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## Acknowledgements

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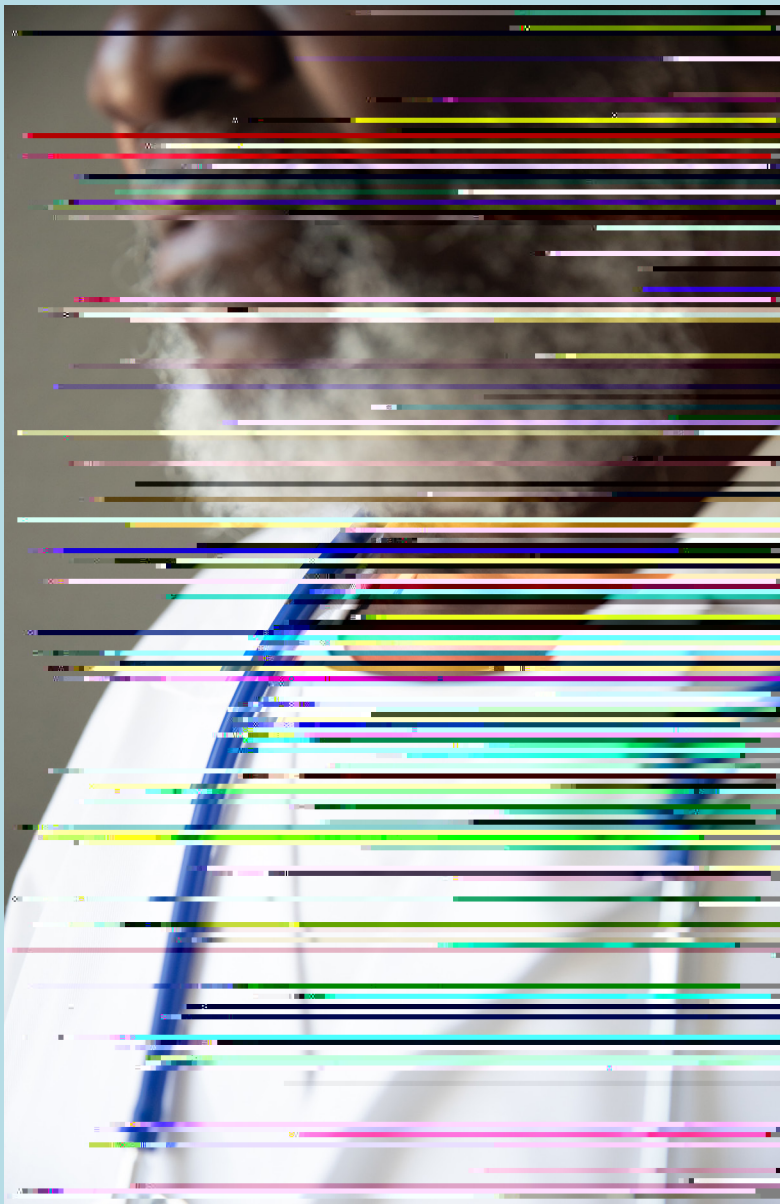
We would also like to thank the organisations who supported this work by distributing information to their members and contacts: Advice Service Alliance, Age UK, Citizens Advice, Law Centres Network and the National Association of Welfare Rights Advisors.

Thank you to Damon Gibbons of the Centre for Responsible Credit and Sarah Murphy of the Money and Pensions Service for reviewing and providing feedback on the draft questionnaire.

And last but not least, thank you to our funders The Legal Education Foundation for their continued support of our research and advocacy on health justice partnership.



# Contents

Over recent years, there has been a growing interest

Funding for health justice partnerships can come from a variety of sources, including charities, local authorities and the NHS[17]. However, the funding streams are often short-

the partnerships. Failure to secure ongoing funding is a common reason for these partnerships to close[18].

An important backdrop to the sustainability issues is the

This survey aimed to gather information about the current funding situation for health justice partnerships. This is a

the development and sustainability of the partnerships.

Our aims in undertaking the survey were:

- To identify in more detail how the partnerships are funded, including the source(s), duration, goals,
- To explore advice services' experiences of being funded to work in partnership with healthcare,

  their ability to work in partnership with health services.
- To identify issues where it may be possible to advocate or intervene in order to drive more sustainable resourcing for the partnerships.

The information is intended to support the work of organisations who are involved in the policy and practice of health justice partnerships across the UK.

A short online survey was developed to cover key topics related to funding. Questions were developed with input from the research team and feedback from stakeholders. The questions included both multiple-choice and free-text answer formats.

The survey was distributed to existing contacts, including current health justice partnerships and advice service practitioners. It was also circulated more widely through advice sector newsletters and mailing lists to identify services that were not currently known to the research team.

The data were cleaned and analysed using descriptive statistics for the quantitative data and thematic analysis for the qualitative data.

## Duration of the partnerships

This survey had a strong representation from partnerships that had existed over relatively long periods of time: just over four in ten respondents (n=32, 43%) said their service had been running continuously for more than 10 years, and nearly a quarter (n=18, 24%) said it had been running for 5-10 years (Figure 3).

