

Reducing health inequities in London by improving access to social welfare advice through greater collaboration between the healthcare, local authority and advice sectors



Full report

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For copies of the report, subsidiary documents and further information

The full report and subsidiary documents, listed below, are available from Bromley by Bow Insights: <https://www.bbbs.org.uk/insights/>

Report

- **Reducing health inequities in London by improving access to social welfare advice through greater collaboration between the healthcare, local authority and advice sectors**
 - Full report (This document)
 - Executive summary report

Subsidiary summary documents

- **Making the case for why Integrated Care Systems should include the provision of social welfare advice**
- **Recommendations for how Integrated Care Systems, Places and Neighbourhoods can increase access to social welfare advice, particularly for the most deprived communities**
- **Good practice, replicable, case studies from London**
- **Poster/infographic**

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Glossary of Terms

Social Welfare Legal Advice Services (SWLAS): Services providing free, independent, quality assured advice on social welfare issues relating to civil law including: debt, welfare benefits, housing, employment, education, discrimination, immigration, community care and consumer rights. Legal advice includes identifying relevant legislation and interpreting how the law applies to a client's particular problem or set of circumstances, including identifying the implications and consequences of such action and grounds for taking action; providing information on matters relevant to the problem, such as advising on next steps; and identifying dates by which action must be taken in order to secure a client's rights.¹

The terms Social Welfare Legal Advice, Social Welfare Advice and Welfare Rights Advice Services are used interchangeably within the report

Health Justice Partnerships (HJP):² A term used to describe partnerships between healthcare services and organisations that provide advice on social welfare legal issues. The advice service is integrated with patient care, providing a dedicated in-house resource for patients and healthcare teams. These partnerships exist in a wide range of healthcare settings including primary, secondary, tertiary and community care. The system for integration can be tailored according to what is most appropriate in the local setting.³

Welfare Advice Health Partnerships (WAHPs): The term used in Scotland to describe partnerships between healthcare and welfare rights advice services, including the integration of local authority or third sector welfare rights and money advice services in NHS services. Originally developed in Edinburgh through funding from NHS Lothian, WAHPs have now been developed in various parts of Scotland with embedded advisors now working in over 150 GP practices, including nine Deep End GP practices in Glasgow.⁴

Advice Quality Standard (AQS): Standards that apply (in England and Wales), to independent advice services, organisations are audited every two years and have to demonstrate that they are accessible, effectively managed, and employ staff with the skills and knowledge to meet the needs of their clients. (Advice Services Alliance, 2021).⁵

Information Services: Services that give clients information which is relevant to (although not tailored specifically to) their situation, for them to know more and decide their own course of action. It can include information about rights, policies and practices; and about national and local services and agencies. Responsibility for taking any further action rests with the client.

Social prescribing (SP):⁶ A system that enables GPs, nurses and other healthcare professionals to refer people to a range of local, non-clinical services to support their health and wellbeing. People are referred to a Social Prescribing Link Worker⁷ who usually meets with the client for several sessions, and helps

¹ Advice Services Alliance, Definitions to help you understand the advice sector, March 2011, available to download from https://asauk.org.uk/fileLibrary/pdf/Common_Definitions_Guidance_Mar2011.pdf

² <https://www.ucl.ac.uk/health-of-public/research/ucl-health-public-communities/law-health/health-justice-partnerships>

³ https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/health_justice_partnerships_integrating_welfare_rights_advice_with_patient_care.pdf

⁴ https://www.improvementservice.org.uk/_data/assets/pdf_file/0018/11745/wahp-update-oct19.pdf

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9545623/#hsc13777-bib-0004>

⁶ <https://socialprescribingacademy.org.uk/what-is-social-prescribing/>

⁷ <https://www.england.nhs.uk/personalisedcare/workforce-and-training/social-prescribing-link-workers/>

them by exploring their needs with them, and connects them to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.⁸

Social Determinants of Health: The social, economic and environmental factors that influence health, wellbeing outcomes and health inequalities. These are also referred to as the Wider or Core Determinants of Health.⁹

Integrated Care Systems (ICS):¹⁰ Geographically based systems designed and delivered by partnerships that bring together the commissioners and providers of NHS services into a partnership with local authorities, the voluntary, community, faith and social enterprise sectors, and local residents to plan, coordinate and commission health, care and related services. They are part of a fundamental shift in the way the health and care system is organised, away from competition and organisational autonomy and towards collaboration, with health and care organisations working together to integrate services and improve population health and tackle health inequality. ICSs have been developing for several years and since July 2022 the Health and Care Act has put them on a statutory footing.¹¹ There are 5 ICSs in London, North West, North Centre, North East, South West and South East.

Integrated Care Board (ICB) and Integrated Care Partnership (ICP) are the two bodies with statutory status under the Health and Care Act 2022 and collectively make up the ICS or 'system':

Integrated Care Board (ICB): ICBs are responsible for NHS services, funding, commissioning, and workforce planning across the ICS area and the NHS planning functions previously held by clinical commissioning groups (CCGs). ICBs have a statutory duty to reduce inequalities with regard to the prevention, diagnosis or treatment of illness within their area.¹²

Integrated Care Partnership (ICP): ICPs are responsible for ICS-wide strategy and broader issues such as public health, social care, and the wider determinants of health. ICPs include representatives from the ICB, the local authorities within their area and other partners such as NHS providers, public health, social care, housing services, and voluntary, community, faith and social enterprise (VCFSE) organisations and residents. They are responsible for developing an integrated care strategy, which sets out how the wider health needs of the local population will be met.

⁸ <https://www.england.nhs.uk/personalisedcare/workforce-and-training/social-prescribing-link-workers/>

⁹ <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

¹⁰ <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>

¹¹ <https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-integrated-care-boards-and-local-health-and-care-systems>

¹² <https://www.legislation.gov.uk/ukpga/2022/31/section/25#p00290>

Executive Summary

This review and study looks at a range of healthcare and social welfare advice partnership delivery models currently in operation in London and the opportunities and barriers to “strengthening access to social welfare advice in London through supporting greater collaboration between the healthcare, local authority and advice sectors”.

Aims and ambitions of this paper

The study seeks to build upon the work which has already been conducted in this area, (including the work on Health Justice Partnerships) and inform the next steps for improved collaboration to help meet the needs of the most vulnerable patients and families struggling on low income.

The focus of the research and study is on:

- the growing need and demand for social welfare advice in London, particularly amongst those with the greatest levels of health inequalities
- the current supply of welfare advice in London
- the effects on health of the issues supported by social welfare advice and the health benefits of people accessing timely, professional advice in their communities
- the challenges and opportunities for strengthening access to advice,
- what works and what needs to change,
- how that change can be brought about,
- examples that are readily replicable, of partnerships and collaboration between healthcare and social welfare advice providers to improve access to social welfare legal advice
- the opportunity presented by the development of Integrated Care Partnerships to better co-ordinate approaches to increase access to advice provision across the Capital.

The health impacts of social welfare issues and who is most affected by them

Social Welfare problems such as accessing benefit entitlements, dealing with problem debt and damp housing conditions are impacting on health and contributing to worse outcomes among more vulnerable groups. These issues disproportionately affect people living on low incomes and in deprived households. Additionally, they are more likely to affect people with certain vulnerabilities and characteristics, for example: migrants and refugees, single parents, ethnic minorities, and those living with long-term illnesses, disabilities or mental health conditions. These issues contribute to health inequalities by exacerbating the impacts of hardship among groups who are already more vulnerable to poor health outcomes and experiences.

The impact of austerity, falling value of salaries and welfare benefits, inflation and the rising cost of fuel, food and other essentials on low-income households is leading to poorer living standards, increased poverty and widening inequalities in health.

Changes in demand for and supply of social welfare legal advice in London

Changes to the welfare system and the cost-of-living crisis has led to increased demand for social welfare advice and support on welfare benefits, debt, housing and immigration issues at the same time as advice services are under threat due to lack of funding.

The issues that advice services support people with

Advice services help ensure people's rights to support and protection are upheld. Many of the areas supported represent the most fundamental in Maslow's hierarchy of needs, for example, through:

- ensuring welfare benefits entitlements are secured; and thereby securing a minimum income
- addressing poor housing and homelessness;

- supporting people to manage and address their debt problems;
- protecting people from discrimination in the workplace;
- challenging school exclusions;
- managing immigration and asylum issues
- advising on access to food, and utilities

The health benefits of social welfare legal advice

Social welfare legal advice positively impacts on health and wellbeing and particularly mental health outcomes. The research studies highlighted in the report demonstrate how welfare advice can improve health by reducing stress and anxiety through supporting people to access the benefit income they are entitled, manage their debts and exercise their housing rights in relation to homelessness and poor housing conditions. The resolving of welfare issues and the reduced allostatic load can support better decision making, including about management of long term health conditions.

Promoting access to timely, professional advice, particularly for those with greatest need, who are often those least likely to access it

There is a need therefore to link people into advice provision more effectively through local partnerships, including with healthcare providers, particularly for patients with long term and multiple health conditions or mental health conditions and multiple social challenges.

People can face numerous barriers to accessing advice when they experience welfare rights issues. There is a need for coordinated activity to ensure people reach the necessary services and can secure the benefits and entitlements for which they are eligible. Co-locating advice with other frequently accessed services (such as healthcare) presents an opportunity for improving access through both the “problem noticing” that takes place in the consulting room, and the referral by a “trusted intermediary”, being the clinician who makes the initial referral and the social prescribing link worker who then connects the patient to the advice service.

Welfare advice provision in healthcare settings offers a simple, effective, person-centred approach to tackling health inequalities, improving individual health and wellbeing and producing cost-savings for the public sector.

Key points

The case for developing integrated provision that includes social welfare advice services as part of each ICS’ strategy to reduce health inequalities

Developing integrated provision that includes social welfare legal advice will improve the wider determinants of health for the most disadvantaged communities within each ICS’ population, and therefore influence health inequalities for people with the poorest health outcomes. In doing so, it could also address the challenge to Social Prescribing presented by the insufficiency of social welfare legal advice services for link workers to refer to.

Existing social welfare advice provision cannot meet current demand, including from social prescribing and is a postcode lottery from one borough to the next

Social prescribing schemes across the Capital have highlighted that a large proportion (50%+) of the clients they support need welfare advice, but advice services are not resourced to take these referrals and meet this demand – people are waiting a long time or not getting through at all. Provision of social welfare advice in London falls short of the capacity needed to meet the increasing high level of demand and provision is unevenly distributed across the capital, with very different levels of funding from local authorities, charitable trusts, and health providers in different boroughs.

Although the need for and value of social welfare advice is recognised, there is no commitment to long term funding and no statutory obligation to provide social welfare advice. Over the past ten years, advice

providers have been squeezed by public expenditure cuts affecting local authority funding and cuts in the scope of matters that can be dealt with under Legal Aid.

The report highlights the need for greater resourcing of social welfare advice including having dedicated welfare advice provision linked to social prescribing, as well as in other healthcare and community settings.

The need for ICP partners to work together to increase the provision of social welfare advice to meet needs and reduce health inequalities

Where social welfare advice and social prescribing teams are sufficiently resourced and collaborate effectively, the outcome for patients is likely to be improved. The resourcing of advice services will facilitate timely access to advice for patients in need and help address social and economic issues that are impacting on health.

The formation of ICSs brings an opportunity and renewed energy to developing a more holistic understanding of the needs of communities and the provision required to meet them. Increasing access to social welfare legal advice is one of the significant interventions that local government and its health partners in ICSs and ICPs can undertake in partnership with local communities and the voluntary, community, faith, and social enterprise sector to mitigate and lessen the impacts of structural social and economic conditions and the health and other inequalities they produce in deprived communities.

Existing models of good practice and collaboration between healthcare settings, social prescribing and social welfare advice that can be replicated

Chapters 3 and 4 identify examples of health justice partnerships and collaborative working between health providers and advice providers across London and presents case studies of a range of different service models that are in operation.

Chapter 4 also describes initiatives to improve coordination within the advice sector and with other agencies through borough-wide advice networks and on-line referral platforms and provides examples of collaboration with key stakeholders in the voluntary and statutory sector to support low-income households and vulnerable people who are struggling with the cost-of-living crisis.

The report identifies the benefits of awareness training on social welfare issues, housing, debt and money issues, to enable healthcare staff and other “problem noticers” in other settings, identify and connect people experiencing hardship with the support they need to improve their circumstances. It highlights how early identification of welfare advice issues, and the provision of timely support with debt, benefit and housing, can prevent problems developing into issues of hardship and crisis.

Chapter 5 explores the benefits of more in depth training on social welfare advice for social prescribing link workers given that over 50% of their patient referrals from GPs are related to social welfare law issues. It includes an evaluation of the GLA funded training initiative undertaken by the Bromley by Bow Insights to train link workers in welfare rights and money management issues and improve identification and referral. It also includes the learning from the programme to upskill 15 social prescribing link workers in London to gain an advice qualification and assist patients with basic social welfare advice issues and where feasible carry out a new and emerging role of hybrid advice link worker.

Chapter 6 suggests that the establishment of ICSs brings an opportunity and renewed energy to developing a more holistic understanding of the needs of communities and the provision required to meet them presents a series of recommendation to improve the resourcing of advice across the capital, and to facilitate collaboration between healthcare local authority and the advice sector.

Report overview

The case for action

The relative importance of the social and economic factors as the predominant influence on health outcomes has risen to the fore in our understanding over recent years.¹³ Social Welfare Legal Advice (SWLA) has a recognised and vital role to play in improving health and wellbeing outcomes¹⁴ and tackling health inequalities by helping people to improve their living and working conditions. For example, through maximising income, reducing indebtedness, preventing homelessness and taking legal action on housing disrepair, addressing employment problems and immigration issues among others.

Despite the recognised importance of social welfare advice in supporting people to access their welfare rights and improve their health and wellbeing, there is no statutory duty for social welfare legal advice to be provided for communities. The result is that the provision of advice services is patchy and fragmented, and the demand for assistance has consistently outstripped supply.

A number of factors have led to increasing urgency of this issue in the decade from 2012 onwards:

- Austerity policies reduced the social safety net and the benefits system went on-line and became increasingly complex. This led to significant increases in the need for social welfare legal advice. However, the same austerity policies led to a significant reduction in social legal welfare advice provision as Legal Aid and local authorities' funding for advice was dramatically cut.
- More recently the cost-of-living crisis has led to further demand on already stretched and, in some cases, overwhelmed advice services as low-income households seek advice and support on financial hardship, benefit entitlement, spiralling debt problems and housing issues.
- The economic shocks have particularly impacted on the health and wellbeing of low income and vulnerable patient groups. Referrals from healthcare to social welfare advice providers have increased dramatically over the past two years, driven by the impacts of financial hardship, food and fuel poverty, and the expansion of social prescribing, which is, importantly, revealing a considerable amount of unknown and unmet need, particularly amongst the most disadvantaged patients who suffer the greatest health inequalities. There is a general recognition of the need to support patients with getting social welfare legal advice to prevent their problems escalating into more complex health and social welfare problems.

“In my community, help with finance and housing through social welfare advice, can make an enormous difference to the physical, mental and social health of families. It can mean being able to put a healthy meal on the table, have a mould free home or simply the freedom from the fear of everything poverty does to individuals and their loved ones.”

Dr, Sir Sam Everington, GP Tower Hamlets

It is therefore more important now than ever for the NHS, local authorities and the legal advice sector to develop coordinated responses to mitigating the impacts of poverty and health inequalities on low-income households and marginalised communities, to ensure that the health and wellbeing of the poorest and most vulnerable individuals and families are addressed in an integrated manner.

¹³ <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

¹⁴ https://asauk.org.uk/wp-content/uploads/2015/06/ASA-report_Web.pdf

Call to Action

London is home to the largest deprived population in the UK. It is also the region in which residents suffer the greatest degree of insecurity, driven by its age and ethnic demographics, its low wage and precarious labour market and its large private rental housing sector with high rents and lack of security of tenure.

The decade of austerity saw the life expectancy gap between the most disadvantaged and most affluent Londoners double from 9 years to 18 years by 2019. Effectively for each year that passed, the gap increased by a year. Since then affluent and deprived Londoners have been unequally impacted by the COVID pandemic, the cost of living crisis and the beginning of a second decade of austerity policies.

To date national and local policies and programmes intended to halt the growth of health inequalities in Londoners have proved to be insufficient to meet the challenge. Based on the evidence of the previous decade doing more of the same is highly unlikely to lead to a reduction in health inequalities in London's population, however ICBs now have a statutory duty to do just that.

Whilst London's five ICS strategic plans mention reducing health inequalities, in all but one they barely mention social prescribing and not one considers the role that social welfare legal advice can play.

Indications are that the challenge Londoners face around welfare benefits, housing, debt, food and fuel poverty and their need for social welfare legal advice will continue and potentially grow in coming years. The effects of these issues on people's health and wellbeing are well understood, as are the benefits of resolving and mitigating them through access to timely, professional social welfare legal advice.

The provision of a sufficiency of social welfare legal advice to meet need, on the high street, integrated in healthcare and other community settings and with social prescribing offers a relatively inexpensive, cost effective and proven means to supporting the sections of the London population that suffer the worst health inequalities. Considering how a sufficiency of integrated social welfare legal advice is developed and the current postcode lottery ended, is therefore a matter for urgent consideration by the partners of London's five Integrated Care Partnerships, (i.e. by the health sector, the local authority sector, the voluntary, community and social enterprise sector, and with residents).

In its recommendations section this report highlights steps that can be taken immediately at ICS, Borough and PCN level to consider and create the provision that can ensure all Londoners, in particular the most deprived, have access to the social welfare legal advice to meet their needs.

Londoners currently miss out on £3 billion of unclaimed welfare benefit each year, however, last year, in one east London PCN, a dedicated social welfare advice team working closely with the Network's General Practices and social prescribing link workers secured £2.5 million of additional welfare benefits and grants and debts written off for local residents. It also worked with several hundred households to address housing issues including averting homelessness.

London has 200 Primary Care Networks, developing Integrated Neighbourhoods, as the Fuller Stocktake report envisages would include the integration of social welfare legal advice provision at Network level.

Scope of the report

This study focuses on partnerships between healthcare and social welfare advice services (often called Health-Justice Partnerships),¹⁵ looking at a range of service delivery models currently in operation in London. It looks at what works, what solutions are needed going forward, what needs to change and how, with a particular focus on the links between social prescribing and social welfare advice which have

¹⁵ <https://www.ucl.ac.uk/health-of-public/research/ucl-health-public-communities/law-health/health-justice-partnerships>

developed over recent years. The report considers the opportunities, barriers and enablers to strengthening the partnerships between sectors.

The report also includes an evaluation of the GLA funded social welfare advice training programme for front-line staff, which has been delivered by the Bromley by Bow Centre and partners, including a pilot programme of training and support for social prescribing link workers on the development of a new hybrid role which combines the link worker role with basic generalist advice role.

Objectives of the report

The report seeks to build upon the work which has already been conducted in this area (including that of the Institute for Health Equity, the Low Commission, the Bromley by Bow Centre, UCL Health Justice Partnerships team, Citizens Advice, and others). It aims to inform the next steps for integration and collaboration between healthcare and advice services in London, in order to improve access to critical welfare assistance.

Arguably the imperative to get this right has never been more urgent, in the current context of increasing hardship and widening health and social inequalities. The challenge may feel more difficult than ever in these resource constrained times, however new Integrated Care Systems are developing that seek to deliver holistic, multi-disciplinary and multi-agency support. We hope that this report will demonstrate to the relevant leaders that the opportunity can and must be taken to cement the relationship between healthcare and social welfare legal advice services.

Methodology

This report is based on a combination of desk research and new data collection.

It includes analysis of information from previously published reports, which focus on the connections between health and legal issues, as well as the delivery of Health Justice Partnerships.¹⁶

Information was collected to identify current partnerships between healthcare and advice services. This was done through: i) Contacting services known from previous publications; ii) Requesting information from network organisations; iii) Searching available information resources including literature and web; iv) Snowballing by asking relevant services if they knew of others doing similar work.

Surveys and semi-structured interviews were undertaken with key stakeholders. This included healthcare professionals working in a variety of roles within London’s Integrated Care Partnerships; welfare rights advisors and social prescribing practitioners, as well as advice networks and relevant policy makers.

Twenty two semi-structured online interviews were conducted with general practice staff, advice staff, and social prescribing staff between May and July 2023. These included:

Social Welfare Advisors/Managers	Social Prescribing Managers/Team Leaders	Hybrid Advice-Social Prescribing Link Workers	Local authority advice commissioners	Advice provider networks	GPs	ICB trust chair
5	4	3	3	3	3	1

¹⁶ https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/law_for_health_hjp_final.pdf

All interviews were based on a topic guide which outlined the main topics to be explored during interviews and were tailored to the role and experience of each participant. Interviews were transcribed and coded and thematic analysis was employed to analyse key themes emerging from the interviews.

The study also included:

- An online survey which was circulated to approximately 400 Social Prescribing Link Workers (SPLWs) in London, from which 67 responses were received.
- An online survey of the 15 social prescribing link workers on the pilot social welfare advice training programme of which 10 responded, plus follow up interviews with 3 of the respondents to explore the learning from the training programme in greater detail.

Chapter 1: Relationship between health inequalities and social welfare advice issues

Key Points

- The relationship between poverty, wider determinants of health, and ill health (both physical and mental), is well established in the research literature.¹⁷ Lack of income and problem debt limits people's choices and combines with existing disadvantages to put many households at greater risk of immediate hardship and reduced wellbeing. There is a reciprocal relationship between financial health and multiple long-term health conditions, including mental health conditions.
- Patients with a range of worrisome, significant, issues suffer from a high allostatic load, which diminishes their capacity to make good decision and, for example, manage their long-term health conditions.
- Social Welfare Legal Advice (SWLA) has a vital role to play in improving wellbeing and tackling health inequalities by helping people maximise income, reduce indebtedness, prevent homelessness and take legal action on housing disrepair, address employment and immigration issues, among others.
- People can face numerous barriers to accessing advice when they experience welfare rights issues. There is a need for coordinated activity to ensure people reach the necessary services and can secure the benefits and entitlements for which they are eligible. Co-locating advice with other frequently accessed services (such as healthcare), particularly when staff of the organisation are training in 'problem noticing', presents an opportunity for improving access.
- There is a long history in England of partnerships between healthcare and welfare advice services, including in primary care, hospitals and mental health services. These partnerships facilitate more joined up, holistic support for patients through integration and referral systems. However, advice service provision, both in healthcare settings and on the high street, is patchy, funded on a time limited basis and a postcode lottery.
- The development of Integrated Care Systems presents an opportunity to consider the relationships and interdependencies between health and the services that address the wider determinants of health, so that they can work in effective partnership with healthcare. The social welfare legal advice sector must be included as a critical part of the plans and strategies for tackling health inequalities.

Poverty and the wider determinants of health

The relationship between the wider determinants of health, and specifically poverty, poor housing, debt, and ill health and lower life expectancy in London is well established.¹⁸ The impacts of inflation, the rising cost of fuel, food and other essentials on low-income households are leading to significantly poorer living standards, increased poverty and debt, and widening inequalities in health.

The Centre for Labour Studies Insecurity Index shows that insecurity has increased for UK residents by 50% since 2005. The index measures insecurity of income, the cost-of-living delta (relationship between

¹⁷ <https://asauk.org.uk/health-and-advice/>

¹⁸ <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

income and living costs), employment and housing insecurity. Londoners have by far the highest level of insecurity in the UK, driven by London's high cost of living (especially housing), the high proportion (35%) of households in private rental housing, its jobs base with a large and substantially insecure and low wage service sector, and its demographic makeup. Women, young adults and BAME communities have significantly higher levels of insecurity than other sectors of society, and these sectors saw their levels of insecurity dramatically increase during and as a result of the COVID pandemic.¹⁹

Poverty rates vary significantly across different demographic groups in London and elsewhere, as highlighted in the 2019/20 data from the London Poverty Profile.²⁰ Households that included a disabled person or a person with long-term limiting illness are more likely to be in poverty. Poverty rates are also higher for BAME people (39% and 38%) than for White groups (21% and 19%). Amongst the different family types, single parents with children are most likely to experience poverty. In London, 53% of this group were in poverty in 2019/20. The housing crisis (with close to 1 million Londoners are on a council housing waiting list), is also particularly acute for minoritised households who are more likely to live in overcrowded conditions.

The recent Impact on Urban Health (part of Guy's and St Thomas' charity), report²¹ highlights that people from Black-African, Black-Caribbean and other Black communities across the UK are more than twice as likely to be struggling financially and more than three times as likely to live in a household that is behind on bills or rent. It also notes that:

“The unequal way that people develop multiple long-term health conditions is a mirror for broader health inequity in our cities. Differences by income, ethnicity, first language, country of birth and even neighbourhood show that the origins of multiple long-term (health) conditions are often social and economic.”

Barriers to accessing welfare benefits, navigating the complexities of the benefit system

Lack of income and problem debts limit people's choices and combine with existing disadvantages to put many households at greater risk of immediate hardship and reduced wellbeing. The sheer complexity of the benefits system, lack of public awareness of what financial support is available for households on low income or those living with long-term limiting illnesses, means that many people struggle to understand or claim the welfare benefits they are entitled to without independent welfare advice and advocacy support. Over 65% of claimant appeals against Personal Independence Payment (PIP, a benefit which relates to disability-related costs), decisions are overturned by tribunals in the claimants' favour.²² However, support from a social welfare advisor is often critical to successfully appealing the denial of disability and health related benefits. It is estimated that low-income households in UK are missing out on £19bn of income each year through not understanding or claiming their full welfare benefits entitlements.²³

The underclaiming of benefits particularly affects pensioners in poverty, those working in low wage and in part time employment, and those with health and disability related claims. In addition to the support

¹⁹ <http://classonline.org.uk/pubs/item/the-insecure-economy-measuring-and-understanding-the-contemporary-labour-ma>

²⁰ <https://trustforlondon.org.uk/data/poverty-rates-demographics/>

²¹ <https://urbanhealth.org.uk/wp-content/uploads/2021/04/IOUH-MLTC-FlagshipReport-min.pdf>

²² <https://www.benefitsandwork.co.uk/news/appeals-backlog-rises-as-success-rates-fall-for-all-but-pip>

²³ <https://policyinpractice.co.uk/wp-content/uploads/Missing-out-19-billion-of-support.pdf>

vulnerable people need to claim entitlements to the main working age, pension and disability benefits, financially struggling households also need support to navigate the plethora of discretionary emergency support schemes, often administered locally and with differing eligibility requirements and application processes.

In addition, the value of working age benefits has been eroded in recent years as benefits uprating has not kept pace with inflation. In April 2022, benefits were uprated by 3.1% based on the CPI rate in September 2021 and well below the contemporary inflation rate of 9%. Research by Joseph Rowntree Foundation²⁴ has highlighted that UK benefits fall short of minimum living cost. Non-working households on benefits have only a quarter of the income required for an adequate standard of living, and single adults working part time, as well as couples with only one person working, receive around half of what they need. The failure of the benefits system to keep up with inflation means that, compared to pre-pandemic levels, current benefit rates are 6% lower. The result is that many households find themselves in "negative" or "deficit budgets" as their monthly income is less than their expenditure on food, fuel, housing, and other essential costs. Advice agencies interviewed for this study have identified a sharp increase in the numbers of clients with money and debt problems due to negative budgets.

