

Partnership models for social welfare advice in health care

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Background





Background

PhD question:

*“How can health-justice partnerships
be implemented successfully”?*



Methods

Study design: Comparative Case Study (n=9)

Data collection: Semi-structured interviews (n=39)

Analysis: Qualitative & theoretical

Inclusion criteria

Social welfare
law



- Welfare benefits
- Debt
- Housing
- Employment
- Education
- Immigration
- Community care

Casework



- Action on behalf of clients
- Appeals and challenges
- Court / tribunal representation

Linked with
healthcare



- Physical links
- Remote links



How were the partnerships designed?

9 case studies



1

EAST
MIDLANDS

Setting: GP practices
Sites: 99
Delivery: Face-to-face
Co-location: On rotation
Funding: Local authority
(Public health)

Setting: GP practices
Sites: 8
Delivery: Face-to-face
Co-location: On rotation
Funding: NHS (CCG)

2

LONDON

PRIMARY CARE

3

NORTH
WEST

Setting: GP practices
Sites: 55
Delivery: Telephone
Co-location: None
Funding: Joint NHS &
Local authority

Setting: GP practices
Sites: 1
Delivery: Face-to-face
Co-location: Full time
Funding: University

4

LONDON

5

LONDON

Setting: Children's hospital

Sites: 1

Delivery: Face-to-face

Co-location: Full time

Funding: Charity

Setting: Cancer care (hospitals, hospices)

Sites: 6

Delivery: Face-to-face

Co-location: On rotation

Funding: Charity

6

EAST OF ENGLAND

SECONDARY / TERTIARY CARE

Multi-agency partnership

7

SOUTH EAST

Setting: Mental health (hospitals, AMHTs)

Sites: 11

Delivery: Face-to-face

Co-location: On rotation

Funding: Multi-stream (NHS, LA & Charity)

Setting: HIV service (hospital)

Sites: 1

Delivery: Face-to-face

Co-location: Full time

Funding: Local authority

Multi-disciplinary team

8

NORTH EAST



Setting: Borough-wide

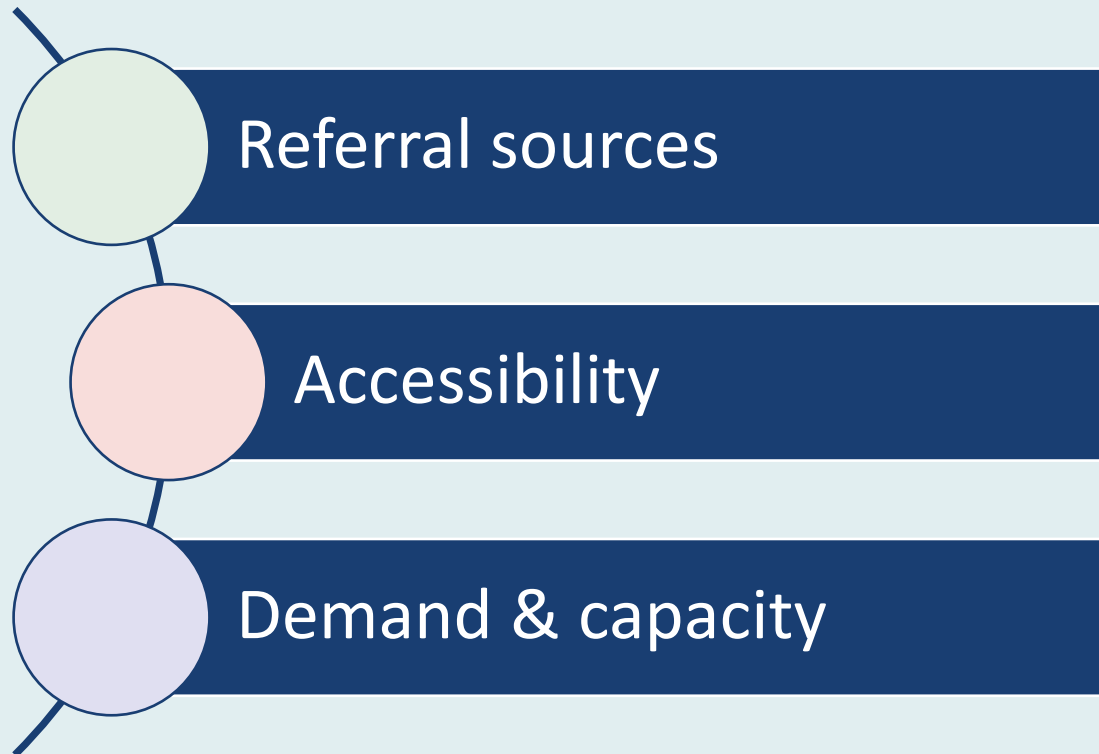
Sites: Open to all health
and social care teams

