialist welfare rights advisers assess needs holistically and provide expert level advice and advocacy on social welfare benefits, housing rights, debt, employment, immigration and other legal welfare topics. Using the most recent data for a 12-month period over 2022-23, the advice partners recorded advising 727 people, on 1724 discrete legal matters. The advice organisations reported that many of these people were new to

advice and would not have received advice and a resolution of their legal problems otherwise, or not in time. Although it is impossible to ascertain the extent of this, interviewees who had received advice corroborated this point, saying they had not known their issues could be resolved in this way, or how to get help, before seeing the advisers.

This service advises more ill and disabled people and provides advice earlier in a problem

The advice agencies recorded seeing many more people with long-term health conditions and disabilities than attended their main advice centres. Advising someone early on in the development of chronic illness or a disability can in turn help minimise poverty, hardship, getting into financial difficulties and debt and the stress associated with these.

The differences recorded were attributed to GPs practices being accessed by a wider demographic, health professionals seeing people earlier in the development of an issue and making referrals sooner than a person might do themselves, and a greater acceptability of advice services when integrated in a GP practice. In addition, the advice organisations felt their positive relationships and close collaboration with practice staff and assimilation into practice systems facilitated getting appropriate medical evidence. This helped support a benefit claim or appeal and lead to an earlier resolution than might otherwise happen.

Financial gains

Financially, the programme resulted in an estimated income increase of £1,356,456 across those assisted for a 12-month period over 2022-23. In addition, many people received one-off lump sum payments, mainly in respect of benefit arrears and either a reduced or cancelled debt. This totaled £246,937 for the same period.

Reduced stress and anxiety

As well as the significant financial gains, those advised reported that the advice and support had reduced their stress and anxiety levels dramatically. Many had not known what to do about their problem before being referred and said they might not have got any advice or assistance otherwise. They reported finding the process of seeing the adviser very simple and easy, and appreciated their expertise and skills to help address what had seemed insurmountable problems. Many expressed immense relief to have someone '*on their side*'.

Outcomes for the health settings

As well as saving busy health professionals substantial amounts of time and stress, they reported numerous positive outcomes for the practice and patients. They appreciated having in-house solutions to address patients' needs, alleviate non-clinical factors impacting on their patients' health and provide a more holistic service and continuity of care. Being able to track the progress of their referrals to the adviser on the internal system provided reassurance and saved time, compared to making referrals to an external service. The close relationships with these advisers and observing the processes involved in the benefits, housing and other systems increased medical and other staff's understanding of the system.

The evaluation found many key enablers underpinning the programme's effectiveness

- These advice services in GP practices are fully embedded and work effectively.
- Appointments and other systems are accessible, flexible and work smoothly.
- Trusted relationships are essential, especially between the advisers and health setting staff, and between the patients and advisers.
- Trust had taken time to earn. Trusted relationships between advisers and their practices were now firmly established. These advice organisations and advisers had worked with the same practices and staff for many years and were well known to all.
- Trust was found to rely on continuity, reliability, witnessing the expertise applied and the many positive results gained by patients and the positive impact this had on them.
- Health staff appreciated the advice organisations' substantial experience and expertise.
- They acknowledged that they did not have the know-how or time to resolve these issues for their patients and positive outcomes would not have been achieved without the intervention of an expert adviser.
- Health staff appreciated having speedy and direct access to specialist advice to address problems they knew were impacting on their patients' physical and mental health and wellbeing, but which they did not have the expertise or time to resolve.
- Patients' trust in the advisers and the advice was reliant on seeing the expertise in action, the resolution of previously intractable problems and getting positive outcomes.
- Providing advice at health settings and by referral from health professionals was found to enhance equitable access to advice, in many ways:
 - By design, GP practices are more spread across the borough, are closer to where people live and more readily accessible than most advice services' premises.
 - These GPs work in areas of high deprivation with very diverse communities.
 - Patients do not need to have already recognised that their problem relates to welfare advice, which is the case if relying on people to self-refer for advice.
 - Providing advice on people's doorstep obviates the need to travel to and/or queue at high-street venues. This helps overcome physical and other barriers to access, particularly for those who are ill, or disabled or have caring responsibilities.
 - Some of these advisers spoke languages other than English, and all used Language Line as well as interpreters to ensure the advice service was accessible to all.

Challenges found

- Despite the significant material and health outcomes achieved, this programme had had little coordination and no development for years. It nonetheless ran smoothly, probably because of the expertise and experience of advisers and their organisations.
- No-one had an overview role to resolve issues and there was no forum for the participating health and advice organisations to formally meet and share information, evidence, progress or discuss programme development.
- Over the past decade, the programme lost a lot of funding and thus health locations. Combined with the lack of coordination, this may explain its current distribution, low profile and the poor awareness noted at Public Health and Hackney council level.
- The latter were largely unaware of the programme's approach, its significant positive impact, how embedded and popular it is among health settings and patients, or the scope of legal advice like this in combating deprivation, ill-health and inequalities.

- A range of support personnel are currently based in health settings, such as social prescribers. Their roles vis-a-vis advice work was found to be quite opaque. They are not insured or expected to give advice, but that boundary was said to be often blurred.

In conclusion, this was found to be a highly effective and accessible programme, producing impressive results. Co-locating specialist welfare rights advice in health settings was found to be highly effective in reaching people who might not otherwise get advice and addressing inequalities. It helps ensure people get their entitlements, which they probably would not be able to achieve without expert intervention, not least marginalised groups and people with chronic health conditions and disabilities. The evidence shows that this small programme works very smoothly, is well embedded in these GP surgeries, is popular with and heavily relied upon by staff and patients and has been very successful on many fronts. By advising about 730 people a year and resolving nearly 2,000 serious legal welfare problems and debt, it increased incomes by a total of nearly £1.3million per year. As well as alleviating material and psychological distress, it provides reassurance to people that help and solutions are available and relieves pressure on health professionals.

Key recommendations, provided by interviewees and derived from evaluation findings

- Continue this programme and model of welfare rights advice in health settings, with an expert, qualified, adviser providing holistic and specialist advice on a regular basis.
- Co-design a clear strategy for this programme. Explore models with key stakeholders to make it more comprehensive and logical across City and Hackney.
- Integrate this programme into a meaningful eco-system of welfare rights advice provision across City and Hackney. To maximise reach and build on the momentum across London to increase advice in health and community settings, select additional health settings by need and geographical spread. Include hospital departments.
- In keeping with a substantial body of evidence, ensure that advice and health sectors and Hackney communities are fully and meaningfully involved in that process, as any new service needs cannot be to be properly designed without them
- Appoint a coordinating person or agency, to support development and systems, help troubleshoot emerging challenges early and communicate issues and outcomes.
- If starting up in a new health setting, focus on reliably, building relationships and mutual understanding. Create simple but effective systems to relay feedback and share outcomes about those referred to the referring health professional.
- Integrate into appointment and other IT systems (e.g. EMIS) to facilitate appointments and enable some information sharing around patients referred, while ensuring all parties understand and sign up to suitable data protection policies and processes.
- Co-design proportionate monitoring and evaluation for this programme with a focus on outcomes. Ideally set up measures to evaluate the return on investment.
- Explore the scope to work more closely with, and systematically support and train community navigators and social prescribers, etc. Clarify their potential role and boundaries vis-a-vis advice work in City and Hackney.
- Work with the ICS and the London Health Board's Cost of Living Task and Finish Group to help integrate welfare legal advice in health settings.
- Given lack of familiarity among commissioners of what welfare rights advice entails and patients needs in this field, it would help enormously for key Public Health personnel to observe advice sessions as LBH officials have done in the past.

Introduction

City and Hackney Public Health have funded a programme providing welfare rights advice in a number of Hackney health settings for over 20 years. The programme was set up in recognition of, and to help address, the social determinants of health, including poverty, inequalities, housing, and the knock-on stress and other problems that these can cause. Basing welfare rights advice within GP practices and other health settings recognises the link between welfare issues and health. Broadly it aims to reach more people, particularly those who are unaware of their legal rights and of the remedies available and/or who find it difficult to access other advice services. Facilitating access to welfare rights advice also aims to relieve time and other pressures on health professionals e.g. when patients present with housing, debt, unemployment, low income and other welfare problems.

“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” Bearden, 2023.

Before the pandemic, 380 such programmes were in operation across England and Wales (Bearden and Genn, 2018).

The evaluation

City and Hackney Public Health commissioned this independent evaluation to review the Hackney welfare advice in health settings programme; examine how well it meets local residents’ needs; identify outcomes; and provide useful recommendations going forward.

Evaluation objectives

- Understand what welfare advice this programme provides, where and to whom;
- Explore the key processes, barriers, challenges and facilitators in this model;
- Identify key programme outcomes for different stakeholders;
- Examine what, if any, difference it makes to co-locate advice services in GP surgeries (ie over and above providing advice at an advice organisation’s premises);
- Identify what counts as ‘good practice’ and how findings fit with the wider literature;
- Analyse the case for co-located welfare advice and estimate unmet need in Hackney
- Make recommendations based on the evidence found and current literature.

Evaluation methods

A mixed-methods approach was adopted to maximise the reliability of the findings.

- A rapid literature review focused on the co-location of advice in health settings in the UK. More details below
- The evaluator conducted in-depth qualitative interviews (online, face-to-face and by telephone) with:

- Key local stakeholders, including Public Health and LBH Strategy and Policy personnel, and social prescribing and community navigating leads ($n=6$);
- Advice organisations' lead personnel and welfare rights advisers ($n=9$);
- Professionals in each health setting ($n=7$). This included 2 GPs, 2 Practice Managers, 2 lead receptionists and a hospital team coordinator.
- Individuals who received advice in this programme ($n=10$);
- Secondary analysis was undertaken on the advice agencies' monitoring data. These comprised some demographic details of the people seeking advice, the advice given, its results and recorded financial and other outcomes.

Qualitative interview data was analysed using the Framework approach¹ to identify and explore key themes within and across interviews. Individual case examples and 'journeys' were compiled from interview data.

The literature review

The aim of this review was to locate relevant academic and grey literature relating to the benefits, challenges, outcomes, good practice examples and recommendations around providing free welfare advice in, and in partnership with, health settings.

This review built on and updated the systematic scoping review by Beardson et al., (2021) and the literature review conducted by IFF Research and York Health Economics Consortium (2023) on the impact of free welfare advice services co-located in healthcare settings. Between them these two reviews had covered the period 1995 to 2022.

Scope

Type of literature: Academic and peer reviewed in academic journals or books; and 'grey' literature, published by non-academic organisations, and not necessarily in the public domain, but with a clear and robust methodology. The latter included service evaluations.

Period: 2010 to the present day

Location: UK, because UK welfare law, advice services and other contexts are UK specific.

Subject: Social welfare legal advice co-located in health settings; collaboration and referral mechanisms between welfare advice organisations and health professionals and settings. Welfare legislation here includes housing, debt, welfare benefits and immigration law.

Language: English

A thorough screening exercise was conducted to sift for relevance to the main topic and aims. Initially 25 sources which fitted the criteria were shortlisted. Some additional, recent evaluations of welfare advice services running in health and community settings were subsequently included as bringing the total to 35

More details are provided in Appendix 1

¹ Ritchie, J., Lewis, J., McNaughton Nicholls, C., & Ormiston, R. (2013). Qualitative Research Practice. SAGE Publications Ltd.

Programme background and context

Hackney has a long history of providing specialist welfare rights advice in GP surgeries. In 2002, the Primary Care Trust set up and commissioned 10 independent advice agencies to deliver advice in 27 GP practices across the borough. Over time, the programme changed in governance, size and distribution. Oversight transferred to Public Health when it became part of Hackney Council in 2013. Up to 2019, this commissioned programme was called the 'Hackney Independent Advice Consortium' and was coordinated and managed by Social Action for Health. In 2019 it became grant funded and since then oversight has been shared between Hackney Public Health and the council's Policy and Strategic Delivery Team.

In 2018 the programme was reduced to five advice services delivering advice sessions in 10 health settings. On the basis of the limited data available, it appears that the ensuing structure, distribution and size was based on the funding available, rather than a needs or other analysis. From 2018 to 2023 the total annual grant was £120,000. It increased to £131,700 for the financial year 2023-24, to reflect increased delivery costs. Over recent years, the Public Health grant has been administered by the Policy and Strategic Delivery Team in Hackney Council, which also provides £900,000 annual funding from its corporate grant funding programme to fund 16 advice services in the borough.

Poverty and other social determinants of health

This programme was set up in recognition of the social determinants of health and the need to improve access to legal advice to help address some of these. It has long been acknowledged that low income, poor housing, debt, inequalities, racism, and the stresses related to these, contribute to poor health outcomes (OHID, 2014). The Marmot Review (Marmot et al, 2010), raised the profile of these links, emphasising the strong and persistent causal associations between social inequalities and disparities in health outcomes, including disease patterns and behaviour, or in other words that poverty and inequality were significant '*causes of the causes*'. Dame Carol Black (2008) highlighted the huge economic costs of failing to act on these wider determinants of health.

According to official statistics, one in five people in the UK (22% or 14.4 million people) were living in poverty over 2021-22. While the proportion living in poverty has remained relatively constant for 20 years, the numbers in 'very deep poverty' was found to have increased recently (Department of Work and Pensions, 2023). The groups known to be at a higher risk of poverty at present include children, larger families, people from minority ethnic groups, people who are long-term ill or disabled and carers (JRF, 2024).

The UK's complex and changing welfare system

Welfare rights legislation is extremely complicated and subject to regular overhauls. Each part has unique and strict eligibility criteria. The grounds and processes to claim a benefit, contest a debt, get housing repairs done, claim asylum, or challenge related decisions are complex and often bewildering. For example, each welfare benefit has its own set of rules and procedures and may be administered by different national and local government

departments (e.g. the Department of Work and Pensions, HMRC, or local councils). People are often wrongly refused, or underpaid. Many do not get their full legal entitlement, e.g. because they are unaware of the rules, or of the evidence needed, or they miss strict deadlines, or because they find the system and rules opaque and overwhelming, or the decision made was erroneous or administration errors. For the year 2021-22 the Government estimated that 880,000 pensioner households did not claim their pension credit entitlement and 360,000 pensioner households did not claim the housing benefit they were entitled to. This resulted in £3.4 billion per annum unclaimed in these two benefits, for this age group, alone, or an average of £5,600 for each of these households per year. Moreover, this report also shows that the extent of underclaiming (in terms of both household numbers and amounts) had increased since 2020 (DWP, 2022).

Legally, the onus is on the individual to understand the relevant system, initiate a claim or challenge a decision and prove their entitlement. To add to all this, the system regularly changes. Most recently, on the benefits front, a new benefit, universal credit, replaced a number of others. Over 2024-25 the final group of people still getting those benefits will be moved onto ([‘migrated’](#)) onto universal Credit. Many are expected to lose out in this transition. In May 2024 the Government announced intentions to tighten the eligibility rules for Personal Independence Payment (PIP) especially for people with mental health problems.

Navigating the system is even harder for people living with any language barriers, additional needs, mental or physical health issues, disabilities, caring responsibilities, or those who have chaotic lives. Interviewees reported that it can take a long time (often many hours) to get through to relevant departments, such as the DWP, just to initiate a benefit claim.

Many people need expert advice because of the complexity of the system, its regular changes, poor decision-making and multiple pitfalls as well as their own personal challenges. It was stressed repeatedly that welfare advisers need to be trained, experienced and specialist. Inadequate or incorrect advice can mean people do not get their full entitlements, miss deadlines, remain unaware that they can challenge a decision, or other critical mistakes are made. In this evaluation, interviewees across the board stressed that inadequate or wrong advice damages trust and can deter people from seeking advice again.