Other pressures on low-income households

Data from the Money and Pensions Service shows that increasing numbers of low-income households are experiencing debt problems and increased stress and anxiety, and that figures for households experiencing problem debt have risen significantly in London.²⁵ StepChange Debt Charity, estimated in 2017 over half a million Londoners were in "problem debt", unable to pay their debts or other household bills.²⁶ The cost-of-living crisis is likely to have significantly increased that figure, due to substantial increases in rent, mortgage and utility costs in recent years. Households' figures for fuel poverty²⁷ and food poverty have also increased dramatically in the past year.

Continuous stress and anxiety about debt and finances increases people's allostatic load and is bad for long-term physical and mental health and limits people's capacity to focus on managing existing long term health conditions:

"There is a reciprocal relationship between financial health and multiple long-term conditions. Despite this, systems and support services are fragmented and too often treat them as separate issues, worsening the negative impact each has on the other."²⁸

The housing crisis in London (almost one in ten Londoners is on a housing waiting list for an affordable, secure and adequate home), also means that many families are living in insecure, damp, overcrowded and unaffordable homes which have negative effects on their respiratory health, mental health and healthy child development.

The growing cost-of-living crisis is increasing pressure on low-income households and the public and community services that they rely on. The structural, social and economic conditions that shape health and inequities are influenced by policy choices beyond the control of the NHS and local government -

²⁴ <https://www.jrf.org.uk/report/minimum-income-standard-uk-2022>

²⁵ <https://moneyandpensionservice.org.uk/financial-wellbeing-in-london/>

²⁶ <https://www.stepchange.org/policy-and-research/2017-london-in-the-red>

²⁷ <https://www.gov.uk/government/collections/fuel-poverty-statistics>

²⁸ <https://urbanhealth.org.uk/wp-content/uploads/2021/04/IOUH-MLTC-FlagshipReport-min.pdf>

such as decisions on the level and distribution of spending on housing, public health, social security and key local authority services in deprived areas. However, there are significant interventions that local government and its health partners in ICPs can undertake in partnership with local communities and the voluntary sector to mitigate and minimise/ lessen the impacts of social economic and health inequalities in deprived communities.

The Institute of Health Equity's recent review of Interventions to Reduce Impacts on Health Inequalities in London highlights that despite being the richest city in the UK, London has the highest rate of poverty of any region in England, with more than a quarter (27%) of the capital's residents living in poverty in 2021, after taking housing costs into account.²⁹ In some parts of London 50% of children grow up in poverty.³⁰

The review points to an urgent need for coordinated activity and interventions at national and local level to address the different factors (including health) that contribute to a household's financial circumstances, and the impacts on health and health inequalities that result. In addition to this, the review highlights that there is good evidence that a lack of income and/ or high financial outgoings, combined with low savings and/ or problem debt, contribute to stress, poor health and inequalities in health, and that *"it is therefore, logical to conclude that interventions that alleviate these conditions will help someone to live a healthy life."*³¹

The role of social welfare legal advice

Legal advice involves helping someone to understand and take action on their legal rights. It is delivered by qualified professionals (which may be solicitors or specialist or generalist welfare rights advisors) who can explain someone's rights and entitlements and recommend courses of action. Additionally, they can provide practical assistance with making claims or challenging decisions and solicitors and specialist advisors can represent someone at a court or tribunal hearing. In the context of social welfare legal issues, advice has a vital role to play in improving health, by helping people to exercise their rights to address poor living and working conditions that may be impacting on a person's health; for example, resolving damp housing that can exacerbate respiratory conditions, or addressing financial issues that are impacting on mental health. Legal advice can be effective across a wide range of social and economic determinants of health, supporting people to maximise income, reduce indebtedness, prevent homelessness, ensure inclusion in employment and education, gain access to social care, and address immigration problems, amongst other issues.³² Feedback from advice service clients highlights that enabling people to access the social welfare advice in a timely and appropriate fashion reduces their allostatic load (or overload), and impacts positively on their health and wellbeing, including on their capacity to manage long term health conditions.

Social welfare legal issues predominantly affect people living on low incomes and in deprived households. Additionally, they are more likely to affect people with certain vulnerabilities and characteristics, for example: migrants and refugees, single parents, ethnic minorities, and those living with long-term illnesses, disabilities or mental ill health conditions. These issues contribute to health inequalities by exacerbating the impacts of hardship among groups who are already more vulnerable to poor health

²⁹ <https://www.instituteofhealthequity.org/resources-reports/evidence-review-cost-of-living-and-health-inequalities-in-london>

³⁰ <https://www.childhoodtrust.org.uk/wp-content/uploads/2023/04/London-Child-Poverty-Report-2023-1.pdf>

³¹ <https://www.instituteofhealthequity.org/resources-reports/evidence-review-cost-of-living-and-health-inequalities-in-london/click-here-to-read-the-report.pdf>

³² https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/law_for_health_hjp_final.pdf

outcomes and experiences. Social welfare legal advice is therefore a critical intervention in addressing health inequalities and tackling the wider determinants of health and has an important role to play in any local partnerships and collaborations for health.

The Institute of Health Equity's³³ review recommended that all ICS system partners should:

- Identify and support people to access all benefits and entitlements for which they are eligible, taking into consideration all barriers to uptake and opportunities to co-locate welfare advice with other services people routinely accessed.
- Support development of "health justice partnerships" in their localities, including co-location of services in health and care facilities.
- Develop the role of health and care professionals, including social prescribing link workers, in identifying the need for and facilitating access to legal welfare advice.

Links between healthcare, social welfare advice and social prescribing

Findings from the Low Commission evidence review on the role of advice services in health outcomes highlighted that:³⁴

"There is mounting evidence of both the adverse health impact of social welfare legal problems and the beneficial health impact of receiving good advice. Many people presenting to health services are key target client groups for advice services and yet given the nature of their problems, it is clear from the evidence base that they have not accessed any advice services. There are many advice and legal support services across the country who have recognised this issue and who are currently working in partnership with health services and/or operating in health settings, such as in GP surgeries and hospitals."

One of the main sources of referrals and signposting to social welfare advice in London is now from social prescribing link workers in the healthcare system, as noted in the previous Bromley by Bow Centre report on collaboration between Social Welfare Advice and Social Prescribing.³⁵ Social prescribing has steadily established itself as a crucial component of primary care settings, having been included in the General Practice Forward View in 2016 and adopted as national policy by the NHS in 2019, as part of the Long Term Plan and approaches to delivering Personalised Care. This mainstreaming was facilitated by NHS England's commitment to fund 4,500 social prescribing link workers as part of its programme to widen the range of skills and specialisms within General Practice and Primary Care Networks (PCN). In addition to responsive social prescribing, there is now a requirement on Primary Care Networks to work with a population experiencing health inequalities to proactively offer social prescribing interventions. The goal that at least 900,000 people would be referred to social prescribing by March 2024 had already been surpassed by March 2023.

³³ <https://www.instituteofhealthequity.org/resources-reports/evidence-review-cost-of-living-and-health-inequalities-in-london>

³⁴ Parkinson A, Buttrick J. *The Role of Advice Services in Health Outcomes Evidence Review and Mapping Study*. Consilium Research and Consultancy, 2015

³⁵ https://www.london.gov.uk/sites/default/files/social_welfare_advice_and_social_prescribing_in_health_settings_report_jan21.pdf

Whilst models of social prescribing schemes and their adoption within PCNs vary, with 3,500 Social Prescribing Link Workers employed across England's 1,250 PCNs, the average number per PCN is almost 3 FTE. A standard model of social prescribing has been developed by NHS England in partnership with stakeholders, which shows the elements that need to be in place for effective social prescribing to happen.³⁶

However, there is ongoing concern about the resourcing of social prescribing, which funds the link worker roles but not the social welfare advice services that link workers refer into. This fails to consider the capacity of the local advice sector and risks undermining or even jeopardising the endeavour. In recent years, the capacity of the advice sector has been reduced due to public spending cuts that have affected legal aid and local authority budgets. At the same time, advice agencies have seen increased demand for support with social welfare legal issues due to the impacts of austerity and the worsening economic situation. Social prescribing will not work, especially in relation to health inequalities, if the vital community services are under-resourced or non-existent. In the survey of social prescribing link workers across London, undertaken as part of this study (Appendix 1), almost half of the 67 respondents (**46%**) found it difficult to access support for their clients needing social welfare legal advice. Comments from social prescribing link workers surveyed included;

"The advice services are so oversubscribed and underfunded that it is hard to place any blame on them, however, people just cannot get through to them and my referrals never seem to go anywhere. I just have to tell people to turn up at their office."

SP link worker survey respondent

"(I) Should train to become an advisor, as most of the role involves social welfare issues."

SP link worker survey respondent

The health justice partnership approach predates the adoption of social prescribing and there is a long history of both primary and secondary healthcare settings partnering with welfare advice services, as demonstrated in the case studies in this report. In some areas, the introduction of the Social Prescribing Link Worker role has altered these original partnerships, meaning the main referral route is now via the link worker rather than directly from medical staff to the welfare advice providers. There is a need to consider how healthcare providers, including social prescribing services, can interact and intersect with social welfare advice services to ensure a smooth journey for those being referred and an appropriate level of feedback to clinicians. As highlighted in the previous Bromley by Bow Centre report on this issue:

"With social prescribing link workers now firmly in position as part of multi-disciplinary teams at primary care level as well as in some secondary and tertiary care settings, the lack of clarity on the role of social welfare legal advice and where provision of timely, high quality advice fits into the bigger picture is thrown into stark relief."³⁷

There is consensus from practitioners interviewed for this report and from previous research reports that the interconnection between social welfare advice and social prescribing services is critical to the effective operation of social prescribing and to ensuring that patients are supported to address social welfare legal problems that impact their health and wellbeing. Dr Sarah Beardon and Prof. Dame Hazel

³⁶ <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

³⁷ https://www.london.gov.uk/sites/default/files/social_welfare_advice_and_social_prescribing_in_health_settings_report_jan21.pdf

Genn, further note that social welfare advice should form a core component of social prescribing initiatives to address the most pressing of needs and empower individuals to improve their circumstances:

“Without the fundamental conditions that enable individuals to lead a decent life, such as income and housing, other support services are likely to have limited effectiveness in improving health.”³⁸

Based on current projections, there will be between 550 and 600 Social Prescribing Link Workers in London by March 2024, supporting approximately 125,000 patients each year (approx. 225 patients per worker). In the online survey undertaken for this study, London link workers report that around 50% of social prescribing clients require social welfare advice. This would equate to approximately 60,000 referrals to Social Welfare Advice providers per year, the vast majority would have been unlikely to have accessed advice services otherwise. With allowance for clients who might have seen an advisor anyway, this will require approximately 200 additional social welfare advisors, (based on an average of 250 clients per advisor), to support these clients.

In recognition of this interdependency of social prescribing schemes on social welfare advice in London, several SP providers have obtained resources to contract with local advice agencies to deliver outreach in GP surgeries or employed social welfare legal advisors in a new hybrid link worker/advisor role or as detailed in Chapter 4. However, responses to resourcing social welfare advice services have been partial and piecemeal to date.

Wandsworth Citizens Advice receives funding to employ 3.2 full time advice workers to work specifically with referrals (83 per month) from social prescribing. Even though social prescribing link workers are oriented not to refer very minor matters, the volume of demand is such that the quota is reached 2/3rd of the way into each month. Wandsworth Citizen’s Advice estimate that to fully meet the advice needs of people being supported and referred by social prescribing they would need at least six full time advisors.

Given the ongoing demand from social prescribers on already oversubscribed advice services, it is essential that London’s five ICSs have regard as to how the interdependency between Social Prescribing and the provision of Social Welfare Legal Advice is understood and resourced. And, most importantly to considering how 60,000 annual referrals to advice providers are going to be supported, given that social welfare advice providers are already overwhelmed with demand and in some cases periodically close their waiting lists.

Opportunities in the formation of Integrated Care Systems

Integrated Care Systems (ICS) are geographically based systems designed to bring the commissioners and providers of NHS services together into a partnership with local authorities, the voluntary, community, faith and social enterprise sector, and local residents to plan, co-ordinate and commission health, care and related services. The logic of the integrated care system as a model is that it acknowledges the interdependence of a wide range of needs, and provision to meet those needs and outcomes.

The development of Integrated Care Partnership strategies and plans presents the opportunity to consider the relationship between services that improve people’s wider determinants of health and those that meet health needs. In doing so, if Integrated Care Boards are to realise their statutory duty to reduce

³⁸ The Health Justice Landscape in England & Wales: Social welfare legal services in health settings
https://www.ucl.ac.uk/access-to-justice/sites/access-to-justice/files/lef030_mapping_report_web.pdf

health inequalities, it will be important to utilise the approach that Michael Marmot calls 'proportionate universalism' in applying the following considerations:

- The adequacy and sufficiency of provision of services to meet the needs of the population served by the Integrated Care System and that are provided by the members of the Integrated Care Partnership, particularly those that meet the needs of the most deprived and disadvantaged groups within the population.
- How those services are integrated with each other to best address the needs of the population served by the Integrated Care System, in particular, how they meet the needs of the most deprived and disadvantaged groups within the population. This includes the need to promote access to those with greatest need, who are often those least likely to access services.

Chapter 2: Understanding the advice sector context

The following chapter provides a summary of themes identified from prior research and from the surveys and interviews conducted for this study.

Key Points

- Social Welfare advice services have direct positive impacts on physical health and mental health and wellbeing and stress outcomes and improve the principal social determinants of health that are considerable driver of health inequalities.
- Welfare advice provision in healthcare settings offers a simple, effective, person-centred approach to tackling health inequalities.
- Investing in the co-location of advice workers in healthcare settings had an average of return of £27 of social and economic benefit per £1 invested.
- The main drivers of demand for advice include income poverty, insecure and low paid employment, complexity and systems failure in the benefits system, shortage of affordable housing, cost of living crisis, problem debts, digitisation of access to public services, low levels of literacy including digital literacy in poorer communities.
- Provision of social welfare advice in London falls short of the capacity needed to meet the increasing high level of demand and provision is unevenly distributed across the capital, with very different levels of funding from local authorities, charitable trusts, and health providers in different boroughs.
- The precarious funding of advice provision has had a negative impact on advice agencies' ability to recruit and retain experienced advice staff, with the continual loss of expertise, and continuity of relationship with stakeholders.
- The development of social prescribing in the NHS, with approximately 50% of patients requiring social welfare advice referrals, has placed significant extra pressures on already struggling advice services, without the concomitant resources to meet the demand.

The impacts achieved by advice services

Over the past three decades, collaborations have developed between healthcare services and social welfare advice providers ('health justice partnerships'). The impacts of these partnerships have been reviewed in the international literature in a study by Dr Sarah Beardon et al (2021).³⁹ This study found that health justice partnerships had a broad range of benefits, including effectively improving access to advice for people who would not otherwise seek assistance, resolving legal issues and thereby improving social and economic determinants of health, and improving mental health and wellbeing. Furthermore, these partnerships could support healthcare teams and improve the patient experience of care, enabling a more comprehensive response to people's needs.

³⁹ 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.sspj-journal.org/articles/10.3389/phrs.2021.1603976/full>

Access to advice services has typically been associated with positive impacts on mental health and stress outcomes.^{40 41} A quasi-experimental study conducted by Woodhead et al (2017)⁴² on the impact of co-located welfare advice in healthcare settings found that the provision of co-located advice led to significant improvements in mental health and wellbeing and could reduce practice burden by supporting patients less able to self-manage. The study found that 64% of the 199 people in the advice group reported at least one improvement since receiving advice. Of these, the most common were reduced stress (25.9% of responses), income gain (20.6%), improved housing circumstances (17.7%) and increased confidence (15.9%).

“Co-located welfare advice improves short-term mental health and well-being, reduces financial strain and generates considerable financial returns.”⁴³

Another study reviewed published literature on the impact of advice services on health, including mental health. It noted that associations between poor mental health and social disadvantage such as indebtedness and unstable housing are well documented, including studies that demonstrated that individuals with mental ill health are also more likely to have difficulties accessing support and advice for social welfare issues.⁴⁴

Recent economic recessions and austerity measures have created economic hardship among patients, which has exerted additional strain on General Practitioners, particularly those working in socially disadvantaged areas.⁴⁵ Placing advice services in healthcare settings can capitalise on the ‘problem noticing’ opportunity of clinical consultations and increase the likelihood of vulnerable people accessing advice services due to the trusted nature of relationships with referring healthcare professionals. Research evidence also suggests that people referred to advice by healthcare professionals would not have otherwise sought assistance, and that partnerships with healthcare can help to reach vulnerable groups more effectively.⁴⁶ Collaboration between healthcare services and social welfare advice providers can also free up GP time to focus on clinical issues. Evidence from Citizens Advice (2014) polling of GPs about non-clinical demands found that about 20% of GP consultation time is spent discussing issues such as debts, relationship problems, issues at work, benefits, and housing problems.⁴⁷

The Role of Advice Services in Health Outcomes Evidence Review and Mapping Study report⁴⁸ commissioned by the Advice Services Alliance and the Law Commission in 2015 also noted that there is

⁴⁰ Young, D., Bates, G. Maximising the health impacts of free advice services in the UK: A mixed methods systematic review. *Health Soc Care Community*. 2022 Sep;30(5):1713-1725. doi: 10.1111/hsc.13777. Epub 2022 Mar 21. PMID: 35307896; PMCID: PMC9545623.

⁴¹ Woodhead, C., Djuretic, T. & Raine, R. (2017). An evaluation of Haringey co-located welfare advice services in general practice settings. NIHR CLAHRC North Thames & University College London.

⁴² Woodhead, C., Khondoker, M., Lomas, R., & Raine, R. (2017). Impact of co-located welfare advice in healthcare settings: Prospective quasi-experimental controlled study. *The British Journal of Psychiatry*, 211(6), 388-395. doi:10.1192/bjp.bp.117.202713

⁴³ Woodhead, C., Khondoker, M., Lomas, R., & Raine, R. (2017). Impact of co-located welfare advice in healthcare settings: Prospective quasi-experimental controlled study. *The British Journal of Psychiatry*, 211(6), 388-395. doi:10.1192/bjp.bp.117.202713

⁴⁴ Fitch, C., Hamilton, S., Bassett, P. and Davey, R. (2011), "The relationship between personal debt and mental health: a systematic review", *Mental Health Review Journal*, Vol. 16 No. 4, pp. 153-166. <https://doi.org/10.1108/13619321111202313>

⁴⁵ Citizens Advice *A Very General Practice: How Much Time do GPs Spend on issues Other than Health?* Citizens Advice, 2015. [Google Scholar] [Ref list]

⁴⁶ <https://www.ucl.ac.uk/health-of-public/research/ucl-health-public-communities/law-health/health-justice-partnerships/about-health-justice>

⁴⁷ Kite A. Citizens Advice in GP Surgeries: an investigation. PhD Thesis, 2014.

⁴⁸ Parkinson A, Buttrick J. The Role of Advice Services in Health Outcomes Evidence Review and Mapping Study. Consilium Research and Consultancy, 2015

an extensive body of evidence that demonstrates the ways in which the integration of advice and health services has multiple benefits for funders and providers and individual service users/ patients. The report outlines key findings from research studies in the field about the adverse health impact of social welfare law problems and provides an overview of studies on 58 integrated Health and Welfare Advice Services.

“The provision of good welfare advice leads to a variety of positive health outcomes and in addition addresses health inequalities highlighted in the Marmot Review 2010. The effects of welfare advice on patient health are significant and include lower stress and anxiety, better sleeping patterns, more effective use of medication, smoking cessation, and improved diet and physical activity. These findings are important in the context of addressing the wider social determinants of health and suggest that stronger collaborative working across a range of sectors is required. In particular, there is demonstrable evidence that when advice and health sectors work more closely and strategically to meet advice needs this contributes to reducing health inequalities. Direct commissioning of welfare advice services within specific health settings is most effective as it targets the most vulnerable within settings which they trust and where their specific health needs are understood.”⁴⁹

A number of studies on the impact of advice services have focused on the financial benefit to service users. Examples from evaluations of welfare advice services in GP practices in London in the past 10 years have identified financial benefit to patients (per patient supported) of between £2,600 (Haringey and Camden) and £3,800 per year (Tower Hamlets Health & Advice Links project).⁵⁰ This additional income was gained by patients from increased benefit income, including back payment of benefits following successful appeals of decisions on disability and health-related welfare benefits. More recent figures from Citizens Advice Annual report 2022⁵¹ highlights that their welfare advisors helped people claim on average an additional £6,841 in additional benefits a year and helped people write off an average of £13,059 of problem debt.

There are several studies⁵² reporting on cost benefit of the interventions, showing benefits of between £15-£39 per £1 invested in advice services delivered in GP practices. Citizens Advice, in its study, Modelling our Value to society (2015/16) found savings of £1.52 for government per £1 invested, partly due to reduced need for benefits, partly due to reduced use of health services. This is modelled savings based on the fact that it is known that welfare problems impact on health and increase service use.⁵³ In the report, Breaking the cycle, the case for integrating money and mental health support during the cost of living crisis is made by the Money and Mental Health Policy Institute. The report, based on modelling and research showing that tackling financial difficulty could boost recovery rates from common mental disorders. The study estimates it could help 27,000 people recover from mental health problems each year and save the government and the NHS £144m annually, by reducing demand on health services and helping more people with mental health problems thrive in work.⁵⁴

⁴⁹ Parkinson A, Buttrick J. The Role of Advice Services in Health Outcomes Evidence Review and Mapping Study. Consilium Research and Consultancy, 2015

⁵⁰ https://www.ucl.ac.uk/access-to-justice/sites/access-to-justice/files/hjp_workshop_updated_information_final.pdf

⁵¹ https://assets.ctfassets.net/mfz4nbgura3g/5piAqpbrv71hBujORjhM9r/b578b9b5057e545e91ec833e38076ece/Annual_Report_2021_22.pdf

⁵² Granger R, Genn H, Tudor Edwards R. Health economics of health justice partnerships: A rapid review of the economic returns to society of promoting access to legal advice. Front Public Health. 2022 Nov 15;10:1009964. doi: 10.3389/fpubh.2022.1009964. PMID: 36457317; PMCID: PMC9705517.

⁵³ <https://www.citizensadvice.org.uk/Global/Public/Impact/ModellingthevalueoftheCitizensAdviseservicein201516.pdf>

⁵⁴ <https://www.moneyandmentalhealth.org/publications/breaking-the-cycle/>

The report *Defending the public purse* estimates large savings for government from specialist legal advice services (£8,000 per client in a year), partly due to better health, although the specific value of this is not separated out. The cost saving is modelled, based on what would happen with and without advice – with advice helping to avoid crises and deterioration in health.⁵⁵

Case study example

A had a stroke at work in 2022, which resulted in severely impaired mobility and an extended period in hospital and rehabilitation. He has a young family with 4 children and during his stay in hospital, the family got into rent, fuel bill and council tax arrears, due to the loss in income from his employment. The family were really struggling to cope with the life changing illness and had been unable to face the mounting bills and debtors' letters. The stress of their changed economic situation impacted on both Ahmed and his wife's physical and mental health and family relationships.

The family were referred by their GP to the weekly outreach advice session at the GP practice. The family were claiming Universal Credit but there had been a delay of two months in making the initial claim when rent arrears and other debts started to build up. The advisor helped them successfully apply for Personal Independence Payment (PIP), Council Tax support as well as fuel grants and charity grants for essential items of clothing. The advisor also worked with the family to help them draw up an income and expenditure statement to help them manage and prioritise their debts and negotiate a repayment plan with their housing association, fuel provider and Council Tax.

Being able to see a welfare rights advisor in the local GP surgery was a major factor in the family accessing the timely advice and support they needed with their finances and debt problems.

Welfare advisor in GP practice, Hackney

Woodhead et al (2017)⁵⁶ noted in their pilot study an income gain for clients of £15 per £1 in project costs. The calculation was made by dividing the cost of running the services by the average per capita additional income (from increased benefit income and management of debts). A Social Return on Investment analysis carried out by the Improvement Service, in partnership with NHS Lothian, Dundee City Council and Granton Information Centre, found that every £1 invested in the co-location of advice workers in medical practices would generate around £39 in social and economic benefits.⁵⁷ A review by Reece et al⁵⁸ found an average return of £27 in social, economic, and environmental benefits per £1 invested. The review also found that improved uptake of welfare advice services led to a reduction in primary care appointments and improved use of secondary health services, particularly mental health services, resulting in significant cost savings for the NHS and freeing up the resources needed to address those most in need.

⁵⁵ <https://atjf.org.uk/wp-content/uploads/2021/09/Defending-the-public-purse-The-economic-value-of-the-free-legal-advice-sector-September-2021.pdf>

⁵⁶ Woodhead, C., Khondoker, M., Lomas, R., & Raine, R. (2017). Impact of co-located welfare advice in healthcare settings: Prospective quasi-experimental controlled study. *The British Journal of Psychiatry*, 211(6), 388-395. doi:10.1192/bjp.bp.117.202713

⁵⁷ https://www.improvementservice.org.uk/__data/assets/pdf_file/0023/9167/SROI-co-location-advice-workers.pdf

⁵⁸ Reece S, Sheldon TA, Dickerson J, Pickett KE. A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review. *Soc Sci Med*. 2022 Mar;296:114746. doi: 10.1016/j.socscimed.2022.114746. Epub 2022 Jan 29. PMID: 35123370.

Citizens Advice Wandsworth (CAW) annual report for 2022-23 highlights that for every £1 Wandsworth Council invested in the core advice service they estimate that they generated:

- **£5.36** in savings for government and public services (fiscal benefits).
- **£40.14** in wider economic and social benefits (public value).
- **£24.30** in financial value to the people helped (outcomes for individuals).

The CAW report highlights that in addition to improving health and wellbeing by maximising people's income and reducing the healthcare costs of people living in unsafe and substandard homes, the impact of advice work in 2022-23 includes £478,651 saved by the NHS, through reducing use of mental health and GP services.⁵⁹

Case studies from social welfare advice clients also provide powerful illustrations of the impact of advice interventions, ranging from alleviating immediate financial stress to longer term outcomes on health and wellbeing.

Welfare advice delivers a range of health-related benefits, such as lower anxiety, better general health and more stable relationships. These are all in addition to people having greater annual income, debts restructured or written off, not losing their home or getting disrepair problems resolved.

As highlighted in the Impact on Urban Health, report;⁶⁰

“The more pressures people face in their lives, whether from poverty, having an insecure job or housing, or facing racism, sexism and other forms of discrimination, the more likely they are to go from one long term health condition to multiple long term health conditions. And we also know that those pressures, as deep-rooted as they are, can be eased by getting people the right kinds of support early enough for it to make a difference.”

Need and demand for social welfare legal advice

Interviews with key stakeholders for this study and reviews of recent literature have noted that advice services are over-subscribed and struggling to cope with demand from clients, who are often only accessing the service when their problems have reached crisis point and require intensive support and casework to resolve their issue. Advice managers reported that clients were presenting with increasingly complex cases with often interconnecting problems of benefits, debt, and housing, and that they were seeing higher numbers of patients with mental health problems. Despite the increasing use of digital and telephone channels to access advice, demand for face-to-face advice is still high, particularly from vulnerable groups who struggle to utilise other channels. To avoid negative impacts on health and wellbeing, early identification of social welfare problems, with referral and resources to support vulnerable patients to access face-to-face social welfare advice before their problems reach crisis point, was identified as a key area for the development of collaborative approaches between advice and health providers.