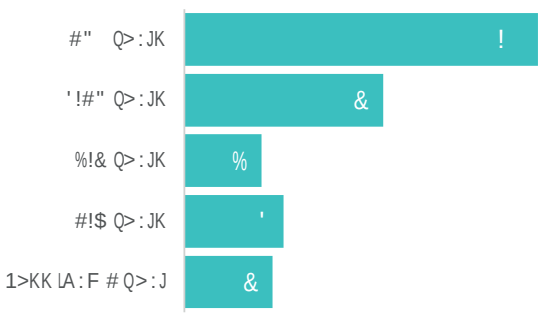
Despite the relatively long duration of projects in this survey, it was clear that funding instability was nevertheless an issue, and more than half of respondents reported that the funding stream for the project had changed during the project's lifespan (n=41, 55%) (Figure 4
funding providers, as opportunities came and went or as priorities changed. Projects had come and gone over the years in response to the short-term and fragmented nature of funding. The need to continually prepare funding bids

Some services had experienced funding cuts, resulting in projects coming to an end or having to make up for costs through additional fundraising and use of core funds. A smaller number had received additional funding to account

in recent years.

"Funding is always an issue and whilst we have had periods of continuous funding from the Big Lottery, we have always had to seek top up funding and are about to face a period where all of our funding runs out."

"The services that have ended were all effective and impactful but depended on small pots of NHS or charitable funding which ended."

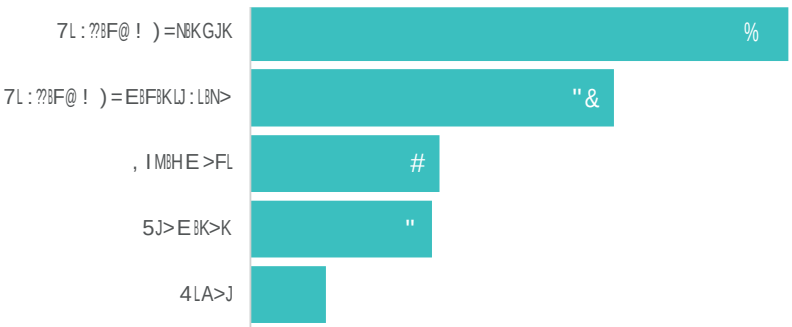



## What was being funded

The funding most commonly paid for the salaries of

the partnership operations (n=48, 67%) (Figure 6). Fewer projects had funding to cover equipment (n=25, 35%) and premises, for example rent and utilities (n=24, 33%). A small number of services had funding for ‘Other’ expenses, which included travel costs, phone bills, translation services,

an additional form of resource that services were provided with.



## Purpose of funding

Funding for the partnerships was most commonly linked with care for particular health conditions or patient groups (n=36, 49%) (Figure 7). This commonly included cancer or mental health, but also conditions such as heart disease, lung conditions, HIV, end-of-life care, long covid, motor neurone disease, renal disease, cystic

Some services focussed on particular cohorts including children, people with disabilities, carers, ethnic minorities, people experiencing domestic abuse, and those living in deep poverty or homelessness. Poverty or cost of living (n=32, 44%) and health inequalities (n=26, 36%) followed this as common initiatives that funding was linked with, demonstrating the pertinence of these partnerships in

Some partnerships were funded as part of the broader aim of integrating care and support locally (n=13, 18%). The

challenges, as part of integrated approaches to supporting health and tackling health inequalities.

> “The Women’s Health and Maternity Programme had evidence of the detrimental impact that financial concerns and social factors had on mental health during the perinatal period for women and families in the local community.”

> “The funding is for Social Prescribing but in the context of better integrated care and to assist with addressing health inequalities.”

Reducing pressure on healthcare services was another purpose for funding these partnerships. Through addressing welfare issues, the services aimed to speed up the hospital discharge process and reduce readmissions to hospital. Additionally, they aimed to minimise the time

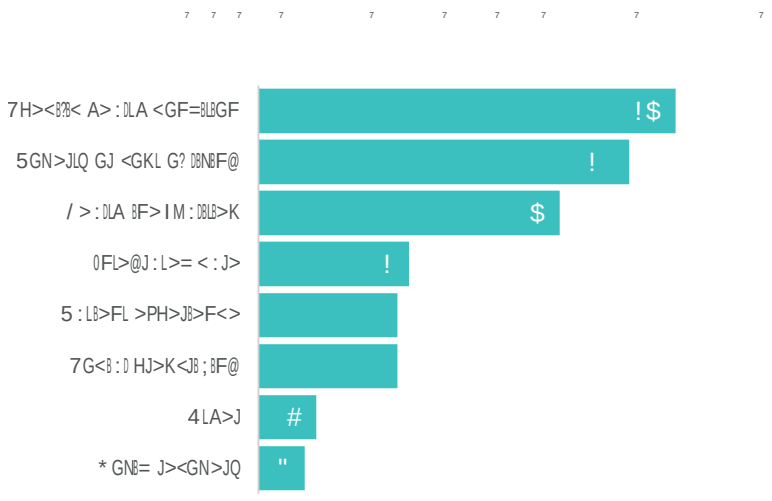
equipped to deal with, allowing them to use their time better to address the health problems.

> “They invited us to apply to try and tackle earlier help on rights in health setting to try and reduce clinical time spent on problems.”

initiatives was the often short-term nature of those initiatives; for example, funds linked with Covid recovery, emergency cost of living responses, or short-term health inequalities projects. The funding allowed partnerships to be initiated, but there was uncertainty about the future of the arrangement at the end of the funding term, and sometimes partnerships were discontinued at this point due to lack of ongoing funds.