“...different nuances and factors ... it might appear to be a simple form ... [but] actually lots of other threads connected to it ... bad advice is worse than no advice” [Local Stakeholder]
Basing welfare rights advisers in health settings can help reach people with clear needs for this type of specialist advice and intervention and do so at a critical time in their lives.
“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.”
[Bearden, 2023]

Growing momentum to co-locate advice in health settings in London

In recent years many similar initiatives have been delivered, including across London. In recognition of the severe impact of the pandemic and the cost of living crisis on Londoners, the Mayor of London's (MoL) [Cost of Living Group](#) set out to increase access to legal advice and supported more partnerships between advice organisations and other community partners. The MoL's Advice in Community settings (AiiCS) programme funded 11 partnerships between advice organisations and local communities settings, including foodbanks, community centres and schools, building on an earlier successful pilot in schools². An interim evaluation found that this approach reached more people who did not traditionally access advice services, including more women and minoritised communities. Over two in three recipients reported improvements in their physical and emotional wellbeing, and the same proportion reported feeling more confident about managing their money. Advisers in this pilot noted that referrals from GPs, Social Workers, Health Visitors and other health or care professionals helped the most in reaching more people who needed, but who did not currently get, advice (MIME, 2023).

The 2020 Advice Services Alliance report, commissioned by the Mayor of London, found uneven provision of advice across London. As a result of rising housing costs, many low-income families have moved to outer London boroughs which historically have had less advice provision than more central councils. Beyond geographical coverage, it also found inadequate provision for certain groups, not least young people, Black and Asian and other minoritised communities and disabled people; and gaps in certain types of advice, including immigration, employment and representation at court and tribunal level. In all boroughs, demand was found to significantly exceed supply and advice providers regularly had to refuse new referrals (ASA, 2020).

Farrelly, et al., (2023) examined the scope to reduce health inequalities by improving access to welfare rights advice, through greater collaboration across healthcare services, welfare advice organisations and social prescribing. It found that while the need and demand for welfare rights advice was growing, those in need did not always access advice. This report outlines different collaboration models and the ways in which advice can positively impact people's physical and mental health. It calls for more strategic overview, planning, funding and provision of advice as part of each Integrated Care System to reduce health inequalities, noting that WRA services have been squeezed by public sector funding cuts in recent years. These findings contributed to the London Health Board's recommendation, in November 2023, that all Londoners should have access to free, accessible, professional social welfare legal advice planned and delivered through Integrated Care Systems (ICS). Each London ICS is expected to report back on its progress in November 2024. At the time of writing, a pilot to roll out welfare rights services to most GPs practices in Tower Hamlets was underway.

² <https://www.including.gov.uk/programmes-strategies/communities-and-social-justice/tackling-child-poverty-through-schools#:~:text=In%202019%20the%20Mayor%20of,informal%20support%20low%20income%20families.>

Hackney's context: a high need for welfare advice

Hackney is among the most deprived areas in England, ranking 18th out of 151 local authorities (where 1 corresponds to the most deprived). Nearly three in ten (28%) of Hackney households live on 60% or less of the UK median income after housing costs, a common poverty indicator. While poverty rates for adults are on par with London as a whole and with neighbouring boroughs, the rates for Hackney's children (43%) are higher on both counts (Trust for London, 2024). Life expectancy in Hackney has improved over the last ten years, standing at 83.7 for women and 79.3 for men. But are lower than rates for Westminster (87) and Camden (84) (ONS, 2020). However, even if living longer, most Hackney residents experience about 20 years of poor health and roughly one quarter of the adult population have two or more health conditions. Unemployment rates reduced in the borough over recent years but are still significantly higher than the rates for the rest of London or England. Young people, global majority residents and disabled people are more likely to be unemployed. Over seven in ten (73%) people in Hackney are renting, either privately or socially, compared to the average of 50% for London as a whole (LB Hackney, 2020; GLA, 2020). On top of these trends and the nation-wide cost-of-living crisis, Hackney has seen increased household debt due to council tax arrears. Some of this was attributed to the 2020 cyber-attack.

"... overlapping complex needs ... a huge issue is council tax debt... because of the cyber-attack three years ago... It is difficult for people to understand ... getting many overlapping letters ...that they owe lots of different amounts of money for different years ... even the Council can't easily look someone up and say exactly how much council tax they owe."

[Local stakeholder]

The landscape of welfare advice services in Hackney

The borough hosts numerous advice services. Apart from the council's Money Advice Hub (which was also interviewed in this evaluation), all the rest are provided by the voluntary, community and charity sector (VCS), with funding from the council and their other fundraising drives. In Hackney, as elsewhere, VCS advice services are multi-dimensional. Many specialise in welfare rights, while others provide advice as part of a wider range of support (e.g. Derman and Age UK). Some target a specific need, group, or community. Others are open to all. All those interviewed, including the council's Money Hub reported that even with this number of advice services, needs in the borough constantly outstripped advice supply. All work on the basis of assessing a person's needs, entitlement and priorities and providing holistic advice.

The advice services operating in Hackney include:

- Branches of national organisations, e.g. Age UK, Citizen's Advice, MIND, Carers UK.
- Hackney-specific agencies which advise people from any area in the borough, e.g. the Hoxton Trust, Hackney Law Centre, Toynbee Hall, Praxis, ...
- Organisations which target a specific community, or locality or demographic group e.g. Day-mer, Derman, Hackney Migrant centre; Hackney Chinese community Association; and the Hackney Marsh Partnership.

“... people who are struggling and live often complex lives need that sort of support. It's not something the local authority can offer. We're not in a position to do that. So, let's stop pretending that we can” [Local advice stakeholder]

Fig 1. Examples of the different organisations which provide welfare rights in Hackney



In addition, Hackney’s advice sector can access advice and training from some UK-wide welfare rights organisations which research and lobby on poverty and welfare rights issues. These include the Child Poverty Action Group (CPAG), Rightsnet, Shelter, MIND, JCWI and the national offices of Citizens Advice and Age UK. Many offer advice to individuals, by telephone and provide back-up expertise for local advisers.–Current national and Hackney specific advice services are listed in Appendices 2 and 3.

Welfare rights law, advice and advocacy is a branch of the UK’s civil legal system and dovetails with solicitors, courts and other parts of that system. For example, advisers refer people to legal firms to access more advanced legal remedies regarding employment, housing, domestic abuse, family law, debt and immigration, beyond the level that they are qualified to deal with.

The diagram below attempts to set out the different range of agencies which provide welfare rights advice and advocacy at a local, regional and national level. A detailed mapping exercises of advice services in Hackney would be useful, but it needs to be borne in mind that the landscape is very susceptible to public sector funding cuts. A needs analysis would be a separate exercise.

Aside from this programme, the evaluation found that some advice agencies run other outreach sessions in Hackney. As with this programme, they aim to help overcome access barriers, including low awareness of the advice remedies available, language barriers and access challenges caused by poor physical or mental health, disability, or caring responsibilities. For example, Citizens Advice provides advice in the Hackney Service Centre and in four schools and seven children’s centres; the Hoxton Trust is commissioned by

Primary Care Networks to run advice sessions in five other Hackney GP practices; and both Citizens Advice and Toynbee Hall run services at Homerton University Hospital.

Fig 2: The range and hierarchy of organisations which provide special welfare legal advice



Key evidence from the literature

There is a growing interest and body of evidence around the effectiveness of co-locating welfare rights advice in health settings. For example, Bearden and Genn (2018) set out to map the number and type of welfare advice and health setting partnerships across England and Wales. They found 380 such partnerships and a diversity in the types of health setting, advice services and collaboration models. The researchers noted some key commonalities.

Typically, people needed help on three topics, welfare benefits, housing and debt; advice was mostly delivered from health locations, following a direct referral from a healthcare professional; advice services helped health professionals address non-clinical issues affecting patients' physical and mental health; but funding for these schemes tended to be fragile and short-term (Bearden and Genn, 2018).

A rapid literature review was conducted to build on and update the systematic scoping review conducted by Bearden, et al (2021) and the IFF Research and York Health Economics Consortium literature review (2023). The review aimed to locate relevant academic and other literature to explore any evidence around the impact of co-locating welfare advice services in healthcare settings. The scope of the search criteria were: academic peer-reviewed research, and other research reports in the public domain (such as research and evaluations by advice organisations); published in the UK between 2021 and 2024; relating to welfare advice services working in collaboration with health professionals and health settings across the UK. More details on the scope and methodology are provided in Appendix 1. A total of 35 sources were found to fit the search criteria.

Potential outcomes from welfare advice in health settings

The following positive outcomes were found in this literature.

- Successful resolution of financial and legal problems helps people feel their lives are more stable and more confident in dealing with similar problems in the future (IFF Research & York HEC, 2023; Woodhead et al, 2017b)
- Service users generally report improved mental and physical health and wellbeing (Egan, 2019; Begum, 2021; Genn & Beardon, 2021)
- Advice services provide social connectedness for service users (Begum, 2021; AJC, 2021; Eynon et al, 2020)
- Accessing welfare rights advice can help prevent an escalation of issues and the potential knock-on strain on healthcare systems (Welsh Govt, 2015; Burrows, et al 2011; Begum 2021; Carrick et al., 2017)
- Advice in GP settings can be seen as positive investments, and secure high returns on the grants provided. More details below.

Facilitators and challenges identified in the literature

The literature identified the following facilitators to successful implementation and delivery of welfare advice services in healthcare settings:

Facilitators

- Services work well when there is more community involvement in designing their co-location [Charles et al., 2021; IFF Research & York HEC, 2023; Timpson, et al., 2023]
- Proactive engagement between partners facilitates systems and smooth running of the programme [e.g. Welsh Government 2015; Woodhead et al, 2017; Bearden & Genn 2018; Egan & Robison, 2019; Begum, 2021; AJC 2021; Bearden, 2022]
- Physical co-location and easy referrals between health and advice services facilitates more integrated and joined-up working (Begum, 2021; Genn & Bearden, 2021; Macmillan, 2010a; Moffat et al, 2012)
- Services benefit when the relevant health professionals are trained on the criteria and indications for referring people to welfare rights advice (e.g. IFF Research and York HEC 2023 Goodman et al., 2021; Bearden & Genn, 2018; AJC 2021; Woodhead et al., 2017a and 2017b)
- Healthcare professionals appreciate regular feedback regarding the patients they refer (Woodhead et al., 2017a; Bearden & Genn, 2018; Egan & Robison, 2019)
- Collaborative working environments benefit from developing a shared ethos to address individuals' needs [e.g. Bearden & Genn, 2018; Charles et al., 2021; Begum, 2021; Goodman et al, 2021; AJC 2021; Woodhead et al., 2017a and 2017b; Timpson et al 2023; and Bearden, 2022]
- To be effective and optimised, welfare rights services working with health settings and professionals need buy-in at both local and national levels, including from local Health and Wellbeing Boards [e.g. Bearden & Genn, 2018; AJC 2021; Woodhead et al., 2017a and 2017b; Bearden, 2022]

The following common challenges were identified

- Nationally, funding for advice services has been reduced over recent years, e.g. under 'Austerity' budgets. Simultaneously, growing social needs and cuts to legal aid have increased demand for advice (McDermond and Crawford, 2017).
- It takes times to build working relationships (Begum, 2021), but high staff turnover in health settings and/or changes in processes or organisational cultures affect stability and these partnerships (Gabbay et al., 2017; Woodhead et al., 2017a and 2017b; Genn & Bearden, 2021; and Timpson et al, 2023).
- Resources can be a challenge, for example if partners use different IT systems or health service settings have limited space (e.g. Gabbay 2027; Begum, 2021; Goodman et al., 2021; Woodhead et al 2017b). Physical space is usually easier to secure in large group practices and multi-service health centres (Bearden & Genn 2018).
- Patients prefer confidential spaces, but these are limited (Welsh Government, 2015).
- Health professionals want feedback on advice action taken and outcomes achieved for the patients they refer (Egan and Robison, 2019).
- Social prescribing can be (erroneously) seen as a 'catch-all', money saver and a cheap alternative to professional advice services (Goodman, et al., 2021). Rather than reducing demand for professionally qualified advice services, it may in fact highlight previously hidden and unmet needs (e.g. Farrelly et al., 2024).

- Each additional referral stage, e.g. from the GP to a social prescriber, and from social prescriber to adviser, can increase attrition. In other words, direct referrals from the health professional to an adviser minimise attrition (Goodman et al., 2021).
- Patients show the same lack of information or misconceptions about and reluctance to claim, e.g. welfare benefits, as the general population. In addition, the symptoms of any illness or disability and side effects of treatment can mitigate against pursuing complicated welfare issues and associated processes (McMillan, 2010a).

Potential return on investment from providing welfare rights advice

Return on investment (ROI) evaluations attempt to calculate the non-monetary outcomes in monetary ways from funding social initiatives. They are often used to illustrate the longer-term benefits from public expenditure, such as intervening early to prevent family breakdown, or children having to enter the care system. In welfare rights advice an advocacy, it is simple to count the financial gains from the funding, as the advice often directly results in more income, such as extra benefit payment or reduced debt. However, calculating the monetary value for other outcomes, such as reduced depression or stress, or improved wellbeing, is quite challenging.

While the following two examples show clear positive returns, Granger, et al., (2022) discuss the need for more research around this.

- Citizen Advice (2016) surveyed 2,700 advice recipients and 1,500 of their volunteers. Adopting the ROI method approved by the Treasury, they found that every £1 spent on advice generated:
 - £1.52 saving to the government in reduced health services, homelessness and/or benefit payments;
 - £11 gain for individuals through benefits claimed and/or debts reduced; and
 - £8 in other public value gain, such as improved productivity and volunteering.
- Carrick, et al., (2017) evaluated the co-location of WR advice in GP surgeries in Dundee and Edinburgh. The researchers used the Government's Green Book and the London School of Economics ROI guidance and also consulted with service users to help determine appropriate indicators and proxies to use in the calculations. They estimated that every £1 invested generated between £27 to £50, or an average of £39, of social and economic benefits. The range related to varying assumptions in the calculations and attributions. As those advised reported that their outcomes would not have happened if not for this advice, the attributions were considered reasonable. The researchers found that the advisers' easier access to more health information and evidence, helped achieve better outcomes for the patients.
- A programme running between 2015 and 2017 in two GP practices in Glasgow found that 85% of those referred had never sought or received welfare advice previously. The advice they go secured £848,000 through income maximisation work and a reduction of £155,766 in debt, across the 165 people advised. This equalled an average of £6967 per person per annum.

The Hackney advice in health settings programme

Since 2018 City and Hackney Public Health have funded five VCS advice organisations to provide welfare rights advice in Hackney health settings, mostly in GP practices. In its early years, this programme was delivered by 10 advice organisations in 27 health settings and had a wider distribution across Hackney (see Appendix 2). The programme's current size and distribution was said to be largely determined by the availability of funding.

Table 1. Details of the advice organisations in this programme

Age UK East London is a local branch of the national Age UK and works across Hackney, Newham and Tower Hamlets. In this programme it moved from providing advice in GP practices to supporting Social Prescribers based in GPs and working with Homerton University Hospital. In the latter, Age UK encouraged referrals from the Integrated Independence Team and the Proactive Care Team at Homerton University Hospital and the Community Connectors Programme that works with the Hackney Community Mental Health Team.

Derman provides welfare advice and a range of other services for Turkish and Kurdish speaking people in Hackney. In their main premises they mainly see people from Turkey, Cyprus and Eastern Europe. But in their two GP practices, Shoreditch Pk and Somerford Grove, they work with patients from all backgrounds

East End Citizens Advice is a local branch of a national advice organisation, and provides advice to people in Hackney, Newham and Tower Hamlets. Citizen Advice is accredited to provide debt and immigration advice as well as other areas of law, e.g. family law. In this programme, Citizens Advice advises patients from the Elsdale St and Well St GP surgeries – but based at Elsdale St.