The main drivers of demand for advice are well documented in the research literature and include income poverty, insecure and low paid employment, complexity and systems failure in the benefits system, shortage of affordable housing, cost of living crisis, problem debts, digitisation of access to public

⁵⁹ <https://cawandsworth.org/wp-content/uploads/2023/04/Celebration-Event-2023-Report-Final-Web-Pub.pdf>

⁶⁰ <https://urbanhealth.org.uk/wp-content/uploads/2021/04/IOUH-MLTC-FlagshipReport-min.pdf>

services, and low levels of literacy including digital literacy in poorer communities. Other major drivers of demand for advice identified by the research and by interviewees for this study were “life events,” such as diagnosis of serious illness or becoming disabled, losing your job or home, and relationship breakdown. Advice agency respondents also noted that the cost-of-living crisis has led to rising demand and increasingly complex casework, with many clients having 'clusters' of interrelated problems, in relation to benefits, housing and debt often triggered by relationship breakdown.

As noted in the Advising Londoners report ⁶¹

“Working out how to effectively and strategically manage demand outstripping supply requires an understanding of many factors: advice need indicators, presenting demand, capability to deal with social welfare matters, and how Londoners prefer to access advice. It is also essential to understand the root causes, or drivers, of need and demand, including policy change and (preventable) systemic failure.”

Systemic issues were identified as key drivers of demand for social welfare advice in both the literature and the interviews undertaken for this study. These included the complexity of the benefits system, deficiencies in the assessment process and the need for support in navigating the system and challenging incorrect decisions. The difficulties in claiming health and disability related benefits and the high number of decisions overturned at appeal stage was also highlighted, an issue faced by people with long term health conditions, mental health issues and disabilities.

Lack of digital access, skills or literacy has also been identified as a barrier for marginalised groups in engaging with the digital e-government platforms for welfare benefits and other essential services. It is one of the reasons why some vulnerable households underclaim benefits or struggle to maintain their benefit claim without support. Advice agencies provide a key resource to support vulnerable households to claim their full benefit entitlement.

Demand for housing advice has increased since the pandemic as rising rents, increasing living costs and flatlining wages, as well as the freeze in Local Housing Allowance (LHA) rates mean more families are struggling to keep up with their housing payments. Advice agencies interviewed for this study also highlighted that there is increasing demand for housing advice on issues of disrepair, overcrowding and temporary accommodation. Increased public awareness of the impact of mould and damp on children’s health following the tragic death of two-year-old Awaab Ishak, was identified by some agencies as the reason for increased demand for advice on mould and disrepair. Advice agencies interviewed for this study also identified that the housing crisis in London makes it very difficult to successfully support residents to be rehoused and that advisors have to manage clients’ expectations as there was not always a legal remedy or representation that could successfully be made on their behalf, if the issue related to the long wait on the social housing register list for example.

Demand for debt advice has also risen steadily since the pandemic, and cases have become more complex, with an increasing number of people seeking advice lacking sufficient income to cover essentials. Because of these “negative budgets”, advisors are often not able to support them with the traditional option of making even nominal offers of repayment towards their debts and need to explore other options. There are also high levels of unmet demand for debt advice in London with an estimated 1.4 million Londoners experiencing problem debt. ⁶² Money and Pensions Service (MaPS) who fund some of the debt advice provision in the capital have reported that demand for in-person advice is particularly

⁶¹ <https://asauk.org.uk/wp-content/uploads/2020/07/Advising-Londoners-Report-30072020-1.pdf>

⁶² <https://www.toynbeehall.org.uk/23/11/2020/read-debt-free-londons-new-impact-report-tackling-debt-in-a-time-of-crisis/>

high in London, and existing supply of face-to-face debt advice could meet only just over a fifth of current demand.⁶³

“The number of people needing debt advice, and the complexity of cases presenting, will both increase over the coming months and years as people whose financial wellbeing was already low have been hit hard by the pandemic and are now facing the adverse effects of increased costs of living.”

Caroline Siarkiewicz, CEO, MaPS

However, despite the recognition of the problem, the overall budget for MaPS funding of face-to-face advice provision has been reduced. With more of the advice sessions being delivered through on-line and telephone channels, there are concerns that the most vulnerable debtors will struggle to obtain the advice and support they need.

Advice organisations interviewed for this study also identified the volume of referrals of new clients from social prescribing link workers, often revealing hitherto unidentified need, as another driver of increasing demand. A survey undertaken with link workers in London, as part of this study identified that over 50% of patients referred for social prescribing require required advice and support to address their benefit, housing or debt problems. The online survey was sent to 400 social prescribing link workers, Care Coordinators, Health and Wellbeing Coaches across the London boroughs. 67 responses were received primarily from link workers (72%) in 25 of the 32 London boroughs. The responses identified that 50% of patients referred by clinicians to social prescribing were in need of social welfare advice. However almost half of respondents (46%) found it difficult to access support for their clients needing social welfare legal advice. Full details of the survey are included in Appendix 1.

Provision of social welfare legal advice across London

Research conducted for the Advice Service Alliance published in 2020, found that provision of social welfare advice in London fell short of the high level of demand, with 75% of survey respondents informing of gaps or shortages in social welfare advice in their area. Their report (‘Advising Londoners’)⁶⁴ highlighted that people living in deprived areas of outer London boroughs were found to have significant need for advice yet less accessible services than those in inner London, and that young people and ethnic minority communities are least likely to easily access advice services although they are more likely to need them.

As noted in the report, the provision of SWLA is not evenly spread in relation to geography or areas of deprivation and therefore within each ICS area there are inconsistencies in ease of access to social welfare legal advice. In some boroughs there is little or no funded social welfare advice provision,⁶⁵ whilst in other boroughs there is an ‘ecology’ of advice provision, in some instances with different providers specialising in particular areas of social welfare law (such as debt or housing) or serving specific language and cultural groups or specific disability, carers or age groups. There are some organisations who operate across boroughs but deliver services at borough level, for example South West London Law Centre and East End Citizens Advice. There are also some pan-London services delivered locally by

⁶³ <https://moneyandpensionservice.org.uk/wp-content/uploads/2021/03/mapping-the-unmet-demand-for-debt-advice-in-the-UK.pdf>

⁶⁴ <https://asauk.org.uk/wp-content/uploads/2020/07/Advising-Londoners-Report-30072020-1.pdf>

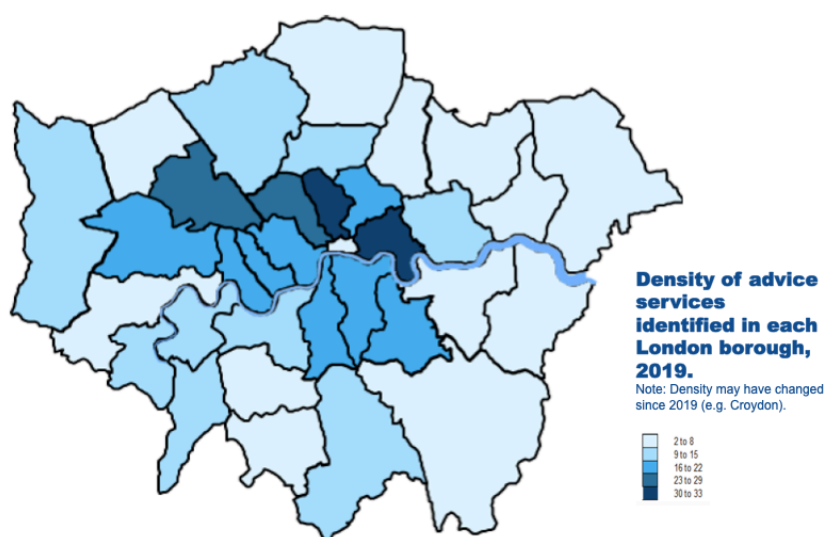
⁶⁵ <https://asauk.org.uk/wp-content/uploads/2020/07/Advising-Londoners-Report-30072020-1.pdf>

consortiums of providers such as Debt Free London (funded by the Money and Pensions Service), and there are telephone advice services such as Shelter that cover all London boroughs.⁶⁶

The Advice Services Alliance mapping of welfare advice provision in 2019 found that providers are most heavily present in the central and inner London boroughs:

Tower Hamlets had the most identified services (33), followed by Islington (32), and Camden and Brent (both 26). Of course, being located in a borough does not mean a service only supports that borough's residents, or even that that service meets a need in that borough. However, the absence of any services would mean local need is not being met, and few services were identified in Waltham Forest (2), Havering (3), Bexley (4), Bromley (4) or Redbridge (5).⁶⁷

Density of advice services identified in each London borough in 2019



It is important however to also note that the numbers of advice centres in a borough does not indicate the number of social welfare advisors employed in each borough, or the capacity of those advice centres to meet general demand. Some of the smaller advice centres in Tower Hamlets, for example, employ just one part-time advisor.

No further detailed mapping of London advice provision has been undertaken in the past four years. However, it is known that the supply of advice in a borough may rapidly change, as highlighted by the situation in Croydon, where the borough's financial difficulties have led to a significant reduction in local authority funding for advice. Advice sector membership bodies and borough-based advice provider networks interviewed for this study have highlighted that demand continues to exceed capacity in London and 45% of London's link workers report that it is somewhat or very difficult to secure social welfare advice for their patients.

The Advice Local website, run by the advice charity Rightsnet with the support of charitable trust funds and the Greater London Authority, provides details of the different organisations providing social welfare advice services in each of London's boroughs.⁶⁸ The details and contact information for the advice agencies listed by borough on Advice Local are a useful starting point for mapping borough provision but it does not contain any information about capacity. It should also be noted that advice funded by local

⁶⁶ <https://asauk.org.uk/wp-content/uploads/2020/07/Advising-Londoners-Report-30072020-1.pdf>

⁶⁷ <https://asauk.org.uk/wp-content/uploads/2020/07/Advising-Londoners-Report-30072020-1.pdf>

⁶⁸ <https://advice.local.uk/find-an-advisor#>

authorities and other funders may stipulate residency of the borough in which the advice is provided as a condition of access. Geographic eligibility requirements and distance mean that residents in boroughs with limited advice provision may find it difficult to access advice in their own or neighbouring boroughs.

In terms of volume of clients assisted and levels of complexity of issues supported, most advice centres provide a generalist advice service, that includes support, and general casework in the principal areas of social welfare law. Clients who require complex casework and representation may be referred by generalist advice centres to more specialist advice centres or law centres.

The majority of SWLA provision is delivered by voluntary sector organisations, who employ experienced caseworkers and, in some instances, qualified solicitors specialising in housing, welfare benefits and immigration law. Many advice agencies also rely on trained volunteers, including pro bono solicitors and law students who provide advice under supervision. However, to operate effectively and deliver a quality assured advice service, voluntary sector advice centres need core funding to cover essential staff, premises and running costs and to recruit and retain experience advisors. Some local authorities including Camden, Islington, Greenwich, Hammersmith and Fulham and Southwark also employ small in-house welfare rights teams.

Funding for welfare advice services

Despite a decade of austerity, local authorities are still one of the main funders of advice provision, followed by grant-giving foundations and charitable trusts. However, there is no correlation between the funding of SWLA by councils and the level of disadvantage and deprivation, and therefore demand for advice, within a borough.

Local authority funding in London boroughs for social welfare advice ranges from £0.1m to £1m a year. The amounts per borough have remained static or reduced over the last decade as a result of cuts to Local Authority funding. Camden, Hackney, Southwark and Tower Hamlets are among the boroughs who invest around a £1 million a year in funding social welfare advice providers and the funding commitment is generally for a minimum of three years. However, even where local authorities have remained constant in terms of funding, the value has been significantly eroded due to inflation in recent years. Advice agencies interviewed for this study highlighted that funding had remained at the same level for the past 5 years and they are concerned about further funding cuts as local authority budgets are reduced.

Other funders include the National Lottery Community Fund and some advice providers, including Law Centres, receive limited funding from the Legal Aid Agency for particular areas of law. There are also some examples of Primary Care Networks who fund social welfare advice in GP surgeries either historically or through funding for social prescribing and the Additional Roles Reimbursement Scheme.⁶⁹

In addition, the GLA 'Advice in Community Settings' programme⁷⁰ provided funding of £1.2m to Citizens Advice and £1.1m to London Legal Support Trust for 2022/23 to boost advisor capacity and respond to the immediate needs of Londoners in crisis.

However, although the need for and value of social welfare advice is recognised, there is no commitment to long term funding and no statutory obligation to provide social welfare advice. Over the past ten years, advice agencies have been squeezed by public expenditure cuts affecting local authority funding and cuts in the scope of matters that can be dealt with under legal aid. The Advising Londoners report⁷¹ estimated

⁶⁹ <https://socialprescribingacademy.org.uk/media/uefliimk/maps-nasp-pcn-guide.pdf>

⁷⁰ <https://www.london.gov.uk/who-we-are/governance-and-spending/promoting-good-governance/decision-making/decisions/md2991-cost-living-support-advice-sector-2022-23?ac-156657=156642>

⁷¹ <https://asauk.org.uk/wp-content/uploads/2020/07/Advising-Londoners-Report-30072020-1.pdf>

a funding gap of at least £13 million in London. Although some additional funding was made available to advice services by the GLA and trust funds to help with the impact of the pandemic and cost of living crisis, advice providers and representatives from the advice networks interviewed as part of this study identified that most providers have experienced an overall reduction in funding levels in the past three years.

Advice agencies interviewed for this study have highlighted that the precarious funding of advice provision has also had a negative impact on advice agencies' ability to recruit and retain experienced advice staff due to the relatively low salaries, lack of job security and progression routes because of fixed term employment contracts.

Quality assurance in advice services

A focus on quality is important to ensure accurate and effective advice is given and that advisors are up to date with changes in legislation. Most funders require advice services to meet specific quality standards such as the Advice Quality Standard (AQS), which is the independently audited quality standard that most independent advice agencies and Law Centres work to. The AQS has a similar framework and requirements to the Citizens Advice and Money Advice frameworks. The Specialist Quality Mark (SQM) or LEXCEL are the main quality standards applied to Law Centres and other specialist advice agencies.

Organisations giving money advice or financial advice in relation to managing debts must be authorised by the Financial Conduct Authority (FCA). Providers of debt advice are responsible and liable for the accuracy, quality and suitability of the recommendations they make.

Organisations giving advice on immigration and asylum, must be registered with the Office of the Immigration Services Commissioner (OISC) and demonstrate they are fit, competent and act in their clients' best interests.

Advice providers seek to deliver high quality advice in a manner which addresses the needs of the whole person and ensure that the often inter-related problems of clients with multiple advice needs are addressed in a comprehensive manner. Advice services also seek to ensure, where possible, that clients are provided with relevant information and support during the advice process to increase their confidence and capabilities in dealing with basic social welfare problems, so that they are better able to solve problems themselves or identify them earlier in future.

Most advice providers are members of national and regional network such as Advice UK, Citizens Advice and Law Centres Federation. There are also local advice networks such as Southwark Advice Network, Tower Hamlets Community Advice Network and Brent Community Advice Network, who promote collaboration between advice agencies and local services and seek to ensure that clients are effectively and efficiently referred to those advice providers best able to help them in particular areas of law. Some of these borough advice networks have developed and manage on-line referral platforms in which frontline staff from non-advice providers, can make referrals to any of the advice providers in their borough. Some of these networks include a broader range of organisations, such as community development, community centres, faith organisations, food banks, and also allow cross referral between any of the members of the network.

Advice providers interviewed for this study highlighted the challenge of recruiting and retaining experienced staff because of precarious funding, lack of job security and relatively low salaries. Initiatives to increase the capacity of the advice sector were welcomed, however interviewees stressed that this needed to be done with professional training, supervision and case review and on-going professional development.

The implications of the gap between supply and demand

The mismatch between supply and demand for social welfare advice is a constant theme in the research literature and in the responses of key stakeholders interviewed for this study.

This gap, which applies to advice in all settings (including the high street and healthcare settings), has widened over the last decade as funding for social welfare advice has diminished considerably, while the need and demand for advice continues to grow as Londoners' lives become increasingly deprived and insecure. The growth in social prescribing, with approximately 50% of clients requiring social welfare advice, will significantly increase the demand for advice, by up to 60,000 additional clients per annum, or estimated between 1,000-3,000 per borough depending on the degree of deprivation. Given that social welfare advice providers are already well beyond capacity, with month long waiting lists not uncommon, (and some periodically closing their waiting lists), this would appear to be a situation in need of urgent solutions.

45% of London's social prescribing link workers report that it is somewhat or very difficult for them to secure advice service support for their patients. 85% of London's link workers report that the scarcity of advice services has obliged them to give advice support to patients that goes beyond their job role and levels of knowledge.

Funding is a key consideration in ensuring access to timely social welfare advice. Whilst the NHS has given a long-term funding commitment to social prescribing, funding for social welfare legal advice remains discretionary, fragmented, and effectively a postcode lottery from one borough to the next. The precarious nature of funding has also impacted on advice agencies' ability to recruit and retain staff as employment contracts are often fixed term to align with funding rounds and there are no real progression routes with funding levels remaining static or reducing over the past decade.

The Advising Londoners report called for the Greater London Authority and its partners, (including health partners) to work together to identify a shared vision for social welfare advice in London and to galvanise boroughs and funders around the importance of adequately funded and resourced social welfare advice. It also called for central government to implement the recommendation from the Low Commission (2013) to provide a National Advice and Legal Support Fund of £50 million per year for England and Wales:⁷²

“Financial sustainability remains the fundamental challenge for London’s social welfare advice services. Against a rising tide of need, demand, policy change and digitisation of services, advice agencies have been squeezed by public expenditure cuts affecting local authority funding – and large cuts in legal aid scope and funding that were implemented in 2013.”

There has been increasing interest over the years in developing integrated partnerships between healthcare and advice organisations, due to various concerns: the strong correlation between health and advice needs, the difficulties in accessing timely advice on welfare rights issues, and the negative impact financial and housing problems has on people's wellbeing.

It should be noted that whilst there are distinct advantages to co-locating social welfare advice services in healthcare settings, there are also advantages in having advice delivered in a range of other community venues as well, such as Children's Centres/ Family Hubs, Primary Schools, foodbanks, community centres etc. In these settings, as in healthcare, advice is delivered in locations where people are already accessing

⁷² <https://asauk.org.uk/wp-content/uploads/2020/07/Advising-Londoners-Report-30072020-1.pdf>

services, and where trusted professionals who interact with the clients can notice problems and make referrals and introductions. Providing advice in healthcare settings is a targeted approach for reaching vulnerable people experiencing physical and mental health issues (sometimes due to welfare problems, or welfare problems that have resulted from the health issue), who would not otherwise access the necessary advice and assistance.

The development of Integrated Care Systems and Partnerships offers a unique opportunity to bring together health sector, local authority sector, voluntary and community sector colleagues with residents of the community to appraise the communities' needs and determine what services are needed to create health and wellbeing. The previous Bromley by Bow Centre report ⁷³ highlighted the scope for collaborative funding models to support more cohesive and integrated services. It concluded that there were many advantages to co-commissioning between healthcare commissioners and local authorities, including:

- Reducing siloed working and overlap
- Increasing cohesion and cooperation between services,
- Ensuring a range of perspectives are considered within service design and outcome measurement, as well as bringing local authority expertise on areas such as ill-health prevention and working in community spaces.
- Broadening the scope of social prescribing e.g., to consider a broader range of outcomes and focuses.
- Increasing stability to funding through the development of a shared long term commitment, and greater funding levels through pooling of budgets.

These advantages could certainly apply to social prescribing with attached social welfare legal advice services, particularly given that central funding for social prescribing itself is now secured for at least the imminent future.

Responses of London's five Integrated Care Systems

A review of the current strategic plans of London's five Integrated Care Systems showed that whilst they acknowledge the importance of the wider determinants of health and have an intention to reduce health inequalities, none of them mention the importance of, or need for, Social Welfare Legal Advice. It is noteworthy that whilst Prof Martin Marshall (ex-Chair of the RCGP) calls the adoption of social prescribing the most significant development in Primary Care in many years, this too hardly features in all but one of London's ICS plans and is not mentioned at all in one of them.

There doesn't yet appear to be an understanding of this significant and growing challenge for patients and the risk that the lack of social welfare advice provision represents to ICSs. This need will continue to grow as the NHS Workforce Plan envisages that the number of social prescribing link workers will triple. There is an urgent need for a joined-up conversation within London's five Integrated Care Partnerships about how the supply of social welfare advice might be increased to meet the needs of those being socially prescribed and to improve the social determinants of health of London's most disadvantaged populations and reduce health inequalities.

The formation of Integrated Care Systems creates the opportunity to re-examine the concept of **Care**, broadening it beyond clinical care to include, for example, the care provided by Social Welfare Advisors:

⁷³

https://www.london.gov.uk/sites/default/files/social_welfare_advice_and_social_prescribing_in_health_settings_report_jan21.pdf

i.e., the care that ensures someone can understand and access their legal rights, and secure the resources and support they are legally entitled to. Similarly, the concept of **System** might be considered more broadly than a health and social care system and include also the services that help people secure the very basics of Maslow's hierarchy of needs, such as income, food, and shelter. Therefore, **integration** (particularly at place and neighbourhood level), would logically include the social welfare legal advice sector.

The current omission of social welfare legal advice in ICS strategic planning represents an important unexplored opportunity to meet the needs of a significant proportion of patients affected by health inequalities. The system could be developed to provide advice on welfare rights issues through a low cost, integrated approach. The 2022 Fuller Stocktake Report advocates for the development of Integrated Neighbourhoods and cites examples of PCNs that include social welfare legal advice as part of their integrated provision.

"I believe welfare advice is an essential part of a modern primary care team and very much part of the 'Fuller' approach in personalising and a huge step to reduce some of the inequalities in our communities."

Dr Jagan John, GP and NHS Personalised Care Clinical Director for London

GPs report that through having social welfare legal advisors co-located and integrated within General Practice, they benefit from valuable feedback and intelligence on what is happening in the community that would not otherwise be available to them. Social Welfare advisors can also contribute to multi-disciplinary team discussions, which can help to identify patients with advice needs and connect them with the welfare advisors.

Developing integrated provision that includes social welfare legal advice will improve the wider determinants of health for the most disadvantaged communities within each ICS' population, and therefore influence health inequalities for people with the poorest health outcomes. In doing so, it could also address the challenge to Social Prescribing presented by the insufficiency of social welfare legal advice services, which currently increases workload burden to GPs and social prescribing link workers and leads to significant stress for the latter.

For patients, the process of referral by social prescribing link workers to social welfare legal advice can be disheartening when the wait to get an appointment can in some cases be over a month. There is a risk of dissatisfied patients feeding back to clinicians about the difficulties in accessing social welfare advice services, even with a referral from a link worker. This may increase the level of scepticism about the functioning of social prescribing in both patients and clinicians.

Where social welfare advice and social prescribing teams are sufficiently resourced and collaborate effectively, the outcome for patients is likely to be improved. This will facilitate timely access to advice for patients in need and address social and economic issues that are impacting on health.

Chapter 3: Partnerships between healthcare and social welfare advice services

Key Points

- Delivery models for social welfare advice linked to healthcare settings range from fully integrated (where social welfare advice is both co-located and integrated with patient care) through to co-located (but without significant integration), to advice accessed via referral arrangements.
- There are examples of different models in both primary and secondary care, including partnerships with GPs, hospitals and social prescribing teams that can be easily adapted by other areas to fit into their specific local needs and contexts.
- There are also examples of piloting a hybrid social prescribing/ welfare advice link worker role to offer a more holistic approach to meeting patient need and deal with the large numbers of patients referred for support with social welfare advice problems.
- Information and training for frontline staff across healthcare, social and community care is important in raising awareness of people's welfare rights and entitlements and how SWLA can help to secure these. Upskilling non advice staff to support residents with basic information on benefits and other issues, and identifying which cases need to be referred to a qualified advisor, can also help with managing some of the demand on overstretched advice services.
- Resourcing social welfare advice to cope with the additional demand from health service referrals is piecemeal and needs a co-ordinated, with a sustained approach at scale based on an appraisal of the existing provision and understanding of need.
- Seeking to work with healthcare providers on supporting access to welfare advice is not intended to add to pressures on clinicians, but rather to harness and utilise a set of skills and tools that increases people's financial wellbeing and complements clinical care by addressing welfare rights issues before they escalate into more complex health problems.

Social welfare advice provision in both primary and secondary healthcare settings has existed in some areas of London for over 20 years, with a growing appreciation and evidence base for the benefits of partnerships between healthcare and welfare advice services

Welfare advice partnerships with local GP practices and hospitals are enabled by a range of different funders, including healthcare commissioners, local authorities (including public health), Primary Care Networks, hospitals and hospital charities, and other charitable trust funds. However, funding has rarely been mainstreamed and is short-term, ranging from one to three-years, which means there is a constant fluctuation in the number of projects. Interviews with key stakeholders for this study highlighted that several health advice partnership projects have had to downscale or close in recent years due to a reduction in funding.

The delivery models range from co-located services where social welfare advice is integrated with patient care, through to advice accessed via referral arrangements. A mapping exercise undertaken in 2018 by Dr Sarah Beardon and Prof. Dame Hazel Genn⁷⁴ identified 63 advice services working in connection with healthcare in London. These included partnerships with hospitals, GP practices, drug and alcohol treatment centres, hospices and mental health teams, among others. The report notes that Citizens Advice and Macmillan Cancer Support ran a significant number of these advice services, but in London the largest proportion were run by locally based independent advice services linked with particular healthcare settings. The report identified that funding from charitable trusts was the most common

⁷⁴ Beardon S, Genn H. (2018) The Health Justice Landscape in England & Wales: Social welfare legal services in health settings. UCL Centre for Access to Justice. <https://www.ucl.ac.uk/access-to-justice/research/health-justice-landscape-england-and-wales>

source of financial support for advice services working with healthcare; this was followed by local CCG and local authority funding, including Public Health.

Prof. Dame Hazel Genn in the foreword to the report highlights that:

“Since the reductions in public funding for community legal services, there is evidence that complex socio-legal issues are over-spilling into NHS General Practice, as GPs become the last source of free professional advice in the community.”

A recent report from Impact on Urban Health ⁷⁵ also highlighted that:

“There is a reciprocal relationship [of cause and effect] between financial health and multiple long-term conditions. Despite this, systems and support services are fragmented and too often treat them as separate issues, worsening the negative impact each has on the other.”

The evidence from previous research studies and feedback from the interviews undertaken for this study shows that locating health and advice services together increased accessibility and encouraged people to seek help resolving their social welfare problems in a trusted, non-stigmatising environment. The evidence also suggests that those who were referred to advice by healthcare professionals would not have otherwise sought advice or help. ⁷⁶ Co-location also leads to knowledge sharing between clinicians and advice workers whereby clinicians become better able to identify social welfare issues presenting in patients that are negatively impacting their health and make appropriate referrals to resolve the issues. ⁷⁷

There was a consensus amongst both health professionals and advice staff interviewees for this study that having the advice service co-located or delivered as outreach at the health centre was preferable, as it facilitated better connection to patients and the staff. The benefits of co-location of services in helping to build relationships, raise awareness, communicate concerns and achievements, and facilitate discussion, knowledge sharing, and joint working were noted. However, increasing demands and pressures on space in GP practices means that co-location is not always feasible and that other structures and processes for ensuring effective communication and streamlined referrals needed to be developed.

Interviewees highlighted that where it was not feasible to co-locate services in health settings due to space restrictions, it was still possible to develop partnership arrangements to deliver a bespoke welfare advice service for patients via telephone/ online/ face-to-face appointments in the local advice centre. A secure referral pathway and effective communication between the healthcare professionals and advice services was key to ensuring that the service was still accessible for the patients who needed it most.