Delivery: Telephone

Funding: Joint NHS &
Local authority

MIXED CARE SETTINGS

Design issues



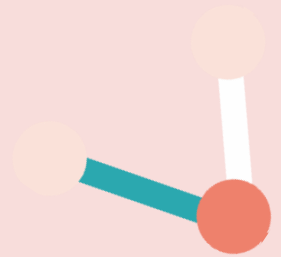


Service models

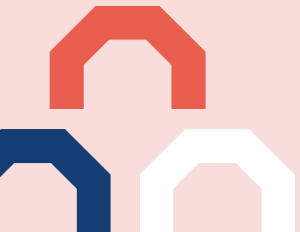
Recommendations:

- Consider who is best placed to identify need
- Consult key groups in design and development
- Encourage local needs assessment as a basis

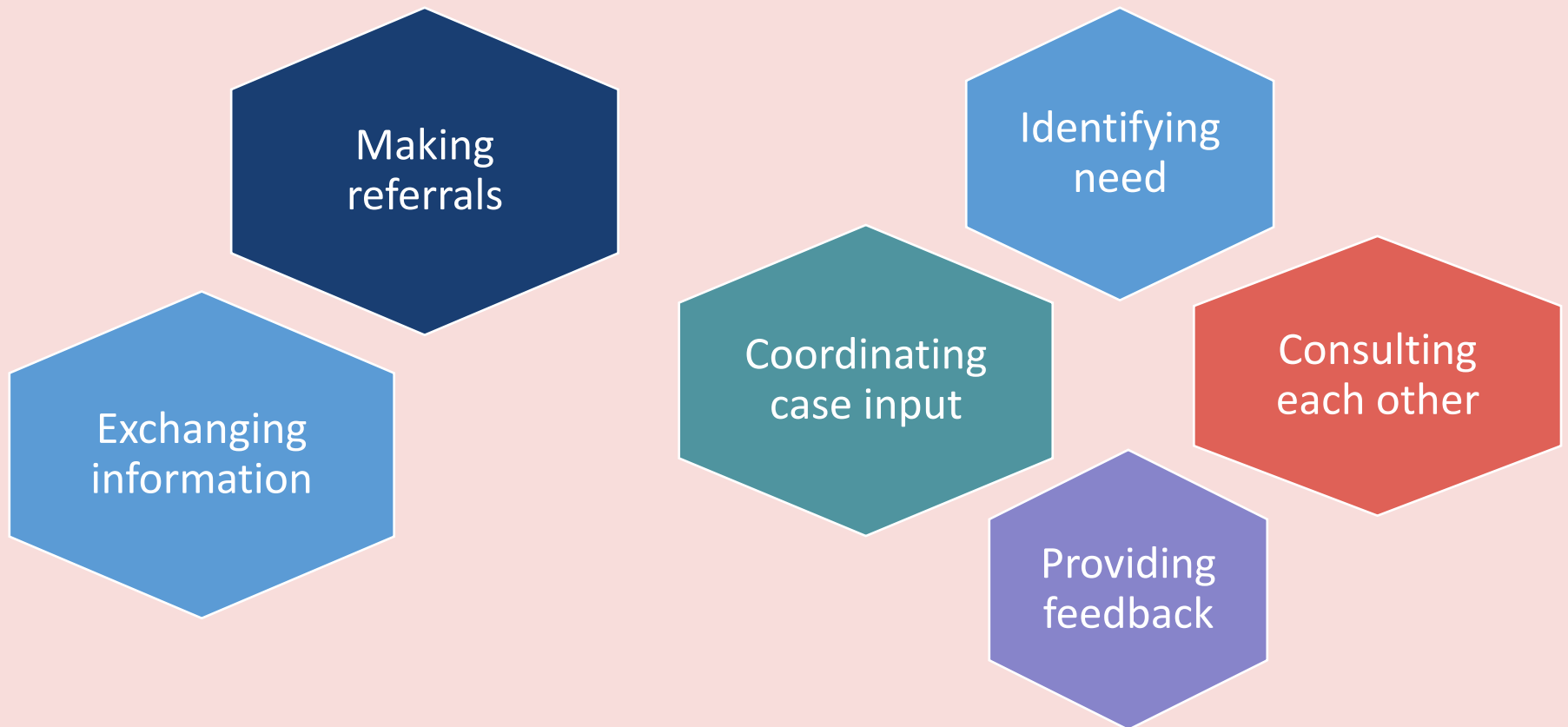




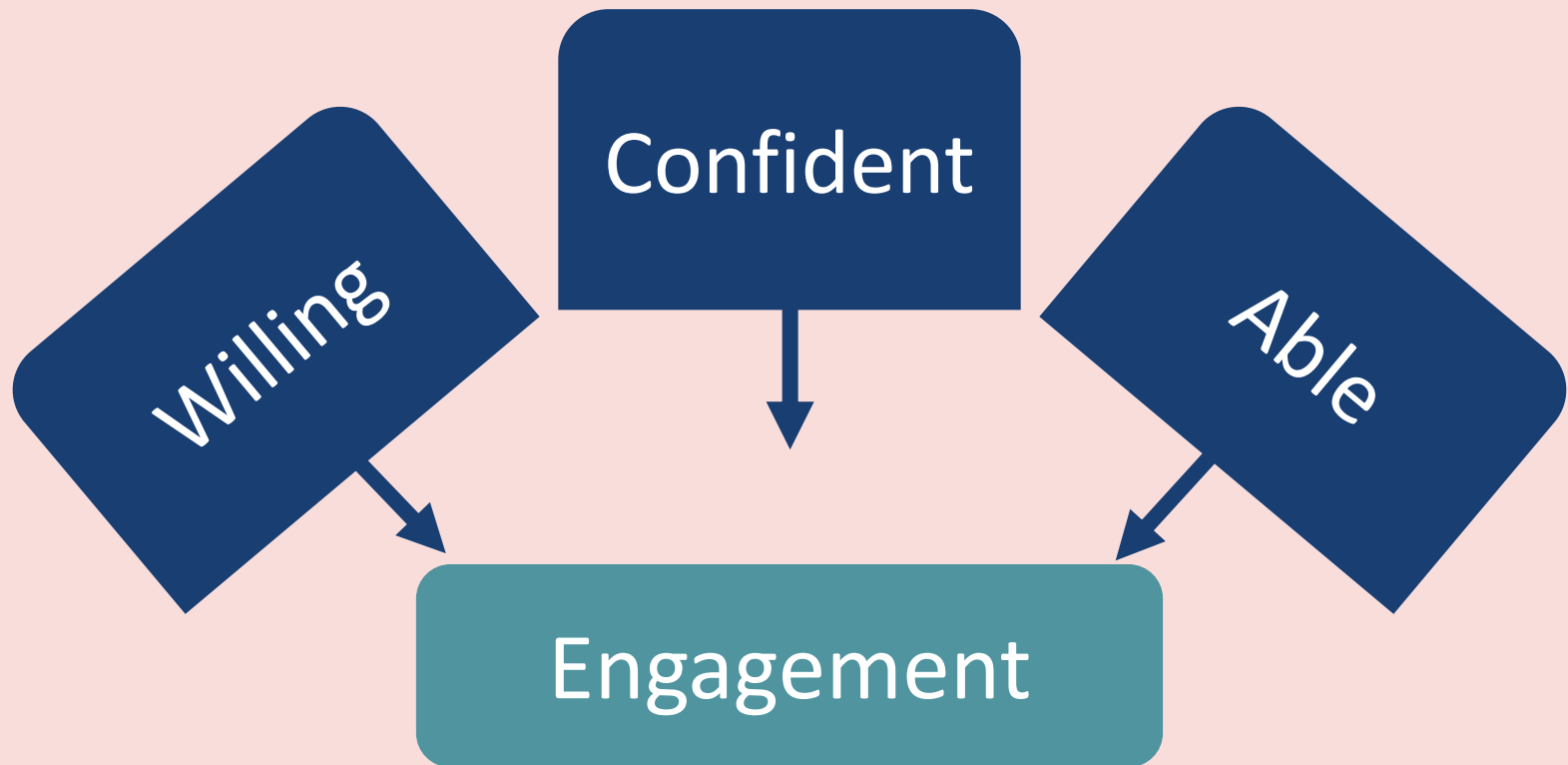
What makes for good collaborative working?



