



**PROVIDING LEGAL ADVICE  
TO DESTITUTE HOMELESS PATIENTS  
IN LONDON**

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**EVALUATION REPORT**

*April 2019*

## Summary of Key Findings

- The pilot project established there is demand for legal assistance for homeless patients on matters such as housing, welfare and immigration.
- For services to work most effectively, it is important to source and implement arrangements to suit specific local hospital, patients and legal advice teams.
- Even with strong demand for services, it takes time to establish the most suitable local working arrangements.
- Local need should determine the type of advice offered to patients – immigration, welfare, housing or a combination.
- Even with relatively small budgets, it is possible to deliver ‘second tier’ legal advice to hospital patients; this is best achieved via Pathway teams using a telephone and/or email enquiry approach.
- It is vital to have a regular forum to discuss patient caseloads, identify common enquiries and responses and enhance the knowledge of Pathway teams and other partners.
- The project exceeded expectations with regard to taking on legal cases; providers accessing exceptional case funding through Legal Aid made this possible.
- The project has strengthened Pathway team relationships with local legal services, increased patient access to legal advice and improved the knowledge and capacity of Pathway teams to deal with legal questions from patients.
- Common themes arising from the project include:
  - Patients’ lack of understanding of their immigration status and how to resolve;
  - Difficulties in acquiring documentation to clarify immigration position;
  - Unacceptable delays by Home Office in dealing with applications;
  - Challenging local authority or government decisions on denying local connection, welfare and benefits or suitability of accommodation;
  - Providing advice on housing eligibility and right to rent legislation;
  - Helping patients understand general guidance on Human Rights Assessments;
  - Supporting patients exercise their EEA Treaty Rights;
  - Supporting patients with benefits advice.

- The key recommendations from this evaluation are:
  1. *Design and agree a reporting protocol with each of the project leads to ensure a joined up approach to interpreting the outputs and outcomes across all legal assistance projects.*
  2. *Explore the feasibility of establishing legal advice as a core element of Pathway's patient support services. Consider how this might form part of Pathway's social franchise model proposals.*
  3. *Agree a programme of activity to cascade training and/or learning points with Pathway's partners and professional networks e.g. Faculty for Inclusion & Homeless Health, Annual Symposium etc.*
  4. *Agree a strategy for lobbying policy makers on key issues arising and consider proposals for addressing these.*

## 1. Introduction

- 1.1 This report sets out the outcomes achieved by the legal advice pilot project. This project was aimed at assisting destitute homeless patients who might benefit from legal advice and support during their hospital stay, in preparation for discharge and, in some cases, after leaving hospital. The project was commissioned by Pathway, an independent homeless health charity working to improve homeless people's experience of NHS services in London. Pathway's work has led to the creation of specialist homeless care co-ordination teams in five of London's biggest NHS Trusts.
- 1.2 Pathway was awarded a grant from Trust for London to support this work. The grant of £90,000 covered the three years from December 2015 to June 2018 and was used to support Pathway teams located in selected London hospitals<sup>1</sup>. The purpose of the grant was to support the establishment of pilot projects within each location focused on the provision of legal advice for their respective homeless patient populations. Patients using these hospitals will have physical health conditions and may also be suffering from mental health issues.
- 1.3 The report covers the three years of the project and takes account of different start/finish delivery dates within the different hospital teams. It provides details of the updates the activities and outcomes achieved by and lessons learned from the project.
- 1.4 The report constitutes a key part of the stated project aims and objectives, specifically to gather, analyse and share evidence of the impact of providing legal advice to homeless hospital patients with particular reference to the relevant legal frameworks of housing, migration and welfare.
- 1.5 Evidence of the project's impact has been collected in three ways:
- gathering data and key project information from legal advice providers via regular reporting system;

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<sup>1</sup> University College London Hospitals (UCLH), Guy's & St Thomas's Hospital, King's College Hospital, South London & the Maudsley and The Royal London Hospital.

- assessing more detailed patient case studies prepared by advice providers;
- consulting with key project stakeholders including providers, Pathway teams and Pathway (as project commissioner).