> “The initial funding, until the end of 2023 came from Covid recovery funds. We are hoping to continue and expand this funding beyond 2023 through other sources.”

> “In the longer term, we need to make it sustainable as a service by increasing the amount the charity is getting in to ‘unrestricted income’ (rather than given to a specifc ‘special purpose funds’).”



## Length of funding

The most common time period for the partnerships' current funding was 2-3 years (n=27, 38%), followed by one year (n=19, 26%) (Figure 8). A small number of projects were funded for a term of less than one year (n=5, 7%), or for the longer period of 4-5 years (n=4, 6%). Under 'Other', some respondents reported variable short-term funding arrangements, continuous fundraising to seek ad-hoc donatio9raisr for

## Predictability of future funding

Around half of the services expected that the funding for their projects would probably be renewed (n=36, 51%) and a quarter were not sure if it would be renewed (n=18, 25%) (Figure 10

About one in ten thought the funding would probably not or

There were various factors that respondents thought

Maintaining the goodwill of funders towards the project

The majority of services were undertaking evaluation to provide information for project funders (n=62, 86%) (Figure 11).

The evaluations commonly combined a range of information, including service activities and outcomes, captured in both quantitative and qualitative formats (Figure 12). Where respondents commented on their methods, this included using routine data such as demographic information and activity records, gathering feedback from clients and healthcare professionals, running surveys of health or client experience, and using client case studies.

Evaluation requirements were sometimes set by the

performance indicators related to the funding were the

to deliver an optimum service (n=43, 64%) and that the funding streams were unstable and short-term (n=36, 54%) (Figure 13
above, relating to the stability and adequacy of funding. Other issues that were relatively common included having to compete for funding with other advice organisations (n=27, 40%), being able to communicate the relevance of

knowing which funders to approach for project funding (n=25, 37%). Nearly a third of respondents reported

requested or expected (n=21, 31%). Under ‘Other’,

explored further in the discussion below.

Findings of the report are based on an analysis of 75 responses to the survey. The partnerships represented were diverse, covering a range of healthcare settings and legal advice activities. The majority of services represented in

funding circumstances.

Funding for the partnerships in this survey came mostly from the NHS and charities, as well as some from local authorities and other sources. Over a third of partnerships (36%) were drawing together funds from more than one source in order to operate. The income mostly paid for the salaries of advisors, with fewer having funding to cover administration and other running costs. Funding for the partnerships was linked to a range of purposes and initiatives: most commonly care for particular patient groups or health conditions, followed by poverty or cost of living and health inequalities issues. The initiatives that funding

The survey achieved a good number of responses, with 75 services participating from across the country. However, it is not possible to determine how representative the survey is of health justice partnerships at large given there is no directory of services to compare against. The characteristics of participating services were slightly

which sought to map health justice partnerships across England and Wales[17]. The current survey had a greater number of responses from hospital-based services and fewer from primary care, as well as a greater proportion of NHS-funded partnerships and fewer that were local

rather than representative of health justice partnerships in the UK as a whole.

This survey does not capture the experiences of partnerships that have recently come to an end, where funding issues may have been important in their closure. Additionally, it may be skewed towards longer-standing and successful partnerships, given the connections the research team has built and maintained with services over time (42 respondents in the current survey were existing connections

## Questionnaire development

We aimed to develop a short survey that could be completed within 5-10 minutes, in order to maximise participation. As well as collecting some basic descriptors through multiple-choice questions, we included free-text questions in order to gain a more detailed understanding of the issues.

An initial set of questions was drafted to cover the key features of funding arrangements, such as source of funding, time period, what the funding covered, any

of ongoing funding. With input from the wider research team, this was developed further to include other important

evaluation activity and future expectations. The draft was circulated to key stakeholders for their feedback, and

built for online distribution using the Qualtrics platform.

## Dissemination of the survey

An invitation email was drafted, containing background information on the survey and a link to the online form. This was sent to:

- Partnerships we had recently been in touch with and knew were in current operation (N=30).
- Other partnerships who had responded to a previous survey in 201817, where contact emails were correct and still active (N=61).
- Practitioners on our newsletter contact list, for distribution to any relevant colleagues (N=22).

We also contacted advice sector network organisations, with a request to include some information in their newsletters or next contact with their members. The organisations who assisted us were:

- Advice Services Alliance
- Age UK
- Citizens Advice
- Law Centres Network
- National Association of Welfare Rights Advisors

The online survey platform stayed open for 36 days during June – July 2023.

## Follow-up conversations

A small number of respondents (n=7) were approached to provide more detailed information, as part of a wider consultation on the early experiences of establishing Health Justice Partnerships. Relevant notes from these conversations were included to contribute further insight into current experiences relating to funding.