Hackney Marsh Partnership (HMP) is a community organisation, primarily serving the Hackney Marsh, Lower Clapton, Homerton and Kingsmead areas. The Adviser has OISC accreditation to provide Level 1 immigration advice. Eh advice works at the Lower Clapton health Centre

Hoxton Trust provides advice to homeless people and asylum seekers at the Greenhouse practice in this programme. Despite its name Hoxton Trust normally provides advice and sees people from across all of Hackney. It runs advice services in other GP practices outside this programme.

All these agencies vary in size, overall capacity and number of advice staff. All provide specialist advice on welfare rights, housing, employment and other legal matters. All can give out food bank vouchers and negotiate with energy providers.

Apart from HMP, all provide advice to people living in any part of Hackney.

Table 2 below lists the advice organisations in this programme and their linked health settings from 2018 to 2024, and the changes during that time. COVID-19 created a hiatus in the provision of face-to-face advice work in some GP practices. Most resumed as soon as the respective health settings allowed this. However, in Heron, Wick and Nightingale surgeries, the pandemic and a coinciding change of practice staff made it difficult to re-establish services. The Hoxton Trust returned its funding in respect of the Nightingale practice. In late

2023, HMP started delivering advice services there and in the Richmond practice and their funding increased to reflect this. In place of providing direct advice at GP practices, Age UK developed two different models. They provided training, advice and case support to Social Prescribers working for Family Action who are based at many Hackney GP practices; and to Community Connectors working in community mental health services; and encouraged referrals from rehabilitation teams at Homerton Hospital.

Table 2: Welfare advice agencies in this programme and related health settings and funding, 2018-24

Advice organisation	Health setting 2018 - 2020	Health settings 2020 - 2024	PH Funding 2018-2023 pa	PH Funding 2023-2024pa
Derman	Somerford Grove Shoreditch Park		£15,000	£16,500
Hoxton Trust	The Greenhouse		£15,000	£8250
	*Nightingale	-		
Hackney Marsh Partnership (HMP)	Lower Clapton Health centre		£15,000	£24,450
	Queensbridge	Richmond (Oct 2023) *Nightingale (Nov 23-)		
East End Citizens Advice	Elsdale St (& referrals from Well Street Px)		£15,000	£16,500
Age UK East London	Wick, Heron** HUH	HUH IIT ** Family Action**	£60,000	£66,000
Totals	10	7 - 9	£120,000	£131,700
<p>*Advice sessions stopped at Nightingale due to Covid-19, in early 2020. HMP started advising there in Nov 2023. It was not included in this evaluation as it was too early to collect data from the new service.</p> <p>** Work at Heron and Wick stopped due to Covid-19 in early 2020. Age UK agreed a contract with Family Action to support & get referrals from Social Prescribers working across Hackney GP practices.</p>				

All these advice organisations also reported seeing people referred from other GP practices to their main advice services as well, i.e. outside this Public Health grant.

“We get an awful lot of informal referrals ...from people [who] know me ... from different surgeries than we're actually funded for” [Advice Org 5]

Programme processes and systems

The evaluation identified three different models of providing advice in this programme:

- In the original model and in most cases, the same adviser visited their partnered GP practice and provided advice on a set day each week. For these reasons most of the data collated relates to the original model. In all these GP surgeries, the adviser and advice times were constant: the same adviser ran an advice session, mostly by appointment at their linked GP surgery, on the same day each week. Usually, they

spend about half a day advising patients directly, mostly by appointment, and the other half-day doing follow-up case work. This time was said to be typically spent contacting the DWP (each phone call could take hours), collating evidence for claims and appeal submissions, advocacy or pursuing appeals.

- Age UK had a contract with Family Action for social prescribers to identify and refer people from any Hackney GP practice; and a separate arrangement with departments at Homerton University hospital to get referrals. Although all parties were interviewed and the data included in the analysis as much as possible, these models were not separately evaluated in their own right, because they were not known when the evaluation was commissioned and planned and both had since stopped and were being renegotiated.
- In late 2023, advice services resumed at Richmond and Nightingale practices, with the adviser working at each for a few months at a time. This was not in operation long enough to collect any relevant data for this evaluation.

The advice appointment system in GP surgeries and accessibility

Appointment slots ranged from 30 to 60 minutes and were mostly made in advance. In all but one surgery, the advice sessions and adviser were included on the practice's electronic information sharing and booking system. Appointment slots were booked directly by GPs, practice managers, receptionists and the adviser (e.g. when the person needed a follow-up). Social prescribers and community navigators also helped people to make appointments via the receptionist. In addition, patients made their own appointments. Interviewees reported that self-referrals were typically made by people who had used the service previously (when a new problem emerged); or new people advised by their friends or neighbours to use it and those who had seen it advertised on the surgery website or noticeboard.

The service was found to be flexible and responsive to time considerations, e.g. deadlines for appeals, and housing or energy emergencies. Surgery personnel and advice organisations reported that if a patient had an urgent matter which needed speedy attention, the advisers would squeeze them in without a prior appointment even if fully booked and also used their main advice premises as back-up capacity if waiting for the next available appointment slot would be too long. The findings indicate that the services were well embedded, which helped them run smoothly.

"... works very smoothly. Appointments are always full... They always provide a full list of appointments every week ... there's good feedback and the referrals turn up" [Advice org 3]

Everyone reported that the appointment system worked well and saved time. Surgeries varied in how long in advance they booked appointments, from 1 to 6 weeks, in line with their normal appointment processes. But everyone felt it was best to keep the wait period as short as possible to maximise attendance. Non-attendance was said to be low, but where it occurred it tended to be the same people who had difficulty attending medical appointments, generally because they had chaotic lives.

"I make sure they've got a room booked and I put their sessions on so they can be booked by either the clinicians or the reception team. We all have access to those appointments, and we can book the patients in for advice. sometimes if the advisor wants to bring someone back and it's more in depth, they might book an hour for them" [Receptionist]

All the individuals interviewed felt the system and the wait times were acceptable.

"Yeah, I find it easy. When I call it's within one week or maximum two weeks I get the appointment. One week usually, but sometimes if it's very busy, then it's another week. So, it's very simple and straightforward" [Individual advised, 8]

Case example A - of a person advised and their views on the advice

A 67-year-old patient had multiple health issues, including diabetes, osteoarthritis, a heart condition, chronic pain and depression.

The Adviser assessed that they were entitled to attendance allowance, which would in turn help them qualify for pension credit. They also advised them to apply for a Cost-of-Living Payment as quickly as possible because the deadline was due. The person got all of these. As a result, their income increased from the previous £185pw (retirement pension alone) to £362pw. Plus, they got a lump sum of £1840. They reported that the advice had had a dramatic effect on their mental health:

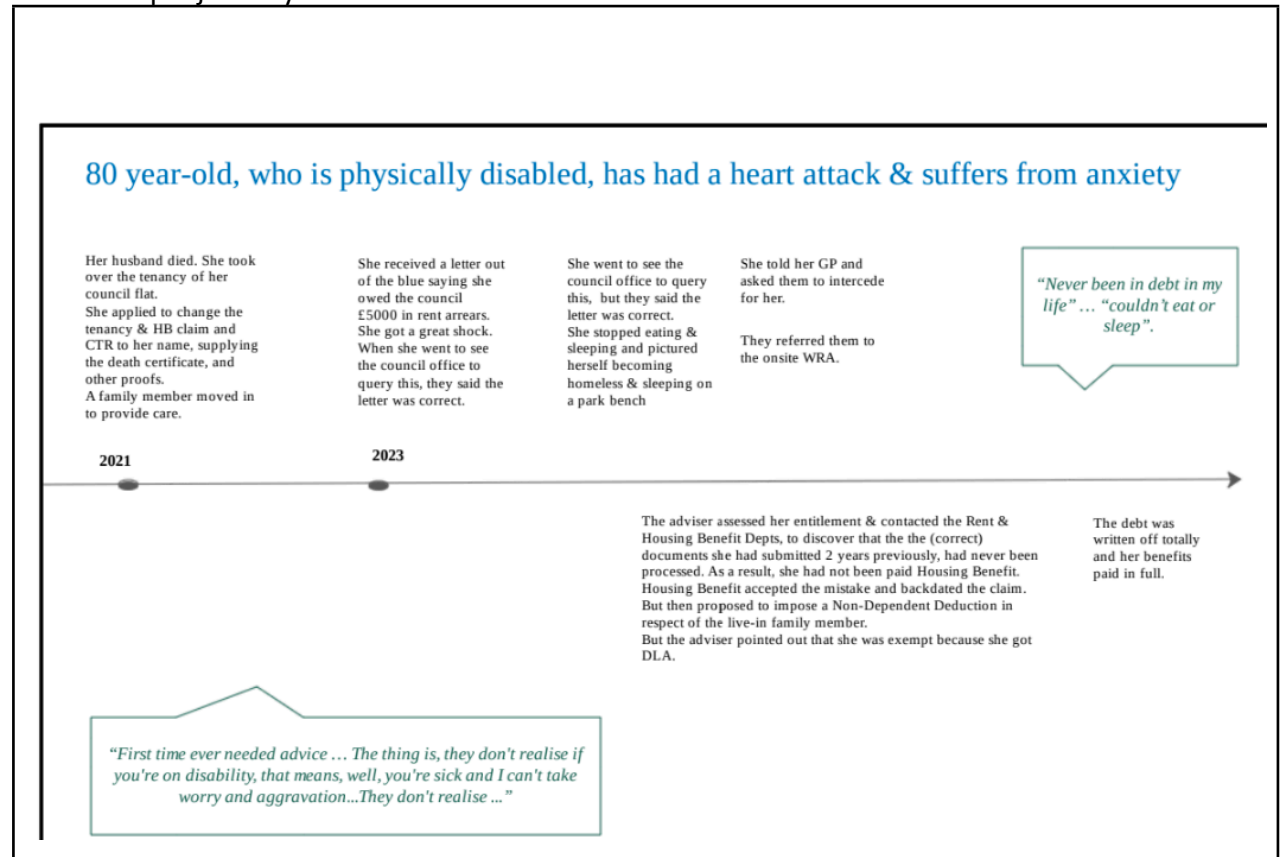
"Before, I took an overdose because I had financial worries and health problems. They gave me another life to live because it was hard for me before I got the extra income. It has helped me a lot. I feel in a better place, because financially I am better off" [Individual advised]

Using the Egdon Medical Information System (EMIS)

Advice services were included on most of the GP practices' electronic system for record keeping and booking appointments, 'EMIS'. This was seen as very advantageous by all parties and to save time while also keeping everyone in the loop.

EMIS allowed GPs or another referrer to outline the reason for the referral. This helped the advisers prepare for that particular advice issue and case. It also enabled advisers to directly access some health details, request any extra medical evidence necessary to support a claim or appeal and write a summary of the advice needs identified and the action they had taken. Referrers reported that they found this reassuring and time-saving, especially in comparison to making referrals to an external advice organisation. In the latter case they would have to spend time finding out if the case had been accepted, if their patient had turned up and then what had happened. Moreover, EMIS ensured that patients got appointment reminders. In one primary care setting the advice agency did not feel the need to be on EMIS access and as they took people from two surgeries, it would not have worked for both sets of patients in any case. But critically in this practice, the advice service had been running there for two decades, was fully embedded, and the practice manager took personal responsibility to remind people about their welfare rights advice appointments.

Case example journey



Programme reach – who gets advice

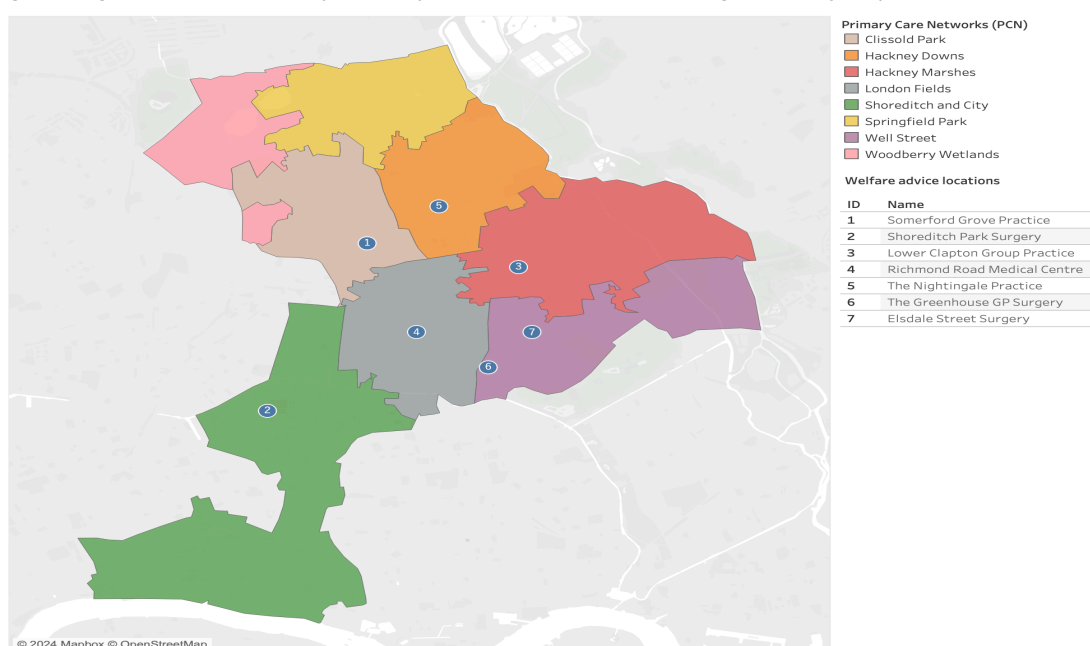
In total these advice services advised 727 people, on 1724 discrete advice issues, over a 12 month period 2022 to 2023. In these settings, access to advice is open to all patients. The data provided show that these advisers see a broad range of people and the profile of advice recipients reflects their health setting's patient profile.

It was interesting to note that while the advice topics were said to be similar to the advice organisations' usual work, at GP practices they advised more people with disabilities and /or long-term health conditions, more younger people, those new to the system and earlier in an advice problem and more people whose lives are chaotic and very challenging.

Location - the programme's distribution across Hackney

The map below shows where this programme's health settings are located, in relation to City and Hackney Primary Care Networks (PCNs). PCNs were introduced in 2019 and post-date both the original programme shape and its subsequent funding cuts and reconfigurations. As mentioned earlier, initially this programme worked in 27 health settings, including some in the north of the borough. Currently none run in north Hackney, although Age UK's support to social prescribers and community connectors may include some working in these locations. The various generic and specialist welfare rights services operating in Hackney may also cover these areas and communities. Interviewees indicated that the present-day distribution was mostly a fall-out of the reduced funding and lack of coordination over recent years, i.e. rather than a deliberate design.

Fig 3: Programme locations by Primary Care Network (PCN) and global majority residents.



Numbers advised in this programme

The advice organisations recorded advising 727 patients in these health settings in a 12-month period over 2022-23. These numbers do not overlap with people the advisers see in their main offices and so can be taken to be new clients. Interviewees felt that many people would not have received advice otherwise and others not as early or as easily.

Table 3: Number of individuals advised and number of advice topics per GP practice in 12 months

Advice organisation	Health setting	Number of individuals advised 2022-23	Number of advice issues addressed
Citizen's Advice	Elsdale St & Well St	85	173
Hoxton Trust	Greenhouse	103	322
Hackney Marsh Partnership	Lr Clapton	194	372
Derman	Shoreditch Park	94	131
Derman	Somerford Grove	108	178
Age UK	Mostly social prescribers & HUH	143	548
	Totals	727	1724

Ethnicity and deprivation data on patients in these surgeries and those advice

To interrogate how well these advice services reflect Hackney's diverse communities and needs, the researcher examined data on these GP practices, collated by the Office of Health Improvement and Disparities (OHID), previously known as Public Health England (PHE)³, and data provided by the advice organisations and compared these to Census 2021 data for Hackney. As demographic data are collected and categorised slightly differently by the PHE and advice organisations, these are presented separately below.