Health Justice Partnerships in London

This study was not intended to carry out a further comprehensive mapping exercise of advice services working in partnership with health services in London. Instead, information was gathered from interviews

⁷⁵ <https://urbanhealth.org.uk/wp-content/uploads/2021/04/IOUH-MLTC-FlagshipReport-min.pdf>

⁷⁶ 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>

⁷⁷ Beardon, S. (2022) Health Justice Partnerships in England: A study of implementation success. NIHR School for Public Health Research. https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/ucl_research_hjps_in_england_report_recommendations.pdf

with known key stakeholders across the five ICS areas and by following up examples referenced in previous research and using keyword website searches. Feedback from key stakeholders confirmed that integrated advice services continued to be delivered in some of the main hospital trusts and some mental health trusts, examples of which are detailed below. There are also several projects providing outreach social welfare advice in GP practices in inner city areas, though numbers fluctuate as short-term project funding ends (Camden) or new pilot project funding starts (Hillingdon).

“General practice is 'relationship medicine', building trust with patients and the local community. I am huge advocate of having a welfare advisor in practice at least once per week, as we can work with patients/ residents collectively together to support them. I also find it hugely useful as medical practitioners start to understand what is available and long term affects the learning and integration of the local community and its assets. I also feel it changes the dynamics of the practice team and also helps to support staff with their own personal situations. Having a welfare advisor in MDT meetings allows the whole team to consider new opportunities and enables solutions, that we would not consider normally.”

Dr Jagan John, GP and NHS Personalised Care Clinical Director for London

The table on the following page outlines some examples of advice services working within primary and secondary healthcare settings or linked to healthcare settings through referral mechanisms. Delivery models include:

- Fully integrated and co-located services
- Outreach advice services delivered in health settings
- Referral arrangements that facilitated the booking of welfare advice appointments for patients by healthcare staff

The level of welfare advice provided for patients within healthcare settings ranges from generalist advice and form filling to specialist casework and representation.

Table: Examples of service models for partnership working

Model	Description	Examples in London (not exhaustive)
Integrated/ Co-located welfare advice services in healthcare settings	Social welfare advisors working within healthcare teams and settings	Citizens Advice Camden in partnership with Great Ormond Street Hospital. Royal Free London Charity in partnership with the hospital trust. Southwark Law Centre in partnership with Guys and St Thomas. Macmillan Welfare Rights service in partnership with Barts Health NHS Trust and Toynbee Hall. Bromley by Bow Health Centre
Outreach welfare advice sessions delivered in GP practices/ hospitals	Social welfare legal services delivering pre-booked appointments for patients within a GP practice on a weekly/ fortnightly basis	Citizens Advice Hackney. Limehouse Project. Citizens Advice Wandsworth. Citizens Advice Tower Hamlets. Citizens Advice Camden.
Telephone/ online/ face-to-face welfare advice appointments booked with partner advice agencies outside of the health setting	Formal referral from GP practices (including from social prescribing link workers), requesting appointments for patients and specifying preferred contact method (Telephone / online/ face-to-face)	Citizens Advice Wandsworth. Island Advice Centre. Toynbee Hall Macmillan Service. Help on Your Doorstep (HOYD).
Social prescribing service with additional social welfare legal advice service provision	Social Welfare Advice provision designated to deal with referrals from GPs/ health and social care staff including social prescribing link workers	Citizens Advice Wandsworth in partnership with Enable. Financial Shield in Lambeth and Southwark (embedding specialist Financial Support Link Workers within social prescribing and advice teams).
Hybrid Social Prescribing Link Worker	Referral from GP/ healthcare professional to hybrid advice - link worker who provides both social prescribing support and general information and support on basic social welfare issues, including basic benefit form filling. Where patient needs more specialist advice, they are referred to an advice provider	Southwark. Islington HOYD. Bromley by Bow Centre

The following section describes these service models in more detail, drawing on the examples identified in this study.

Integrated /co-located health and welfare advice services

The following are examples of effective integrated working between the healthcare, social prescribing and advice sectors in London and elsewhere.

Great Ormond Street Hospital (GOSH) has a specialist welfare rights advice service on site, embedded within the social work department. The service is delivered by Citizens Advice Camden in partnership with GOSH. The advice service, which is funded by the hospital charity, was established at GOSH in 2006 in recognition of the advice support needs of low-income families who have a child as a patient at the hospital. Referrals for families who have a child as a patient at GOSH are made by the social work team and PALS.

The service assists 30-35 new families a month provides advice face-to-face, by telephone and by e-mail as well as carrying out ongoing casework. Advice is provided on benefits, housing, debt and community care issues and advisors make representations on families' behalf, including at the First Tier and Upper Tribunals for benefits appeals. Immigration issues and Judicial Review matters are referred to specialist providers. In addition to regular monitoring and tracking of outcomes including financial gains for families, the advice service conducts a 3-yearly survey to follow up on those who have received advice from the service. Results from the survey⁷⁸ undertaken in 2020 showed that an overwhelming majority were happy with the service provided, would use the service again, would recommend the service to others and felt that the advice given greatly improved their situations. Before receiving advice from the service, 71% of families felt that their social welfare problems affected their lives a great deal and this percentage reduced to 32.5% after having received advice.

Royal Free Charity and NHS Foundation Trust. The Royal Free Charity, in conjunction with the Royal Free London Trust, established a patient support hub in 2018 in recognition of the fact that for many patients money, housing and benefits worries are major barriers to recovery and improved health outcomes. More than 400 patients a year with long-term health conditions are helped by the support hub's welfare rights advice service. The support hub started with one part-time welfare benefits advisor; however, such was the level of need for advice and the positive outcomes for patients that over the past five years the number of advisors has increased.

“Having an onsite advice service also means that the advice workers are more trauma-informed and knowledgeable of the ailments presented by the patients. As a result, advice workers have greater awareness of the patients' individual needs and requirements and are more equipped to tailor and approach issues such as benefit and housing applications with this bespoke knowledge on behalf of patients.”

Interview respondent

Guy's and St Thomas' Hospital Trust. Southwark Law Centre provide a specialist casework service for frequent attenders at A&E who cannot be discharged because of their vulnerability and lack of support. The service, known as the Homeless Patients Legal Advocacy Service, was initially funded by Guy's and Thomas' charity and from 2022 the project is directly funded by the hospital. The funding employs a housing and immigration solicitor. Immigration and asylum accounts for over 50% of queries, housing 30% and many clients need advice on more than one area of law. Training is also provided for hospital teams on legal issues such as Care Act assessments, immigration law, NHS charging and no recourse to

⁷⁸ <https://ajc-justice.co.uk/wp-content/uploads/2021/06/AJC-Health-Justice-Report-Final.pdf>

public funds. Evaluation of the service identified very positive feedback from patients and hospital staff, including a reduction in the use of hospital resources.⁷⁹

The Bromley by Bow model integrates a community centre and a health centre in east London and an example of a co-located model delivered by the community charity and Bromley by Bow Health Partnership. It has a wide range of community activities and services including a welfare advice service and social prescribing teams on site as well as General Practice, enabling a more joined up service for patients and residents. Access to medical records (with written patient consent), provides the advice workers with supporting information for helping patients claim health-related benefits and enables collaborative production of medical statements (which are signed off by the GP). The welfare advice team also deliver weekly half day outreach advice service in three other GP practices in the locality, where appointments are booked and managed by the receptionist in the surgery. The advice in GP surgeries service has been in operation for over 15 years and feedback from both the patients and practitioners is very positive. The advisor has access to EMIS to view patients' medical records (with patients' permission), which is helpful when supporting the patient to complete health-related benefit applications or appealing against decisions.

The project was initially funded through the Primary Care Network as part of the Tower Hamlets Health Advice links project and is now funded as part of the Age UK East London Connect Service via the local authority public health team. Referrals to the service are now mainly through social prescribing link workers although clinicians still have the option to refer into the service directly. The advice service is well embedded in the GP practices and if there are any issues regarding appointments or referrals, such as low rates of referral, the advisor attends clinical meetings to promote the service and liaises with the reception staff and/ social prescribers to remind them of the weekly advice sessions and the type of issues the advisor can support patients with.

St George's Hospital. With seed funding from St George's Hospital Charity in 2015, Citizens Advice Wandsworth established a social welfare legal advice service for patients who have experienced major trauma. The service is now funded through an insurance company and has been found to be highly effective in enabling faster discharge of patients (more than 50 per cent of beneficiaries reported this), as well as freeing up clinicians to focus on the core elements of their role (80 per cent of staff reported this). The advisors are based on-site and offer support with a focus on benefits and housing issues. As well as making a practical difference, more than 90 per cent of advice recipients said that the service had reduced their stress levels and improved their wellbeing.

Macmillan Cancer Support provide a Welfare Rights service by appointment for cancer patients having treatment at University College Hospital, King's College Hospital, Princess Royal University Hospital, Guy's and St Thomas' Hospitals, University Hospital Lewisham, and Queen Elizabeth Hospital. They also provide benefit and money advice services in partnership with Citizens Advice for in-patients and outpatients covering several south London hospital trusts and in partnership with Toynbee Hall to cover several east London hospital trusts.

The Deep End Advice project, Glasgow, is an example from outside London of an embedded advice worker role initially in two GP practices, but then expanding to nine practices. The financial advice/ welfare rights service was viewed as an additional form of assistance that the GP practices could offer to patients. The approach placed significant importance on the acceptance and assimilation of the advice worker into the practice as a member of the team. Through the delivery of finance, debt, welfare benefits and housing advice from a trusted setting (i.e. General Practice), the project aimed to improve social and economic outcomes for people in the local area. It also sought to reduce the time medical staff spent on non-clinical issues. The provision of an embedded advice worker, specific to each of the practices,

⁷⁹ <https://www.southwarklawcentre.org.uk/wp-content/uploads/2022/07/HLPAS-Year-2-Evaluation-report.pdf>

broadened the repertoire of support GPs could offer patients. GPs suggested this contributed to stronger patient-doctor relationships, helped reduce their non-clinical workloads and freed up time to deliver primary healthcare.^{80 81}

Outreach welfare advice sessions in healthcare settings

The following are examples of effective working between the healthcare, social prescribing and advice sectors in London using an outreach approach for the advice provision.

Tower Hamlets Advice in GP practices project has been running since 2004, commissioned initially by the Primary Care Trust and then by the Clinical Commissioning Group. With the transfer of Public Health into the local authority, the service is now commissioned as part of the Tower Hamlets Connect initiative through the Adult Social Care Team. The project, which is delivered by a consortium of local advice agencies (Island Advice, Bromley by Bow Centre, Limehouse Project and led by Age UK East London) provides social welfare advice to the patients of 18 of the 36 GP practices in the borough. Referral can be made by the remaining practices, with patients seeing an advisor in a practice that is part of the scheme. Referrals are made by a range of individuals including GPs, other clinical staff, receptionists, practice managers and social prescribers based in the practices. Face-to-face appointments with the social welfare advisors are generally booked in the GP practice once a week although some GP practices also refer the patient for an initial telephone advice appointment which is then followed up by a face-to-face appointment at the advice agency's premises. The service has a presence in every Primary Care Network in the borough and provides advice on welfare benefits, housing and debt. In a survey of patient's feedback, the accessibility of the advisor at their health practice, the ease of making appointments, and the continuity provided by seeing the same person, particularly when coping with stressful situation such as appeals on eligibility to benefits was mentioned:

"I was not aware of the help I could get until my GP referred me to the advisor at Limehouse Practice. The advisor really helped me so much with my PIP claim and my other benefits. She really made me feel comfortable to express myself and talk about my health conditions and mental health. I am so grateful for her help; she has relieved my mental health so much."

Patient

"It is great having a welfare advisor at the surgery. I am happy patients have access to help and advice like this in Tower Hamlets, we don't have this in Newham, and I wish we did."

Health professional Limehouse Practice

"Having strong links with the GP surgeries means that we can provide relevant medical information and evidence when submitting PIP claim forms and mandatory reconsiderations. Claims are more likely to be successful if the evidence of the impact of the person's condition is detailed and consistent and this reduces the likelihood that the patient will have to go through the stress of an appeal."

Welfare benefits advisor

⁸⁰ http://www.sspc.ac.uk/media/Media_768557_smx.pdf

https://www.gcph.co.uk/assets/0000/6242/Deep_End_FINAL_WEB.pdf

https://www.gcph.co.uk/publications/728_the_deep_end_advice_worker_project_embedding_advice_in_general_practice

⁸¹ https://www.gcph.co.uk/publications/728_the_deep_end_advice_worker_project_embedding_advice_in_general_practice

Advisors have access to EMIS patients records in some practices, (with the clients' permission), to obtain supporting evidence for benefit applications and appeals. However, where this is not feasible advisors encourage the patients to obtain copies of the relevant information to assist with evidence for benefit applications and appeals

H4ALL in Hillingdon is a Charitable Incorporated Organisation (CIO) that coordinates programmes and supports the advancement of the health and wellbeing of residents of the London Borough of Hillingdon; The CIO comprises five charities: Age UK Hillingdon, Harrow & Brent, Disability Advice & Support Hillingdon (DASH), Carers Trust Hillingdon, Harlington Hospice and Hillingdon Mind, and is also a partner in the local Hillingdon Health and Care Partnership. H4ALL aim is to alleviate the detrimental impact of wider determinants of health. deliver a range of wellbeing and other social prescription-based services to strengthen personal resilience, reduce health inequalities and protect the most vulnerable. To improve access to social welfare advice in Hillingdon, the GLA as part of their Advice in Community Settings (AiCS) programme provided funding to H4ALL to deliver advice in a range of community settings. The Help 4 Hillingdon partnership, who are delivering advice in community and health settings, is a partnership between H4All, DASH, Bell Farm Christian Centre and Citizens Advice Hillingdon. Extension funding for the project was provided at the start of 2023 to include monthly outreach sessions in six GP practices to try and reach new and underserved communities. The first outreach sessions in GP practices commenced in April 2023 and it is hoped that service delivery arrangements with the remaining practices will be in place by the end of July 2023.

Hackney Advice in GP practices. Advice support is present in 10 GP practices or health centres in the borough delivered by local advice agencies including Citizens Advice and Hoxton Trust Legal Advice Centre. The majority of projects utilise pre-booked appointments, mainly for the patient to be seen in the GP practice, although post lockdown some GP practices have continued with referring patients for an initial telephone advice appointment. The appointments are often booked by the receptionist and reminder texts sent to the patients a few days before the appointments. Feedback from advisors is that working in partnership with the health centre means that access to social welfare advice is much easier particularly for vulnerable patients, who would not have contacted the advice line about their social welfare problems. Having appointments with the patients at the practice also made it easier to support the patient to access their medical records for information needed on a benefit appeal.

Case study Example

Client lives with his wife and dependent children and suffers from mental health issues. He was in receipt of DLA and when this claim period ended the DWP asked him to claim for PIP, the replacement benefit. However, his claim was refused, as was his mandatory reconsideration request. The client was too ill to work, and the family were really struggling financially due to the loss of benefit. The link worker referred him to Citizens Advice for assistance to challenge the DWP decision. We appealed to the Tribunal on our client's behalf. The appeal was allowed, and the client was awarded the enhanced rate of PIP for both Disability Living and Mobility. He got backdated arrears of more than £4,000. This extra money makes a major difference to the quality of his and his family's life.

Citizens Advice

The benefits of integrating social welfare advice into GP practices were highlighted by several respondents to this study, GP practices are recognised as trusted neutral venues and referrals from GPs encourage people to access advice services that they might not have otherwise. Feedback from advice providers and some health professionals indicated that the co-located model where advice is delivered onsite in the healthcare setting is the preferred model for patients and professionals.

"Access to social welfare advice in primary care brings numerous benefits for general practice, and patients alike. As a GP, I highly value the availability of this vital support system. It not only enriches my practice but also enhances the overall health and wellbeing of my patients. Having access to social welfare advice enables me to address the multidimensional needs of my patients and take a holistic approach to patient care. I can connect them with valuable resources, support services, and benefits that can significantly impact their health and quality of life.

For my patients, the benefits of social welfare advice are far-reaching. It helps address housing issues like damp and mould, which can exacerbate respiratory conditions. Securing benefits lifts households out of deep poverty, enabling them to make healthier food choices and keep warm during winter, thereby promoting better health.

The absence of such services would have a profound impact on me as a GP. It would limit my ability to provide comprehensive care, leaving my patients vulnerable to unmet social needs that could adversely affect their health outcomes. Additionally, the absence of social welfare advice would increase my workload as I grapple with managing avoidable health issues stemming from unresolved social challenges."

Dr Muhammad Waqqas Naqvi - NHS NEL Primary Care Collaborative GP Rep

However, co-located models are not always feasible as space in GP practices is often under considerable pressure, due to the expansion of General Practice teams with a wide range of additional roles. The loss of previously utilised interview rooms in GP surgeries for outreach face-to-face advice provision, was expressed as a concern by several of the advice projects interviewed, as they felt that face-to-face provision is key for vulnerable groups who might not otherwise access a telephone or digital service.

It was also noted that the channel shift from face-to-face to telephone and online advice services has continued post-pandemic across many sectors including the advice sector. In Tower Hamlets, for example, some GP practices requested a return of the outreach advice services in their practices, whilst other practices have opted for the initial referral to be for a telephone/online welfare advice appointment. If a face-to-face welfare advice appointment is then required, it is booked with the advice agency to take place outside of the healthcare setting. Face to face provision was viewed by advisors as essential for supporting more vulnerable clients with completing benefit applications or appeals or completing income and expenditure statements for debt repayment plans. It also facilitated the building of trust and confidence in the advisor.

"The more integrated the arrangements are, the more likely better patient and system outcomes can be achieved."

Advice Service Manager

Co-locating health and advice services together or ensuring referral pathways directly link between healthcare and social welfare legal advice services increased the accessibility of these services and encourages people to seek help for their social welfare problems in a trusted environment. The evidence also suggests that those who were referred to advice by healthcare professionals would not have otherwise sought advice or help.⁸²

⁸² Beardon, S., Woodhead, C., Cooper, S., Ingram, E., Genn, H., & Raine, R. (2021). International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review. Public Health Reviews.

Social prescribing with additional social welfare legal advice provision

The following is an example of the specific provision of social welfare advice linked to social prescribing in a London borough.

Wandsworth's interlinked advice and social prescribing project was developed in response to the increased demand and referrals for social welfare advice from social prescribing link workers in GP practices. The project was developed in partnership with Enable Social Prescribing Service, Citizens Advice Wandsworth, with southwest London CCG and Wandsworth Borough Council who both contribute the funding.

The project is delivered across the four health locality areas in Wandsworth and enables GPs to directly refer patients into Citizens Advice Wandsworth. The project has funding for 3.2 full time equivalent social welfare advisor posts. Each advisor is assigned to one of the locality areas to cover the GP practices in that area. The project accepts up to 83 referrals a month from the GPs. The service provides GPs and other practice staff, including social prescribers in the localities with the means to 'prescribe' patients advice and welfare help. It is aimed at patients with particularly complex advice issues, and/or those who are vulnerable due to language, literacy, cultural, or mental or physical health issues. The key benefits of the service are that patients get advice quickly and the number of repeat visits to their GPs is reduced. The service is funded through the Social Prescribing Capacity Fund, designed to provide the sector with additional resources to support people referred through social prescribing. The fund is managed by Enable, in partnership with Southwest London CCG and Wandsworth Council.

"It is essentially a social prescribing service with an attached social welfare legal advice service and given that central funding for social prescribing itself is now secured for at least the imminent future."

Citizens Advice Wandsworth project manager

The issue of resourcing advice agencies to provide the additional staffing and capacity needed to manage and meet the high demand on services created by signposting and referrals from social prescribing was a common theme raised by advice providers and social prescribers, but Citizens Advice Wandsworth appear to be one of the few examples in London of a collaborative response to address this. Outside of London, Rotherham was cited as an example of social prescribing services providing funding to local voluntary and community organisations to improve the availability of support. In Bradford, the health system has now committed to incrementally increasing funding for the voluntary sector to reach a level equivalent to 1% of the total health budget for the city. If the Bradford Left Shift 1% model were adopted in London it would unlock around £200 million a year in additional funding for the voluntary sector, or £13 million per borough.

Hybrid social welfare advisor/social prescribing link worker role

The following explores the development of the hybrid advice-link worker role in a number of settings in London.

Several social prescribing schemes have begun to experiment with integrating social welfare advice into social prescribers' roles. This generally entails recruiting qualified social welfare advisors and training them in social prescribing link worker skills so that patients presenting with social welfare advice issues can be dealt with within the SPLW/ patient relationship. This offers a more complete and holistic approach, and the client only has to tell their story once. As highlighted in the previous Bromley by Bow Centre report, this approach also brings challenges in relation to maintaining the capacity of a social

prescribing service, as the hybrid worker will need more time with clients to address both the social prescribing need and the welfare advice need and ensure that the client is able to get the same quality of advice and support they would have done had they accessed both services individually. Factors influencing the outcomes of this approach for patients are the level of training, supervision, knowledge, skills, and experience of the hybrid Welfare Advisor-Link Worker staff and the time available to work with each client. A reverse process has also been piloted in which a cohort of social prescribing link workers from across London have been trained to become qualified social welfare legal advisors. The details and evaluation of the pilot programme are included in Chapter 5 of this report.

Help on Your Doorstep (HOYD) provide a range of services, including social welfare advice services to local residents in Islington. When core funding for social prescribing link workers (SPLWs) was confirmed, it was felt that given the levels of deprivation in the local area and the profile of patients in the North Islington Primary Care Network geography, a considerable proportion of the need likely to be referred through link workers would be those in need of social welfare advice. A decision was therefore taken to employ two SPLW staff with experience of providing social welfare advice that they could incorporate into their PCN funded 'enhanced' link worker role. The SPLW staff undertake normal link worker functions whilst also providing support, when needed, on social welfare advice issues. This means that many presenting issues can be dealt with within the SPLW/ patient relationship so that the patient receives a more integrated approach and only needs to tell their story once. As they are employed by HOYD, supervision, CPD and a wider team of colleagues are available to them to ensure high-quality advice is provided and reduce the potential isolation of being the only person working in this kind of role. The added capacity and value of this approach is the organisational capability to support patients. The SPLWs work alongside HOYD colleagues who can support patients with more complex issues around money, welfare benefits, housing, isolation etc. Internal triage to HOYD Connect team is used frequently (for up to 40% of referred patients), ensuring continuity of support for patients and access to partner networks.

The Financial Shield partnership initiative in Lambeth and Southwark enables GPs to refer people with both financial and health difficulties to specialist link workers within social prescribing teams. The project provides advice and assistance to patients of GP practices in some of the most deprived wards in Southwark and Lambeth. It employs four Financial Support Link Workers in Age UK Lambeth and Citizens Advice Southwark to take referrals from primary care, including social prescribing teams, and is testing how financial health can improve physical and mental health. It has so far engaged with over 1,000 residents and aims to reach a further 2,000 people by September 2027. The project is proactively marketed to residents with a 'Back on Track' branding by GP practices and social prescribers. These identify working-age patients with, or at risk of, long-term health conditions and text message to offer support. Leaflets and posters are also made available in GP practices, and patients can also self-refer by requesting an appointment with the Financial Support Link Workers

The link workers help people to access benefits, emergency financial support and debt advice. Reducing financial pressure on patients enables them to focus on treatment and recovery, improving their mental and physical health. Funded by Impact on Urban Health, the Guy's and St Thomas' Charity, the project forms part of their wider programme to improve outcomes for people with multiple long term health conditions.⁸³

"Face to face advice is the only way to unpick the complexities behind peoples' financial problems. Sometimes you have to work alongside social prescribing and GPs to get them back into the community. We can help with the financial side, but we are not clinical experts

⁸³ <https://urbanhealth.org.uk/our-work/multiple-long-term-conditions>

and where there are mental and other health problems, we can't help directly but we will collaborate and sort things out together with colleagues. Problems are usually more complex than just debts and once they feel better in themselves, they can make positive changes in their life."

Bromley by Bow Centre have employed one member of staff in a hybrid Welfare Advisor/ Link Worker role in their social prescribing scheme in response to the demand for social welfare advice for patients referred for social prescribing by the five GP practices in the local Primary Care Network. The post is funded using the Additional Roles Reimbursement Scheme. The member of staff is an experienced welfare advisor who is also able to undertake normal link worker work, and act as an expert on social welfare advice issues for other colleagues within the social prescribing team. Supervision and file review is provided by the Advice Services manager who is based in the welfare advice team at the centre.

Southwark Social Prescribing team have also recruited a link worker with an advice background, who can deal with straightforward social welfare related issues, including benefit claims and who acts as a resource on social welfare advice issues for other colleagues within the social prescribing team. Ongoing support and supervision and peer review of files is provided by a local advice agency.

Advice on Prescription, Liverpool. Citizens Advice Liverpool has been funded since 2015 by the Clinical Commissioning Group (CCG) to deliver advice services to patients referred from health services in every PCN. The service is part of the city's response to tackling poverty and health inequalities and in recognition of the strong correlation between low income, deprivation and poor mental health. The service also takes referrals from all secondary care providers including mental health, midwives, and health visitors. In 2018, the organisation was further funded by NHS England to extend its offer to include link worker wellbeing services. Initially five link workers were recruited, most of whom had advice backgrounds. The team has expanded to a total of 40 staff, with at least 12 being hybrid welfare advice link worker roles. The blended service has led to positive outcomes for patients who are able to resolve social welfare related issues without requiring an additional referral with patients experiencing a highly integrated service.⁸⁴

Benefits of the hybrid advice link worker role

Benefits identified by link workers and their managers, in the interviews for this study, included the ability to offer a more holistic integrated approach, to be proactive on straightforward simple queries and address some of the welfare issues directly without the need for onward referral and follow-up. This can include completing PIP forms where there is straightforward evidence of eligibility and just referring the more complex cases to advice agencies. Perceived benefits also included having stronger relationships with local advice agencies and ensuring that referrals were appropriate by developing a greater understanding of the benefits and housing allocation systems so that patients were not being referred inappropriately. The hybrid/ enhanced role was seen as bringing some degree of greater efficiency to the service and to patients despite the additional workload, as patients could resolve issues earlier and not have to repeat their stories. The reduced likelihood of delays created by additional steps and drop-off during an onward referral process were also seen as a significant benefit of the hybrid role.

The hybrid role was also seen as providing a valuable information resource the other social prescribing team members and clinical teams in being able to advise them about patients and to what extent their situation or life course events represented an issue that could be supported through social welfare advice.

⁸⁴ <https://www.citizensadvice.liverpool.org.uk/citizens-advice-on-prescription-liverpool>

“Housing and benefit issues are the two most critical issues people are dealing with right now, if people are struggling with these issues, then asking them to think about the other side of social prescribing (increased activity, community programmes, reducing isolation, etc.) is like trying to run before you can sit up.”

Social Prescribing Link Worker

The hybrid (enhanced) role was also seen as offering a valuable career progression opportunity for experienced social prescribing link workers.

Challenges and conditions necessary for the hybrid advice link worker role

Potential challenges for the hybrid link worker role include ensuring that there is adequate supervision of their advice work, regular file reviews and access to ongoing training and information resources to keep up to date with changes in social welfare law policies and procedures. Another challenge identified by managers was ensuring that the postholders can meet the full intentions of the link worker role, i.e. taking a genuinely holistic social prescribing approach, including use of motivational interviewing, coaching techniques and referral for a wide range of issues, and not simply focussing on the social welfare advice issue.

The National Academy for Social Prescribing in conjunction with Money and Pensions Service has produced a guide⁸⁵ for PCNs and Commissioners on how to include money guidance or social welfare legal advice within social prescribing offer to patients. The guide lays out the options of either employing a Social Prescribing Advice Link Worker who is qualified to provide social welfare benefits and money advice or commissioning the services of an advice organisation like Citizens Advice or a local Independent Advice provider. The decision on which option is best will be dependent on local circumstances and the landscape of provision, and the relationships, and partnerships between providers in the local area.