## Data analysis

**Data cleaning**

The dataset was cleaned before undertaking the analysis. Data cleaning involved:

- Deleting empty responses.
- Deleting incomplete responses, where a participant had answered less than 50% of the questions in the survey.
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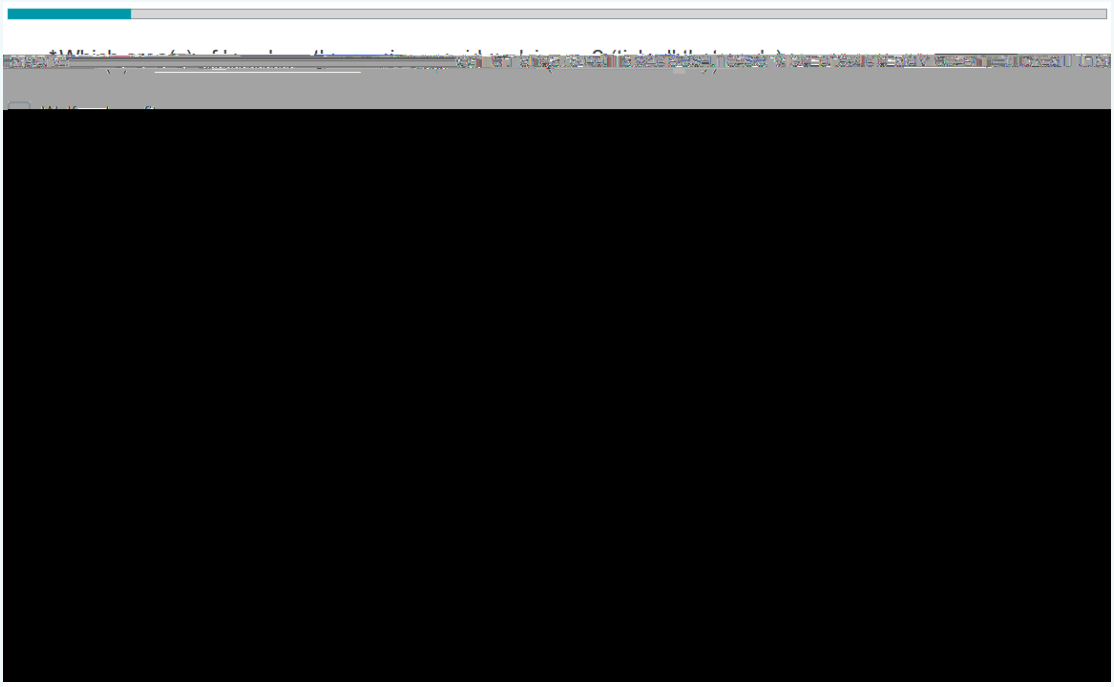
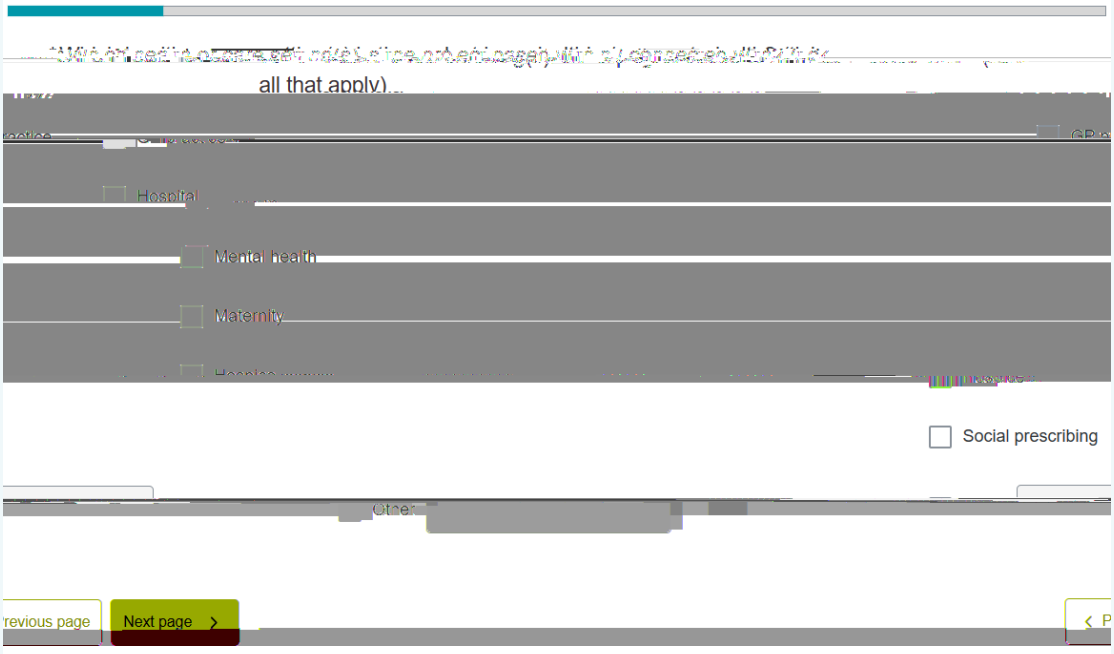
# Questionnaire