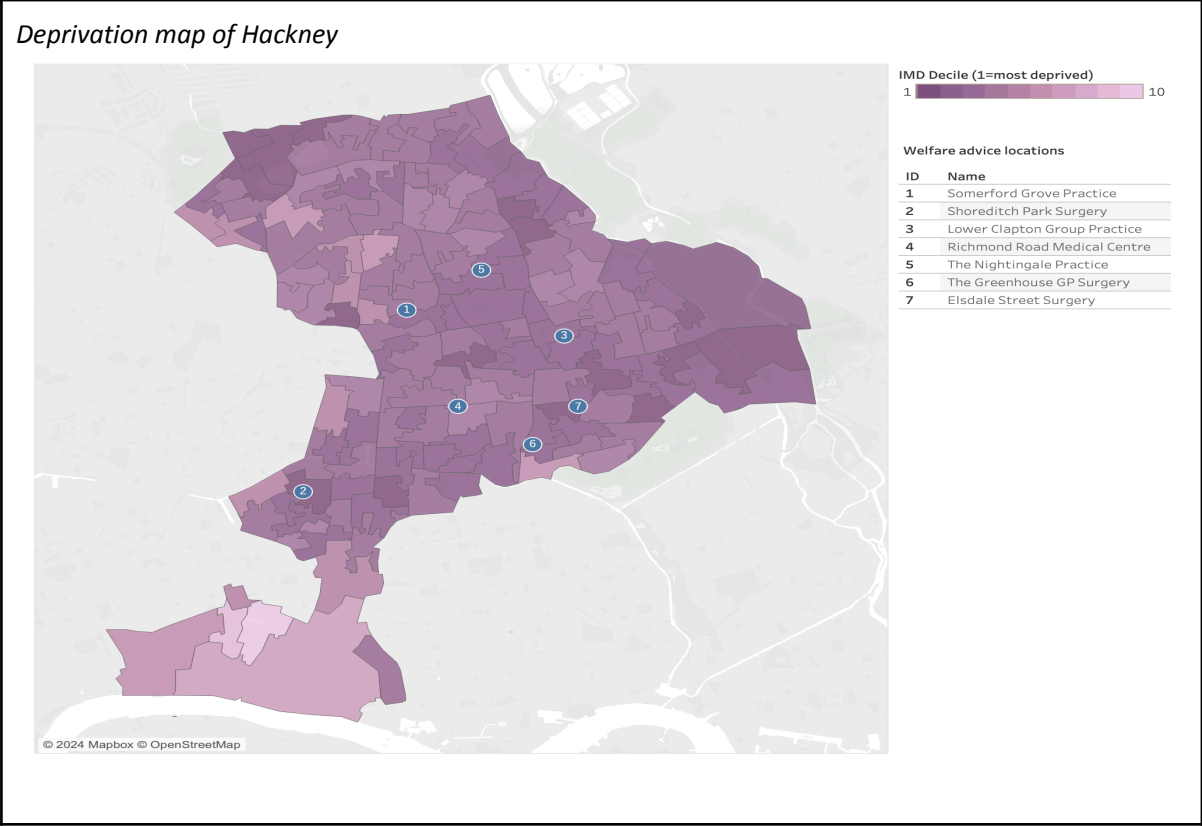
Table 4: PHE deprivation on the programme's GP practices

Health setting - GP practice	Deprivation	Hackney-wide stats
	Relative to most deprived	In 2021/22, 28% of residents of all ages and 43% of children lived in households with an income less than 60% the UK median after housing costs. 16.7% residents were estimated to be earning below the Living Wage in 2023. All neighbourhoods were 1.8% as deprived than average in London in 2019 From Trust for London 20/6/24
Elsdale St. & Well St	2 nd	
Greenhouse	2 nd	
Lr Clapton	2 nd	
Shoreditch Park	3 rd	
Somerford Grove	3 rd	

³ <https://fingertips.phe.org.uk/profile/general-practice>

The PHE data on the programme’s GP practices, show that all are based in areas of very high deprivation.

Fig 4: Hackney map of deprivation vis-a-vis these health settings



Ethnicity data on patients in these surgeries

The map below indicates that the current programme runs in areas with relatively higher populations of global majority residents, serving diverse communities. However, other similarly diverse areas are not served. In its original set up the programme comprised 10 advice organisations working in 27 health settings, including some in the north of the borough and Jewish organisations.

Fig 5. Where people from the global majority live in Hackney vis-a-vis these health settings

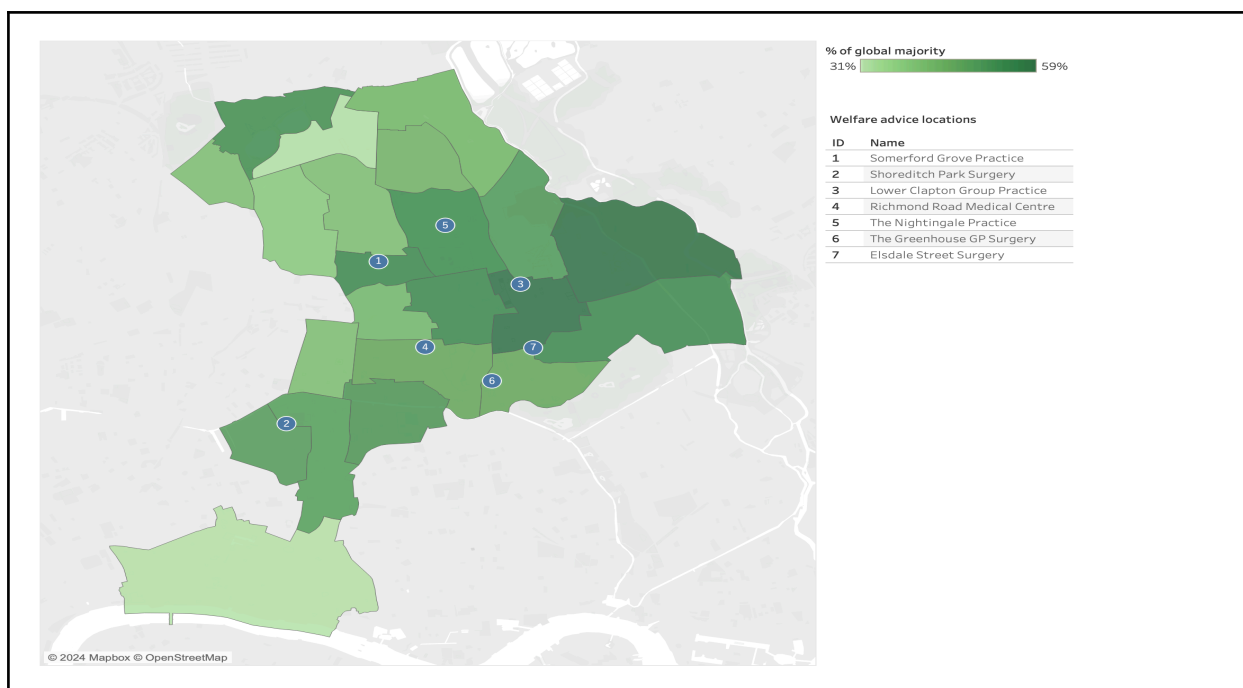


Table 5: *Ethnicity breakdown of patients per GP practice in programme provided by PHE*

GP practice	Ethnicity of patients as recorded (categories used by PHE)				
	Black African, Caribbean & other Black	Asian	Mixed	Other non-white	White
Elsdale St. & Well St	27.3%	10.5%	7.6%	6.9%	47.7%
Greenhouse	18.2%	11.9%	7.2%	7%	55.7%
Lr Clapton	27.2%	12.5%	7.1%	7.2%	46%
Shoreditch Park	19.1%	11.7%	7.2%	9.8%	52.2%
Somerford Grove	21.6%	10.9%	7.4%	8.7%	51.4%
Hackney - Census 2021	21.1%	10.4%	6.7%	8.7%	53.1%

The advice organisations provided data on the ethnicity of the people they advised. As they were not required to collate this data by Public Health or Hackney council funders, the categories they used and shared with this evaluation differ in certain aspects, as the advice organisations collated this in different ways to match their own reporting needs. To minimise the evaluation burden, they were not requested to re-analyse their data. Hence their data is used here as provided by them. For example, Derman are understandably mainly interested in whether or not they were adequately reaching Turkish and Turkish-speaking communities. Hence their focus is on data for that group's access to advice at the advice sessions in Somerford Grove and Shoreditch Park surgeries.

These data were compared with the data compiled by Public Health England (PHE) on the profile of patients in each of these GP surgeries, shown in Table 5 above. A comparison per surgery is attempted in Table 6 below.

Again, these are possibly categorised somewhat differently, most notably in how patients are classified, or self-classify, under the 'other' or 'other white' categories. For that reason, the PHE data for the GP practices in this programme are also shown separately in Table 6 below. Overall, the data shows that this advice programme serves a very diverse group. Indeed, in most cases, the advice clients are more diverse than the corresponding patient profile in the relevant surgery.

Table 6: Ethnicity of patients advised, as provided by advice organisations (& PHE data per practice)

Advice agency	Health setting	Ethnicity of those advised as recorded by the advice organisations (in brackets the data for PHE for these practices)				
		Black African, Caribbean & other Black	Asian	Mixed	Other	White British & other white
Citizen Advice	Elsdale St. & Well St	30% (27.3%)	n/a (10.5%)	8% (7.6%)	13%	50%
Hoxton Trust	Greenhouse	35% (18.2%)	15% (11.9%)	N/a (7.2%)	12% Turkish; 18% other	White British 20%
HMP	Lr Clapton	45% (27.2%)	14% (12.5%)	N/a (7.1%)	19% Turkish Cypriot; 5% 'other'	9% Eastern European; 8% White British
Derman	Shoreditch Park	Not available, but included in the 25%			75% Turkish, Kurdish & Turkish Cypriot**	25%
		(19.1%)	(11.7%)	(7.2%)		
	Somerford Grove	Not available, but included in the 61%			39% Turkish, Kurdish & Turkish Cypriot	61% but includes all non Turkish
		(21.6%)	(10.9%)	(7.4%)		
Age UK	HUH & Social Prescribers	34%*	7%*	3%*	15%*	41%*
Hackney	Cen⁴sus 2021	21.1%	10.4%	6.7%	8.7%	53.1%
					(6.7% Jewish)	

⁴ *comparative data was not available here.

** LB Hackney estimates that at least 4.5% of the population are Turkish or Kurdish. So approximately 11,700 people. This might not include other Turkish-speaking communities. Data from Hackney 'Knowing our Communities'
<https://hackney.gov.uk/knowning-our-communities>

A higher proportion of those advised have a disability or a long-term health condition

All but one of these advice organisations reported that a much higher proportion of people with disabilities and/ or long-term health conditions sought advice from them in health settings than was the case in their other non-health advice sites. As can be seen in Table 6, the rates ranged from 40% to 98% of those advised. These are also markedly higher than the data on prevalence for Hackney as a whole.

In [Census 2021](#), 19% of Hackney's adult population self-reported being disabled 'a lot or a little'; and 10% as having 'bad' or 'very bad' health.

Table 7: Disability and health profile of the people advised

Advice agency	Health setting	Number advised	% with long-term ill-health or disability	Usual % of L/T ill-health or disability seen by this service	Hackney-wide data from Census 2021
Citizen Advice	Elsdale St. & Well St	85	84%	46%	19% reported being disabled 'a lot' or a 'little' and 10% said they had 'bad' or 'very bad' health.
Hoxton Trust	Greenhouse	103	90%	40%	
HMP	Lr Clapton	194	75%	Not available	
Derman	Shoreditch Park	94	40%	55%	
Derman	Somerford Grove	108	45%	60%	
Age UK	Working with social prescribers & HUH	143	98%	Not available	
	Total	727	Range 40-98%	Range 40-60%	

The advice organisations attributed this to the easier access to advice when based at a GP practice. Being closer to people's homes made it quicker and simpler for disabled and chronically ill people to get to and the direct recommendations and referrals from the health setting staff increased early access to advice.

Case example B - of someone helped to claim benefit and sort debt and their views on the advice

A tenant aged 68 with extensive rheumatoid arthritis and a heart condition received a bill of £3000 for 2.5 years of council tax arrears.

Although in receipt of pension credit, disability living allowance (DLA) lower rate care component and full housing benefit, they were not getting council tax reduction.

The adviser assessed they should have been getting the council tax reduction plus the higher rate of DLA care. They helped them claim these successfully and also presented arguments to justify backdating. As a result, the £3000 council tax debt was written off completely and the person received an extra £144 pw in DLA as well as a £1800 lump sum. In turn getting the high DLA care component increased their pension credit.

'As a result of my contact with [advice org], I feel more empowered to access my rights. Because before I didn't know what to do, or where to go. The extra income ... has enabled me to pay for some work needed on the house, which I could not afford previously ... I feel a lot better.' [Individual advised]

Reaching more people who are new to advice services

Feedback from patients indicates that the location, trust and overall ease and speed of seeing the adviser helped to introduce people to welfare advice, many for the first time, and made advice more acceptable and accessible to them. All the individuals interviewed commented that being able to see an adviser at their GP practice was much easier. Factors such as being closer to their homes, not having to queue, the familiar location and the referral from the GP made it feel trustworthy and private and made all the difference. Given this evidence around how co-location enhanced the access to and acceptability of advice, it is quite possible that many of these 727 people would not have received advice otherwise.

She knew what she was doing, and I found it very, very good. She was very approachable ... made me feel really comfortable... she helped me with the form. She went through my conditions and medicines, advised me what to do ... to get letters from the different clinics... before I sent everything off. So, we had it all completed... good advice" [Individual advised 4]

The advice topics covered

All the evaluation interviewees in the programme's health settings, such as GPs and Practice Managers, identified a pronounced need for welfare rights advice.

"Several times every week I will be asked about [advice topics]. Get questions from people with food insecurity, with housing, problems, with damp housing, people threatened with eviction. People who just haven't got enough funds to feed their family and pay the rent, ... immigration, of course as well, because a lot of people have no recourse to public funds. ... Destitution ... the need for advice is greater than it's ever been" [GP]

The advisers offer a holistic service and work to the criteria set out in the Hackney Advice Framework. In other words, someone initially seeking advice on say debt receives an assessment of their benefit entitlement and other areas, even if they had not recognised those other needs. Welfare benefits, housing and debt were the most common problems presenting and many people needed advice on multiple issues. For example, about one in five need housing advice, such as homelessness, tenancy agreements or disrepair.

Across the board, at least half of the patients referred needed benefits advice and in one service it was nine in every ten people seen. Many people made claims for a benefit they were unaware of or got a higher amount than they were likely to have received otherwise or succeeded in challenging a wrong decision. Successful claims for Personal Independent

Payment (PIP) or attendance allowance and benefits for long-term illness and incapacity for work were common. They were said to offer the main route to significantly boost someone's income, both directly and indirectly, as they also helped increase other benefits, such as the pension and universal credit and served as a passport to further concessions, including travel. In two settings roughly one in three needed help to deal with an unaffordable debt. Correcting erroneous decisions and lack of communication around housing benefit and council tax reductions were also major and much of the debt advice centred on rent and/or council tax issues. One person had a debt of £60,000 cleared by a successful claim for housing benefit.

"... in arrears with your rent because council tax Reduction or housing benefit haven't been paid properly. You've got difficulties with utility companies ... we will talk to the utility company... and help pay it off or reduce the bill" [Advice org 2]

All regularly provide with energy providers and on other matters, give out food vouchers and help people apply for travel concessions.