There was a consensus from interviewees that there was a need for increased resourcing of social welfare legal advice (SWLA) services to respond to the demands for support with social welfare problems. It was felt that if SWLA services capacity was improved this would enable a more seamless and timely service for patients and improve co-ordination and referral pathways with SPLW. This would not preclude, and indeed would be complemented by, additional training for social prescribing link workers, to help them recognise and deal with basic social welfare advice queries such as support with basic benefit applications, initial contact with local authorities and housing providers while specialist advisors support, supervise and take on complex cases such as appeals.

“Social prescribers can be part of the journey, but qualified advice workers are needed to ensure that people are supported to access their rights and resolve the social welfare problems that are affecting their health and well-being.”

Social Prescribing team leader

“Social welfare services are in extremely high demand due to the current economic and financial climate. Advice services realistically should receive enough funding to grow their workforce”

Social Prescribing team manager

⁸⁵ <https://socialprescribingacademy.org.uk/media/uefliimk/maps-nasp-pcn-guide.pdf>

Training for link workers and frontline staff on social welfare law

Recognition of the need for basic information and training on social welfare issues for frontline staff in statutory and voluntary and community services has increased, as part of the response by agencies to the cost-of-living crisis. There are a range of basic courses delivered by advice organisations, local authorities and other providers to assist staff and community volunteers in identifying people who may need support with resolving social welfare issues and problems. Courses include information and training in the principal areas of social welfare law and an outline of the skills and knowledge needed to triage for advice, deliver initial guidance and make effective referrals onto social welfare advice organisations.

As noted in the previous Bromley by Bow Centre report ⁸⁶ there were two areas of training which were seen as high priority for link workers and other key frontline staff. The first is a basic understanding of social welfare legal advice, an ability to spot issues (often recounted by clients as life events, such as relationship breakdown, diagnosis of a serious illness, etc), and identify what assistance may be needed and whether the matter is urgent. This may include an understanding of common welfare benefit issues and the range of benefits available, a basic understanding of debt solutions and who is recognised as having priority need for rehousing etc. However, there is also recognition of the need for this training not to blur the boundaries of what link workers can do, with the focus being on identification of need rather than on addressing it themselves, unless they are undertaking a hybrid role which requires more comprehensive intermediate level training and may also require an organisation to hold additional insurance and registration e.g. with the Financial Conduct Authority for debt advice, should they wish to offer debt advice.

The second area is having a clear understanding of the advice process, which enables the link worker to ensure that clients had realistic expectations of what the welfare advisor would be able to assist them with in terms of legal challenges, what information and paperwork they need to bring to the appointment etc. If there is waiting time for an appointment with an advisor, the link worker can provide the patient with basic information on what they can do in the meantime, such as contacting the DWP or creditor to ask for an extension of time until their advice appointment date.

Interviews and survey responses from SPLW (Appendix 1), for this report identified the need for link workers to receive basic training in social welfare law to enable them to provide initial advocacy and information on social welfare problems.

“Basic help with benefit and housing queries should be part of what link workers do and that means they need basic social welfare training...and a clear understanding of the boundaries of their role and when to refer patients to a social welfare advice caseworker.”

Social prescribing manager

“Social Prescribers, should be well informed, have a good understanding of support systems available and to be able to manage expectations, foster contacts with advice agencies to be able to advocate for clients who may need help with welfare rights They should have training and have good understanding of the welfare system and welfare rights so they can confidently give accurate information and signpost to the correct support pathways”

Social Prescribing Link Worker

⁸⁶ https://www.london.gov.uk/sites/default/files/social_welfare_advice_and_social_prescribing_in_health_settings_report_jan21.pdf

Outlined below are examples of other initiatives to provide basic training on welfare benefits, housing and debt for health and other frontline staff and volunteers whose role as “problem noticers” is key to helping residents access advice services before problems escalate. Details of training programmes including the pilot SPLW training programme funded by the GLA and delivered by the Bromley by Bow Centre and partners are provided in Chapter 5.

Examples from practice

Newham Social Welfare Alliance (SWA) aims to create a range of advice, support and referral pathways for frontline workers, intercepting residents who are heading into or are in financial crisis. It was initiated by public health staff and includes representatives from the Council, NHS and voluntary sector, including advice services, food banks and organisations working with specific communities. They offer a training development pathway for frontline workers in the borough who regularly have conversations with residents struggling on low income and experiencing other social welfare problems that require legal advice. The training is delivered by a range of partners including Community Links, Citizens Advice and local authority officers. The training provides information and referral pathways to support residents around income maximisation, immigration support and advice, early years, housing issues etc.

Advice First Aid (AFA). As part of the GLA Cost of Living Crisis Prevention Project, Citizens Advice are delivering AFA training sessions to a wide range of diverse partners across London from faith and community groups to local charities, foodbanks, social prescribers, BME groups, disability advocacy, and support organisations engaging vulnerable Londoners and those impacted by the cost-of-living crisis and financial hardship. Citizens Advice Wandsworth (CAW) who pioneered AFA have supported the delivery of sessions for community partners with local Citizens Advice in Hounslow, Harrow, Lewisham, Croydon and Enfield, with more sessions planned in other boroughs.

Chapter 5 provides further examples of training and an evaluation of a pilot programme developed by Bromley by Bow Centre and partners to deliver a range of courses and training programmes for frontline staff including a training programme for link workers to support patients with basic social welfare advice queries.

Other health service initiatives to increase access to Social Welfare Legal Advice

As outlined below, two hospital trusts have engaged advice services to provide welfare benefits, housing, and debt advice for their staff in recognition of the impact that austerity and the cost-of-living crisis is having on NHS staff as outlined in the examples below.

The welfare rights support hub at the Royal Free hospital ran a three-month pilot supporting staff with social welfare advice, with one advisor spending one day a week; rotating across the three biggest hospital sites (Barnet, Chase Farm and the Royal Free hospitals). During the three-month pilot, the team supported 68 members of staff. The service re-started on a long term basis from October 2023.

Citizens Advice Camden are commissioned to provide social welfare advice to staff at Great Ormond Street Hospital as part of the hospital's initiatives to support their own staff's wellbeing. Advice is mainly face-to-face and delivered within the hospital.

Chapter 4: Improving integration and collaboration between health and advice

Key Points

- The importance of effective referral pathways between health practitioners and advice agencies was a common theme that emerged as without agreed referral arrangements people end up being turned away from advice agencies that are unable to help them due to capacity issues.
- There was a consensus among those interviewed for the study that a referral process between healthcare professionals, including social prescribing link workers, and advice services is preferable to signposting to help avoid drop out and ensure that the patient gets the support they need.
- Given the level of referrals from social prescribing link workers to social welfare advice, it is essential that there is improved collaboration and clear referral pathways between link workers and welfare advisors, including systems for prioritising those most in need of advice.
- Providing feedback on the outcomes of referrals to welfare advice was highlighted as important in increasing understanding and motivation among referrers.
- There is a growing interest in borough-wide advice networks as a vehicle to strengthening co-ordination and collaboration between the range advice providers in local areas and providing more streamlined access to advice

Developing referral pathways

Prior to the introduction of social prescribing, advice partnerships and referral arrangements with GP practices were negotiated through individual GP practices or the local Primary Care Network. With the introduction of social prescribing in the NHS, the relationship between social welfare advice provision and healthcare is now often largely or entirely mediated through the social prescribing team. This means the client will have contact first with the link worker and then with the welfare advisor and, depending on the demand on each service and the referral method, they may have to wait for both services. This can cause a delay in accessing social welfare legal advice which may be critical, particularly for those whose income has stopped or who are experiencing threat of imminent legal action on debt or housing problems. There is also no guarantee that the advice services will have sufficient capacity to take on the volume of referrals coming from social prescribing, and it may only be possible for link workers to signpost to generic drop-in sessions which are generally oversubscribed and likely to lead to a high level of dropout.

The importance of effective referral pathways between healthcare, local authority and advice agencies and voluntary sector stakeholders was a common theme that emerged from the interviews undertaken for this study with advice and health practitioners. A list of the organisations who participated in the study is included at Appendix 3. A number of larger multi-purpose organisations, which in some cases employ social prescribing link workers, social welfare advice teams and provide a range of community services, activity groups etc, have their own Customer Relationship Management (CRM) systems that enables them to provide a single point of access for all referrals from healthcare and other partners to the diverse services the organisation offers, thereby simplifying referral arrangements.

For example, at HOYD in Islington referrals from GPs to social prescribing services, advice services and other community support services are all sent via the General Practice data system, called EMIS. Social

prescribing staff at HOYD then identify who can best support the person. If the primary reason for the referral is about money, debt, or housing issues then the initial appointment is made with the advice service, with the potential to refer internally to other support services if additional support needs are identified by the welfare advisor.

At the Bromley by Bow Health Partnership, referrals from clinical staff are also sent through the social prescribing service, however the referrer also has an option of ticking a 'welfare advice' box. This triggers referrals to both social prescribing and welfare advice simultaneously. Both services receive the referral and often the patient has access to both services at the same time. This means that for complex benefit system cases that can take months to resolve, the client is also receiving holistic support from the social prescribing link worker at the same time.

Interviews with social prescribers and advisors for this study, highlighted that referral processes took a variety of forms depending on local circumstances and whether there was already a digital advice referral network/ platform in operation. Several Citizens Advice and local independent advice sector organisations interviewed for the study utilised digital technology to enable trusted partners (with their clients'/ patients' consent), to directly refer and book an appointment with an advisor. This reduced waiting times and the need for the client/ patient to repeat their story as it was all captured in the initial advice triage assessment. It also helps to avoid "referral fatigue," as the client has the appointment confirmed and knows if there is any additional information they need to bring to the appointment:

"The new online referral processes took some time to embed but the experience of managing remote working during the pandemic, meant that the advisors are more geared up to manage and respond to online referrals. Patients are now given the option of a telephone, online or face-to-face appointment at the advice centre and increasing numbers of clients are opting for online advice appointments, as they have had to become more familiar and confident with the online technology during the lockdown. Face-to-face appointments are prioritised for more vulnerable clients."

Social Welfare Advisor

Strong referral networks can actively help people find the right advice. Without well-developed referral routes, people are left not knowing how to get advice or end up being turned away from several places that cannot help them directly due to capacity issues. In the absence of local referral agreements with social welfare providers, link workers signpost patients, providing them with details about advice organisations and leave them with the responsibility to get in contact directly. However, as highlighted in the Thorenson review,⁸⁷ is a risk of 'losing' people if they are required to take further action in order to meet their needs. There was a consensus among those interviewed that a referral process between healthcare professionals, including social prescribing link workers, and advice services is preferable to signposting to help avoid drop out and ensure that the patient gets the support they need. Having a secure digital referral system helps to support effective referrals and increase efficiency by sharing details of the client's case and allows organisations to accept or reject a referral so that clients are not simply signposted or referred inappropriately around several advice providers.

Given the level of referrals from link workers to social welfare advice, it is therefore essential that there is improved collaboration and clear referral pathways between link workers and welfare advisors, including

⁸⁷ HM Treasury,(2008), Thoresen Review of generic financial advice

systems for prioritising those most in need of advice, taking into consideration issues of vulnerability or complexity or urgency of case.

Interviews with advice providers and healthcare professionals undertaken as part of this study highlighted the importance of trusted relationships and effective communication in underpinning successful referral and partnership working. Clear and open communication channels between healthcare and link workers and social welfare advice agencies with nominated team leaders/ managers responsible for regularly reviewing and managing the referral process were identified as being important for effective referral relationships.

Where relationships between social prescribing and social welfare legal advice are strong, there is a good understanding of the ways in which the two services support each other and the complementary roles they play for clients accessing both services:

“We work closely with Islington Council’s income maximisation team (iMAX) and refer patients who need support with benefit claims or appeals to them. We also assist them (with the patients’ consent) with obtaining medical evidence to support their appeals.”

Social Prescribing Link Worker

Three of the advice providers interviewed noted that the move to remote working during the lockdown for the COVID pandemic had negatively impacted on the partnership arrangements and referral relationships with local GP Practice and Health Centres where they had been previously delivering weekly outreach advice sessions. In one instance the reconfiguring of services post lockdown had meant that there was no longer a designated space in the local GP practice for the welfare advice sessions, so referrals are now made to online and if clients need face to face advice they are seen in other venues. The move to online referrals and a lack of the presence of the welfare advisor on the GP practice premises has meant that the opportunities for weekly interactions between health and advice staff in the healthcare setting no longer exist, and new structures to support communication and engagement between advice and health staff had to be introduced, including opportunities to present and share information and updates at practice meetings.

The need to have simple procedures to maintain communication and share information on successes and challenges in delivering the partnership project, was highlighted by both advice and health staff in the interviews. Feedback on cases of positive outcomes of advice interventions was welcomed by health staff. Maintaining regular contact with the health professionals in the surgeries was identified as important, particularly when advisors were no longer based in the surgeries and when referrals were made online.

Developing borough-wide referral networks

There is a growing interest in borough-wide advice networks as a vehicle to strengthening co-ordination and collaboration between the range of advice providers, often with differing specialisms (immigration, employment law etc) in local areas and providing more streamlined access to advice. In addition to some of the existing borough-wide advice networks detailed below, new borough-wide networks have grown up during and post-pandemic in recognition of the need for a co-ordinated response to the cost-of-living crisis. The experience of the COVID-19 response has shown what can be achieved when organisations put residents and communities at the heart of service design and delivery.

Successful referral networks have the potential to increase the number of people who access appropriate advice to meet their needs. They require cross-sector partnerships, strong relationships and trust between providers with shared knowledge of the capacity of different providers, and mutually agreed protocols for handling referrals including turnaround time for picking up the referrals. Understanding of the quality and level of advice on offer from advice providers is also a key factor, as is appropriateness of the referral from the referring agency. Having a secure digital referral system, and clear data protection protocols, that allows the referrer to choose the most appropriate advice provider to make the referral to, helps to support effective referrals and increase efficiency. It is important to note, however, that borough-wide referral networks require ongoing resources to develop and maintain the integrated referral system and nurture the relationships between advice agencies.

Some local authorities, including Camden, Hackney and Newham, have made a conscious decision to maintain and support these key networks and there are several local advice networks such as Southwark Advice Network and Tower Hamlets Community Advice Network who promote collaboration between advice agencies and local services, as detailed below

Whilst several advice agencies, including some local Citizens Advice organisations, have developed secure online referral management systems that enable ease of referrals from external organisations, many smaller independent advice providers do not have the capacity to develop bespoke systems. In response to the need to streamline referrals to the multiple advice agencies, Tower Hamlets Community Advice Network (THCAN), in partnership with the Children's Society developed a bespoke referral network for Tower Hamlets, in 2020, as detailed below

Examples from practice

Tower Hamlets Community Advice Network (THCAN) - Referral system. In 2021, Tower Hamlets Community Advice Network (THCAN) launched a borough-wide digital referral system which links residents to a wide variety of local advice and support services across the statutory, voluntary and community sectors. An increase in signposting and email referrals from frontline workers in food banks, schools, and social prescribing teams into the various advice agencies during the pandemic, highlighted the lack of coordination within Tower Hamlets and the need to ensure referrals are effective and tracked

A key purpose of the new digital referral system is to facilitate a move from signposting to a referrals mindset. Referrals are more effective than signposting, particularly when supporting residents who may lack confidence, knowledge and/ or tools to access help themselves. Referrals also assist agencies with managing demand. By bringing referrals across agencies into one space, it not only increases awareness of the breadth of services available, increasing access, but also makes the process of tracking progress more streamlined for the referring party. Between March 2021 and March 2023 over 2,700 referrals were made via the system, with 60% of the referrals coming from social prescribing teams.

"THCAN referral network has helped us so much. We refer patients to services in the community for support which can be very time consuming. Having this easy-to-access referral system saves us time, the patients are contacted quickly, and we receive feedback once they are contacted."

Social Prescribing Link Worker

The principal objective of the network is to improve the accessibility and quality of advice services by improving the coordination and integration of borough-wide and locality-based advice services, and specific community provision. The network shares good practice and helps sustain effective communication across the diverse range of advice providers in the borough. It facilitates a quarterly Welfare Rights Forum and produces regular briefings and updates to share with wider health and social care partner agencies, food banks etc. The network also regularly reviews the operation of the digital referral system to ensure it facilitates improved communication and access to advice services for those in

need. The referral network improves joint working across VCS, Health Sector and Local Authority and enhances quality and access to the borough's services for residents.

“The THCAN referral system has provided a platform for organisations in the advice sector to come together and cross-refer. As a result, residents receive a seamless journey through their advice needs and the system is easy to navigate. The council's outreach team have been proactively using the tool since it launched and have found it very helpful.”

Tower Hamlets Council Tackling Poverty team

The network, which is co-ordinated by Island Advice Centre, has been in operation for ten years with funding and support from the local authority and trust funds. However, there is currently no funding guaranteed for the next financial year despite the recognition of the value of the network and the online referrals in supporting local communities impacted by the cost-of-living crisis. Further details on the network and the referral system are available at www.thcan.org.uk

Brent Community Advice Network (BCAN). BCAN is provided via Brent Advice Partnership which is led by Citizens Advice (Brent) in association with Advice4Renters, Age UK (Brent), Ashford Place and CVS Brent. It is funded through a contract with Brent Council. It has over 70 members reflecting the borough's diverse communities and includes food banks, BAME organisations, Brent Law Centre etc. Membership is open to those who provide advice services as their main activity, and to those who complement their main services by offering advice and information. The network provides training and information and supports collaborative working between groups to provide the best possible outcomes for the people who most need help. This includes training to help people to use the local advice website, Brent Advice Matters (BAM) to find the advice they need. More information at: <https://www.bam.org.uk/>

Camden Community Advice Network (CAN). Camden has a strong, independent legal advice offer that supports residents to maximise income, avoid debt and homelessness and access their rights. Collaboration and networking with the 11 main advice providing agencies is supported through CAN and the Council facilitates wider network meetings with inclusion of other organisations including foodbanks mental health services and social prescribing projects. CAN provides a space where the entire network comes together to reflect on successes and challenges meaning that issues can be dealt with in a coordinated way:

“A vast amount of activity is taking place across the borough with partners and community groups to improve the quality of life and opportunities for residents on low incomes. Despite all this activity there are still known gaps in provision and understanding internally and externally of the support available. By co-convening regular partnership meetings with key statutory and VCS providers including advice, food support, social prescribing, and mental health services we collectively work to improve access and support for residents on low incomes - via targeted interventions/ support.

Local authority officer

The Camden network seeks to:

- Cascade/share training and best practice and develop a space for peer support
- Collaborate and develop a shared and coherent view of information, advice, and support in Camden
- Improve consistency of approaches and referrals across systems

Developing multiagency partnerships

The study identified a number of innovative partnerships and networks developed in recent years to provide a more holistic response to support residents with addressing social welfare problems. Outlined below are examples of some of the new initiatives developed during and post-pandemic in attempts to co-ordinate responses to households most affected by the cost-of-living crisis and move beyond traditional silo working.

Newham Social Welfare Alliance⁸⁸ initiated by Newham Public Health Team, is an example of a partnership that developed during and post-pandemic between the Voluntary, Community and Faith sectors, food banks, advice services, the Council and health partners to consider the most pressing social welfare issues for residents and equip all frontline workers with an understanding of each issue, what immediate advice they can provide, and how they refer effectively into expert support.

The Social Welfare Alliance offers a training programme and development pathway to enhance the skills of all frontline workers and create better connectivity and referral pathways. It has trained over 1,500 frontline workers in Newham on a range of topics from core conversations through to housing and homelessness, immigration law, welfare rights, mental wellbeing and domestic violence.⁸⁹

Hackney Council convenes a network of statutory voluntary and community sector organisations to provide a holistic response to support residents in financial crisis:

“When we look at the system of Voluntary and Community Sector (VCS) and statutory services across the borough we can see that by working more collaboratively and with a prevention focus we are able to better support residents. By seeing our services as part of a wider system we can undertake the preventative and early help interventions that can prevent crisis and escalation, which often results in even more demand being created across the system, including more pressures on advice providers.”

Local authority officer

Financial Shield partnership, Lambeth and Southwark. This partnership project led by the Centre for Responsible Credit, brings Primary Care Networks, social prescribing teams, housing providers, local authorities and creditors together with advice and community support agencies to provide a holistic response to people’s financial and health support needs. Funded by Impact on Urban Health, the pilot project forms part of their wider programme to improve outcomes for people with multiple long-term health conditions.⁹⁰ The ambition is to create a sustainable funding model for specialist advice integrated with health. The project uses data from the local authorities and housing associations to identify those postcodes with the highest concentrations of rent and Council Tax arrears. GP practices serving these areas then identify working-age patients with, or at risk of, long-term health conditions in the same postcodes and proactively message them to offer support

The project has six ‘financial support link workers’ (FSLW) placed in Citizens Advice Southwark and Age UK Lambeth which hosts Lambeth’s social prescribing team. Social prescribers and GPs can make direct referrals, and this includes proactively generating referrals through texts sent by GPs to people on their list who are working age and have long-term health conditions. The FSLW are part of a coordinated

⁸⁸ <https://www.bbbc.org.uk/insights/news-and-resources/collaboration-between-social-prescribing-and-social-welfare-advice/>

⁸⁹ <https://www.newham.gov.uk/health-adult-social-care/health-wellbeing-newham/6>

⁹⁰ <https://urbanhealth.org.uk/our-work/multiple-long-term-conditions>

approach to enable residents to improve their health and wellbeing through supporting them improve their financial health, maximise their income and deal with problem debt or access emergency financial support. The project, which aims to assist 2,000 people is testing how financial health can improve physical and mental health. An independent evaluation of the project on both the processes followed in the delivery of the project as well as its impacts on residents, creditors and health agencies will be published later this year. Further details on the project are available at <https://www.financial-shield.uk/healthcare-pathways>

Third Sector Together (3ST). 3ST is a group of like-minded third sector/ voluntary and community sector charities that have been working together since 2019 across the eight boroughs of North West London: Harrow, Hillingdon, Brent, Hounslow, Ealing, Hammersmith and Fulham, Kensington and Chelsea, and Westminster.

They came together to the formation of ICSs and the changing structures in health and care commissioning and their aims include: improving how statutory health and care services engage with and invest in the third sector: simplifying access for statutory partners to the extensive and complex range of health, wellbeing and preventative services provided by the third sector; promoting trust and collaboration by working together and actively encouraging others to work with them to improve the coordination of services, share good practice, develop new strategic partnerships and jointly bid for resources and collectively support sector learning, collaboration and development. The partnership provides a strategic and commissioning link between the Voluntary and Community Sector and the statutory partners in the North West London Integrated Care System. The partnership has secured recognition by the ICS and has seats on the main ICS Board and other boards that make up the new NWL structure. Following agreement with NWL partners, H4All has now evolved into 3ST as a legal entity but H4All continues to be the name Hillingdon based services are delivered under.

Further details on the project are available at <https://www.3stnwl.org.uk/>

Advice in Community Settings programme. The GLA Advice in Community Settings programme⁹¹ is funding eleven advice partnerships across London including partnerships in Barking and Dagenham, Ealing, Newham and Hillingdon. The programme aims to support partnership working between advice organisations and local schools, food banks and community centres to ensure as many Londoners as possible have access to good quality advice.

Increasing advisor capacity is also a key element in the programme in recognition of the challenges of recruiting experienced advice workers in London. This includes an initiative to increase advisor capacity across the network of 28 London Citizens Advice offices and deliver a new advice model that responds to the needs of Londoners struggling with the cost of living. The model includes developing new partnerships with local grassroots/ community organisations and delivering 'Advice First Aid' training to community staff/ volunteers to upskill them in identifying advice needs and making onward referrals.

The programme is also funding London Legal Support Trust (LLST) to deliver a complementary pan-London legal advice model. The one-year funding will be used to recruit and train 16 specialist advisors, to be based in Centres of Excellence in areas of high demand/ limited capacity. Seven crisis support advisors will also be recruited from (and be based in) surrounding community organisations and will refer clients to specialist advice as required. It is envisaged that the coordination role of Citizens Advice and London Legal Support Trust infrastructure organisations will allow them to effectively target communities in London that currently have the poorest access to advice.

⁹¹ <https://www.london.gov.uk/who-we-are/governance-and-spending/promoting-good-governance/decision-making/decisions/md2991-cost-living-support-advice-sector-2022-23?ac-156657=156642>

London Citizens Advice is also currently working on the development of borough level networks and referral pathways across the ICS areas and are due to report on this later in the year.

Strengthening collaboration between local agencies

There was consensus from key stakeholders interviewed for this study on the need for greater collaboration between advice organisations, as well as collaboration with local authorities and health, to provide a more comprehensive, joined-up service. The sector is sometimes perceived as disjointed, in part because non-advice providers may not understand the role of various providers (generalist, specialist etc) in a borough, but also because advice agencies are often in competition with each other for funding.

The development of collaborative community advice networks helps to break down some of this mistrust and make it easier to deliver more co-ordinated services to support residents in need. The challenge going forward will be to maintain the momentum of these networks and ensure that they are adequately resourced to continue supporting and developing the collaborative work once the initial programme funding ends.

Several respondents highlighted the importance of building on the partnerships and networks developed with local authorities, food banks, healthcare providers, housing providers, advice agencies and local community projects during the pandemic. Concern was expressed about statutory agencies in particular reverting to working in silos, leading to a disjointed approach to addressing the dual challenge of health and financial health.

Part of the rationale for partnership working is intervening early in welfare problems, before they become more costly to the individual, their family, and the system. As detailed in this study, there are numerous examples of long-standing partnerships and collaborations between healthcare providers and social welfare legal advice agencies in primary and secondary healthcare settings in London, but unlike the Scottish model they have yet to transition from local, and sometimes time limited, approaches to mainstream, system-wide practice.

Several of the health advice partnerships in primary care have been in operation for over 20 years and others continue to evolve. All the partnerships require strong leadership and investment in time and resources to sustain themselves, particularly in the initial stages of the partnership. Interviews with key stakeholders have identified that medical/ clinical health champions and effective ongoing communication and information sharing are key to sustaining these partnerships. Maintaining and sharing data on the outcomes of the partnership intervention is also key.