all that apply)
Hospital
Mental health
Maternity
Social prescribing
Other:
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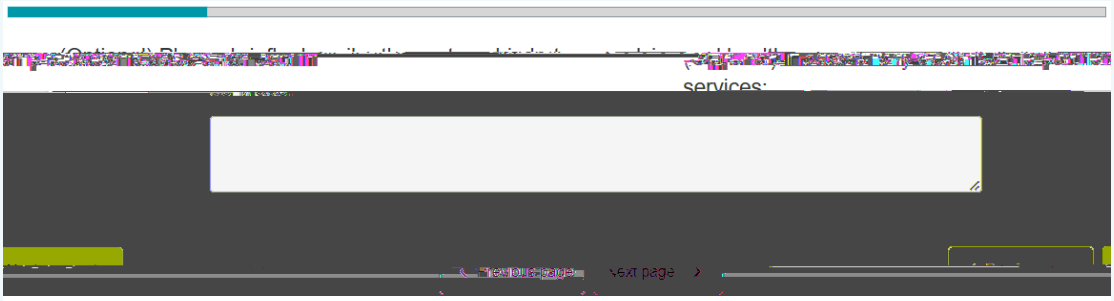
services:
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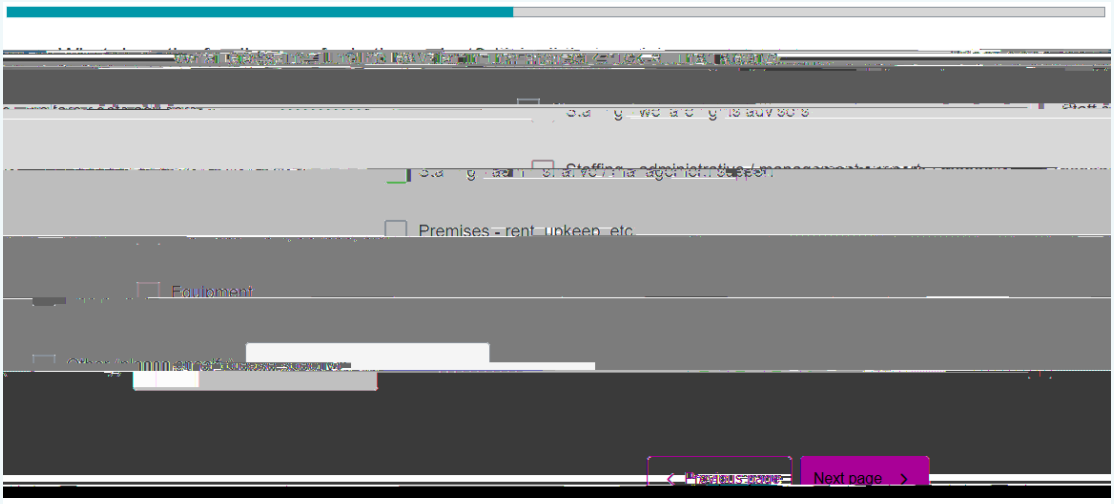
Premises - rent, upkeep, etc
Equipment