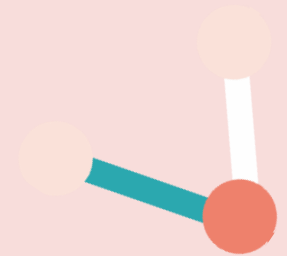
Joint activities



Determinants of collaborative working

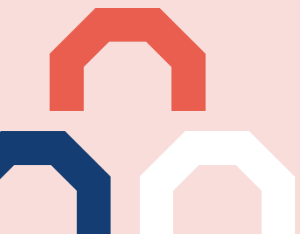


Collaborative working



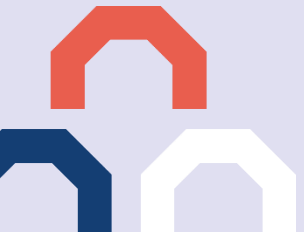
Recommendations:

- Create environments conducive to collaboration
- Address barriers to collaboration (knowledge, physical, administrative)
- Broker relationships between agencies





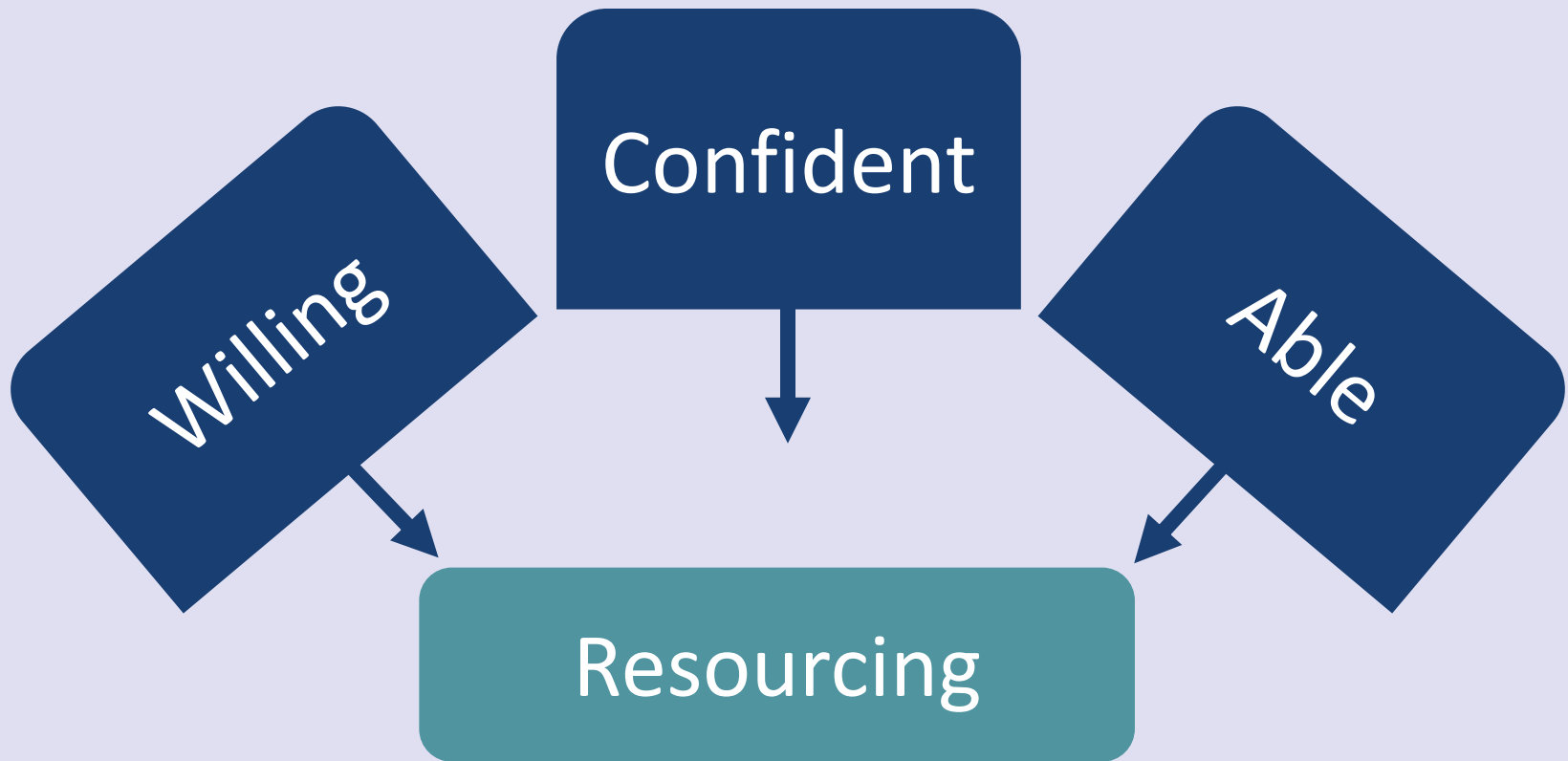
What influences sustainability?