In their 2021 report, Prof, Dame Hazel Genn and Dr Sarah Beardon note that:

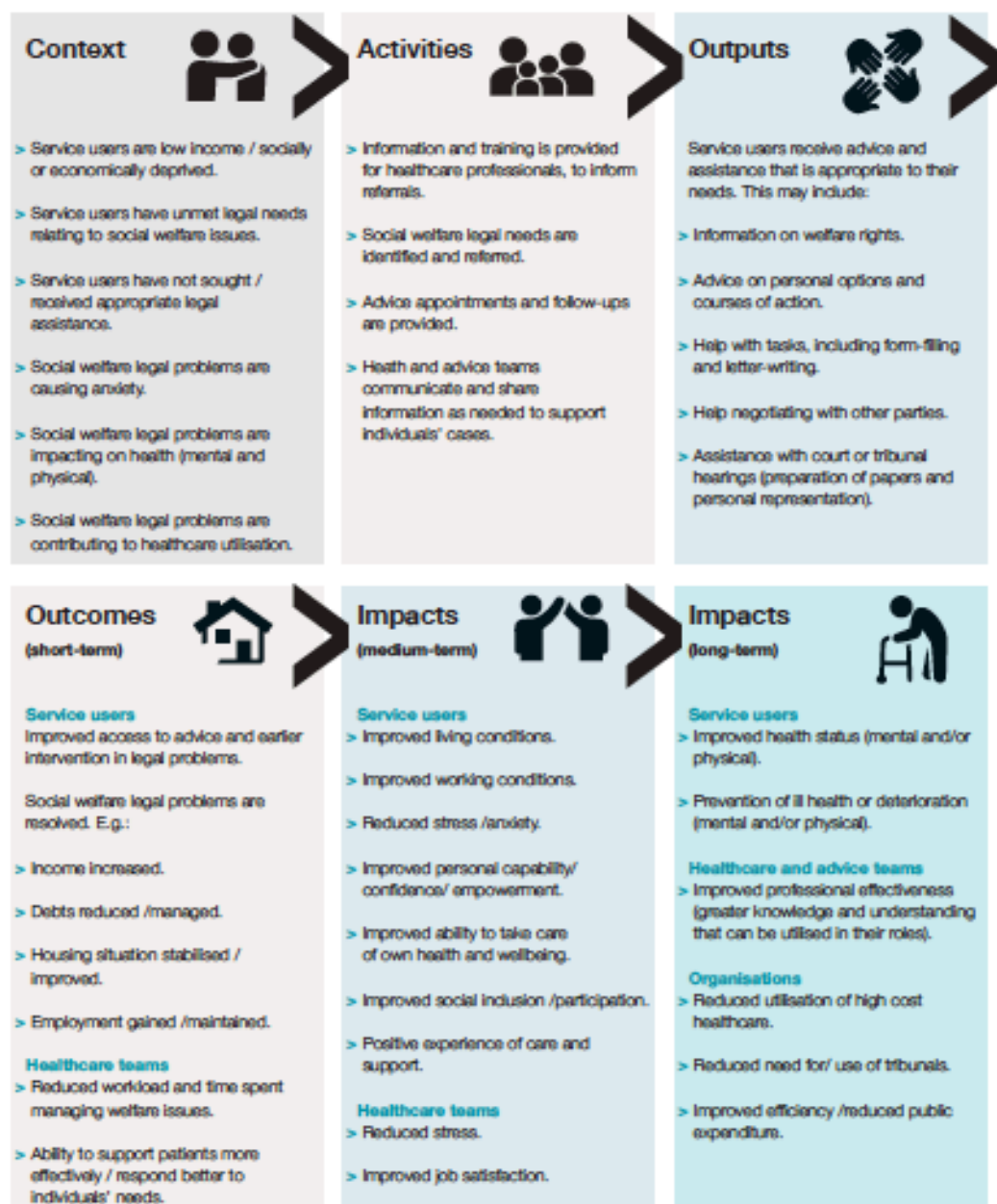
“A successful Health Justice Partnership involves collaborative working between health and legal teams. This can take a number of forms: Identifying legal needs among patients; Making and receiving referrals; Exchanging information to support case work; Joint case input (liaising about needs and coordinating responses); Inter-professional advice and consultation; and providing feedback on case outcomes “⁹²

The report also notes that while healthcare professionals generally welcome and appreciate collaboration with advice services, not all are enthusiastic or committed. Reasons for resistance include not understanding the relevance of the legal advice for health, feeling that to engage in welfare issues is not key to their role, or being concerned about administration. Practical difficulties can include developing effective systems for joint working, issues achieving engagement and participation from staff members,

⁹² https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/law_for_health_hjp_final.pdf

and difficulties embedding integrated working into routine practice. In their recent guidance booklet, UCL provide evidence-based recommendations for developing and maintaining health justice partnerships, as well as optimising their delivery.⁹³ This is based on research into successful implementation, exploring the factors affecting good collaborative working between agencies, as well as the sustainability of partnerships over time.⁹⁴

Theory of Change, (work in progress), a rationale for the mechanisms of Health Justice Partnerships developed by Dr Sarah Beardon, UCL Faculty of Laws, as part of **A brief guide to support the implementation of Health Justice Partnerships**. The guide is in draft form and currently (summer 2023), out to consultation.



⁹³ Beardon, S., (2023) A brief guide to support the implementation of Health Justice Partnerships. https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/hjp_implementation_guide_digital.pdf

⁹⁴ Beardon, S., (2022) Health Justice Partnerships in England: A study of implementation success. NIHR School for Public Health Research. https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/ucl_research_hjps_in_england_report_recommendations.pdf

Partnerships require time and effort to develop and nurture. It can take several months to resolve all the practical implementation issues before projects can commence delivery. Shared vision, effective communication, flexible approaches, and time to build relationships are all important, as well as time to resolve all the practical implementation issues (for example, data sharing protocols, access to Wi-Fi, printers, photocopiers and the referral and appointment mechanisms).

However, as demonstrated by the case study examples of the long running partnerships, the benefits for patients are significant in terms of increased income, improved housing conditions, resolution of problem debts and improvement in health and wellbeing. This is particularly the case for patients with multiple and long health conditions or mental health problems who might not otherwise have accessed advice services.

To be sustainable, collaboration between healthcare and social welfare advice organisations needs to be supported at a strategic level and have buy-in from all staff at the delivery level. Key components of a successful collaboration include: agreeing the intentions of the collaboration, committing resources to the establishment of the collaboration and to its maintenance, initially co-production during service development; ongoing communication and multi-disciplinary collaboration and problem solving; measuring and sharing information on outcomes and evaluation to demonstrate evidence of the partnership's value and achievements to existing and potential funders.

Resourcing advice services to manage demand from health referrals

The surveys and interviews conducted for this study have highlighted that social prescribing and the volume of referrals it is generating, has significantly increased pressure on already overstretched social welfare advice services. However, the resourcing of social welfare advice to cope with the additional demand from health service referrals has not happened in most ICS areas and boroughs in London, despite the increased level of demand for social welfare advice, identified and channelled through social prescribers.

Information from the literature and interviews for this study have noted a few examples nationally (Liverpool and Rotherham) and in London (Islington and Wandsworth) where the need for additional funding to meet the increase in demand for social welfare advice from patients referred by social prescribing workers has been recognised. However even in these examples it should be noted that the increase in advice provision is considerably less than that required to meet the additional demand generated by social prescribing. For example Wandsworth Citizens Advice estimate that they would need at least double the 3.2 few advisors they have that are dedicated to supporting referrals from social prescribing. Currently they are funded to receive 83 referrals each month and therefore orient link workers to refer them the more complex and vulnerable clients and even so they have to close acceptance of referrals around 2/3 of the way through each month. As highlighted in previous chapters, respondents to the survey of social prescribers undertaken for this study noted that 50% of patients referred to social prescribing have an identified social welfare advice need and 45% of the survey respondents struggled to identify social welfare advice agencies able to take on the referral. (See Appendix 1 for detailed analysis of the results of the survey)

Analysis of referrals to the Tower Hamlets Community Advice Network in 2022 also highlighted that referral from social prescribers accounted for 60% of all the referrals made through the THCAN advice providers' referral platform that year, and 75% of referrals about housing issues.

All the advice agencies interviewed for this study expressed concern about their capacity to cope with the additional demand from the healthcare sector, in particular social prescribers. Three advice agencies mentioned having to stop accepting referrals and close waiting lists periodically to enable them to cope

with backlogs of demand. It was felt by some of the advice agencies that resourcing of social welfare advice should be linked to referrals from the health sector, particularly as the funding of social prescribing services by the NHS is driving the increase in demand in many areas:

“It’s all very well having a social prescribing scheme but it’s not writing out the prescription that makes a person better. It’s getting the medicine or intervention that makes a difference. And so, a lot of the resource so far seems to have gone into the mechanisms for writing out the prescription.”

Advice network respondent

“I think it would be much better if they were joined up and social welfare advice was part of the social prescribing portfolio... Practically I think that means that some basic welfare rights advice should be part of what link workers do and that means they need some basic social welfare training...And if social prescribing is going to scale up then I think there are some arguments about having a welfare rights service.”

Social prescribing manager

The next chapter provides details of training initiatives, on social welfare law for social prescribing link workers, which were developed in recognition of the need to support link workers to improve their knowledge and understanding of social welfare law, to support patients with basic welfare rights queries and to potentially undertake the role of social welfare advice link workers within their social prescribing team.

The objective of the pilot training programme for social prescribing link workers was to develop and support link workers to improve their knowledge and understanding of social welfare law and gain experience of delivering advice, so that they can undertake the role of social welfare advice link workers within their social prescribing team.

Chapter 5: Evaluation of pilot training initiative to improve access to social welfare advice

The GLA have funded several initiatives to increase access to advice through the Mayor of London's Robust Safety Net programme, and other workstreams. The focus of this chapter is on the achievements and learning from the pilot health advice training courses funded through this initiative, to understand how they have contributed to improved access to advice and partnership working between social prescribing and advice services, and what further opportunities there are to develop this work.

The Social Welfare Legal Advice and Health Collaboration training programme delivered by the Bromley by Bow Centre and partners involved three main strands:

- 1) A series of six webinars, delivered between April 2022 and February 2023, aimed at London's social prescribing link workers, managers, similar frontline staff and representatives of systems leaders and the advice sector. The webinars covered a range of topics including the cost of living crisis, fuel poverty, welfare benefits, housing and debt.
- 2) Awareness training on Social Welfare Legal Advice for London's social prescribing link workers as problem noticers and trusted intermediaries. In addition to the programme of four half-day training sessions delivered for each of the five ICS areas.
- 3) Training and development programme for Social Prescribing Link Workers to develop a hybrid link worker/ advisor role enabling them to provide basic social welfare advice as part of their social prescribing role.

Outlined below is a summary of the programmes and the key findings.

Awareness training and webinars

The value of supporting and training 'problem noticers' and 'trusted intermediaries' – the professionals and community-based individuals who regularly encounter people with social welfare issues – is widely recognised.⁹⁵

Awareness training on welfare benefits and other social welfare legal advice issues, financial inclusion and fuel poverty. The training was as delivered to a total of 96 social prescribing link workers, targeting areas of highest deprivation and demand, between March and July 2022. Promotion was achieved through the ICS Personalised Care support structures; Healthy London Partnership's (now Transformation Partners for Health and Care), extensive reach with London link workers, London Plus' network, the initial programme webinar and other contacts.

The course, the original iteration of which was developed in 2020, had a primary focus on welfare benefits and was run five times over, once for each ICS, allowing link workers of the same ICS area to study together. Each course consisted of four half day sessions, with two sessions covering an overview of the welfare benefits system, examples of the types of welfare benefits problems that should be referred to advice agencies, explanations of the courses of action that social welfare advisors can take to resolve a case, and resources for further information and learning. Session three focussed on a broader range of advice needs, including housing, debt, immigration, employment rights, etc and the fourth session focused on financial inclusion, fuel poverty and the cost-of-living crisis.

⁹⁵ <https://asauk.org.uk/wp-content/uploads/2020/07/Advising-Londoners-Report-30072020-1.pdf>

The welfare benefits training was delivered by the Benefits Training Company, an organisation specialising in training for frontline staff (including those whose main role is not related to welfare benefits advice), and the sessions on other types of welfare advice and financial inclusion and fuel poverty were delivered by Bromley by Bow Centre staff.

The training concluded in July 2022. Attendance across all the sessions was good with representation from all five ICS areas, with a total of 96 link workers participating. The numbers attending from each ICS area were as follows:

NWL	NCL	NEL	SWL	SEL
24	16	23	18	15

Feedback:

After each course participants were asked to provide feedback about the course. Their responses were overwhelmingly positive, and were as follows:

Feedback taken immediately after the awareness training	Ave
How knowledgeable and confident were you about the topics covered BEFORE attending the training? (1=very unconfident - 5=very confident)	2.74
How knowledgeable and confident are you about the topics NOW that you have attended the training? (1=very unconfident - 5=very confident)	4.23
The topics covered were relevant and useful to my role (1=strongly disagree - 5=strongly agree)	4.75
There was a good balance between presenting and interactive activities (1=strongly disagree - 5=strongly agree)	4.36
Overall, how satisfied were you with the training sessions (1=Very dissatisfied - 5=very satisfied)	4.56

A year after the course, a second survey was carried out to understand the lasting impact of the course and a summary of the feedback is below:

Feedback taken a year after the training on its longer term benefits

A survey was completed by 20 participants of the training and feedback was extremely positive. The majority of respondents (95%) felt that the training course improved their understanding of social welfare advice needs and the welfare benefits system. The majority felt they were better able to identify those in need of social welfare advice (85%) and able to support them/ refer them on more effectively (95%).

In terms of next steps, participants would welcome refresher courses and summary guidance documents to help them stay up to date with the most relevant guidance and benefits information. Suggestions were also made for peer support to be made available for link workers supporting patients with social welfare advice issues.

Additional insight:

- When asked whether there any aspects/ elements of the training participants particularly benefited from, the most common answer was around understanding the range of benefits available better and the eligibility criteria.

- When asked whether there were any actions participants took away from the training/ anything that they did differently after the training, common answers included:
 - More effective referrals
 - Gaining confidence in providing advice and signposting more appropriately
 - Supporting with benefits applications
- When asked how attending the training has benefitted clients, common answers included:
 - Able to provide better information before referring onto other services
 - Supported with identifying which benefits clients can apply for
 - Holding more appropriate conversations with clients – better understanding of what questions to ask and what support is available
- When asked whether respondents felt confident in completing basic benefits check to ensure people are claiming their entitlements, just over half (**55%**) selected yes.
- The majority of respondents (**90%**) agreed that the material and resources provided through the course enabled them to further develop their knowledge and understanding of the benefits system.
- **30%** of respondents had made use of follow up support from the Benefits Training Company to support them to resolve individual cases. This suggests that a significant proportion of participants have been actively supporting clients around welfare benefit related issues. This may be indicative of challenges in referring them on to suitable advice providers, or a change in the role of social prescribers whereby they are undertaking some degree of advice work.

“Good to get an understanding of the benefits system and who we can refer patients to for support with appealing benefit decisions”

Social Prescribing Link Worker participant in the advice awareness course

Suggested next steps

- Participants were asked to offer feedback on how the training could be improved and what further support could be provided to help support clients with social welfare problems:
 - The most common response was a call for regular refresher courses to be made available as participants felt as though there is a significant amount of information to keep updated on.
 - Two respondents suggested the creation of a peer support network specifically for social welfare legal advice to provide a space to develop best practice and share on-going learning.

In addition to the welfare benefits, fuel poverty and financial inclusion awareness training outlined above, six pan London webinars were delivered between April 2022 and February 2023, to support social prescribing link workers and other health professionals to expand their knowledge around social welfare legal advice and further training opportunities. The webinars provided an opportunity for social prescribing link workers, their managers and other health care staff to explore examples of effective working between social welfare legal advice and health.

Each webinar featured one topic with a series of presentations outlining the current context, from a national, London-wide, and more local perspective, the support available and examples of best practice approaches to collaborative working between social prescribing and others to support patients. The webinar topics included: cost of living crisis; fuel poverty; debt; housing and welfare benefits. The chosen themes for the webinars were developed through consultation with social prescribing link workers and their managers to ensure that the subject matter was relevant and helpful. For example, the housing online seminar for example included presentations from Barking and Dagenham, Southwark and Islington

social prescribing schemes discussing how link workers had developed their housing knowledge and were able to successfully advocate for patients and developing effective relationships with advice providers and in some cases with local authority housing departments.

The six webinars attracted an average of 175 sign-ups from across London and an average of over 100 attendees.

Feedback from the webinars was positive

- Participants highlighted that the webinars provided a useful introduction to the links between health and legal services and how they complement each other in addressing the wider determinants of health.
- Participants valued hearing about practical examples of health justice partnerships, highlighting different service models and approaches already in operation in London and across the country.
- Participants valued hearing about practical examples of how the hybrid advice link worker role worked in practice.

Summary

Interviews with welfare advice and health practitioners undertaken as part of this study highlighted the importance of information and training for healthcare staff, clinicians and non-clinical staff such as social prescribing link workers as '*problem noticers*' and '*trusted intermediaries*', on identifying, supporting and referring patients with social welfare advice issues.

The feedback for the four-part awareness training course was extremely positive - participants felt that the course improved their understanding of social welfare advice needs and the welfare benefits system. The majority felt that after the training they were better able to identify those in need of social welfare advice and able to support them/refer them on more effectively.

Ensuring the training is targeted and developed to meet the specific needs, role and contexts of the participants is key to ensuring its effectiveness. Feedback from participants also highlighted a need to keep up to date with latest guidance and benefit changes and a need for ongoing training/ refresher courses to build people's confidence and skills in doing basic benefit checks.

Pilot training programme for hybrid advice-link worker role

Background

The objective of the pilot training programme for social prescribing link workers was to develop and support link workers to improve their knowledge and understanding of social welfare law and gain experience of delivering advice, so that they can undertake the role of social welfare advice link workers within their social prescribing team.

One of the key drivers in the development of the pilot programme was the recognition that in many areas of London over 50% of patients referred to social prescribers had problems with welfare benefits, debt, and housing issues. However, because of the ever-increasing demand for advice, many advice agencies were not able to take on additional referrals as they were already working to capacity. This bottleneck in the system has created the need to explore other ways to support patients referred to social prescribing.

In response to these difficulties several social prescribing schemes including in Islington, Southwark, Tower Hamlets and Liverpool have adopted a hybrid model, employing experienced social welfare advisors in the role of social welfare advice/ social prescriber link workers. This pilot training programme has taken the approach of upskilling existing social prescribing link workers to deal with less complex

social welfare advice matters, to help address the issues caused by the difficulties in signposting/ referring to advice agencies. Additionally, the model of the hybrid link worker/ advisor offers the benefit of the client being supported holistically by one person, without the need for further onward referral if the matter is not complex

The Aims and Context of the Programme

The aims of the social prescribing/ welfare advice link workers training programme included:

- To pilot and test an approach to increasing the number of qualified Social Welfare Advisors, particularly in parts of London where there is a lack of advice provision, or where there are high levels of deprivation and therefore the greatest need for advice.
- Training Link Workers so that they are better able to identify which clients have a social welfare legal advice need and make appropriate referrals to the relevant advice service.
- Training Link Workers working within the Primary Care health system to be able to deal with less complex social welfare advice matters, including supporting patients with welfare benefits claims.

In delivering the programme it was envisaged that the social prescriber would continue in their normal role of supporting patients, but they would also be able to assist with basic welfare advice issues, without the need to refer them to a specialist welfare advice provider. Incoming referrals to the social prescribing team would be screened for welfare advice issues and triaged to the welfare advice link worker.

The welfare advice link worker would handle social prescribing clients with less complex welfare advice issues while continuing to refer their social prescribing clients with more complex welfare advice issues to a more specialist advice provider. It was also hoped through the programme to support the fostering of stronger relationships between Social Prescribing schemes and local Social Welfare Advice provision in their areas.

Scope of the Pilot Programme

The programme sought to train 15 Social Prescriber Link Workers to become qualified social welfare advisors, with priority given to link workers based in locations of high deprivation and areas where access to advice is limited. The training programme was promoted through the ICS Personalised Care support structures; Healthy London Partnership's extensive reach with London link workers and engaging with PCN leads in identified areas of deprivation.

Twenty Expressions of Interest were received from across the five ICSs. This converted to 15 course registrations including seven from boroughs with the lowest or second lowest amount of advice provided in London; five from boroughs in the middle tier for advice provision; three from boroughs in the top tier for advice provision but with high levels of deprivation, and therefore high demand for social welfare legal advice.

The training programme, which started in September 2022, comprised the following elements:

- Studying the Learning to Advise (LTA) course⁹⁶ a class-based course delivered over 12 sessions in which all 15 learners study as a cohort. The course encompassed the principal areas of social welfare law including welfare benefits, money/ debt advice, housing, immigration and employment rights, as well as sessions on advice-giving skills, including managing expectations, interviewing, case recording and negotiating skills

⁹⁶ <https://portal.adviceuk.org.uk/s/community-event?id=a1Y8d00000103WZEAY>

- Completing an NVQ Level 3 Certificate in Advice and Guidance⁹⁷ was provided as an option for those who wanted to follow on from the Learning to Advise course. The NVQ Level 3 consists of nine briefing workshops, and learners then complete a portfolio of work and evidence that they build up through the advice work they carry out on an advice work experience placement or their workplace.
- Undertaking a placement with a social welfare advice-providing organisation, in which learners apply their learning by advising clients. The placement was ideally a minimum of one day a week for six months and undertaken at the same time as studying for the NVQ.

It was envisaged that those learners who complete all three elements are upskilled to a level to carry out generalist advice. This would be a valuable resource in areas where there is currently a lack of advice provision for the link workers to signpost or refer patients to. However, it was also recognised that this would require access to appropriate supervision and ongoing training and development to maintain the competency and accuracy of the advice given. The development of a community of practice would see specialist social welfare advisors, existing link workers, and those trained through the programme collaborating on promoting ideas for the further development of the role to deliver a cohesive level of support for patients.

The training provider selected to deliver the programme in partnership with Bromley By Bow was Island Advice Centre who are based in Tower Hamlets and have over 15 years' experience in delivering this training and working with advice providers to support them delivering the placement element of the programme. Two webinars for interested link workers and their managers were held to explain the training offer and the degree of commitment required and respond to questions, and a further webinar was held for the organisations that might host the study placements.

Evaluation of the Pilot Programme

As part of this study, an evaluation of the programme was undertaken between May and June 2023 to review the programme's achievements and distil learning to inform any future programmes. The main method of gathering feedback was through an online questionnaire that was sent to all 15 learners.

Responses were received from 10 of the 15 learners, a 67% response rate. Further in-depth interviews were carried out with three of the respondents, who had indicated their willingness to participate in follow-up interviews. As part of the evaluation of the programme feedback was also obtained from two social prescribing line managers and from an advice agency manager.

Summary of Findings

Feedback on the programme was very positive with 90% of respondents satisfied or very satisfied

60% of the respondents had been working as a social prescriber for one to two years. The remaining 40% for three years or more. The course participants worked across London's five ICSs; from Lewisham and Lambeth in the South East, Croydon and Kingston in the South West; Ealing and Kensington & Chelsea in the North West, Islington in North Central and Newham and Tower Hamlets in North East London;

The questionnaire was formatted to enable the evaluation to focus on the key areas for assessment:

- How well the programme met the learning objectives set for the training
- Whether the overall objectives of the pilot programme were achieved
- Challenges and learning points from the pilot

⁹⁷ <https://www.adviceuk.org.uk/qualifications/nvq-advice-guidance-qualifications/>

Feedback was very positive with 90% of respondents satisfied or very satisfied with the course.

Comments received included:

Excellent opportunity to learn – the objectives were definitely met.

A solid basis for building knowledge and skills in a way that will make me useful in future when giving benefits advice

The knowledge and understanding of those teaching each session was incredibly helpful and has supported me in my current role moving forward with benefit queries

I feel these objectives were very well received as I am now using them in practice

Learners were clear on the benefits of the 12 modules that made up the Learning to Advise element of training programme.

Comments included:

Able to gain knowledge, had very little before the sessions started

Having more in-depth knowledge and understanding of the benefits system and the confidence to share my knowledge

It covers all areas of Welfare which we face as SPLWs

There was a consensus that the length of the training, running from September 2022 to March 2023, was appropriate. Comments highlighted the challenge of attending the course and workshops and managing their workload:

This gave me enough time to do the course along with my day-to-day job.

I have a heavy workload which would have been even more difficult to manage if the training had been any shorter

We all work full-time, so once a week was perfect

60% of participants were very happy with the structure, format and balance of the 12 session Learning To Advise element, which was a blend of in-person and online training. Some would have preferred the entire course to be in person, whilst others had a preference for more to have been on-line.

All respondents noted that completing the Learning To Advise course, which was delivered one day a week over a 12-week period, had improved how they worked with clients and the welfare advice providers they refer clients to.

Comments included:

Helped me provide more accurate advice to patients and to understand how to support patients and how to work with specialist advisors and the information they require, that we can provide.

I have gained more knowledge and a better understanding of the terminology associated with each area.

I have more confidence sharing my knowledge when supporting my clients; also have a clearer idea of what I can support with and what needs to be referred to welfare advice providers.

It has given me a better understanding of how to handle matters related to their needs. It also has opened my eyes to the number of resources available to assist me in doing my job

Undertaking the NVQ Level 3 Certificate in Advice & Guidance

Progressing on to complete the NVQ Level 3 qualification was optional and ten of the cohort of 15 social prescribers took up the opportunity. This was twice the number originally envisaged and required some co-funding by employers. Eight are actively working towards completing their portfolio of work by the end of August 2023. Two participants had to withdraw from the NVQ, including one whose placement fell due to an unforeseen reduction in the capacity of the advice provider that had agreed to host her, this being the result of local authority cuts to local advice providers. Undertaking the NVQ requires learners to attend workshops on the different units that make up the qualification, and complete written assignments, which are subject to review from the NVQ Assessor, who is supporting the learner until the portfolio is signed off.

In the questionnaire those who are undertaking the course were asked to highlight a) the benefits and b) the challenges of doing the NVQ.

Comments regarding the benefits of doing the NVQ included:

It is an accredited recognised qualification. Better skilled and equipped to support my patients in my PCN. See more welfare benefits patients than my colleagues, which gives me the opportunity to improve the skills I have learned.

I signpost and refer less than before and I am more confident when giving advice.

It was highly useful to learn, adapt, and be aware of the many issues and challenges in welfare advice and how to navigate them. I am now able to confidently deal with a client with basic welfare advice queries and help them through difficult terrain of their life.

Welfare advice is very broad and extensive. Achieving the learning outcomes as well as working within the welfare team meant that I had time actually learning on the job and more time practically helping (Cost of living crisis). There were times I got burnt out and exhausted but managed to learn how to take time out.

The main challenge identified was trying to balance studying and their link worker caseload.

Comments included:

Taking time off work, my employer was only able to give me time off to attend the course. The rest of the work was done in my own time, which was challenging.

No support from the employer, I have not done enough work placement-because employer was not accommodating

Would have liked more time off work to complete assignments

Welfare advice is very broad and extensive. Achieving the learning outcomes as well as working within the welfare team meant that I had time actually learning on the job and more time practically helping (Cost of living crisis). There were times I got burnt out and exhausted but managed to learn how to take time out.

It should be noted that as part of the sign up process each PCN and line manager we asked to confirm that they were aware of the time commitment the programme entailed and were willing to adjust the participants' workload accordingly.

Placement experience

It was envisaged that learners would have secured a one day a week placement at a frontline advice agency before starting the NVQ so that the practical experience of advising clients helps to inform the written work produced in the NVQ portfolio. Ideally, placements would be for a period of six months.

However, several learners experienced difficulties in securing a placement and some learners had difficulty with being given the time off by their employer. One respondent stated that they had to organise something in their own time as the employer would not allow time off for the placement. Two other learners have only recently started their placement as they have had to go through the advice agency's detailed online training programme first, even though the learners had completed the ten units of the nationally recognised Learning to Advise (LTA) course. One respondent was only able to do a placement for a month but felt that even that brief experience had been very worthwhile.

- Two learners were engaged in long-standing placements with social welfare agencies – one at Community Links in Newham (seven months) and the other at Island Advice (nine months). These learners were also able to make appointments to see their social prescribing clients, who needed support with social welfare issues on the days they were undertaking their placements.
- Two learners have placements at a local Citizens Advice
- One learner undertook their placement at an independent advice agency in Lewisham
- Four learners undertook their placements within their current workplace.

For those who are still actively engaged in their placement, the experience has allowed them to build on the LTA training and many are now doing generalist level advice work, including form filling, and dealing with housing and benefits queries.