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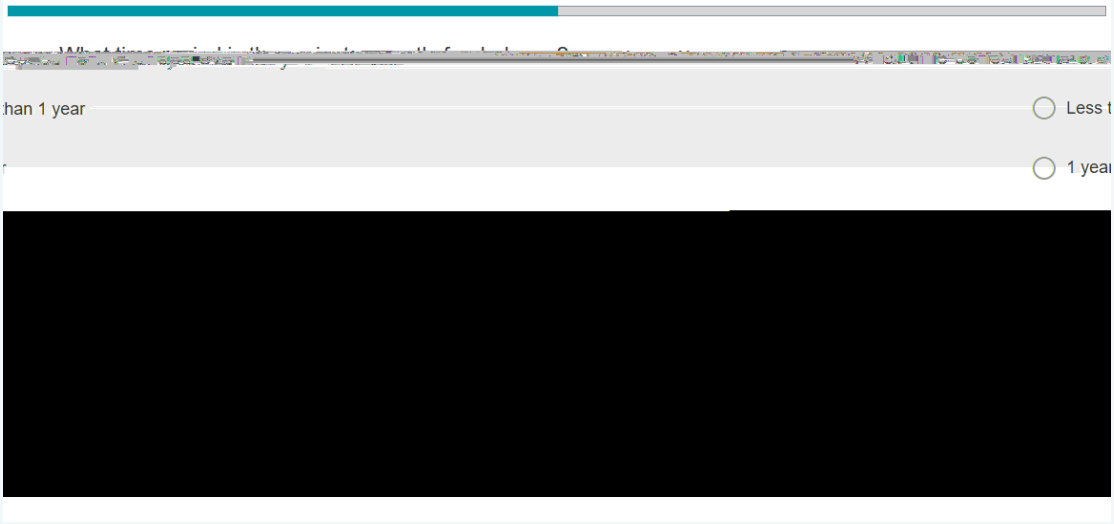
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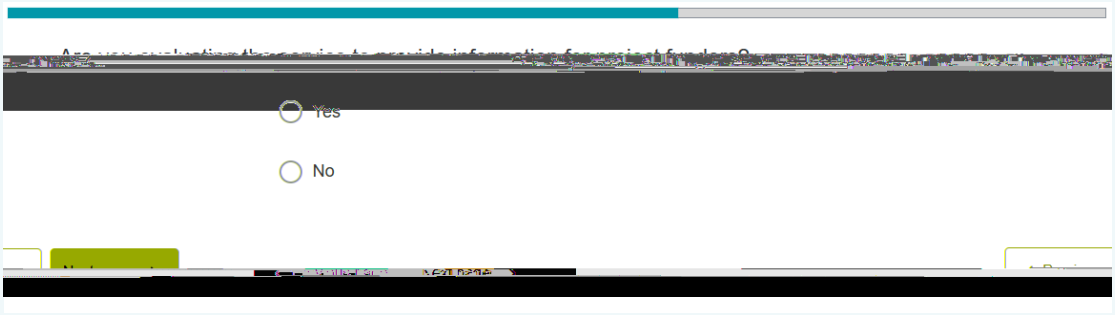
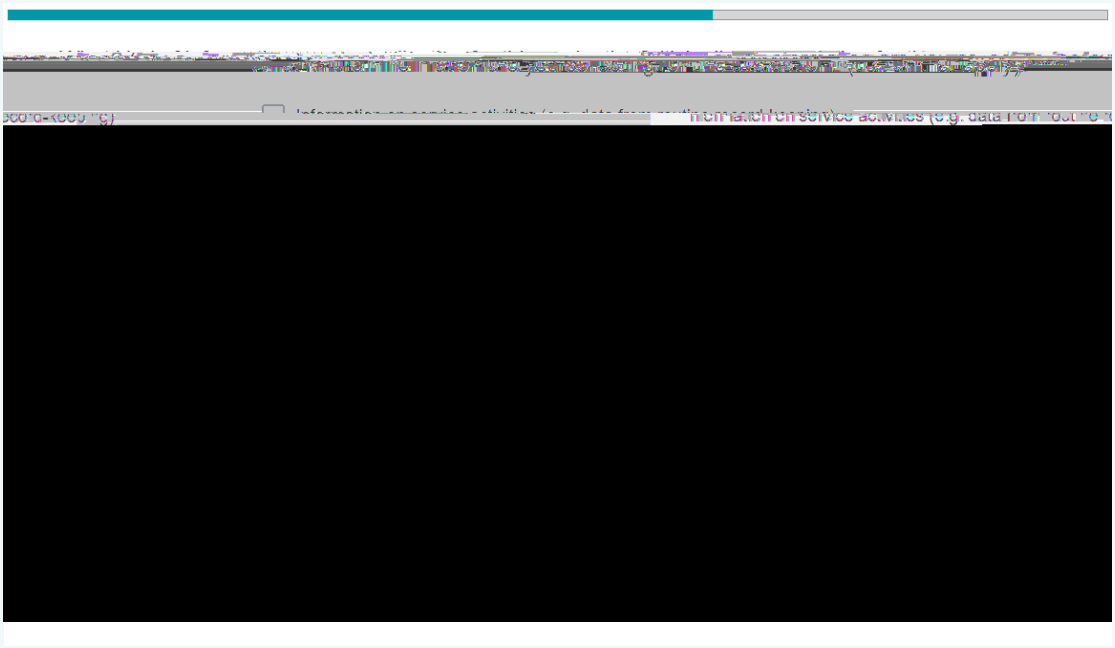
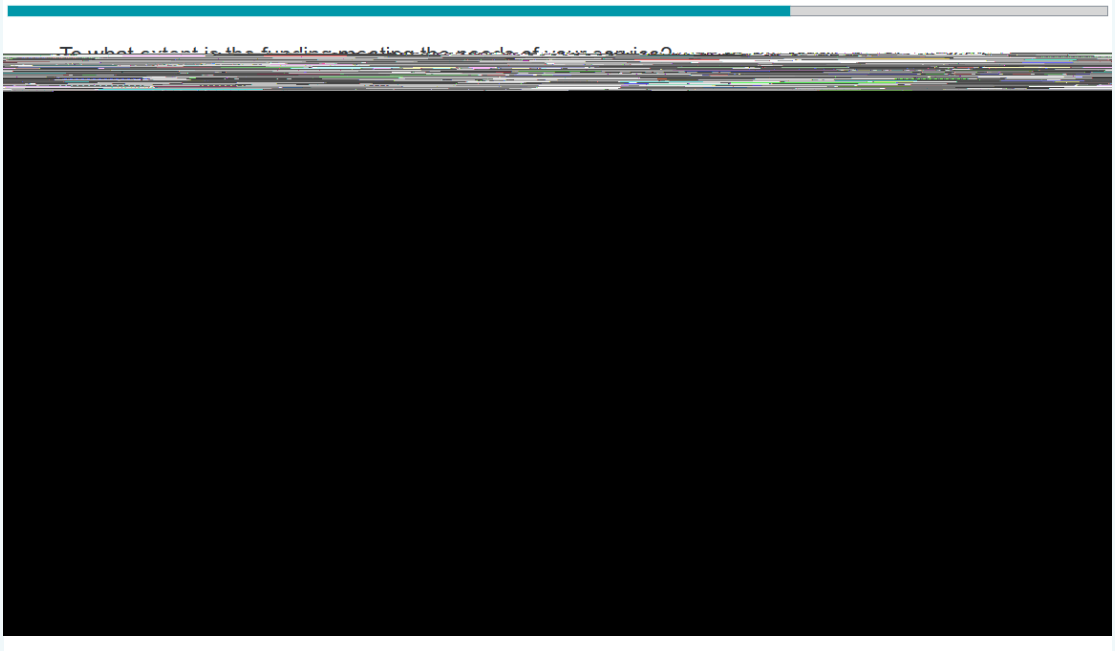
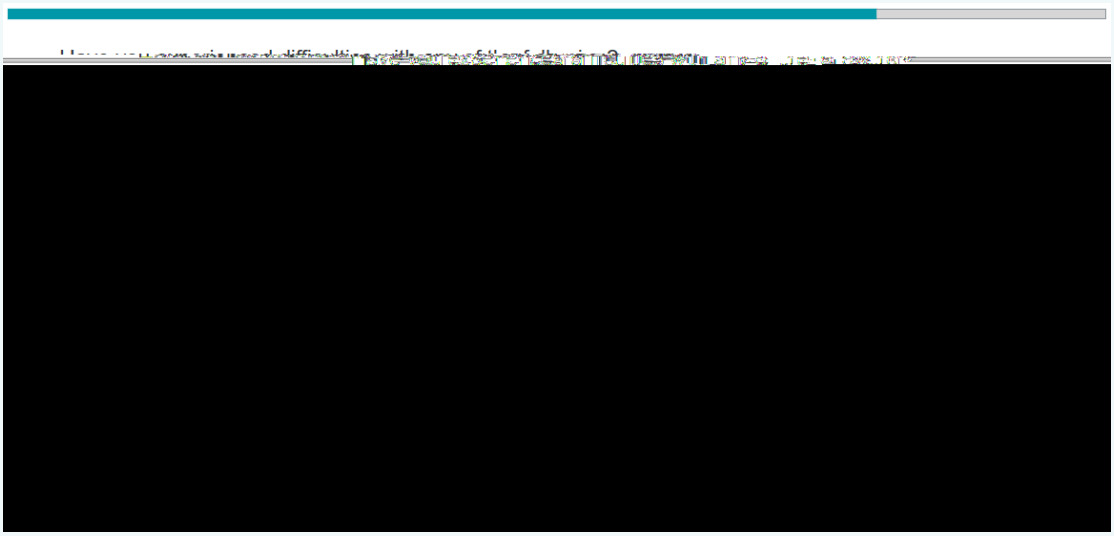
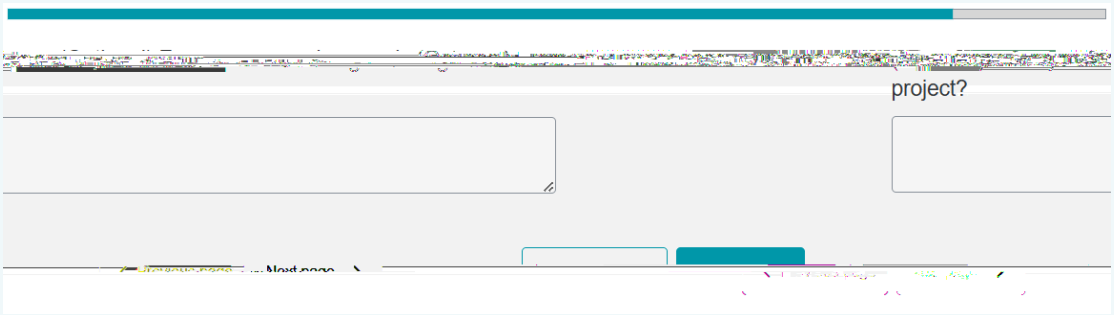
Probably yes
Probably not
Definitely not