## 2. Project aims & objectives

2.1 The overall aim of the project was:

**To make professional legal advice available to destitute homeless patients in four London hospitals.**

2.2 Expanding on this overall aspiration, the project included the following stated aims.

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| <p><b>(a) To explore and agree suitable models for the provision of legal advice to homeless patients in hospitals and/or the Pathway homeless teams that support them.</b></p>   |
| <p><b>(b) To increase access to legal support for homeless patients in UCLH, the Royal London, Guys &amp; St Thomas's and Kings College Hospitals, with particular reference to Pathway teams and their patients.</b></p> |
| <p><b>(c) To increase Pathway teams' knowledge and understanding of legal issues affecting homeless patients.</b></p>   |
| <p><b>(d) To assess the impact of this legal advice on outcomes for homeless patients, and the relative effectiveness of different local arrangements.</b></p>  |
| <p><b>(e) To gather and share evidence of the impact of varying housing, migration and welfare related legal frameworks and their interactions on homeless patients.</b></p>  |

2.3 More specifically, the project objectives were:

<b>(a) Provide a multi-hospital meeting to establish a suitable framework for the service and meet the specific requirements of each hospital.</b>
<b>(b) To form links with local legal services near to the four sites that are willing to offer legal advice to people using Pathway services.</b>
<b>(c) To establish voluntary and statutory referral routes for the service.</b>
<b>(d) To provide telephone and bedside advice at each site.</b>
<b>(e) To compile and share a narrative evaluation, collating and analysing the support provided and its impact.</b>
<b>(f) To produce an expert analysis of legal frameworks affecting vulnerable, destitute hospitalised individuals.</b>
<b>(g) Share the findings of our work.</b>

2.4 This evaluation report contributes to the achievement of aims 2.2 (d) and (e) and also to objectives 2.3 (e), (f) and (g) in the above tables, and also:

<b>(a) Homeless people in hospital have increased access to legal advice and understanding of their legal rights, options and the remedies open to them.</b>
<b>(b) Local statutory and other sector partners gain improved knowledge and understanding of the extreme position of homeless and/or destitute patients in hospital.</b>
<b>(c) Pathway teams are able to identify common legal issues and describe effective interventions.</b>
<b>(d) NHS organisations across London understand the impact of broken/unjust legal frameworks on patient outcomes</b>
<b>(e) Standing arrangements for legal support for homeless patients in hospital is funded.</b>

2.5 Various indicators were used to measure the success of the project ranging from counting the number of enquiries and cases dealt with to a more qualitative assessment of the impact on Pathway team confidence and capacity building. Most importantly, the project has assessed the impact on patients via its telephone/email enquiry services as well as those instances where legal advice teams were able to take on more in-depth cases. Some of these examples are described in the Case Studies section of this report.

### 3. Delivery Arrangements

#### *Sourcing providers of legal advice*

- 3.1 Following confirmation of the funding award from Trust for London, representatives from each Pathway team met to discuss ideas for delivering the work. This included discussions on possible providers who could be approached with a view to being signed up to the project. Team members also gave consideration to what type of support was needed for their patients, whether housing, immigration, welfare or something else. Some hospital teams had existing relationships with legal advice providers, often as a pro bono arrangement. Whilst this had been useful up to a point, the opportunity to implement a more structured approach, with some proper resources behind it, was an attractive one.
- 3.2 Given these pre-existing relationships, the Pathway teams opted to set up local delivery partnerships with these same providers. This was advantageous for the south London teams in particular as they could respond quickly to produce a mutually agreed Service Level Agreement (SLA) based on the previous working relationship. The UCLH team also had experience of working with a local law firm specialising in housing advice and opted to formalise this arrangement. This saved valuable time trying to source new providers and expedited the process of setting up the delivery teams.
- 3.3 Whilst this ‘business as usual’ approach worked for the majority, there was some delay getting full provision up and running in the Royal London Hospital. Their existing relationship with a local provider ‘muddied the waters’ and led to a significant delay in setting up a legal advice service for that team. Despite their preference for using the existing provider, the legal practice could not commit due to personnel and funding changes. An agreement was eventually signed with an alternative provider in September 2017.
- 3.4 A slight downside of this approach is that hospital teams opted to continue existing relationships rather than conduct a wider search for other providers. One could argue that taking this narrow approach stifled the opportunity to be more innovative or to ‘scan the market’ for other providers not yet known to the Pathway teams. It also led to Pathway teams reverting to the status quo in relation to the type of support commissioned. For example, the UCLH team

continued with their housing advice lawyers but did not give consideration to the requirement for immigration advice. This was rectified later in the project by bringing in an additional provider to fill this gap in provision.