Table 8: advice topics per health setting

Advice agency	Health setting	Benefit issues	Housing	Other aspects reported
Citizen Advice	Elsdale Practice St. & Well St	89%	52%	32% debt
Hoxton Trust	Greenhouse	65%	25%	Highly complex needs
HMP	Lr Clapton	57%	19%	35% debt
Derman	Shoreditch Park	71%	7%	
Derman	Somerford Grove	54%	11%	
Age UK	via Social Prescribers, Community Connectors and HUH teams	85%	25%	High proportion of patients have complex needs

"Mostly benefits. We do an awful lot of work on PIP. Are they eligible? Helping with forms, mandatory reconsiderations, appeals ... limited capability for work under universal credit, council tax reduction and housing benefit. ...then debt issues next and with them council tax arrears and overpayments of housing benefit and council tax reduction. Quite a lot of housing ... a lot of people in bad housing or can't get housing and there's very little we can do about it. ... funnel people in for energy advice ... charitable provision, food banks, fuel. But as I say, housing, [but] there's nothing in Hackney, [apart from] housing disrepair ... we'll refer to the housing solicitors ... We get family issues as well. We can refer to family [law] solicitors ..." [Advice org 5]

It was reported as normal for people to present with layers of complex problems and that the time needed per case could range from four weeks to over a year.

“Our clients rarely have one issue, though they may present with the most pressing issue. Clients come in for help with the cost-of-living crisis and we assess to check they were getting the correct benefits... and at the correct level. ...the majority have a disability or a long-term health condition and do not always know what support is available. We help to claim disability benefits and challenge negative decisions” [Advice org 5]

Housing problems included disrepair, homelessness, a lack of housing supply and illegal evictions. Advisers reported a marked increase in young working people who are renting and who needed housing advice.

“Many are on long-term benefits and they're on a long-term sick note ... not likely to get back into work for various reasons and if a benefit changes or when one benefit stops and it changes over to another, it doesn't automatically happen. They're not a group of people that are able to navigate that on their own. So, they do need help doing it. ... they can be a bit chaotic.” [Practice Manager]

Advisers reported that they responded to needs presented and assessed and provided whatever help was appropriate for that issue and stage, e.g. form-filling, negotiation with creditors, such as energy providers, or casework and appeals. On the latter, most made written (‘paper’) submissions as they did not have time to accompany and represent people in person at tribunal hearings. Those who needed physical representation were mostly referred to Hackney Law Centre.

All the advisers in this programme were qualified and specialist. Most had over 20 years’ experience and could provide expert advice on welfare benefits, housing and employment and initial advice and appropriate referrals on certain issues such as debt. This high level of skill and expertise was considered essential as all these advisers work on their own in the respective health settings. Both HMP and Citizen’s Advice are accredited by the Office of the Immigration Services Commissioner (OISC), which allows them to provide immigration advice. Citizen’s Advice is accredited to pursue detailed debt advice and casework, and other specialist legal areas, including family law.

Programme financial and other outcomes

The evaluation asked the advice organisations to provide details on any financial outcomes achieved. The qualitative depth interviews with the people advised, staff at health settings and advisers probed non-monetary outcomes for patients and what difference if any the co-location of advice services made to their services.

Financial outcomes achieved for patients

Data on the amounts achieved as a result of this programme for 2022 to 2023 were provided by the advice organisations. It is a mix of the financial outcomes reported back to the advice services and estimates made by the latter, as sometimes clients did not provide feedback and the advice organisations did not have the staff capacity and time to chase people to get this data. Nonetheless, the advice organisations were very confident about the estimated outcomes based on their known records of success and the normal pattern that people return to them if a claim or appeal is unsuccessful. If anything, they felt that these calculations were conservative and likely to be underestimates. Again, as Hackney's policy is to not request these data, the researcher had to request statistics from individual advice organisations, who compile it in slightly different ways. Notably the larger advice organisations had more staff capacity to collate more detailed monitoring.

The five advice partners recorded assisting 727 people to gain an increase of at least £1,356,456, plus additional one-off lump sum payments, arrears and debt cancellations totaling £247,937 for a 12-month period over 2022-23. This is new money. In many cases it will help meet the higher costs of living associated with disability, ill-health and unpaid care. These amounts only relate to advice and advocacy on financial matters, such as welfare benefits or debt. Many people received help with non-monetary issues such as housing, which is not captured here.

Table 9. Amounts gained per agency and health setting in increased benefits or reduced debt

Advice agency	Health setting	Actual annual -reported to advice agency	Estimated annual recurring	Lump sums & arrears actual & estimated
Citizen Advice	Elsdale St. & Well St	£57,195	£171,585	£20,937
Hoxton Trust	Greenhouse	Not available	£30,104	Not available
HMP	Lr Clapton	£141,960	£535,600	£52,000
Derman	Shoreditch Park	£48,000	£31,000	Not available
Derman	Somerford Grove	£13,312	£19,000	Not available
Age UK	via Social Prescribers, etc & HUH teams	£106, 758	£201,942	£174,000
Totals		£367,225	£989,231	£246,937

Non-financial outcomes achieved for patients

In the qualitative interviews with professionals and individuals and in the case examples provided by advice organisations, many non-monetary outcomes were reported. The main ones were:

- People's issues were resolved and they saw results more quickly, as they did not have to wait as long to see an adviser as they might have done otherwise.
- Many got advice earlier in an issue, for instance at the start of a disabling condition, or shortly after having to give up work because of ill-health.
- Problems which had felt overwhelming to patients were resolved. This reduced stress.
- It was easier and faster to get supporting medical evidence, e.g. to prove incapacity for work, or to support claims or appeals for UC, ESA, PIP, or attendance allowance.
- Extra issues, often previously unknown to the individual, were identified and addressed.
- Patients interviewed said they preferred getting advice at their GP surgery, as they found it more accessible and acceptable, as well as more confidential and private.
- The advice reduced people's anxiety, pressure and improved their mental health.
- They found it reassuring to know that they could easily get advice and support and probably resolve problems whenever needed and said it made a big difference to know that there was someone they could turn to, who was *'on their side'*.
- Many felt they understood the system better and were more able to manage future issues.

"It made all the difference. I slept for the first time in a week ... I was able to sleep again. It was that worrying ... the best appointment I ever had" [Individual advised 1]

One advice service surveyed their clients and reported that:

"73% of clients tell us they are happier; 61% of clients tell us that their lives are better"

Case example C: person advised and their views on the advice

A health professional in their 50s lost their job due to the long-term effects of Covid-19. They were extremely stressed by their illness and situation and needed advice on any financial support they could claim. The money anxieties were aggravating their condition.

"after 25 years in employment I basically ended up with no job and really didn't know what to do ... I hadn't claimed anything ever"

They were referred to the WRA in their GP surgery. The adviser helped them complete the forms for PIP and universal credit and helped them prepare for the work capability assessment. When initially refused PIP, the adviser assisted them to appeal against that refusal, which was successful. As well as providing a basic income, this advice helped this person feel much less anxious, despite having a significantly reduced income in comparison to their previous earnings.

"I wouldn't have known. I didn't have anyone to do that for me. ... [the adviser] was thorough ... she's used to dealing with that kind of thing, so she was able to address them over the telephone and knew what they wanted to see and hear ... what was expected"

“...clients tell us that they are better able to manage debt and other issues and have improved mental health by our interventions” [Advice Org 5]

Outcomes reported for health settings and staff

- Staff at these health settings reported that the service helped them address patients' needs and alleviate individuals' poverty, hardship, debt, fuel and mental distress.
- Health professionals felt very reassured that these issues, which were not directly medical and outside their scope and expertise but impinging on their patients' issues, were getting resolved. They appreciated having a solution at hand for these problems.
- The advice services saved time for GPs, receptionists, practice managers, nurses and other health professionals, including time they might have otherwise spent trying to contact the DWP, HMRC, Housing Department, etc, or searching for an appropriate organisation to refer the patient to, and then following up referrals.
- The referral process worked easily and effectively. GPs and others felt said this saved them time and effort to follow up cases, as well as concerns for their patients.
- Health setting staff gained insights and an improved understanding of the system.
- Having an integrated advice service in the practice was seen as enabling continuity of care and holistic services for patients, by addressing issues which directly and indirectly impacted on their health and wellbeing but were outside medical expertise.

“I'd probably have been on hold for half an hour before I even spoke to someone ... I imagine it would have taken about an hour.” [Receptionist on what they would have had to do if not for their onsite adviser]

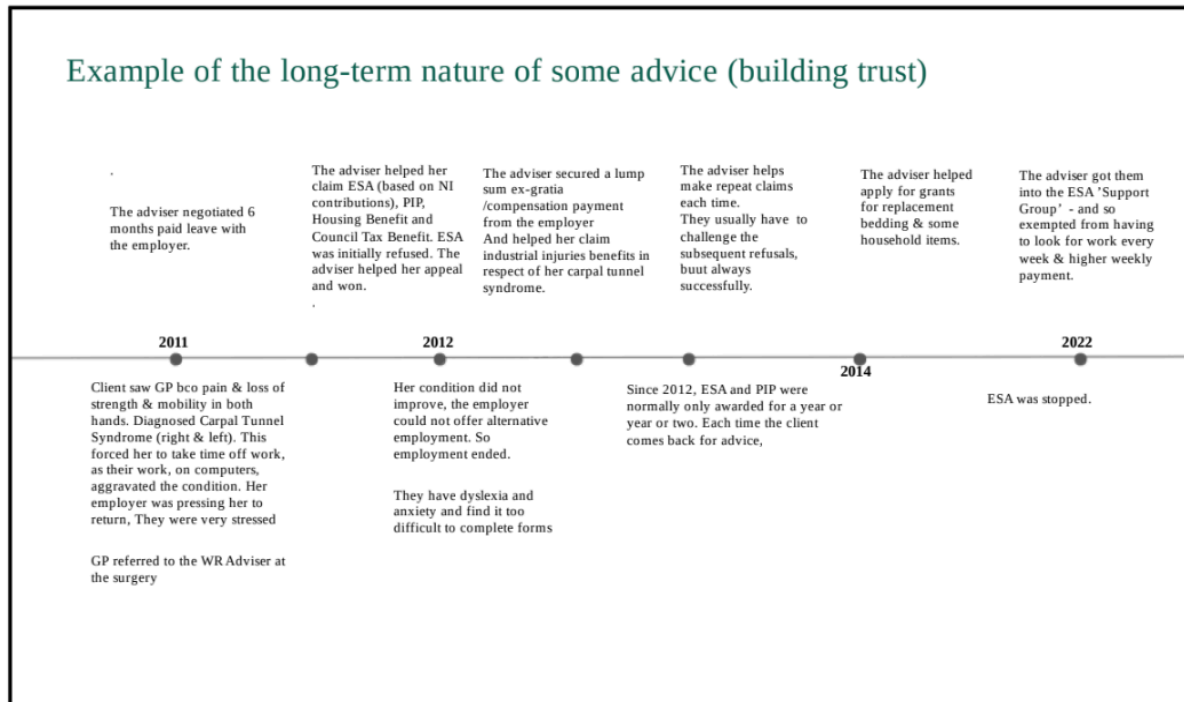
“[The adviser] is absolute gold dust ... I'm not an expert on any of these things.. I can try ... to direct people to someone who can help, but I'm not sure where to go, what we would do” [GP]

Reported outcomes for programme advice organisations

- Advice organisations were able to reach more people and increase their advice capacity and helped people who might not have attended their main advice premises.
- They reported that they benefited from people's trust in their GP and health setting, which meant people accessed the advice service more readily and again helped the service reach more people.
- People were referred to and so tended to get advice at an earlier stage than people with similar issues attended their main advice office. For instance, many were referred at the onset of a disabling or long-term condition, housing problem, or debt, or at the point of losing employment. This helped minimise the financial impact of such life-changing events, as well as slowing the transition into poverty.
- Given that high numbers of those seen had long-term health conditions and/or disabilities, advisers had greater scope than usual to maximise incomes, especially through claims for PIP and AA and the related knock-on benefits.

- Advisers found it easier and quicker to access medical evidence, to submit at the start of a claim, or when challenging decisions or drafting appeal submissions.
- In turn, this often meant that the process and subsequent assessments were quicker and yielded positive decisions in their clients' favour.

Case example of how someone's advice needs emerge and change over time



Key enablers found in this programme

In examining the main enablers in the programme, the following main themes emerged:

- The importance of trust and building trusted relationships
- Facilitating access to specialist advice in different ways

The importance of trust and building trusted relationships

All interviewees emphasised the importance of trust. It was found to be essential across all parties: the advice services, advisers, health setting staff and the people needing advice, as well as between the funded organisations and funders. Trust emerged as the key building block for effective joint working relationships. GPs, practice managers, receptionists and patients commonly spoke about how much they trusted their adviser. Over time, these advisers had become and were treated as part of the respective practice team.

“Trust between GP and adviser ... that's vital ... first thing is establishing trust rather than focusing on service provision” [GP]

A positive, smooth and trusting relationship between health setting staff and the adviser was found to rely on:

- time to get to know each other and the service offered;
- reliability, continuity and stability, especially having the same person delivering the advice sessions at the same time each week; and
- perceived effectiveness - practice staff valued having solutions to patients' problems they recognised as important but could not address themselves.

“It's the relationship with [the advice org]: we accommodate them, they accommodate us. It's perfect really. And I think for patients, one of the most important key things ... is continuity of care. And even though this is an add-on service, the continuity is still there: it's the same face, in the same place, on the same day, every week ... it's very reliable.”

[Practice Manager]

For the people needing advice, their trust in their health setting staff was key to their initial willingness to see the adviser and attend their first advice appointment. But after that, trust grew with the adviser themselves, and more so when the effectiveness of their advice and intervention was perceived.

“a lot of them struggle [to use another service or follow up referrals]. A new place can be scary or daunting. They know the staff here ... more likely they will turn up for the appointment here and ... engage. So it makes more sense for it to be in-house.” [GP]

In addition, people's trust in the adviser relied on the latter's perceived independence, as many people were deeply distrustful of the council and other government services. The individuals interviewed emphasised how much they appreciated having someone ‘on their side’. This point was also picked up in feedback gathered by the advice services. In one

organisation, 82% of their clients surveyed said they felt that the advice service was on their side.

"Great service ... reassuring to know that someone has got your back" [Individual advised 2]

Trust between the council and advice agencies was also evident. The latter appreciated Hackney's efforts to improve services for residents, their understanding of advice work and of the VCS's capacity issues and their light-tough approach to monitoring and reporting.

"It's about trust and access... we live in very diverse communities. A lot of people we see have fled tyrannical authority, so they don't really trust local authorities ... government of any sort. They need somewhere to go which is independent... if you've got letters dropping in from the Council and all the time it's rent demands and council tax bills. When a letter says, 'we're the [advice section]' ... you're going to ignore it, aren't you?" [Advice Org 4]

Seeing the positive results from advice given also augmented trust across the health practitioners as well as the public. All the health setting staff interviewed had observed clear benefits from having an onsite advice service. In addition to saving them time and (possibly wasted) effort, they observed how their patients' problems were resolved. They witnessed reduced stress and anxiety and often increased income in these patients. This evidence created a positive feedback loop and made them and patients keen to continue this service.

"I think it's great. I think GPs should grab onto this and like literally hold on with both hands and sing its praises because our patients ... love this service ... They literally couldn't thank us enough for seeing [adviser]. So grateful. This service is amazing and I think it should be rolled out everywhere." [Practice Manager]

Facilitating access to good quality advice

Another central theme was the significance of this co-location in improving access to advice. There were a number of different aspects to this.