Feedback from the eight learners on placement highlighted that they feel better able to support clients to resolve social welfare issues and have developed good working relationships with local advice providers:

We learn a lot from the advisors who are always on hand.

I learnt a lot and received a lot of support, they had confidence in me, and we have built a great relationship with the service

Great team who have offered me support along the way and I have learned so much from them

I go in once a week for the day. I have learned a lot from the team at Citizens Advice

I have supported patients a lot more in enabling them to be empowered too.

I am now confident to see patients with welfare queries, and if I do not know the answer, I am able to look up information.

Feel secure in my job as I know I have the new skill set to progress. Better work opportunities if I want to change jobs.

Support provided for learners

Participants were asked to comment on whether sufficient support had been provided to enable them to complete the programme and set up ongoing support and supervision. The feedback was very positive about the training provider, NVQ Assessor and placement agencies. Participants also valued the monthly community of practice meetings, facilitated by Island Advice, which were established to create a space for social prescribing trainee advisors and specialist social welfare advisors to engage in reflective practice, discuss cases and the relevant areas of social welfare law that applied to those cases. It was hoped that the link workers would be able to develop ongoing supervision and support arrangements with their local advice agency when their placement ended, however only one of the participants had arrangements in place for ongoing support with social welfare advice issues at the time of the evaluation.

However some participants noted that going forward, better initial engagement is needed with Social Prescribing team managers to ensure commitment and support for the placement, as well as support

with negotiating the placement and ensuring follow-up support and advice supervision is available to staff members undertaking advice roles

Feedback was also obtained from social prescribing line managers and from advice agency managers, as part of the evaluation of the training programme.

Some of their comments are shown below:

“As a placement organisation we feel that through having a link worker on placement, our networking with the local Social Prescribing team has improved. We discuss referrals once a week when the social prescriber comes in and I think it may be resulting in less and more appropriate (where there is merit) referrals.”

Advice Centre Manager

“I think the course is a good development opportunity for our Social Prescribing Link Workers, and we need to consider how we utilise her knowledge. However, it is important not to extend the scope too far beyond the purpose of the original SP role due to the challenges of meeting current demands on the service.”

Social Prescribing Line Manager

“I have seen how the training and the placement have improved the confidence of our Social Prescriber, so much so that she is involved in the induction of two new staff to the team.”

Social Prescribing Line Manager

“The Social Prescribing Link Worker gained a better understanding of what social welfare matters are, therefore, a better ability to identify potential income maximisation matters and when a decision can be challenged. They also developed a clearer understanding of what makes an appropriate referral, what advisors do, at what level and the level of casework required to resolve a client’s issue.”

Advice Centre Manager

Additional insights:

In feedback on some of the wider challenges of the programme the following areas were identified:

- Support to secure an appropriate placement to build on LTA skills and make the option of progressing to the NVQ Level 3 more possible across London’s boroughs. One respondent chose not to do the NVQ as it was not possible to secure a placement locally. It was ironic that four of the 15 link workers were from Croydon, prompted by the lack of social welfare advice provision in the borough, but that very lack of provision meant that only one of the four was able to secure a placement. A second had secured a placement, but the offer was withdrawn when the advice provider’s funding was cut, and they no longer had capacity to support a trainee.
- In developing the scheme going forward there needs to be a willingness for all advice agencies to recognise the Advice UK LTA course which requires learners to complete 40 hours of training in social welfare law and advice skills to obtain a certificate. Two of the learners in the cohort had a placement with a local Citizens Advice and despite having completed the LTA they had to complete a further 40 hours of online training in social welfare law before they could see clients.
- Social Prescribing Link Worker interviewees from the training course valued having a community of practice to share information and support their ongoing development. A Social Prescribing/ Social Welfare Legal Advice Community of Practice, at borough or cross borough level could prove to be an efficient method of working with social prescribers who have a hybrid welfare advice/ social prescribing role, to support their ongoing training and development. However, this would need resourcing to sustain and develop.

Future Intentions - improvement in knowledge and skills

The final survey question asked learners about their previous experience of dealing with advice queries and their confidence in dealing with queries after participating in the programme. Half of the participants had not dealt with any advice queries before but now felt confident dealing with basic matters instead of signposting or referring people to another service. The results of the responses to the questions about increased knowledge, skills and confidence are shown below. Learners were asked to tick as many of the following statements that applied.

I was not doing any advice work previously but now feel confident to deal with basic advice queries	50%
I was already doing some advice but have increased my skills/ knowledge about advice and will use this to help my clients	50%
Undertaking the NVQ Level Three in Advice Work has improved my confidence and motivation	70%
Undertaking the placement has improved my knowledge and skills in advice work	70%
I feel confident to undertake the role of social welfare advice link workers with their social prescribing team.	70%
I have developed good working relationships with local advice agencies and have a better understanding of appropriate referrals	70%

Conclusion and learning points

As demonstrated by the positive feedback from the learners, the programme has successfully met its objectives. Feedback from participants emphasised the benefit they had taken from the training both in terms of how they were able to meet social welfare advice needs, and approach their work with patients more broadly:

“I found the NVQ one of the most valuable pieces of training that I have undertaken, as quite apart from the learnings on the social welfare issues (thank you to Jo and Island Advice Centre for some excellent training), it has given me a solid grounding on how to work with patients which I am learning through the assessments and discussions with my NVQ Assessor – and I am using that learning in the training of new staff. I think all social prescribers should undertake the training.”

Course Participant

“I believe that a welfare advice specialism within Social Prescribing teams would be very beneficial, as welfare advice expertise is such a key demand for patients referred to us. Having an advice link worker alongside a partnership agreement with advice providers who could offer support and supervision and referral pathways for complex cases would be very beneficial to our patients, as they would have a more joined up holistic service.”

Course Participant

It is natural that as a pilot programme, there would be challenges and learning points. The key challenges in the programme concerned

- Difficulties in securing a placement either because there is a lack of advice agencies in the locality or that social advice agencies lack the experience of supporting trainees

- Difficulties in securing sufficient time to carry out the placement and to have a commensurate reduction in caseload for the period of the placement
- A lack of effective workplace support. The feedback acknowledges the support of the trainer and NVQ Assessor in guiding learners through the process. However, comments also suggest there needs to be a better understanding among line managers of their role in supporting link workers undertaking the training.

In terms of learning, there are clear indications that the pilot programme has shown that there is an opportunity for social prescribers and social welfare advisors to develop a collaborative working partnership. Feedback from the Social Prescribing Link Workers highlights the benefits of upskilling, and the advice sector acknowledges the breadth of knowledge that the link workers have on the wider health, care, and community support services.

As a number of the placements and NVQ portfolio assessments have not yet completed, it is therefore too early to assess the medium or longer-term impacts of the programme or how much it will improve access to advice for social prescribing clients. However, feedback from trainees and their managers has highlighted that the learners have gained considerable welfare advice knowledge and skills from the programme which they are currently putting into practice with patients they book appointments with on their placements.

The degree to which the trainees undertake the advice link worker role will largely be determined by the capacity in their existing teams and the views of team leaders/ managers regarding the model of social prescribing service they wish to follow, and the potential to secure on-going supervision and continuing professional development support from local advice providers.

Recommendations

If the pilot programme is going to be taken forward, the following adjustments should be explored:

- Strengthening links between local social prescribing and local advice organisations, where they are not already in place, to ensure arrangements for placement opportunities and ongoing supervision is agreed before the programme commences.
- Working with Citizens Advice and other non-Advice UK agencies to acknowledge the value of the nationally recognised Learning to Advise (LTA) course in providing a foundation in the primary areas of social welfare law. This would mean that link workers could start their placement after a basic induction, rather than being required to complete a further advice skills certificate.
- When the link worker signs up for the programme, their employer should have an identified manager whose responsibility is to liaise with the trainer and/ or NVQ Assessor to ensure any support needs can be addressed.
- Consideration should be given about whether the training programme can be delivered at a more local level in each of the five ICS areas in London to help maximise the benefits and links between social prescribing teams and social welfare advisors in those areas.

Overall Conclusion

Initiatives that increased the capacity of the advice sector were welcomed by interviewees, however professionals from both Social Prescribing and Social Welfare Advice teams expressed concerns about the dangers of people providing advice without all the relevant knowledge and skills and without adequate systems of supervision, case recording and case file reviews to ensure the quality and accuracy of the

advice provided. Professional indemnity insurance is also something that needs to be explored in any advice partnership arrangements.⁹⁸

The benefits to General Practice, social prescribing teams and their clients of having a specialist welfare advice link worker were perceived as:

- Having in-house expertise within the social prescribing team on welfare benefits matters as a resource to their colleagues and to support patients with basic benefit queries.
- Having a resource within the social prescribing team who can keep abreast of developments in advice matters, including benefit entitlements etc.
- Having the in-house expertise to understand the degree of complexity of issues presented by social prescribing clients, and being able to make a judgment as to what can be dealt with by the hybrid welfare advice link worker and what needs to be referred to an advice provider.
- Having an in-house resource with knowledge of what the various local advice providers deliver and how to prepare clients for their first meeting with an advisor.
- Having a point of contact that can maintain effective relationships between the social prescribing scheme and the advice providers in the borough and where appropriate at a pan London level.

“As a practicing GP in a 'deprived area', many of the issues I see in practice are directly related to poverty/ or indirectly through their illness/ long term condition (I.e. factors that worsen them.). Having social care and welfare advice has greatly changed the way we work in practice, by providing a holistic approach and addressing their care need. This helps reduce my workload demand and access issues, and allows us to consider a long term solution (through better welfare).”

Dr Jagan John, GP and NHS Personalised Care Clinical Director for London

However, careful consideration needs to be given to the benefits and challenges of the various options that social prescribing teams/ PCNs can consider to meet the increasing demand from patients for access to welfare advice.

The options include:

1. Commissioning the services of an advice organisation such as Citizens Advice or a local independent advice agency to provide advice that will work closely with the GP practices and social prescribing teams
2. Employing a qualified welfare advisor who has the knowledge and expertise to provide social welfare legal advice, and, potentially training them in the complementary skills and approach of a Social Prescribing Link Worker
3. Training Social Prescribing Link Workers to undertake a hybrid link role involving assisting patients with basic welfare advice queries.

The options are not mutually exclusive, and the chosen options will depend on local contexts and relationships between advice and social prescribing agencies to determine how best to include social welfare advice within the social prescribing offer.

All of the above options need to be considered in the context of the provision of sufficient social welfare legal advice in each borough, in the high street, in healthcare and other community venues that reach those who are least likely to access advice and with the establishment of borough based networks of advice providers with on-line referral platforms.

⁹⁸ <https://www.adviceuk.org.uk/wp-content/uploads/2021/09/AdviceUK-Insurance-Services-PII-FAQs-2021.pdf>

Options 2 and 3 require the exploration of the need for supervision, file review, continuing professional development and the professional indemnity insurance for providing social welfare advice.⁹⁹ As highlighted previously, a key consideration is how the social prescribing advice link worker(s) are supervised and supported to maintain an up-to-date knowledge of changes in social welfare law policies and procedures and meet advice quality standards. Their supervisor needs to be an experienced social welfare legal advisor, who meets the supervisor standards and undertakes regular file reviews of the link worker's cases. The value of this supervision and connection with senior advisors was emphasised by those interviewed as part of this research:

“I had a background in social welfare advice before becoming a Social Prescribing Advice Link Worker and I am still attached to and supervised by the social welfare advice team. This means I can give generalist welfare advice and support to patients, rather than signposting or referring patients to an advice service who often have a three-week waiting time for appointments (unless the matter is urgent). Because I am supervised by the advice team, I can triage clients to identify advice needs and provide generalist advice where appropriate or refer to a specialist advice service if the matter is more complex and requires representation. I think that due to the demand and pressures on social welfare advice services, roles like mine are needed as we are able to work across social welfare and health and wellbeing, providing clients with holistic, one-to-one personalised care which takes into account the client's need for benefit, housing or debt advice.”

Advice Link Worker

The National Academy for Social Prescribing's guide for Primary Care Networks (PCNs), produced in conjunction with the Money and Pensions Service, provides examples of how to include social welfare legal advice within a social prescribing offer.¹⁰⁰ The guide lays out the benefits of either employing a Social Prescribing Advice Link Worker who is qualified to provide social welfare benefits and money advice or using the services of an advice organisation like Citizens Advice or a local Independent Advice agency.

⁹⁹ <https://www.adviceuk.org.uk/products-services/insurance/professional-indemnity-insurance/>

¹⁰⁰ <https://socialprescribingacademy.org.uk/media/uefliimk/maps-nasp-pcn-guide.pdf>

Chapter 6: Conclusions and Recommendations

Context and need for partnership working

Socio-economic inequalities have widened over the past 20 years and, with them, health inequalities. And they continue to do so, with austerity, COVID and the cost-of-living crisis adding significantly to the gaps in healthy life expectancy and life expectancy between the most deprived and the most affluent. In the last decade the life expectancy gap between the wealthiest and the poorest in London has doubled and the latter now die 20 years earlier than their more affluent neighbours.

The current model of our health system is not designed to reduce these gaps, and although it is overwhelmed with demand, it is not designed to reduce demand either, as it currently allocates 96.3% of its budget to the treatment of illness and only 3.7% to prevention, largely through immunisation and screening programmes.

"Why treat people and send them back to the conditions that make them sick?"

Professor Michael Marmot, *The Health Gap*

With an average of one in five General Practice appointments being driven by a social need (possibly up to one in three in deprived communities), and 50% of clients referred to social prescribing requiring social welfare, housing and debt advice, there is an urgent need to address the significant shortfall in advice provision and build stronger and more effective collaboration and integration between healthcare provision and social welfare advice. As noted in the Law for Health report¹⁰¹ the intense pressures on health systems are well recognised. Seeking to work with healthcare to strengthen access to social welfare advice is not to add to these pressures, but to harness a set of skills and tools that can reduce them, either by addressing issues before they escalate into more complex health problems, or by playing an integrated role in health and care services when and where people need them.

To that end, there is a need for a partnership approach between local authorities, healthcare, charitable trusts and the voluntary and community sector to take this agenda forwards to improve access to advice provision across London's ICSs and boroughs in both community and healthcare settings. This approach needs to be led at systems level, place (borough) and neighbourhood (PCN) levels.

In particular, there needs to be a significant move towards greater collaboration and integration at a scale that makes sense for professionals and for patients/ residents, i.e. at place (borough) and neighbourhood (PCN) levels. It is notable that the Fuller Stocktake report (2022), calls for the development of integrated neighbourhoods, in which integration is intended to be with a wide range of provision and the report cites examples of integrated neighbourhoods that include integration with social welfare advice.

Opportunities for Integrated Care Systems

Whilst many of the structural social and economic conditions that shape health inequalities are influenced by policy choices beyond the NHS and local government's control, such as decisions on the level and distribution of spending on housing, public health, social security and key local authority services in deprived areas, there is much that can be influenced at ICS level.

¹⁰¹ https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/law_for_health_hjp_final.pdf

There are significant interventions that local government and its health partners in ICSs and ICPs can undertake in partnership with local communities and the voluntary, community, faith and social enterprise sector to mitigate and lessen the impacts of structural social and economic conditions and the health and other inequalities they produce in deprived communities. Investing in social welfare legal advice services is an example that provides low cost, practical assistance to the most deprived households to maximise their incomes and help prevent homelessness and spiralling problem debt, with a rate of return of £27 for each £1 spent.¹⁰² It is perhaps one of the strongest examples of what the Marmot Review calls ‘proportionate universalism’.

“There is no single mitigating intervention’. ‘Consequently, bespoke combinations at national and local levels are needed to address the different factors (including health) that contribute to a person or household’s financial circumstances, and the impacts on health and health inequalities that will result’... Investing in voluntary and community services, in particular advice and support services, is another obvious intervention as it offers a high return on investment.”

Marmot Review into the cost of living and health inequalities in London

The establishment of ICSs brings an opportunity and renewed energy to developing a more holistic understanding of the needs of communities and the provision required to meet them. Arguably borough-based Health and Wellbeing Boards had a similar intention.

If ICSs, ICPs and in particular ICBs are to deliver against the intention of reversing growing health inequalities, then a greater emphasis on improving the social determinants of health will need to be given, than has been the case in the past. Particularly for those at the lowest end of the socio-economic gradient.

Whilst the concept of an integrated care system acknowledges the vast range of influences that shape people and communities’ outcomes, the translation from intellectual understanding to tangible planning and action still lags considerably.

In essence, the divisions between the domains of healthcare (treatment of illness), and what sustains good health remains largely intact in ICS thinking, with a considerable dominance of the former. If the opportunity that the formation of ICSs/ICBs/ICPs presents is to be realised, there needs to be a significant shift of emphasis and resource towards health creation, prevention, and early intervention.

Therefore it is urgent that further work at conceptual and practical levels is done to consider the opportunity that the formation of ICSs presents. Despite a series of well-meaning policy initiatives over the past 20 years, health inequalities have continued to widen and now ICBs have a statutory duty to narrow them. This will require a degree of transformation, towards collaboration, health creation, prevention and early action that goes far beyond anything that has been contemplated hitherto.

Whilst London’s five ICS plans reference the wider determinants of health and the intention of reducing health inequalities, there appears to be much more that could be done to establish the mechanisms by which this will be achieved, when it is commonly accepted that 70% of the factors that drive health outcomes reside outside the NHS. Indeed, that was the premise behind the introduction of social prescribing, the first systems-wide intervention by the NHS that sought to improve people’s wider determinants of health. It is, however, notable that although London’s ICS and ICP strategic plans are

¹⁰² Reece S, Sheldon TA, Dickerson J, Pickett KE. A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review. Soc Sci Med. 2022 Mar;296:114746. doi: 10.1016/j.socscimed.2022.114746. Epub 2022 Jan 29. PMID: 35123370.

intended to lead to greater social, economic and health equity, despite its cost effectiveness, there is at present no mention of the role and provision of social welfare advice in any of them.

The formation of ICSs affords an opportunity to develop a paradigm shift, in:

- **Systems.** Understanding that the provision provided by healthcare, local authorities, the voluntary, community, faith and social enterprise sector comprise a single, related and interdependent system. And that deficiencies in one part of the system have an effect on the other. Healthcare funding in a typical London borough ascends to £700 million, in comparison with less than £1 million for welfare advice. A rational application of outcomes based systems thinking might suggest a somewhat different ratio.
- **Care.** As an integrated care system, it is important that the concept of care, and which organisations, professionals and community members give care, is understood in a broad sense. Whilst the attention given by a clinician to treat illness is commonly understood in this context to be a caring function, it would be helpful if ICSs acknowledge the care given by, for example, a social welfare advisor, who helps secure income, housing, employment rights, food for their client.
- **Integration.** If all the actors within a geography are understood to form a system (both formal and informal), then logically collaboration and integration across the whole system, including social welfare advice, should be the intention.

Gaps in advice service provision

At present, there is no correlation between the provision and funding of advice services and the level of disadvantage and deprivation, and therefore demand for advice, within London's boroughs.

A thorough assessment of the provision, of volume and model, and funding arrangements required to meet demand for social welfare legal advice should be conducted, at borough level to identify shortfalls, taking into consideration the varying levels of deprivation and existing provision across the capital. The assessment should be undertaken in collaboration with the local authority, healthcare and voluntary sector. Such an assessment should include social prescribing link workers and advice providers who have a keen understanding of need and the current challenges.

As discussed throughout the report, resolving the challenges of providing sufficient, timely and integrated social welfare advice requires urgent and joined up attention. With the ongoing effects of the cost-of-living crisis, and with an impending economic recession and the prospect of a second decade of austerity, demand for advice is likely to increase at a time when the supply and capacity of advice services is being reduced in many areas.

There has been a channel shift with increasing use of telephone advice and digital technology in delivering advice services, based on the experience of delivering advice services during lockdown. However, a common theme from interview respondents for this study was the need for more face-to-face advice services, particularly for vulnerable Londoners, who need support with engaging with online services and people who have difficulty with telephone and online access.

As detailed in the report, partnership initiatives to co-locate advice services in healthcare services, and other community settings, have developed to try and meet this gap in provision for face-to-face advice services, but funding is short-term and piecemeal. Interviews undertaken with key advice and health service stakeholders, for this report noted that the current fragmented approach to the funding of social welfare advice is unsustainable and that people in need of support are finding it increasingly difficult to access advice services and health care providers are also having difficulty in identifying advice services

with the capacity to assist patients referred patients to them. The reduction or stagnation of funding levels of advice services over the past 10 years is placing pressure on services and has diminished their capacity to respond to the increases in demand. The advice health partnership initiatives detailed in this report demonstrate that there is scope for the advice and health sectors to work more closely and strategically to meet the welfare advice needs of patients and contribute to reducing health inequalities.

Michael Marmot in his foreword to the report on the Role of Advice Services in Health Outcomes notes that,

*“Patients who are seen in clinical settings may well have problems in their everyday lives that may be causing or exacerbating their mental and physical ill health or maybe getting in the way of their recovery. If we do not tackle these everyday” practical health” issues, then we are fighting the clinical fight with one hand tied behind our back.”*¹⁰³

Collaboration, prevention and early intervention are ways for public and voluntary services to act more efficiently to tackle health inequalities and to cope with the additional pressures of these challenging times. This study highlights a number of approaches local authorities and healthcare providers may, in collaboration, wish to take with regards to the provision of social welfare legal advice in healthcare settings, with full or lesser degrees of integration and through established arrangements for referral to advice providers

20 years of re-organising the health system has failed to tackle health inequalities

None of the restructurings of the healthcare system, including the advent of STPs and Health and Wellbeing Boards have managed address the seemingly unstoppable increase in health inequalities, particularly for our most deprived and disadvantaged. There has been a significant and accelerated increase in health inequalities across London’s five ICS areas in the past decade, with life the life expectancy gap doubling and actually declining amongst the most deprived.

London is home to highest levels of child poverty in the country and the effects on today’s children and young people has the potential to lock in poor health outcomes (and high healthcare demand and costs), for a whole generation across its entire life course.

It is barely conceivable that London’s ICBs can fulfil their statutory obligation to reduce health inequalities without focussing significantly on prevention and improving the social determinants of health of the most deprived.

Social Prescribing is the principal initiative the NHS has established to improve the wider determinants of health and therefore reduce socio-economic inequality. And approximately 50% of the patients that are referred to social prescribing have welfare benefits, housing or debt issues, which require referral to social welfare advice.

It is therefore barely conceivable that London’s five ICBs can fulfil their statutory obligation to reduce health inequalities without a sufficiency of both social prescribing and of social welfare legal advice for social prescribing link workers to refer their clients to.

¹⁰³ https://asauk.org.uk/wp-content/uploads/2015/06/ASA-report_Web.pdf

Recommendations

The development of approaches to increase access to advice provision will require collaborative working of all parties, healthcare, local authority, advice providers and should also include social prescribing link workers, who have a keen understanding of need and the current challenges. These approaches could include:

Overarching, foundational recommendations (based on the principles of subsidiarity)

1. Creating a commitment at London and ICS level, that Londoners should have access to social welfare advice, and that ICP partners will commit to funding a level of advice to meet their needs. This commitment should include the development of training programmes and career pathways for social welfare legal advisors and or hybrid advice/link workers, which should be seen as a counterpart to social prescribing.
2. The development of a pan London network and/or ICS level networks to encourage the implementation of the recommendations and the sharing of good practice should be considered.
3. That each ICP should develop guidance for implementation of the commitment at Place (Borough) and Neighbourhood (PCN) levels.
4. ICP guidance to include encouragement for the formation of borough level task and finish groups consisting of Local Authority, Healthcare, CVS/VCSE, and community to take forwards the borough level recommendations. Such task and finish groups to include advice providers (and borough based advice provider networks where they exist), and social prescribing link workers.
5. To carry out Place (Borough) level assessments of the need for advice with consideration of varying levels of deprivation etc, and current provision of welfare advice. To assess the funding required to meet demand for social welfare legal advice in healthcare settings, the high street and other relevant settings.

The assessment should be undertaken in collaboration with the local authority, healthcare and voluntary sector and should include social prescribing link workers and advice providers who have a keen understanding of need and the current challenges and incorporate the findings of the Advice Services Alliance's (ASA), Advising Londoners report.

Recommendations we consider likely to be forthcoming from borough based assessments of need

1. For borough based task and finish groups to work with borough based partnerships to commit to development of coherent plans for the provision of Generalist and Specialist advice at Borough and Neighbourhood level considering the needs and demographic composition of each borough, the integration and co-location with healthcare and other services routinely accessed (e.g. Children's Centres, Family Hubs, Community Centres, Schools etc) and on the high street. Such plans should be developed taking into consideration existing advice provision and providers, networks and build of the strengths and good practice in each borough whilst seeking to learn from and translate best practice from elsewhere.

The Institute of Health Equity's ¹⁰⁴ review recommended that all ICS system partners should:

Identify and support people to access all benefits and entitlements for which they are eligible taking into consideration all barriers to uptake and opportunities to co-locate welfare advice with other services people routinely accessed.

Such plans should consider the anticipated continued expansion of social prescribing (set to more than double by 2036/37), and consider advice provision a key component of Integrated Neighbourhoods and Multi Disciplinary Team working.

¹⁰⁴ Institute of Health Equity

2. For borough based task and finish groups to work with borough based partnerships (borough based ICPs), to agree to jointly resource the plans to meet the identified welfare advice requirements of residents, provision of face to face advice for the most vulnerable residents. Such arrangements will need to consider the existing funding for advice, additional funding required to meet any identified shortfall in the provision of advice and who will fund it*.
3. Support for the establishment, leadership and maintenance of borough-wide networks of advice providers with strong links to health and wellbeing services and on-line platforms for professionals, such as social prescribing link workers and others to be able to refer to the advice providers in the borough.
4. Consideration should be given to the development and delivery of training programmes for new social welfare legal advisors and/or hybrid advice/link workers required to expand advice provision.
5. Support for the development of “health justice partnerships” in their localities, including as part of the development of Integrated Neighbourhoods, (in General Practice, and hospitals including mental health services), including where possible the co-location or other forms of integration of social welfare advice with healthcare provision as part of its model of care.
6. Support for the development of clear information for the public about how to access social welfare advice in their borough

*Consideration should be given as to how funding for advice, and a long-term commitment to it, can be drawn in by ICP partners to complement NHS England funding for social prescribing link workers and enable an adequate level of social welfare legal advice services to meet onward referral demand. This could include the use of the Additional Roles Reimbursement Scheme funding which is due to be mainstreamed from April 2024 onwards. This could include funding further hybrid social prescribing link workers/ advisors.

Further recommendations likely to be forthcoming from the borough based assessments of need:

- To embed screening questions to identify patients’ need for social welfare legal advice as part of end-to-end patient pathways, with an initial focus on people with Long Term Health Conditions, cancer, pregnancy, dementia and mental health, with appropriate referral mechanisms to social prescribing and social welfare advice along the whole patient journey so wherever care is delivered individuals needs are addressed.
- Consideration could be given to using Healthcare and Local Authority data to identify people who may need and benefit from social welfare legal advice
- Designing face-to-face advice provision, support, and referral pathways to meet the needs of the most vulnerable patients including those with mental health problems, those whose English isn’t proficient, who are digitally excluded, those who are homeless etc.
- Development of on-site social welfare advice provision for NHS staff as part of a commitment by NHS providers to support staff wellbeing and to improve staff retention.
- Identify and support people to access all benefits and entitlements for which they are eligible with widespread benefit take-up campaigns, linked to the cost-of-living crisis, including for example campaigns linked to flu clinics, mental health awareness week etc. Develop resource material that can be utilised by frontline staff and ensuring organisations are resourced to cope with the demand for benefit checks and assistance with benefit applications.