### Project delivery partners

3.5 The project successfully set up a legal services support function in five hospital locations, as follows:

Pathway Team	Legal Provider	Advice	Advice Type	Project Timescale
UCLH	Hodge, Jones & Allen		Housing	Dec 2015 to June 2018
		<i>(Private law practice specialising in housing)</i>		
UCLH	Migrants Resource Centre/Asylum Aid		Immigration & welfare	Sept 2017 to June 2018
		<i>(specialist advice providers for migrants, refugees &amp; asylum seekers)</i>		
Guys' & St Thomas's and King's Health Partners *	Southwark Law Centre		Immigration, welfare & housing	Dec 2015 to July 2018
		<i>(specialist law service for immigration, asylum &amp; housing issues serving London)</i>		

\*(King's College Hospital & South London &



Maudesley)	<i>Borough of Southwark</i> ) <sup>2</sup>		
<b>Royal London</b>	<b>Migrants Resource Centre/Asylum Aid (MRC)</b> (as UCLH above)	Immigration & Welfare	Sept 2017 to June 2018

Given the delay in setting up some aspects of the service, some Pathway teams benefited from 18 or 19 months of support. Others only had 10 months of service delivery. That said, at the time of writing, the majority of teams were still benefiting from advisory services thanks to securing ongoing funding from alternative sources. In October 2018, a further tranche of funding was secured to allocate to teams still seeking gap funding. Further successful bids were added to the mix during January/February of 2019. Details of ongoing funding arrangements are provided in Section 9.

### *Service design and communication*

3.7 Pathway teams worked collaboratively with providers to agree how the service would work in practice. In order to have a service operating within each hospital team, the total annual budget for each provider was in the region of £9k-10k. For this level of budget, the legal teams agreed to provide second tier legal advisory services in response to enquiries received directly from the Pathway teams via telephone and email to an agreed number of hours per annum. This would allow providers to deal with a larger number of enquiries and make the budget ‘go further.’

3.8 Initial referrals were usually alerted to providers via a dedicated email address. This was the preferred first mode of communication for providers, although Pathway teams did express their preference for phone enquiries as a more immediate way to discuss legal issues arising. Pathway teams worked with their respective advisers to agree the best way of working – usually a combination of emails and phone questions and responses. Follow-up was handled in a similar way although it was sometimes necessary for legal advisers to communicate directly with patients. Pathway team expectations on the opportunity for face-to-face contact required some careful management.

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<sup>2</sup> Southwark Law Centre has recently made changes to its constitution and now serves a wider geographical area.

3.9 In addition to the enquiry service, providers attended regular (usually quarterly) team meetings to review enquiries/cases and produce regular reports to Pathway summarising outcomes to date. Some were ‘closed’ meetings held with Pathway team members only. Others were held as part of the wider Multi-disciplinary team (MDT) sessions attended by external partners. The latter allowed a more comprehensive discussion about individual cases and a collaborative approach to finding the best solutions to help patients, including from a legal perspective. Overall, update meetings were used to:

- Advise Pathway teams on current legislation and proposed changes affecting housing and immigration;
- Review current cases and discuss possible solutions;
- Identify common issues arising and agree appropriate responses;
- Share perspectives of homeless patients with legal professionals to increase understanding of challenges/barriers.

3.10 Although not directly funded by this grant, providers were able to take on more complex cases through Legal Aid (exceptional cases fund) or similar. This has proved to be an extremely valuable element of the project; more cases were taken on than anticipated, thanks to the providers being willing to take on several cases ‘at risk’ pending the outcome of applications for funding.