Physical access

GP practices were said to be more accessible than advice services' own premises as, by design, patients live within a very short distance of the GP. In contrast, visiting that advice service's main offices might require travelling, using public transport and sometimes queueing. As many of those advised in this programme have long-term conditions or disabilities, facilitating physical access is fundamental, including access within buildings.

The universality of GP practices

As noted above in the demographic profile of the patients using these GP practices and the data on which patients access advice services, both serve a wide demographic profile and reflect Hackney's diverse populations. As one person put it:

"Everyone goes to the GP" [Individual advised 1].

Immediate and direct access to specialist advice

GPs and other practice staff appreciated having immediate and direct access to specialist advice to address problems they knew were impacting patients' health. Without this service, they could only make more vague recommendations to people to seek advice somewhere. Moreover, they said that if they did not have an onsite adviser they felt the onus fell on them to find a suitable advice service to refer to and then keep checking with the patient if they had followed up on this.

Proactively identifying advice needs, rather than relying on people to self-refer

Health setting interviewees and advisers reported that people often sought advice from health professionals on housing and other issues or asked them to intervene for example in the belief that they could help them move up the housing waiting list. Many also raised issues such as health conditions which the GP recognised could benefit from advice intervention, such as stress related to debt, damp housing or lack of money to buy food.

"The advantage of being based at a GP practice is that the practice can target clients they know need an advice intervention, regardless of whether the client would have self-referred or not (and probably not) and those with a disability can be prioritised" [Advice org 2]

Patients felt that having an appointment for advice made advice more accessible

The patients interviewed strongly preferred having a fixed advice appointment and found this more accessible than queuing for advice at an advice agency's main offices. They felt the current waiting times for appointments were acceptable and often shorter than if they tried visiting an advice organisation. Moreover, staff and those advised understood and appreciated advisers' flexibility, in that they would see people without an appointment, when an issue was urgent. People said they did not like queuing, or the first-come-first-served system that some advice services have to run, and found this incompatible with caring responsibilities, health conditions and disabilities. Many had experienced arriving very early to queue at other services, but not being successful that day and so having to do the same again another day. A fixed appointment slot saved them time, uncertainty and stress. They also preferred the confidentiality and privacy at their GPs.

"Much easier than hit and miss queuing at the CAB ... you had to be down there from 8 o'clock in the morning, might be late because of ... school. [may] need to come back the next day and try again. It didn't feel so good... bit embarrassed, when waiting on the street for a long time, in plain view, very exposed and public" [Individual advised 6]

The ease of making appointments by any of the GP practice staff and by patients themselves also enhanced access, as this meant that every professional in the surgery could identify a potential need and get the ball rolling, but at the same time, patients did not need to wait for a professional to do so.

Being embedded in and part of the team and practice systems

Being part and parcel of the practice's system for appointments, reminders and recording case-work emerged an important feature of enhancing access. This made it easier to book and remind people about appointments and facilitated advisers' access to supporting

medical information, without having to trouble the GP or other staff. Conversely GPs and other referring staff could easily track what was happening with their referral and overview the advice progress. This was described as easy, quick and reassuring and provided a simple and unobtrusive method of communication between adviser and referrer. Once up and running, the systems and processes were said to operate smoothly and easily:

“it just seems to just run itself ...” [Receptionist]

Meeting language needs

In two advice services, the adviser could advise Turkish and Kurdish speaking people in their own languages. This facilitated access for those communities, especially for older people. All the advisers regularly used Language Line or interpreters, as did the GP practices.

Key challenges found

The main challenges found were

- inherent challenges in the welfare system and structure;
- the programme's coordination, oversight and information sharing;
- the programme's interface with social prescribing; and
- considerations in setting up in more practices.

Inherent challenges in the UK welfare system

Many of the intrinsic challenges in the current welfare benefits, housing, debt and other legal systems, were outlined earlier.. In this evaluation, the point was repeatedly emphasised that many people find it either difficult or impossible to navigate these systems and find legal redress themselves; and that incomplete or incorrect advice can cause severe and long-term harm. Moreover, people who have stressful lives, or have disabilities, or chronic health conditions, or caring responsibilities, are more likely to need to claim a social welfare benefit or experience housing problems, face challenges when dealing with these and find it difficult or impossible to navigate the complex systems alone.

Advisers and local stakeholders said that despite the number of advice services delivered by the council and many VCS organisations across Hackney, all were over-subscribed. Moreover, needs were said to be increasing because of growing complexities in the system and the most recent cost of living crisis, which aggravated existing inequalities and deprivation. It was anticipated that the forthcoming move of the final tranche of people onto universal credit would create another realm of problems and groups of people, already reliant on a means-tested benefit, becoming significantly worse off. Specialist advice, e.g. to pursue immigration, housing, debt advice and appeals was said to be under even greater pressure than benefits advice. Hence any extra advice capacity was essential and welcomed.

"There is a huge lack of [free] immigration advice... Hackney Migrant Centre, the Law Centre and Praxis ... are inundated ..." [Advice Org 5]

Section 9 below attempts to analyse the extent of unmet need in the borough.

Poor programme coordination, oversight and information sharing

This programme has been substantially reduced since its original inception, in both the number of advice organisations and health settings involved. Originally it was a commissioned service, comprising 10 advice organisations providing advice in 27 GP practices and coordinated and managed by Social Action for Health. Over the years the programme's funding, scope and profile were substantially reduced. From the available evidence, this was because of limited funding rather than any reduction in demand or the need for advice. By the time of this evaluation, it lacked strategic coordination or planning and that had been the case for some years. While the advice services and health settings got on with delivering services on the ground and these were found to work smoothly and produced impressive results, no-one had maintained overall programme oversight.

Although the programme operated effectively where it was running, an unanticipated finding was the lack of knowledge about the programme at a Public Health or council level, e.g. about how and where it currently operated and how it was perceived. This evaluation also found that Hackney Public Health personnel were generally unfamiliar with the legal welfare rights field, such as housing, employment law, social welfare benefits or debt and the role these issues play in inequality deprivation and health. They were similarly unaware of how advisers undertake their work to help people achieve their legal entitlements and maximise rights and incomes. This proved a continuous challenge in this evaluation, especially in reporting on this relatively small programme and attempting to explain how it fits into the wider picture of welfare rights advice in Hackney, or regionally and nationally.

In this programme, there had been no systematic information sharing of issues emerging on the ground, or the numbers seen, or their characteristics, or the outcomes achieved by this advice for many years. The evaluation found that the lack of evidence was frequently taken to mean that there was no evidence. This was aggravated by the lack of joint programme meetings or fora to share insights or collectively discuss issues or emerging learning. Instead, there was a notable tendency to rely on anecdote. This may partly explain why this programme was found to not have any identity as a 'programme', and the poor awareness of how or where it worked and its substantial achievements. The evaluation found that health settings were mainly only cognisant of their designated adviser and largely unaware that this work formed part of a borough-wide programme.

The lack of two-way communication between the programme and City and Hackney Public Health may also have both contributed to and emanated from the latter's lack of familiarity with welfare rights scope, approach or its link to health. Without free welfare rights legal advice, there is nowhere else for people to turn. This evaluation was frequently told that all welfare rights advice services in the borough, including the Money Hub, were at capacity, often had long waiting lists or could only manage the ongoing demand by closing their doors or refusing new referrals.

Not getting advice can have a direct impact on health, not least if someone ends up not being able to eat or homeless, because of rent arrears - which a claim to housing benefit could avoid. As outlined in the first section, the UK welfare system is extremely complex, prone to frequent changes and confounds most people (and any professionals working with them). This is widely understood to be one reason why people do not get their legal entitlements as a matter of course (e.g. DWP, 2022). In addition, official errors are legion. Even those who manage to submit a benefit claim or challenge a decision on their own, are quite likely to get an erroneous refusal.

The absence of a person or organisation who had the responsibility or oversight to coordinate this programme was found to have impacted negatively in several ways:

- The programme lacked a plan or strategy. No development work had been undertaken in recent years, e.g. to create new partnerships or approaches; and there was no sharing of information about the programme's work or outcomes.
- No evidence of efforts made to assess need across Hackney or other health settings came to light. The basis of the decision to reduce this programme from the earlier 27 health settings, with a wider geographical reach, to its current allocation is unclear.

Although all services are in areas of high need, the current picture was said to have resulted from a series of cuts over the past decade, rather than deliberate design.

- A Public Health survey conducted in 2019 found that the health settings that had previously had an advice service wanted one reinstated and others that had never had an advice service desired one too. This was not acted on.
- Neither Public Health nor the relevant Hackney Council department were familiar with the programme or its achievements, or the relationship between welfare rights and prevention. Little evidence was collated, although all the advice agencies collected monitoring and outcome data.
- Possibly as a result, there was no sharing of the work undertaken or outcomes and many misconceptions were found, including overestimations of challenges.
- Public Health and the council were largely unaware of the models of delivery, or how smoothly most of these services were running and how much they were valued and seen as intrinsic to their respective GP practices.
- Conversely, difficulties encountered in four GP practices and a hospital department had not been addressed. As a result, advice services there had ceased.
- Advice organisations interpreted this to mean that these health settings were not interested. Instead, the evaluation found that the problems mainly stemmed from misunderstandings, poor communication and lack of time on both sides. In two of these GP practices, a third VCS organisation ascertained that the GP surgery was still keen to host advice sessions, and the (only) challenge lay in timetabling. This was quickly and easily resolved and advice resumed.
- The lack of programme meetings undermined knowledge, information sharing and any scope to cross-fertilize and share learning.
- Health settings were not given any role in planning or shaping this programme.
- LBH and PH were largely unaware of initiatives by programme advice partners to develop other outreach work in Hackney. For example, Citizen's Advice works with hospitals, schools and children centres; Hoxton Trust's contracts with Primary Care Networks; or Age UK's work with social prescribers.

The programme's interface with 'social prescribing'

In Hackney there are a number of schemes working in health settings, including '[community connectors](#)', '[social prescribers](#)' and '[well-being coaches](#)'. While it was difficult to ascertain the exact scale and nature of all this work in Hackney, in general these roles are intended to support people to deal with social isolation and some mental health issues and help connect them to local activities and services. Some of these roles are paid; others are voluntary. In Hackney, Family Action runs the Social Prescribing scheme and Volunteer Centre Hackney delivers Community Connectors. Interviewees from both organisations stressed that people in these roles were not trained, qualified, or insured to provide welfare rights legal advice, complete forms or challenge decisions, unlike professional welfare rights advisers.

"[Social prescribers] don't provide direct welfare benefit advice... [they] do basic things, taxi cards, Freedom Pass ... Benefits advice is not part of our role ... not trained ... not expert ... don't have any accreditation... [should] refer on to other services ... These are all very specialist areas." [Family Action]

“[Community Navigators] are not qualified ... [they] don't do advice and guidance ... there's constant upkeep [because] things change The most they'll do is show someone how to go online to get a bus pass, things like that” [Volunteer Centre Hackney]

In practice, the evaluation found that health professionals were unsure about the remit or boundaries of these roles. Even on health and wellbeing matters, evidence on their effectiveness is still to be determined (e.g. Carnes, et al 2017).

If it is difficult for health professionals to understand the scope and expertise of these roles, it would be impossible for a patient to assess if the advice given by a social prescriber or person in a similar role was correct, more-so if they trusted and had established rapport and trust with that person.

The evaluation heard examples of social prescribers and community connectors encouraging and helping people to make an appointment to see the welfare rights adviser, which was appropriate.

However, several examples also emerged of welfare rights advice being given. In one case, someone was helped to lodge an appeal against an ESA work capability decision. But the appeal letter was sent to the private company contracted to conduct the medical assessments. In other words, not to the DWP who make the decisions and process appeals. As a result, the claimant missed the deadline. The advice agency had to present a case to argue for an extension to the time limit to submit an appeal to the correct body.

Age UK had agreed a contract with Family Action to train and support social prescribers to encourage and improve referrals from them (to Age UK). Age UK then advised those referred. This was said to have gone well, but a detailed or comparative examination of the effectiveness of that approach was outside the scope of this evaluation.

Considerations if setting up in new GP practices

While allocating a room to provide welfare rights advice was clearly prioritised in these health settings as they were seen as part and parcel of the practice, finding space was identified as a potential challenge if approaching a new surgery. GP practices were said to face many competing demands on their limited space, especially as patients value having a quiet, confidential, space to discuss private matters including disability, illness (and associated care needs), plus income, debt and poverty. Fitting in advice sessions was facilitated when advisers brought their own laptops, printer, and ideally wi-fi connection.

Estimating unmet need for advice in health settings in Hackney

The primary focus of this evaluation was to evaluate the effectiveness of the current welfare rights advice in health settings programme and make associated recommendations: i.e. not to do a needs analysis or measure unmet need. Indeed, to conduct a thorough analysis of need and unmet need for these types of legal advice and advocacy would probably necessitate in-depth interviews with most adults in the borough including a detailed check of everyone's benefits, debt, housing, employment, immigration, health, finances and entitlements. This would be clearly unfeasible and unaffordable. Instead, this section uses available data to estimate reasonable approximations.

These include:

- Findings from this study
- A survey of GPs conducted by City and Hackney Public Health in 2018
- Calculations based on the number of GP practices in Hackney
- Data from community navigators and social prescribers
- Local and national data on unmet need
- Hospital based services
- City of London

Findings from this study

- This relatively small service advises about 730 people per year and succeeds in ensuring they secure their legal rights and in many cases increased income.
- Advisers reported that most people were new to advice and estimated that they would not have received advice otherwise or would not have resolved their problem as early, without the adviser's intervention. Most of the 10 people interviewed for this evaluation reported that this was the first time they had needed or got welfare rights advice, that they could not have managed alone. Some had previously tried to resolve issues themselves but had failed. All said they had been extremely stressed by their situation by the time they saw the adviser but felt significantly reassured afterwards.
- All GPs, practice managers and receptionists interviewed in this evaluation reported a very high need for this type of service, which they could not otherwise meet.
- As detailed above, the majority of those referred to these advice services had a disability or chronic health condition. Many had lost their employment. Some faced destitution. None were able to navigate the relevant welfare systems alone.

- Often the health professional identified the person's need for expert advice before the individual had themselves, e.g. in the early stage of a disability, or at the point of losing their job, or experiencing damp housing.
- The data shows that advice was provided to a wide range of people. The demographic profiles of service users matched the ethnicity profiles of patients in each of the GP practices. In addition, Turkish speaking and homeless people are specifically provided for. At the same time, other significant minoritised groups in the borough might also benefit from a health-service based advice facility, notably the Charedi Community in the north of Hackney, or people with a Vietnamese or other South-East Asian heritage. Analysing this need and potential was beyond the scope of this evaluation, but an earlier iteration of the programme had included Jewish advice organisations (Appendix 2).

Hackney GP survey

A survey of all GPs in Hackney was conducted by City and Hackney Public Health in 2018, which is after the programme had been substantially reduced. This survey found that GPs who had previously had a welfare advice service wanted it back and those who had never had this service also wanted one. Unfortunately, the full details of this survey (e.g. response rate, questions asked), were lost in the cyber-attack on the council.

Estimates based on GP numbers and extrapolations from available data

Clearly the present service only covers a small number of GP practices. According to official data from NHS Digital, 280,306 adult patients, aged 18 or over, were registered at the 39 Hackney GP practices in February 2024⁵. The current programme advises 727 patients per year, and in each of their respective practices advise between 1% and 2% of patients in a 12-month period. If these rates were extrapolated across all 39 practices in the borough, the programme would reach between 2803 and 5606 patients per year, all other things being equal, e.g. without increasing provision.