Training needs likely to be identified in borough based needs assessment

- Ensure appropriate training of link workers, social welfare advisors and healthcare staff to enable a comprehensive understanding of the intersection of issues to ensure effective referral pathways into appropriate services and collaboration to meet the needs of patients.

- Consider the expansion of the hybrid Advice-Social Prescribing Link Worker role at an ICS and borough level and the support required with regard to initial training and on-going relationship with local advice providers regarding supervision and case review.
- Develop the role of healthcare professionals, including social prescribing link workers, in identifying the need for and facilitating access to legal welfare advice (and work towards this 'problem noticing' role across a wider range of frontline staff). This could include further training, and information to illustrate the benefits of 'problem noticing' the identification of appropriate referrals and the outcomes achieved by timely access to advice services.
- Provision of regular information and refresher courses to keep people updated with changes in social welfare law, including regular 'surgeries' with local welfare advice providers for social prescribing link workers to access advice about specific clients.
- Developing communities of practice/ peer support networks specifically for hybrid link workers and social welfare advisors and social prescribing link workers working in health settings to provide a space to develop best practice, share learning, case studies etc.

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Evidence briefing Social prescribing: social welfare legal and financial advice

<https://socialprescribingacademy.org.uk/media/j4hjznn1/nasp-briefing-social-financial-legal-advice.pdf>

How-to-hire-a-social-prescribing-advice-worker <https://socialprescribingacademy.org.uk/resources/how-to-hire-a-social-prescribing-advice-worker/>

The role of communities and connections in social welfare legal advice

<https://www.nuffieldfoundation.org/project/social-welfare-law-advice-community-connectedness-equality-and-well-being>

The Low Commission Report <https://www.lag.org.uk/about-us/policy/the-low-commission-200551>

Appendix 1: Survey of London's Social Prescribing Link Workers

The survey which was undertaken in June 2023 was shared with over 400 social prescribing link workers, care coordinators, health and wellbeing coaches and managers of these roles in London. We received 67 responses which was mainly made up of social prescribing link workers (72%).

The survey looked to understand:

- the prevalence of social welfare legal advice (SWLA) problems such as welfare benefits, housing, debt, immigration etc
- how social prescribing link workers support clients who need advice and assistance with these issues
- what partnership and referral arrangements are in place with advice providers
- how straightforward or challenging it is to get appointments and representation for these clients with quality assured advice providers to address these problems.

Survey questions:

Section A: About you

3. What is your role?
4. Who are you employed by?
5. Which local authority area / borough do you work in?
6. How long have you been doing your current role or one similar to it?

Section B: About Social Welfare Advice problems:

7. Approximately what percentage of your clients need assistance with resolving social welfare problems e.g. welfare benefits, housing and debt issues?
8. In the past 12 months, approximately how many clients referred to your social prescribing service did you identify as having social welfare problems?
9. How would you describe the change in demand for advice on issues like welfare benefits, housing and debt, over the last 2 years, i.e. between 2021 and 2023? If you were not in post two years ago please either give your impression or answer not applicable.
10. How prevalent are the following welfare advice issues / problems, in order of how frequently you identify them with your clients?
 - Welfare Benefits/ Housing Issues/ Problem Debts/ Employment rights/ Immigration/ Other
11. Of Welfare Benefits, which were the most common issues?
 - Universal Credit queries and assistance with claims/ Disability Benefit claims and appeals (e.g. Personal Independence Payment, Attendance Allowance)/ Other benefit issues
12. Please give any details of any the kinds of advice issues you are seeing particularly frequently.
13. Although strictly speaking not an advice issue, how common are issues of fuel and food poverty amongst your clients?
 - 10%/ 20%/ 30%/ 40%/ 50%/ 60% or more
14. How easy do you find it to access support for your clients needing social welfare advice?
 - Very easy/ Somewhat easy/ Neither easy nor difficult/ Somewhat difficult/ Very difficult
15. Which of the following do you have in place? (tick all that apply)

- An agreed referral process with one or more local advice agencies/ An advice outreach surgery in my GP practice that I refer people to/ Advice appointments that I can book clients into (whether onsite or elsewhere)
16. Please state to what extent you agree with the following statements:
 - Strongly agree/ somewhat agree/ Neither agree, nor disagree/ somewhat disagree/ strongly disagree
 - I/we know where to refer people for the range of social welfare advice needs/ There are a number of local advice providers that I refer people to/ There is sufficient capacity in the local advice sector for me to refer people to/ I/we regularly assist clients with basic welfare benefit queries, including form filling/ I/we only refer clients with complex cases to advice services/ I/we have a good working relationship with our local advice agency/ies/ I/we know the staff at our local advice agency/ies/ I/we have regular discussions with our local advice agency/ies about clients' needs
 17. Do any of your social prescribing link workers have experience and training in social welfare advice? – Yes/ No
 18. If you answered yes, please explain how this person's role is used
 19. Have you ever found yourself helping with advice issues that went beyond your job role/knowledge level? - Yes/ No
 20. What do you think social prescribers' role should be in supporting clients with social welfare problems?
 21. Please use this space to tell us any relevant information about the relationship between your social prescribing scheme and advice services in your borough and any thoughts you have about how this might be improved/ developed further.
 22. Is there any further information that you think it would be helpful for us to know?
 23. Have you completed the four-part introduction to social welfare advice course with the Bromley by Bow Centre and the Benefits Training Company?

Survey results

The survey which was undertaken in June 2023 was shared with over 400 social prescribing link workers, care coordinators, health and wellbeing coaches and managers of these roles. We received 67 responses of which 72% were from Social Prescribing Link Workers.

The survey looked to understand:

- the prevalence of social welfare legal advice problems such as welfare benefits, housing, debt, immigration amongst those being referred to social prescribing link workers etc
- how social prescribing link workers support clients who need advice and assistance with these issues
- what partnership and referral arrangements are in place with advice providers
- how straightforward or challenging it is to get appointments and representation for these clients with quality assured advice providers to address these problems.

Key takeaways:

- The demand to access social welfare advice services has increased over the past two years, however advice services don't have capacity to meet increased demand, and funding for advice services continues to fall. Patients' circumstances can worsen whilst they are waiting and there aren't always alternative services to refer/signpost patients to. Some patients miss their deadlines for appeals to decisions to deny them benefits.
- Social prescribing link workers often find themselves helping with social welfare advice issues that go beyond their role and knowledge level, with a limited number having any formal

training/experience. They feel that their role should be to provide general advice and signpost or refer on to other services.

- The feedback for the four-part course delivered by Bromley by Bow Centre and the Benefits Training Company in 2022 was extremely positive. Participants would benefit from refresher sessions, access to peer support and guidance documents.

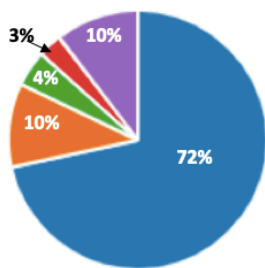
The following section provides a more detailed breakdown of the survey results and covers the following:

- **Breakdown of respondents**
- **Prevalence of social welfare legal advice issues amongst those being socially prescribed**
- **Access to social welfare legal advice**
- **The role of a social prescribing link worker**

Breakdown of respondents:

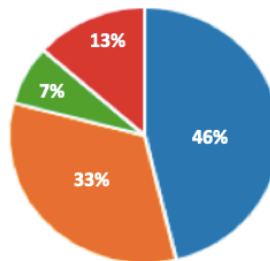
The survey was shared with over 400 people - we received 67 responses of which 72% were social prescribing link workers (72%). The respondents came from all the five ICSs in London: NWL (18%), NCL (11%), NEL (31%), SWL (15%), and SEL (25%) and were based in 25 of the 32 London boroughs.

Breakdown of role:



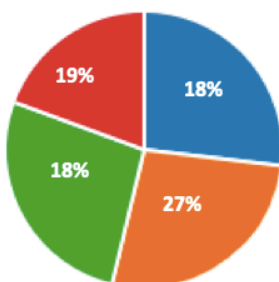
Social Prescribing link worker	48
Social Prescribing team leader	7
Health and Wellbeing Coach	3
Care Coordinator	2
Other	7

Breakdown of employer:



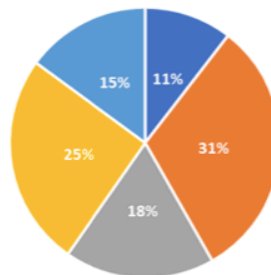
NHS	31
Voluntary sector	22
Local Authority	5
Other	9

Length of employment:



1 year or less	18
2 years	18
3 years	18
4 or more years	13

Split by ICS region



North East London	21
South East London	17
North West London	12
South West London	10
North Central London	7

Prevalence of social welfare advice issues amongst those being socially prescribed

This section of the survey looked to understand the prevalence of clients needing support with social welfare legal advice issues, whether this had changed over the last couple of years and what the most common issues were.

Summary

The demand for support for welfare issues, such as benefits, housing and debt, amongst patients being referred to social prescribing link workers has increased over the last two years with **over 68%** of respondents stating that it has increased a lot. Clients needing support with these sorts of issues can make up a significant proportion of a social prescribing link worker's caseload – **78%** of respondents said that at least **50%** of their clients need assistance with resolving social welfare problems, with **26%** reporting that at least **80%** of their clients needed such advice.

Survey feedback shows that housing and welfare benefits are the most prevalent welfare advice issues that social prescribing link workers are supporting with. Respondents have fed back that demand for support has been exacerbated by the current cost-of-living crisis and social prescribing link workers find that existing advice services are unable to meet the increased demand.

Detailed results

Change in demand for SWLA

- More than three-quarters of respondents (**78%**) said that at least over 50% of their clients need assistance with resolving social welfare problems, with **26%** approximating 80% of their clients.
- Almost four-fifths of respondents (**79%**) said the prevalence of issues related welfare benefits, housing, and debt, and need to be referred to advice services, in patients being social prescribed over the last 2 years has increased, with **68%** of respondents stating it had increased a lot.

Prevalence of welfare advice issues in patients being socially prescribed

- The most common welfare advice issues in order of prevalence were:
 - Housing issues
 - Welfare benefits
 - Problem debts
 - Employment rights
 - Immigration
- Of welfare benefits, the most common issues were disability benefit claims and appeals (for example, PIP).
- Survey respondents were asked to give details of the kinds of issues they are seeing particularly frequently – the most common issues were around benefits and housing. A summary of the responses is provided below:
 - Respondents are experiencing higher level of demand for social welfare services due to the impact of the cost-of-living crisis.
 - The most common answers were in relation to benefits, and particularly helping clients identify which benefits they were eligible for, supporting with form filling and appeals processes. Issues regarding housing was also a common answer.
 - Other issues identified by respondents included: food/fuel poverty, access to social care, social isolation support, mental health support and debt.

Access to social welfare legal advice support:

This section of the survey looked to understand what support is available to patients being social prescribed and needing social welfare legal advice and any challenges accessing this.

Summary

Social prescribing link workers are aware of the services available for their clients with social welfare needs. However, a majority of respondents (**60%**) find it difficult to access support their clients need due to a lack of capacity within the advice services. Some link workers have a good working relationship with their local agencies and regularly discuss clients' needs with advice providers' staff.

Most respondents (**88%**) have an agreed referral process with one or more local advice providers, such as Citizens Advice, and a smaller percentage have access to advice appointments that they can book clients onto (**13%**) or an outreach survey within their GP practice (**23%**).

Detailed results

Access to social welfare legal advice services

- Almost half of respondents (**46%**) find it difficult or very difficult to access support for their clients needing social welfare legal advice – **30%** find it easy and **24%** find it neither easy, nor difficult
- When asked what following referral processes respondents had in place:
 - Almost all respondents (**88%**) have an agreed referral process with one or more local advice agencies.
 - **13%** have advice appointments that they can book clients onto
 - **23%** have an outreach surgery within their GP practice that they can refer people onto

Support for clients with social welfare legal advice issues

Respondents were asked to state to what extent they agreed with a number of statements. Below are some of the key findings to some of the statements:

- "I/we know where to refer people for the range of social welfare advice needs"
 - 86.8% of respondents agreed to some extent
- "There are a number of local advice providers that I refer people to"
 - 67.9% of respondents agreed to some extent
 - 24.5% of respondents disagreed to some extent
- "There is sufficient capacity in the local advice sector for me to refer people to"
 - 60% of respondents disagreed to some extent
 - 19% Neither agree, nor disagree
- "I/we regularly assist clients with basic welfare benefit queries, including form filling"
 - 58% of respondents agreed to some extent
 - 20% neither agree, nor disagree

The role of a social prescriber:

This section of the survey looked to understand what the role of social prescribing link worker should be in supporting clients with social welfare legal advice.

Summary

Over **84%** of respondents often find themselves helping with social welfare advice issues that go beyond their role and knowledge level and with **only 30%** having the necessary experience or training to support with these issues.

The majority of respondents feel that the role of link workers in supporting with social welfare advice issues should be to provide general guidance and signpost or refer clients on to other specialised services. However, many services that offer social welfare legal advice no longer have capacity to support additional clients.

Detailed results

Current role of social prescribing link workers

- Over **84%** of respondents stated that they have found themselves helping with social welfare advice issues that went beyond their job role or knowledge level with only a third (**30%**) of respondents having any specific experience and training in social welfare advice.
- Social prescribing link workers with experience/training are used this to support with general advice and form filling – there are some instances of PCNs/GP practices having a specialist social welfare advisor who takes on all relevant referrals for their patch.

Recommended role of social prescribing link workers

Respondents were asked what a social prescriber's role should be in supporting clients with social welfare problems – the responses are summarised below:

- The most common answers were signposting to other resources, referring people to specialised advice and providing general guidance.
 - Responses often referenced the lack of advice services to meet current demand.
- Support with form filling was mentioned as something clients often need help with. There was a mixed response on whether this was appropriate – some respondents stated that social prescribing link workers don't have capacity to support with this and others felt that this shouldn't be a part of their role due to lack of training.
- A few respondents felt as though social prescribers should not be giving any advice as it is not a part of their role.
- One respondent commented that they thought that social prescribing link workers should train to become social welfare advisors as most of the role involves social welfare issues

Additional insights from the survey:

Several respondents noted that:

- The demand to access social welfare advice services has increased over the past two years, however services don't have capacity to meet the increased demand. Patients' circumstances can worsen whilst they are waiting and there aren't always alternative services to refer/signpost patients to, and some patient miss deadlines for submitting claims or appealing decisions. Social prescribing link workers often find themselves helping with social welfare advice issues that go beyond their role and knowledge level with a limited number having any formal training/experience. They feel that their role should be to provide general advice and signpost or refer on to other services

Appendix 2: Link Worker training, evaluation survey

The GLA have funded several initiatives to increase access to advice through the Mayor of London's Robust Safety Net programme, and other workstreams. This included the follow three initiatives which were delivered by the Bromley by Bow Centre and partners and evaluated as part of this study.

- 1) A series of six webinars, delivered between April 2022 and February 2023, aimed at London's social prescribing link workers, managers, similar frontline staff and representatives of systems leaders and the advice sector. The webinars covered a range of topics including the cost of living crisis, fuel poverty, welfare benefits, housing and debt.
- 2) Awareness training on Social Welfare Legal Advice for London's social prescribing link workers as problem noticers and trusted intermediaries. In addition to the programme of four half-day training sessions delivered for each of the five ICS areas.
- 3) Training and development programme for Social Prescribing Link Workers to develop a hybrid link worker/ advisor role enabling them to provide basic social welfare advice as part of their social prescribing role.

Awareness Training

Evaluation of the training on Social Welfare Legal Advice for London's social prescribing link workers as problem noticers and trusted intermediaries.

Questions asked:

1. The 4 session training course Improved my understanding of social welfare advice needs and the welfare benefits system?
2. Strongly agree/ Somewhat agree/ Neither agree, nor disagree/ Somewhat disagree/ Strongly disagree
3. The 4 session training course enabled me to better identify those in need of social welfare advice? – Yes/ No
4. The 4 session training course enabled improved my knowledge and ability to support and refer clients who needed advice? – Yes/ No
5. The 4 session training course help me to understand how the benefits system is structured and who can claim each of the benefits which make up the system? – Yes/ No
6. Do you feel confident about completing a basic benefits check to ensure people are claiming their likely entitlements? – Yes/ No
7. Has the course material and resources that the Bromley by Bow Centre and The Benefits Training Company provided enabled you to further develop your knowledge and understanding of the benefits system? – Yes/ No
8. Have you made use of follow up support from the Benefits Training Company? – Yes/ No
9. Have you attended additional webinars relating to social welfare advice with the Bromley by Bow Centre? – Yes/ No
10. Were there any aspects/ elements of the training you particularly benefited from (please state)
11. Were there any actions you took away from the training/ anything that you did differently after the training? (Please state any examples e.g. undertaking benefit checks, developing links with local advice agencies, making more effective referral to social welfare advice services etc)
12. How do you think you attending the training has benefitted your clients?
13. Are there any ways you think the training could be improved for the future?
14. Is there any further training/resources information that could be provided to help you support your clients with social welfare problems

Training to develop the hybrid advisor-link worker role

Evaluation of the training and development programme for Social Prescribing Link Workers to develop a hybrid link worker/ advisor role enabling them to provide basic social welfare advice as part of their social prescribing role.

Questions asked:

About you

1. How long have you been a social prescriber?
2. Where are you based? (please state location and Primary Care Network)

Evaluation of the 12 day Learning to Advise course

The training had the following objectives:

- Be aware of the key policies, principles and features of independent advice work
 - To attain relevant skills/ knowledge to be able to provide basic generalist advice in welfare rights/ housing/ employment/ immigration/ debt matters
3. How well do you feel these learning objectives were achieved?
 4. Were you happy with the structure and format of the Learning to Advise course?
 5. Finish this statement, "the length of the training from September to March was "
Too long/ About right/ Too short
 6. Please explain the reason for your response
 7. What were the key benefits of doing the 12 session training programme?
 8. How do you think the 12 session training programme could be improved – ie delivery method, training materials, areas of law covered?
 9. How has completing the Learning to Advise course improved how you work with clients and the welfare advice providers you refer clients to?

Evaluation of the NVQ Level 3 Advice and Guidance qualification

10. Using the text box below, if you have completed/or aim to complete the NVQ Level 3 – can you tell us what were
 - a) The challenges?
 - b) The benefits?

Evaluation of the work experience placement with a welfare advice provider

11. a) If you undertook/ are undertaking a placement, which Advice Provider did you do/ are doing the placement with?
b) For how long did your placement last? If it is still on-going please say, for example, '6 months and on-going'.
12. What type of advice work did you carry out in your placement (tick as many as apply) Telephone advice/ Interview clients face to face/ Initial Assessment-Gateway duties/ Writing letters, negotiation, etc on behalf of client/ Write up interview sheets, case record sheets/ Carry out casework/ other
13. How would you rate your placement?
14. Please explain your answer

Overall programme evaluation

This next section deals with questions on the overall pilot programme, which had the following objectives:

- Enabling the link worker to provide essential advice to patients, from within social prescribing scheme, on welfare benefits, housing, including utility arrears, without the need to always make an onward referral to an advice provider
- Supporting career development and progression including an opportunity to gain a nationally recognised qualification and become a specialist social prescribing link worker
- Enabling the social prescribing team to have the expertise and capacity to support social prescribing clients with relatively simple social welfare advice needs without having to refer them to an advice provider, ensuring a better service for the client

15. How well do you feel these objectives have been delivered and achieved?

16. Can you comment on whether you had sufficient support to complete the programme and set up ongoing support and supervision with your advice to ensure continued learning and development? And if not, what additional support would have been helpful.

17. What is your overall impression of the pilot training the social prescribing/ welfare advice link workers and developing this new role?

18. What changes, if any, would you make to the programme?

19. How has completing the programme (or nearly completing it), improved how you work with local advice providers, including referral arrangements?

20. Would you recommend the training programme to a colleague?

21. If you answered no, please say why

22. How easy or difficult do you think it is going to be to carry out the advice/ link worker role

23. Please explain your previous answer, including what would make it easier to carry out the hybrid role, e.g. 'reduced caseload'

24. Please use this space to tell us any other relevant information about the course/ placement/ NVQ and any thoughts you have about how this might be improved/ developed further.

Impact of Training and Future Intentions

25. Impact of Training and Future Intentions

- I was not doing any advice work previously but now feel confident to deal with basic advice queries
- I was already doing some advice but have increased my skills / knowledge about advice and will use this to help my clients
- Undertaking the NVQ Level Three in Advice Work has improved my confidence and motivation
- Undertaking the placement has improved my knowledge and skills in advice work
- I feel confident to undertake the role of social welfare advice link workers within my social prescribing team.
- I have developed good/better working relationships with local advice agencies and have a better understanding about appropriate referrals

Appendix 3: Topic guides for interviews with Social Prescribing Link Workers and participating organisations

A. Social Prescribing Link Workers

1. What percentage of your patients require support with SWLA Issues? Which issues are most common? Prompts: WB/housing/debt. Do link workers provide any assistance to patients with these issues or do they refer them to SWAS agencies?
2. How do you refer people to SWAS? Do you have a formal referral agreement? Probe for frequency of referrals and how they identify someone that may need SWAS support. Explore awareness of the advice services on offer in the local area. Do they refer all cases or just the more complex ones?
3. Tell me about your experience of the referrals process? Probe for positive/ negative experiences. Explore whether they have regular liaison/ feedback/ discussions with advice agencies.
4. Moving forwards, what do you think could improve access to advice services? Probe for thoughts on how to improve the referral process (e.g., speed of access, data sharing, help identifying people most in need, staff training).
5. Any other thoughts or comments?

B. Advice, health and local authority interviewees

Questions were tailored /adjusted to the relevant roles.

1. Drivers of advice demand and any changes in the nature of demand in recent years. Probe: Are there any significant drivers of demand for advice that you would like to highlight? Any issues of demand particularly related to health?
2. Supply and Access issues - Has the way advice services are delivered changed in recent years? Has there been an increase or decrease in demand? Probe why and how: impact of online services/cost of living/ increase or decrease referrals? Have there been any changes in the service delivery model? Probe increase/ decrease face-to-face/ telephone/ online provision/ provision for vulnerable clients?
3. Resources: Over the past three years, has funding/ income for social welfare advice decreased, stayed the same or increased?
4. Ways to increase access to advice - any new initiatives/ training or partnerships that you are aware of?
5. Partnerships and referrals - probe for details of any specific partnerships. How are patients identified? How does the referral process work? Is the partnership serving an important purpose from your perspective?
6. Impacts of Advice - what difference do you think the advice services makes to patients/ clients/ staff/ efficiency of services. Probe; what would be the impact if the outreach advice service ended
7. Any other thoughts or comments?

Appendix 4: Participating organisations

We would like to thank all those organisations and individuals who gave their time to contribute by being interviewed or providing thoughts and ideas which have contributed to this report.

Advice UK

Advice Services Alliance

Age UK East London

Citizens Advice London

Bromley by Bow Centre Advice Team

Bromley by Bow Health Partnership

General Practitioners (GPs) from North East London and North Central London ICS areas

Citizens Advice East London

Citizens Advice Wandsworth

Help on your doorstep

H4All Hillingdon

Island Advice Centre

Limehouse Project

ISL Southwark social prescribing

Island Health social prescribing

South Islington social prescribing

Family Action social prescribing

Financial Shield Partnership/ Centre for Responsible Credit

London Borough Camden

London Borough Hackney

London Borough Southwark

London Borough Tower Hamlets

London Borough Waltham Forest

Royal Free Hospital Trust

South West London ICB

South East London ICB

Appendix 5: Levels of Advice and the Advice Quality Standard (AQS)

The Advice Quality Standard (AQS) is an organisational quality standard for legal advice services operating in the area of social welfare law. AQS is owned by the Advice Services Alliance, the umbrella body for independent advice services in the UK and was originally developed in conjunction with the Legal Services Commission. Organisations are audited every two years and have to demonstrate that they are accessible, effectively managed, and employ staff with the skills and knowledge to meet the needs of their clients.

Levels of Advice

Outlined below is a summary of the different levels of advice provided by Social Welfare Advice organisations. The information has been adapted from the Advice Quality Standard (AQS) which is awarded to organisations that give advice to members of the public on legal issues.

The AQS applies to the giving of advice which is distinguished from information and signposting services that are often provided by non-advice organisations. This can include providing information about policies, rights and practices; and about local and national services and agencies who may be able to offer the client further help.

Level 1 - Advice Only/ Generalist advice services - *Responsibility for taking any further action generally rests with the client.*

A generalist advice service involves the following activities:

- a diagnosis of the client's enquiry and the legal issues involved
- giving information and explaining options
- identifying further action, the client can take
- some assistance: e.g. contacting third parties to seek information; filling in forms.
- gathering information to pass on to an in-house advisor or an external agency (referral).

It would usually be completed with one interview although there may be some follow-up work. The client would take responsibility for any further action.

An advice service may include:

- diagnosing the client's legal problem and any related legal matters
- identifying relevant legislation and deciding how it applies to a client's particular circumstances, including identifying the implications and consequences of such action and grounds for taking action
- providing information on matters relevant to the problem, including:
 - advice on next steps
 - identifying dates by which action must be taken in order to secure a client's rights.
- helping a client with debt problems to draw up a financial statement and negotiate a repayment schedule. However, after receiving advice, the client would carry out any action needed.
- helping the client to complete a claim form (e.g. for a social security benefit) which requires the advisor to understand the legal issue: (e.g. the criteria for the award of a particular benefit).

- advising a client on the merit of their case (or telling a client that the advisor has not assessed the merit and then signposting or referring the client to an agency which can advise on merit if the client so wishes).
- referring or signposting a client to another source of help, having first assessed the nature of the query and the level of advice or help needed: e.g. a client seeking advice following relationship breakdown is given advice on a welfare benefits matter but also signposted to a solicitor for help with a family problem.
- drafting, or helping a client to draft, letters to third parties. In general, correspondence will be from the client, not from the advice provider.
- making telephone calls for a client to request information, to carry out one-off negotiations or check the progress of an enquiry, for example where a client is unable to make calls themselves.

Level 2 - Advice with Casework - *Responsibility for taking further action generally rests with the advice provider*

A typical advice with casework service includes all the elements of an advice service and also involves taking action on behalf of the client to move the case on. It could include negotiating on behalf of the client with third parties on the telephone, by letter or face-to-face. It will involve the advice provider taking responsibility for follow-up work.

Advice with casework services may include the advice provider:

- taking action to obtain detailed information from a third party in order to resolve a client's problem
- challenging the decision or action of a third party
- corresponding or negotiating with third parties, to protect a client's rights or interests. This will go beyond simple requests for information
- undertaking a large volume of work on a given matter and/ or over an extended period of time
- any work the advice provider undertakes on behalf of the client - even if the client agrees to take some action him/ herself
- representation at a court or tribunal where there are no complex matters of law to present

Level 3 - Advice with specialist casework/ representation - *Responsibility for taking further action generally rests with the advice provider*

Includes all the elements of an advice with casework service and also involves representation on complex legal arguments. It is usually undertaken by someone with specialist expertise in a particular area of law and includes

- Acting for and representing a client at court and tribunal hearings, e.g. preparing and presenting written and oral submissions at hearings at Employment Tribunals, Social Security Appeal Tribunals, County Court and High Court.
- Preparing applications to a higher court or tribunal (e.g. judicial review) and preparing arguments to develop the case using relevant case law, guidance and statute.
- Calling on expert evidence and instructing other experts, such as barristers, for representation at hearings.
- Negotiating with the other side to a dispute or with relevant third parties in complex matters.