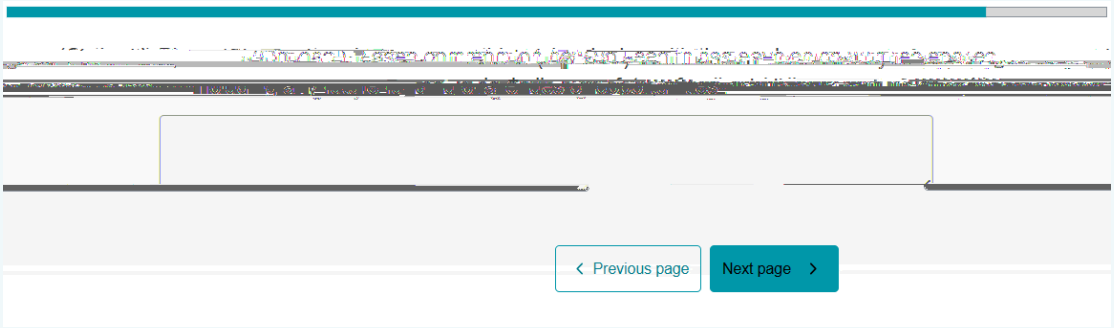

Yes
No








project?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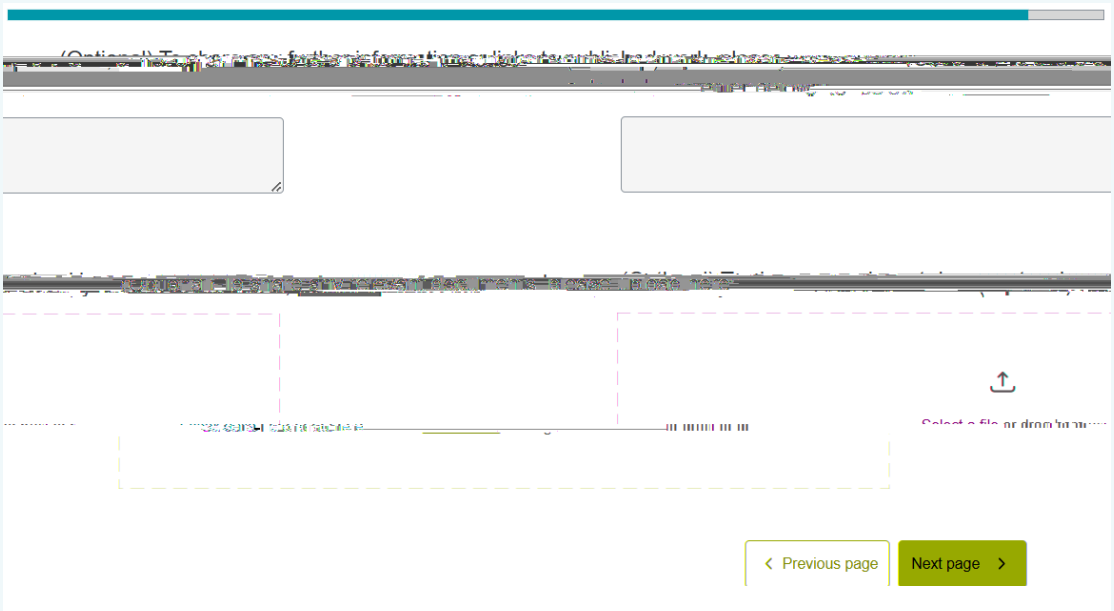
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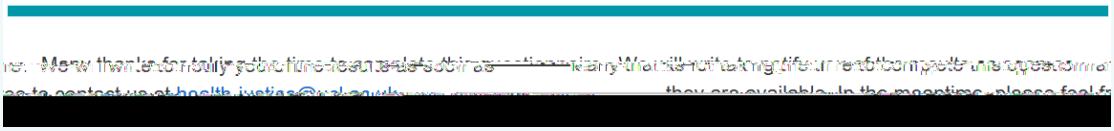