Data from social prescribing, community navigators etc

A recent London-wide report found that 45% of London's social prescribing link workers had difficulties securing welfare rights advice for their patients. Worryingly, 85% reported that the scarcity of advice services obliged them to give advice to patients that went beyond their job role and levels of knowledge (Farrelly, et al, 2024). This demand was echoed in this study:

"[Social Prescribers get]: a lot of benefit issues ...we need more welfare rights advice, more organisations ... current services are over-stretched" [Local stakeholder]

Hackney's Community Navigators were reported to see 600 patients per month and experienced a high demand for welfare rights advice

⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice>

“The things that continuously come up about their health and well-being are housing, benefits and immigration, ... financial issues ... Many struggling with immigration. So many weren't getting pension credit” [Local stakeholder]

Goodman et al., 2021 highlighted the current risks of seeing social prescribing as a cheap alternative to specialist advisers. Instead, like Farrelly (2024), they found that social prescribers often helped to highlight previously unidentified and unmet needs, rather than reducing demand for advice service. Unfortunately another finding was that adding an extra referral stage, i.e. referring to social prescriber's who then had to refer to experienced and trained advisers, increased the risk of attrition.

High general and local need

The welfare rights system was designed to prevent the worst poverty but it is notoriously difficult to navigate. All advisers and stakeholders interviewed spoke of problems faced by Hackney people with low income, debt, welfare benefits and housing (including the lack of public housing, rights for private renters and disrepair). In regard to welfare benefits, the Department for Work and Pensions data indicate the potential amounts underclaimed by people entitled to them and designed to stop people living below the designated poverty line. For example, in 2021-22, £3.4 billion per annum went unclaimed by 880,000 pensioner households who did not claim their pension credit and 360,000 pensioner households did not claim their housing benefit entitlements (DWP, 2022). There is no evidence that underclaiming is any less in Hackney. Moreover, the onus on the individual to find out about and pursue a benefit claim or other legal issue poses an additional hurdle for Hackney's diverse population groups, not least because of language barriers, lack of familiarity with the system and its regular changes. People with disabilities, chronic ill health and/or caring responsibilities face additional challenges.

Advice interviewees pointed to the scope to increase people's incomes significantly by claiming the current benefits for disability, especially PIP and Attendance allowance, but also stressed that these are notoriously difficult to navigate alone and highly prone to underpayment and incorrect decisions. If the specialist welfare advisers saw the same percentage of patients with disabilities and chronic illnesses at the other Hackney GP practices, they would likely succeed in making many more PIP and attendance allowance claims for patients. It was reported in Spring 2024 that the government plans to change the rules of entitlement to these again, which is likely to mean more people will need advice.

The Money and Pension Service (MaPS) regularly runs a survey to analyse the need and supply of face-to-face, telephone or online debt advice across the UK. As in previous years, their most recent survey found very high levels of unmet need for debt advice, across London and also in Hackney (MaPS, 2019).

The City of London

The City of London is not covered by this programme and therefore was not included in this evaluation. However, it was said that despite its overall wealth and low resident population there were pockets of deprivation. It was reported that most residents visit GPs either in neighbouring boroughs, namely Hackney, Islington or Tower Hamlets. Toynbee Hall provides

welfare rights advice, as well as other services. But there was a lack of accurate data on all these factors which suggests that more research is needed on the needs for advice among its residents.

The scope for hospital-based advice services

Homerton University Hospital (HUH) is a large hospital with numerous departments. There is no reason to believe that the patients attending HUH do not need advice for the same reasons and on the same issues as people attending GPs. As with the co-location of welfare advice in community settings, there is a long history of legal welfare advice being delivered in hospitals. For example, McMillan Cancer Care have been running advice services for patients for many years. Both Age UK and Citizens Advice as well as Toynbee Hall have experience of running advice services at HUH, but the Citizens Advice and Toynbee Hall services were not within this programme.

The Administrative Justice Council (AJC) examined the scope and benefits of providing welfare legal advice in second tier and acute hospital settings using primary research and secondary analysis of previous research and evaluations. They identified a high need for such services for people with a wide range of mental and physical health conditions. In addition to multiple benefits for patients, staff and local government, they identified that advice can yield cost savings for the NHS, not least because effective advice can avoid delays in patient discharge.

“One of the most obvious advantages of having a partnership arrangement within a hospital setting is that a specialist team is already in place to help the patient deal with existing or arising welfare benefit, or other social welfare, issues. In terms of welfare benefits, going into hospital can affect a person’s entitlement to benefits and some benefits can stop. In addition, patients in receipt of benefits may have been reassessed and disallowed benefits to which they may be entitled. Having onsite services can assist to overcome these issues and to maximise income for these patients on discharge.” AJC, 2021, P2

Based on their experiences of providing advice services in hospitals, Age UK and Citizen’s advice recommend that any new advice service works with one department at a time, as this helps build mutual knowledge, understanding and effective communication, which, as noted in the community health settings, are essential to joint working. This chimes with the AJC findings.

Discussion and conclusion

The above sets out the programme's delivery, processes and the key enablers, challenges, outputs and outcomes found. This section will discuss the remaining evaluation questions:

- how well does this programme meet the needs of local residents?
- what, if any, difference does it make to co-locate advice services in GP surgeries? and
- what does it tell us about the need for advice in Hackney health settings

How well does this programme meet the needs of local residents

The evaluation found that co-locating specialist legal welfare rights advice services in health settings, especially GP practices, was a very effective way to reach and provide advice to people who might not otherwise have received advice at all, or in time.

By addressing debt, low income, housing and other problems this advice and advocacy helps alleviate poverty and hardship and other social determinants of health. Having been substantially reduced over the years, the programme is currently limited to a small number of settings, and therefore to the patients and residents in those catchment areas. Nonetheless, the current services cover areas of high deprivation and advise people from diverse backgrounds. They also reach new people, who possibly might not otherwise seek or gain access to advice. Most notably it is accessed by Hackney's diverse population and substantially more people who have chronic health needs and/or disabilities than access advice services in other premises.

As is evident from the literature, this is not a new approach. But nonetheless there is a growing momentum to bring legal welfare advice into health and community settings, to help reach more people in need of such advice and advocacy and who might otherwise be unaware of its availability or scope, or find it too difficult to access same (e.g. Bearden and Genn 2018; AJC, 2021; Farrelly et al., 2024)

The evidence here found that this small programme advises about 730 people per year. As well as resolving legal issues, the advice increases incomes to significant extents and relieves material distress. It is made very accessible in the health settings, with patients able to book their own appointments or get referred by practice staff, including when they had not recognised a need for advice themselves beforehand. It is possible therefore that they might not have accessed advice without a referral. Like in other similar programmes (e.g. Sinclair, 2017), this evaluation found that the people advised in this programme were often new to advice and advice services. Moreover, the programme helps people address issues earlier than they might otherwise, preventing their intensification and the potential knock-on chronic impact. Securing appropriate advice earlier in a problem was also a theme identified in the literature (e.g. AJC, 2021).

In many cases it prevents people falling below their designated poverty line, and / or into unmanageable debt, and / or being made homeless. The individuals interviewed in this evaluation were clearly suffering from the situations they found themselves in and had anticipated dire consequences if they had not received the advice they did when they did,

not least homelessness and destitution. These findings chime with the literature, that accessing WR advice can help prevent the escalation of issues and the consequential strain on healthcare systems, e.g. Burrows et al (2011) Welsh Government (2015); Carrick et al., (2017) Egan (2019); and Begum (2021).

The programme directly addresses the social determinants of health. Improving people's material circumstances has a positive effect on their physical and psychological health and well-being (Egan, 2019; Genn and Bearden, 2021, Begum, 2021)

This programme increased the weekly incomes of these 727 people by at least £1,356,456 in a one-year period, with another £247,000 in lump sums payments and reduced debt. Although no systematic Return on Investment calculation was undertaken and no non-monetary outcomes are included (such as monetising improved physical or mental health, and reduced demand on health services, from say better housing or diet or reduced stress, etc), on the face of it, that is a substantial return on the annual grant of £120,000 (2022-23) or £131,000 (2023-24). This echoes other findings on the scope for positive financial returns by Citizen's Advice (2016) and Carrick et al., (2017); and Sinclair (2017). Moreover, in Hackney's case, the positive return on Public Health's investment appears quite straightforward, as all associated programme costs, such as the cost of rooms, computers, staff management and training, and other overheads are absorbed by the advice services and the health settings.

"I do think that the NHS has a responsibility, not just a role. I think they have a responsibility because it's one of the biggest things impacting on people's health at the moment." [Key stakeholder]

In terms of processes and delivery, the programme was well established in all the current settings with most systems and communications running smoothly and well. The importance of building and maintaining trusted relationships and good communication was clear throughout, echoing the findings from other programmes (e.g. Woodhead et al., 2017s); Bearden and Genn, 2018; Bearden, 2022) and the recommendations in Bearden (2023).

The only significant problem found was the fact the programme had lacked coordination and development over recent years. This meant that no-one had oversight to resolve the few difficulties arising, which resulted in a reduction in co-located advice services. In three GP settings, relationships stalled during the pandemic when systems changed and key staff moved. Afterwards, these practices found it difficult to accommodate advice services again. This echoed the literature, which identified resources, such as allocating a room for advice services, as a potential challenge to co-location (e.g. Begum, 2021; Goodman et al., 2021; Woodhead et al., 2017b; and found that staff turnover can destabilise relationships and partnerships (Gabbay et al., 2017; Genn and Bearden, 2021; Timpson et al., 2023). This facet was exemplified in the Hackney Programme. The GP practices and advice organisations lacked spare capacity to address this issue and the programme lacked a designated person to resolve it either. So, it languished, and services lapsed until a third organisation got involved and quickly ascertained that this was in essence merely a problem of practicalities and communication. Their intervention helped both sides overcome what had previously

seemed insurmountable and enabled advice services to resume, highlighting again the importance of communication and programme coordination.

What difference does co-locating advice in health settings make?

On one hand, many of the advisers interviewed stressed that *'good advice is good advice'*. In other words, the quality of advice is not determined by the setting per se and a good adviser will secure the maximum entitlement for any individual regardless of where they provide the advice.

However, some key differences emerged regarding locating advice services in health settings. These mainly centred on improved access to advice, including seeing people who might not access high street advice venues; addressing people's problems earlier and before they escalated or became entrenched; reaching groups who might not otherwise get advice, especially people who were ill, disabled or carers; more people who live chaotic lives; and those unaware that their issue could have a resolution.

Across Hackney, being based at health settings improved the likelihood of people securing legal advice, as GP practices are more local to where people live, have universal scope and are accessed by all demographic groups. As well as better physical access, advice services were able to piggy-back on the trusted relationships between patients and their health professional. Individually and combined this helped reach more people and resolve more issues than otherwise. Patients preferred advice in a health settings as it was quicker, easier and more pleasant to use and more confidential and private than available alternatives.

As well as the substantial material gains, the advice helped reduce stress and anxiety directly. Individuals advised spoke about feeling more in control of their lives and more stable. They and health professionals were reassured to have an expert on their side, and they gained confidence that they could get specialist advice in the future too to help resolve problems, all of which echoes the findings of Woodhead et al, (2017b) and IFF, (2023).

Including the advice service on EMIS assisted referrals, appointments and access to supporting medical evidence, which in turn speeded up advice processes, facilitated more integrated and joined-up working and was felt to enhance outcomes. These benefits were also noted by Moffat et al, (2012), Begum, (2021), and Genn & Bearden, (2021).

A co-located advice service helped GPs and other practice staff provide a more holistic service. In turn the advice provision helped reduce pressures on health setting staff by addressing many non-medical issues. This was enabled by the close liaison between health setting staff and advisers and the mutual trust, respect and appreciation of the benefits of this collaboration for them and patients.

What do the findings tell us about unmet need in Hackney

While the findings show that this programme helps address the advice needs of patients attending these health services, elicits very positive financial and other outcomes for them

and assists health practitioners in a range of ways, it is just as clear that its coverage across Hackney is limited to certain catchment areas. Moreover, the programme's scope was reduced since its original inception.

While Hackney hosts and supports many other advice services run by the VCS as well as its own in-house service, all report that the need and demand for professional advice outstrips supply. This is echoed by the MAPs survey which shows a clear shortfall in debt advice (MaPS 2019). Add to that, the ongoing legislation and administrative changes, especially in immigration and social security benefits, the increasing complexity of welfare legislation, the ongoing housing crisis and deprivation levels in Hackney, and it looks unlikely that demand can reduce in the near future.

Section 9 above summarises some of the indicators of unmet need, including poverty levels in Hackney and national official estimates of underclaimed benefits. Currently this Hackney programme advises between 1% and 2% of patients in the GP practices served. If these rates were extrapolated across all 39 practices in the borough, the programme would reach between 2803 and 5606 patients per year, all other things being equal, i.e. having a specialist adviser in a surgery one day a week⁶. There is also clearly a need for more professional advisers to support the work of social prescribers and community connectors etc and help meet the demand for in depth advice and advocacy that they are unearthing (e.g. AJC, 2021; Farrelly et al., 2024). The literature also points to the necessity for, and the range of outcomes from running more advice services in hospitals to meet high levels of need there too (e.g. AJC, 2021).

⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice>

Recommendations

Most recommendations were made by interviewees. Suggestions to improve programme coordination and planning emanated from the evaluation findings and the literature.

- Continue this programme and model of welfare advice in Hackney health settings, with an expert, qualified, adviser providing regular holistic and specialist advice.
- Co-design a clear strategy for this programme. Explore models with key stakeholders to make it more comprehensive and logical across City and Hackney.
- Integrate this programme into a meaningful eco-system and structure of welfare rights advice provision across City and Hackney.
- To maximise reach and build on the momentum across London to increase advice in health and community settings, select additional health settings by need and geographical spread. Include hospital departments.
- In keeping with a substantial body of evidence, ensure that advice organisations, health sectors and Hackney communities are fully and meaningfully involved in that process, as any new service needs cannot be to be properly designed without them (e.g. Bearden 2023; Charles et al 2021).
- Appoint a person, group or agency to coordinate this programme, support its development and systems, help troubleshoot emerging challenges early on and ensure the communication of issues and outcomes.
- If starting up in a new health setting, focus on reliably, building relationships and mutual understanding. Create simple but effective systems to relay feedback and share outcomes about those referred to the referring health professional.
- Integrate into appointment and other IT systems (e.g. EMIS) to facilitate appointments and enable some information sharing around patients referred, while ensuring all parties understand and sign up to suitable data protection policies and processes.
- Co-design a proportionate monitoring and evaluation framework for this programme with a focus on outcomes. Ideally set up measures to evaluate the return on investment.
- Explore the scope to work more closely with, and systematically support and train community navigators and social prescribers, etc. Clarify their potential role and boundaries vis-a-vis advice work in City and Hackney.
- Work with the ICS and the London Health Board's Cost of Living Task and Finish Group to help integrate welfare legal advice in health settings.
- Given lack of familiarity among commissioners of what welfare rights advice entails and patients needs in this field, it would help enormously for key Public Health personnel to observe advice sessions as LBH officials have done in the past.

"Everything is brilliant. Having some more could make it even better." [Individual advised 7]

"I think it would be a huge loss if we didn't continue. It would leave such a gap. To set it up from scratch, I think it would need to be a pretty similar model to what we've already got. It would need to be the same person coming to the same place at the same time ... offering a good service ... I just think more of the same is what we need, the current [model] is a good model. That model needs to be followed ... If it's not broke, don't fix it. It just works. What we've got at the moment, works" [GP Practice Manager]

References

Administrative Justice Council (AJC), 2021, Access to social welfare advice in a hospital setting: Integration of services. London

Advice Services Alliance, 2020, An evaluation of the provision of social welfare advice across London

Beardon, S., 2023 a Brief Guide to support the implementation of health justice partnerships, London, UCL, London
https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/hjp_implementation_guide_digital.pdf

Beardon, S., 2022, Doctoral thesis. Implementation of Health Justice Partnerships – Integrating welfare rights advice services with patient care. UCL Discovery. London

Beardon S, Woodhead C, Cooper S, Ingram E, Raine R, Genn H., 2021, International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review. Public Health Reviews, 42:1603976.
<https://www.ssph-journal.org/articles/10.3389/phrs.2021.1603976/full>

Beardon, S, Genn, H., 2018, The health justice landscape in England & Wales: Social welfare legal services in health settings.