3.11 A summary of the number of enquiries and cases dealt with through the project is set out in Section 4.

## 4 SUMMARY OF PROJECT ACTIVITIES & ENQUIRIES

### *Second tier advisory support*

4.1 During the course of the project, the legal teams dealt with a range of enquiries via the telephone and email service. Table A summarises this activity. The number of enquiries handled by the Migrants Resource Centre/Asylum Aid team for the Royal London and UCLH hospitals is significantly less than the other two services. This is primarily down to the later start for this element of the project. It also took a while for this service to become ‘visible’ to the Pathway team within the Royal London in particular; they had to be prompted that the service was there for them to use. Referrals were slow to get off the ground, but did pick up eventually. The MRC team also tended to deal with more in-depth enquiries requiring high levels of follow-up.

Table A: summary of Second Tier Support for Legal Advice Project

	<b>Southwark Law Centre (for King’s Health Partners)</b>	<b>Hodge, Jones &amp; Allen (for UCLH)</b>	<b>Migrants Resource Centre/Asylum Aid</b>
	<i>Dec 2015 - July 2018</i>	<i>Dec 2015 – June 2018</i>	<i>Sept 2017 – June 2018</i>
<b>Second tier advisory support (telephone &amp; email)</b>	<p>200 distinct pieces of advice provided</p> <p>Mix of complex legal issues around immigration status, housing, community care &amp; welfare rights issues.</p> <p>Particular issue concerned interplay between aftercare under section 117 of Mental Health Act 1983 and connection to London boroughs for housing allocations.</p> <p>Obtained expert opinion for Pathway teams (pro bono via special counsel) on ordinary residence and local authority duties under:</p> <ul style="list-style-type: none"> <li>- Mental Health Act 1983 (s117 after care)</li> <li>- Housing Act 1996 (housing duty to homeless persons)</li> <li>- Care Act 2014 (duty to provide care &amp; support services)</li> </ul>	<p>Ad hoc generic updates on changes in legislation etc. (approx. 1 enquiry every 6 weeks in addition to team meetings).</p> <p>106 phone calls/emails providing advice in relation to 46 separate enquiries.</p> <p>Additional 10 letters sent in support of in-depth advocacy. 15 in-depth advocacy cases including 6 taken on as cases under Legal Aid.</p> <p>Enquiries covered the following categories:</p> <ul style="list-style-type: none"> <li>- general homelessness advice</li> <li>- general housing advice</li> <li>- Local Authority or UCLH liaison</li> <li>- Advice on tenancies</li> <li>- Advice on eligibility/right to reside</li> </ul>	<p>Total number of enquiries = 14</p> <p>Follow-up calls = 11 Emails= 34</p> <p>Enquiries covered a range of interests including:</p> <ul style="list-style-type: none"> <li>- EU worker rights</li> <li>- Applications for recourse to public funds due to changed medical and housing circumstances</li> <li>- Help with assisted voluntary return</li> <li>- Assistance with asylum or immigration applications</li> <li>- Advice on domestic violence case seeking help to make fresh asylum claim (previously denied).</li> </ul> <p>In depth advocacy provided to one patient seeking to remain in UK. Advice continued outside of hospital environment. Complex situation regarding family set up, criminal record, providing evidence of continuous stay in UK (19 years). Considering family life application (regularising current family</p>

			situation) or reviving asylum claim. Ability to make application dependent on access to funding and evidence of support from partner.
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### *Detailed case work*

- 4.3 An added – and unexpected - bonus achieved through the project concerns the number of patients taken on as clients by some of the legal advice providers. This element of the project has exceeded all expectation. Providers have been able to take on several cases as well as spend time on in-depth advocacy. Although no budget was allocated to this element of the work, legal teams succeeded at taking on cases under Legal Aid or exceptional case funding. Case examples include: dealing with delayed claims, gathering evidence to support immigration status applications, assisting with ‘no time limit’ applications, challenging Home Office/local authority decisions and securing temporary accommodation.