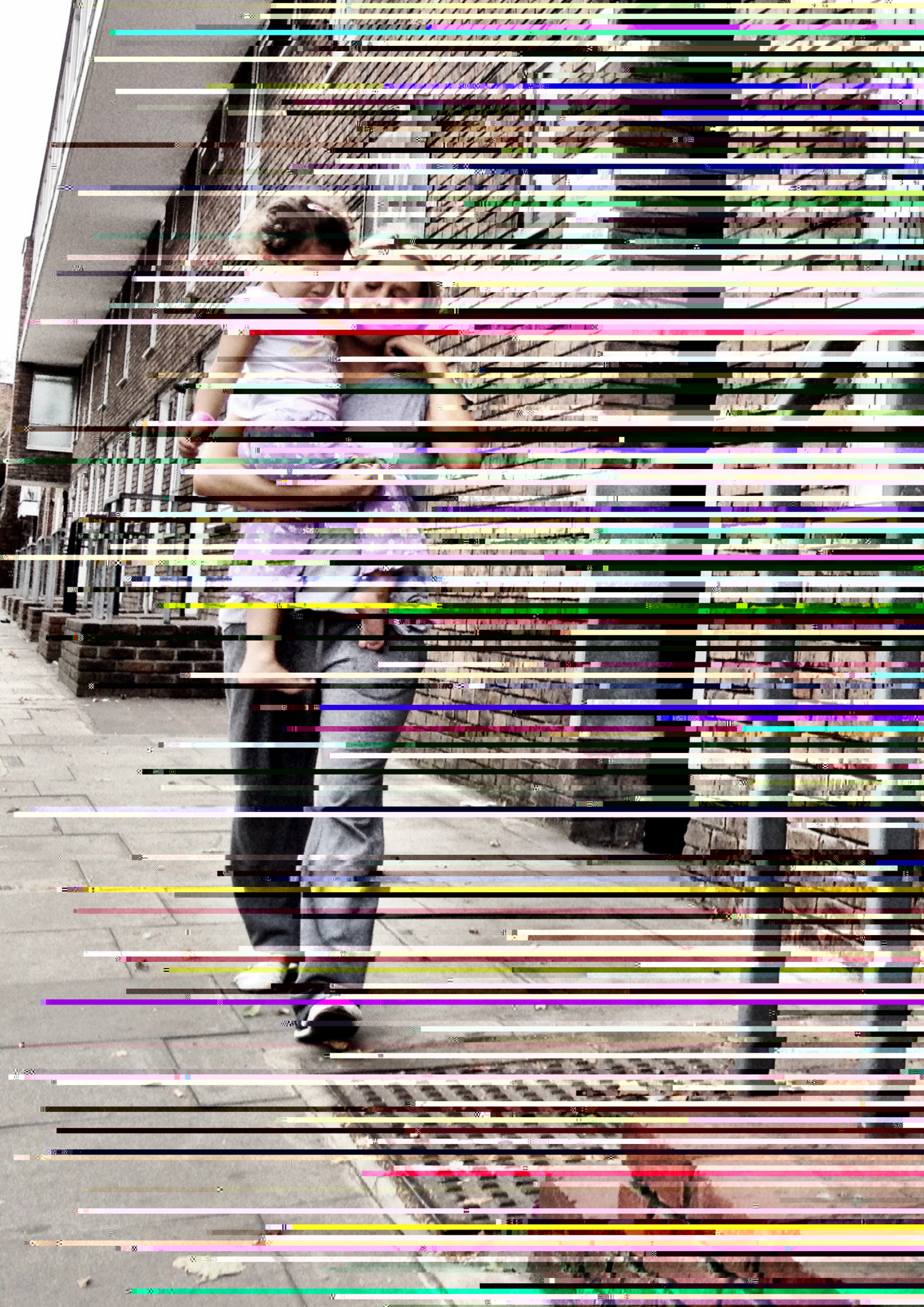

# Where can I find more information?

Please visit the UCL website:
www.ucl.ac.uk/health-of-public/health-justice-partnerships

Or contact the UCL research team:
health-justice@ucl.ac.uk