Begum T. 2021, Co-located advice in primary care settings. London

Black, C., 2008, Working for a Healthier Tomorrow
<https://assets.publishing.service.gov.uk/media/5a7c55bee5274a1b0042313c/hwwb-working-for-a-healthier-tomorrow.pdf> (Accessed 4/3/24)

Burrows J, Baxter S, Baird W, Hirst J, Goyder E., 2021, Citizens advice in primary care: A qualitative study of the views and experiences of service users and staff. Public Health 125:704–710. doi: 10.1016/j.puhe.2011.07.002.

Carnes, D., Sohanpal, R., Fostick., C., Huill, R., Mathur, R., Netuveli, G., Tong, J., Hutt, P., and Berotti, M. 2017, The impact of a social prescribing service on patients in primary care: a Mixed Methods evaluation., BMC Health Services Research (2017) 17:835 DOI 10.1186/s12913-017-2778-y

Carrick K, Burton K, Barclay, P., (2017), Forecast Social Return on Investment Analysis on the Co-location of Advice Workers with Consensual Access to Individual Medical Records in Medical Practices. Improvement Service.

Charles, A., Ewbank, L, Naylor, C., Walsh, N., Murray, R. 2021 Developing Place based partnerships: The foundation of effective integrated care systems, Kings Fund, London

Citizens Advice, Royal College of General Practitioners, 2018, Advice in practice: Understanding the effects of integrating advice in primary care settings. Citizens Advice.

Department of Work and Pensions, 2022, Income related Benefits: estimates of take-up: financial year ending 2022.
<https://www.gov.uk/government/statistics/income-related-benefits-estimates-of-take-up-financial-year-ending-2022/income-related-benefits-estimates-of-take-up-financial-year-ending-2022> (accessed 4/3/24)

Department of Work and Pensions., 2023, Households Below Average Incomes DWP (2023), [Households Below Average Income, Aug 2023](#)

Egan J, Robinson O., 2019, Integrating money advice workers into primary care settings: An evaluation.

Eynon, C.A. Robinson, L.J., Smith K.M, Medical-legal partnerships, 2020, 11 years' experience of providing acute legal advice for critically ill patients and their families J. Intens. Care Soc., 21 (1)), pp. 40-47

Farrelly, M., Hopewell, D., and Goodman, J., 2024, Reducing health inequities in London by improving access to social welfare advice through greater collaboration between the healthcare, local authority and advice sectors

<https://www.bbbc.org.uk/wp-content/uploads/2023/11/Healthcare-social-prescribing-and-welfare-advice-in-London-Full-report-Final-1.pdf>

Gabbay MB, Ring A, Byng R et al., 2017, Debt counselling for depression in primary care: An adaptive randomised controlled pilot trial (DeCoDer study). Health Technology Assessment 21(35). doi: 10.3310/hta21350.

Genn, H., and Beardon, S. 2021, Law for health: Using free legal services to tackle the social determinants of health.

Greater London Authority (GLA), 2020, London Population Projections Explorer

<https://apps.london.gov.uk/population-projections/>

Goodman J, Thomas S, Pointing E. 2021, How social welfare legal advice and social prescribing can work collaboratively in healthcare settings.

IFF research and York Health Economics Consortium, 2023, Evaluation of Integrated Advice Hubs in Primary Healthcare Settings

<https://assets.publishing.service.gov.uk/media/64899277103ca6000c039e77/evaluation-of-integrated-advice-hubs-in-primary-healthcare-settings-feasibility-study.pdf>

Joseph Rowntree Foundation, 2023, UK Poverty 2023 [UK Poverty](#), JRF, 2024 (accessed 4/3/24)

LB Hackney (2020) A Profile of Hackney, Its People and Place

https://drive.google.com/file/d/1JZLZFzNUSO40I7-vCA_dy9Dk08e6jXa_/view (accessed 4/3/24)

LB Hackney: Knowing our Communities <https://hackney.gov.uk/knowning-our-communities>

LB Hackney 2024 Health and Wellbeing profile <https://cityhackneyhealth.org.uk/> (accessed 4/3/24)

Macmillan Cancer Support, 2010a, Economic Impact Case Study: Durham Welfare Rights Service.

Macmillan Cancer Support, 2010b, Macmillan Welfare Rights Service Durham: Economic and quality case study.

Mc Dermont and Crawford (2017) Advising in Austerity

https://www.bristol.ac.uk/media-library/sites/policybristol/briefings-and-reports-pdfs/2017-briefings--reports-pdfs/PolicyBristol_Briefing_May_2017_Advising_in_Austerity.pdf

Marmot, M., Golblatt, P and Alen J., (2010, Fair society Fair lives

<https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

Mime Consulting, 2023, Advice in Community Settings, Year 1 Evaluation Report

<https://www.mimeconsulting.co.uk/wp-content/uploads/2023/09/AiCS-Final-Evaluation-Report-September-2023.pdf>

Moffatt S, Noble E, Exley C, 2010, "Done more for me in a fortnight than anybody done in all me life." How welfare rights advice can help people with cancer. BMC Health Services Research 10(1):259.

Moffatt S, Noble E, White M, 2012, Addressing the financial consequences of cancer: Qualitative evaluation of a welfare rights advice service. PLoS ONE 7(8):e42979. doi: 10.1371/journal.pone.0042979."

Office of Health Improvement and Disparities Wider Determinants of Health
<https://fingertips.phe.org.uk/profile/wider-determinants> (accessed 4/3/24)

Office of Health Improvement and Disparities Wider Determinants of Health, Public Health profiles
<https://fingertips.phe.org.uk/search/housing>

Office for national statistics 2020, Life Expectancy Local areas UK
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/lifeexpectancyforlocalareasoftheuk/between2001to2003and2017to2019> (accessed 4/3/24)

Parsonage M., 2013, Welfare advice for people who use mental health services: Developing the business case. Centre for Mental Health.

Release, 2012, Legal Outreach Surgeries Evaluation.

Seligman WH, Thompson J., Thould, HE, Tan C., Dinsmore A., Lockey DJ. , 2017, Establishing a legal service for major trauma patients at a major trauma centre in the UK. Emergency Medicine Journal 34(9):606–607. <https://doi.org/10.1136/emmermed-2017-206837>

Sinclair, J., 2017. The Deep End Advice Worker project: embedding and advice worked in general practice settings. Glasgow Centre for Population Health, Glasgow

Timpson. McCoy, Beardson et al (2023). Establishment and Early Implementation of the Flourish Wellbeing Hub

Trust for London, 2024, London Poverty Profile: Hackney:
<https://trustforlondon.org.uk/data/boroughs/hackney-poverty-and-inequality-indicators/?comparator=neighbours&tab=living-standards> (accessed 4/3/24)

Welsh Government, 2015, An assessment of the implementation of the "Better Advice, Better Lives" scheme: Final Report.

Woodhead C, Collins H, Lomas R, Raine R., 2017a, Co-located welfare advice in general practice: A realist qualitative study. Health and Social Care in the Community 25:1794–1804. doi: 10.1111/hsc.12453.

Woodhead C, Khondoker M, Lomas R, Raine R (2017b) Impact of co-located welfare advice in healthcare settings: prospective quasi-experimental controlled study. The British Journal of Psychiatry 211(6):388–395. doi: 10.1192/bjp.bp.117.202713

Appendices

Appendix 1. Rapid Literature Review scope and approach

The aim of this rapid literature review was to locate relevant academic and grey literature relating to the benefits, effectiveness of, facilitators, challenges, outcomes, good practice examples and recommendations around providing welfare advice in, and in partnership with, health settings.

Search strategy

This review built on the systematic scoping review conducted by Beardon et al., (2018) and the literature review by IFF Research and York Health Economics Consortium (2023), on the evidence on the impact of welfare advice services co-located in healthcare settings. It aimed to update these with any more recent literature up to 31 Oct 2023. The review was limited to studies conducted in, and referring to, UK settings; and those published since 2010, because of the significant social security system reforms at that time.

Inclusion and exclusion criteria

	Inclusion	Exclusion
Service definition	Services providing free legal assistance with social welfare issues in healthcare settings. A direct physical or functional link / referrals between legal and healthcare service). Issues include housing, debt, welfare benefits and immigration,	Areas of law other than social welfare, e.g. family law, or criminal law. No direct links with healthcare. Advice by solicitors and legal firms.
Language	English	Language other than English
Publication date	Jan 2010 and Oct 2023	Before 2010
Country	UK	Other than the UK
Research type	Primary studies of any research design (both quantitative and qualitative), service review, and grey literature reports	Publications not presenting empirical findings; or only presenting vignettes; and where research methodology is not stated
Publication type	Peer reviewed journal articles, reports, detailed service evaluations (with robust methods)	Policy discussion, opinion pieces, letters, commentaries, or conference abstracts

Data extraction

The included UK setting studies in the two literature/scoping reviews (n=36), as well as any new included studies from the update, will be extracted using the following framework:

- Reference
- Study setting
- Intervention(s) provided
- Study design, including precise methods, number of participants, etc.,
- Methodology and outcome measures
- Findings, results and any themes
- Facilitators to implementation/delivery
- Barriers to implementation/delivery
- Recommendation to mitigate challenges to implementation/delivery
- Reviewer's comments on usefulness/ pertinence, strengths and weaknesses of the study

Narrative synthesis

A thorough screening exercise was conducted to sift for relevance to the main topic and aims and other criteria. 25 sources were initially shortlisted. Some additional, recent evaluations of welfare advice services running in health and community settings were subsequently included, bringing the total to 35. These were all systematically summarised in an excel spreadsheet

Appendix 2: Advice organisations & health settings in an earlier version of this programme

Hackney Information Advice Consortium (HIAC) provides Free Advice for Patients at Your Local GP Surgery

Generalist advice on: Welfare benefits; Housing issues; Debt issues;
Generalist employment and consumer enquiries.
(by appointment only)

HIAC Partner Agencies provide advice in the following surgeries:

CAB Advisors At:
Gadhvi Practice ☎ 020 7683 4854
Somerford Grove Practice ☎ 020 7683 4888
Well Street Surgery ☎ 020 8985 2050
London Fields Medical Centre ☎ 020 7923 8100
Lower Clapton Group Practice ☎ 020 8986 7111
Cedar Practice ☎ 020 7690 1151

HOXTON TRUST Advisors At:
Nightingale Practice ☎ 020 8985 8388
Greenhouse Walk In ☎ 020 85104490
Neaman Practice ☎ 020 7600 9740
Queensbridge Practice ☎ 020 7254 1101
Whiston Road Practice including Southgate Rd ☎ 020 7739 8625
Barton House Health Centre ☎ 020 7249 5511

AGE UK Advisors At:
Dr Gangola Practice (fortnightly) ☎ 020 7254 1661
Elsdale Street Surgery ☎ 020 8525 2980
Healy Medical Centre ☎ 020 8806 1550
Heron Practice Includes Statham Grove ☎ 020 7690 1172
Hoxton Surgery ☎ 08443 87 87 83

CITY & HACKNEY CARERS CENTRE
Advisors At:
Heron Practice (Carers only) ☎ 020 7923 8750
Stamford Hill Group (Carers only) ☎ 020 7923 8750

HACKNEY MARSH PARTNERSHIP
Advisors At:
Sorsby Group Practice ☎ 020 8986 5613
Lea Practice ☎ 020 8986 3106
Latimer H.C (fortnightly) ☎ 020 8985 2249
Wick H.C (fortnightly) ☎ 020 8986 6341
Pitfield Medical Centre (fortnightly)
including Beechwood Medical Centre
☎ 020 7739 3005

DERMAN Advisors At:
(Turkish/Kurdish community only)
Telephone Service ☎ 020 7739 7026 to book an appointment
Shoreditch Park Surgery ☎ 020 7739 7026
Barton House Health Centre ☎ 020 7739 7026

AGUDAS ISRAEL Advisors At:
Cranwich Road Surgery ☎ 020 8802 2002

The HIAC Project provides General Advice in GP Practices across City & Hackney area. To find out more about our work at Social Action for Health, visit www.safh.org.uk

Head Office: Social Action for Health
Unit A, (First Floor), Ment House, Mentmore Terrace, E8 3DQ. Tel: 020 8510 1969 / 020 8510 1968 (August 2014)



Charity No. 1040496
Company No. 29547



Appendix 3. Welfare rights advice organisations funded through the LBH Corporate Grants Programme in recent years to provide advice in Hackney

Age UK East London*	Universal offer available to any Hackney resident aged 18+,
Breakthrough	Social welfare advice to deaf and visually impaired residents.
City & Hackney Carers Centre*	Advice to carers living in or caring for someone living in Hackney.
Day-Mer*	Social welfare advice to Turkish, Kurdish, Turkish Cypriot and Alevi communities
Derman	Social welfare advice for residents from the Kurdish, Turkish, Cypriot -Turkish & EU Turkish communities in Hackney since 1991
East End Citizens' Advice Bureaux*	Social welfare advice to anyone in Hackney since 1969.
Fair Money Advice	Qualified expert financial assessment, benefit calculations & debt advice.
Family Action	Social welfare advice to young adults family and friends

Hackney Chinese Community Services Association	Advice to residents from the East and South East Asian community.
Hackney Community Law Centre*	Specialist qualified legal advice and other legal services.
Hackney Marsh Partnership (HMP)	Serve everyone living in and near Kingsmead Estate -
The Hoxton Trust Legal Advice Service*	General and specialist advice and legal support.
Mind In The City, Hackney And Waltham Forest Ltd*	Social welfare advice to residents with disabilities or experiencing mental ill health and their families and friends.
Praxis Community Projects	Specialist qualified support to residents at risk who have migrated to the UK or have family migration histories.
Refugee Women's Association	Welfare advice & guidance to refugee, migrant & asylum seeking women
Rooted Finance	Financial assessment, benefit and debt advice.
Shelter	Specialist legal advice on housing concerns and preventing homelessness.
The Shoreditch Trust	Social welfare advice in the Shoreditch area.

*These advice organisations are also listed on the RightsNet site.

Appendix 3. Other relevant national, regional and local VCS welfare rights advice organisations

Other advice organisations listed on RightsNet that cover Hackney	
East European Resource Centre	Mary Ward Legal Centre
Iranian Association	Organisation of Blind Africans and Caribbeans
Latin American Disabled People's Project	Welwitschia Welfare centre
Zacchaeus 2000 Trust (Z2T)	Imece
Maggie's Barts	

Other advice organisations working in City and Hackney	
Toynbee Hall	All advice topics - covers the City and Hackney
Agudas Israel Community Services	For Jewish people
Choice In Hackney	Run by and for disabled people
Project 17	Advice and support for people subject to the no recourse to public funds rule
Hackney Migrant Centre	Information on immigration, housing, income and health
Off-Centre	Information for young people aged 16 to 25

National VCS advice orgs which provide training, information, resources and back-up support

Age UK Bail for Immigration Detainees Citizens Advice Child Poverty Action Group (CPAG) Disability Alliance Gingerbread	JCWI Maternity Action, MacMillan Cancer Care Project 17 Rights Net RNIB	Roma Support Group Shelter Terence Higgins Trust Trans Legal Clinic Temple Legal Centre Working Families
--	--	---

Example of map of some of the advice provision in Hackney (date unknown)

https://www.google.com/maps/d/edit?mid=1bKYLr9-ArDlPfE9ltvCAu_Pf0nGrCk&ll=51.542729929781906%2C-0.06515940000001552&z=13