Trajectories

| | ONGOING | ENDED |
|----------|--------------------------------------|----------------------------------|
| > DECADE | <p>“Long runners” N=3</p> | <p>“Late casualties” N=2</p> |
| < DECADE | <p>“Successful starters” N=3</p> | <p>“Early exiters” N=1</p> |

Determinants of resourcing decisions

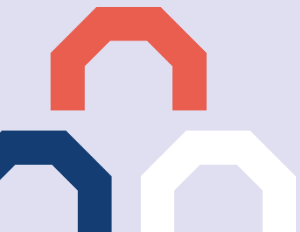


Sustainability



Recommendations:

- Seek out joint resourcing & support in kind
- Focus on evaluation and promotion
- Develop and strengthen leadership





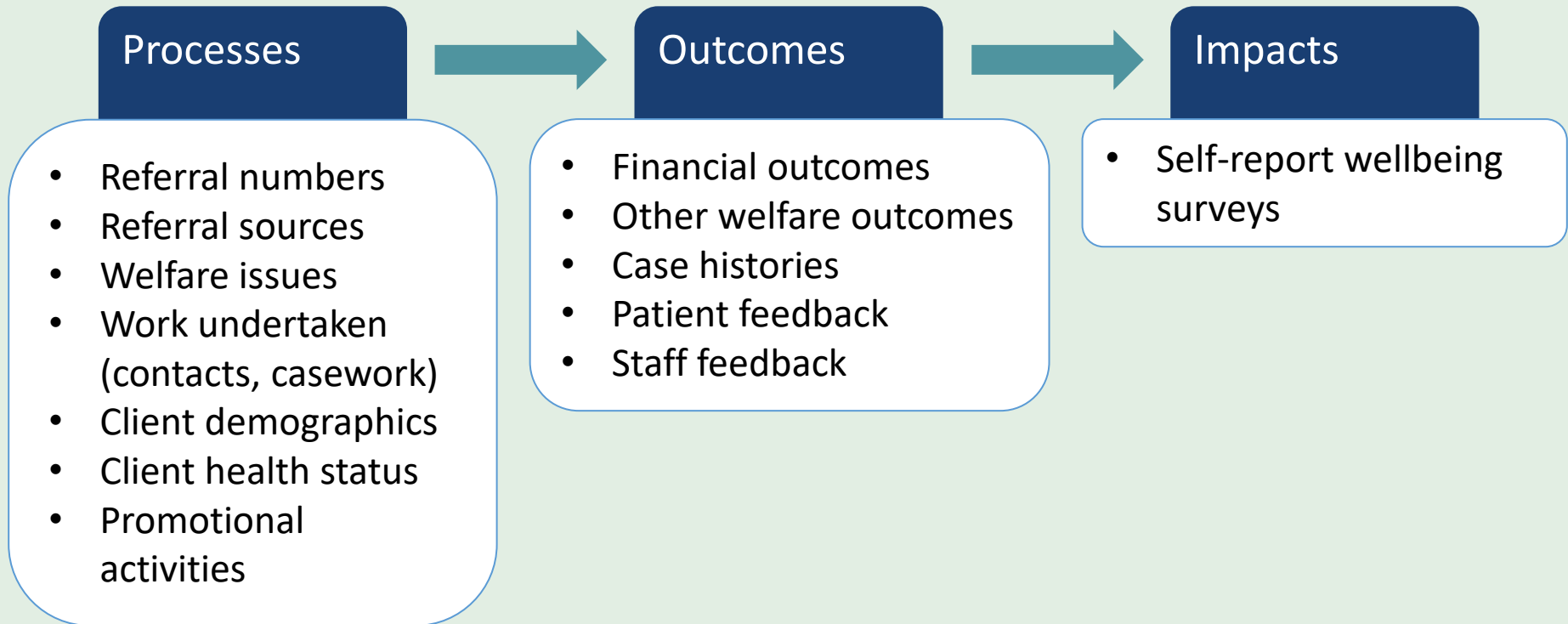
What difference did the
partnerships make?



The difference for patients



How were services being evaluated?





Evaluation

Recommendations:

- Evaluate according to funder goals
- Develop evaluation framework and guidance
- For impact research: studies using routine healthcare data





Conclusions

- Findings and recommendations are new – consultations will follow
- A time of instability for health-justice partnerships
- BUT also a time of opportunity



Supervision team:

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Thank you!

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<https://osf.io/2vruw/>

