



Welfare advice in Hackney health settings

Summary report from independent evaluation 2024

Berni Graham
Research – Evaluation - Training

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 non-payment or underpayment of social welfare 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 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 totalled £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 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.