Table B: Details of case work covered by legal advice providers during pilot phase

	<b>Southwark Law Centre (for King’s Health Partners)</b>	<b>Hodge, Jones &amp; Allen (for UCLH)</b>	<b>Migrants Resource Centre/Asylum Aid</b>
	<i>Dec 2015 - July 2018</i>	<i>Dec 2015 – June 2018</i>	<i>Sept 2017 – June 2018</i>
<b>Casework (NB – this was not funded via the project but some providers were able to take on more detailed cases</b>	<p>19 cases undertaken</p> <p>Cases taking up to 2 years to resolve</p> <p>Cases included:</p> <ul style="list-style-type: none"> <li>-Assistance with accessing/producing documentation to clarify immigration status (for 2 mobility disabled patients);</li> <li>-Assisting patients with serious health/mental health issues to secure temporary accommodation whilst challenging incorrect Home Office decisions regarding immigration status.</li> <li>-Dealing with severely delayed asylum claims.</li> <li>-Challenging Home Office removal notice for severely disabled patient.</li> <li>-Challenging No Recourse decision on account of deteriorating health.</li> <li>-Assisting patient with Mental Health and drug addiction issues with application based on long residence.</li> <li>-Making referrals to community care lawyer for patients assessed under Care Act</li> <li>-Assisting with No Time</li> </ul>	<p>Cases included:</p> <ul style="list-style-type: none"> <li>-‘No Time Limit’ application</li> <li>-Local connection case</li> <li>-Possession proceedings due to rent arrears (successfully adjourned pending benefits</li> <li>-Assisting with request for interim accommodation, including gathering evidence for new homelessness application</li> <li>- Successful application for interim accommodation</li> </ul>	<p>No actual cases taken on – project was ‘live’ for 9 months. Majority of enquiries dealt with via email and phone. More in-depth advocacy provided direct to patients as required (see example above).</p>

	Limit applications and gathering evidence of lawful residence.		
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4.5 The later project with MRC did not take on any cases; this is mainly due to the project being funded for only 9 months. Any cases taken on during this timeframe were highly likely to exceed the lifetime of the project. It is certainly true of the other projects that these cases tended to be long, complex and time consuming to resolve. It may have been possible to take on a higher caseload if funding had been available to support it and lasted for a long enough timeframe to cover the more complex examples.

*Sharing information and building team capacity*

4.6 Legal teams also attended a number of meetings to discuss and review cases, sometimes with wider constituency of support services at regular MDT meetings. Providers also ran a number of training sessions for Pathway teams to help build their knowledge base through keeping teams up to date with the latest legislation changes. Legal representatives also spoke at conferences and workshops to share learning from the project and highlight the challenges faced by homeless or destitute patients in trying to access sound legal advice while in a hospital setting.

Table C: Summary of team meetings attended by legal teams

	<b>Southwark Law Centre (for King’s Health Partners)</b>	<b>Hodge, Jones &amp; Allen (for UCLH)</b>	<b>Migrants Resource Centre/Asylum Aid</b>
	<i>Dec 2015 - July 2018</i>	<i>Dec 2015 – June 2018</i>	<i>Sept 2017 – June 2018</i>
<b>Team meetings attended</b>	<p>Quarterly team meetings at all hospital sites</p> <p>Includes initial team meeting with all hospital teams + regular quarterly updates</p> <p>Occasional meetings with inpatients (at bedside)</p> <p>Delivered presentations at homelessness conferences &amp; training workshops including:</p> <ul style="list-style-type: none"> <li>- Immigration solicitor EEA training session;</li> <li>- Immigration solicitor attendance at Pathway away day (2016);</li> <li>- Presentations at 2016 &amp; 2017 London Network of Nurses &amp; Midwives Homelessness Group annual conference;</li> <li>- Law Centre solicitor led workshop on modern slavery/trafficking at 2017 Faculty for Homeless &amp; Inclusion Health conference.</li> </ul>	<p>Quarterly team meetings to discuss specifics of individual cases &amp; update team on relevant legal issues/legislation.</p> <p>Topics discussed include:</p> <ul style="list-style-type: none"> <li>- Homelessness Reduction Act</li> <li>- Human Rights Act</li> <li>- Impact of Grenfell on housing</li> <li>- Housing Law updates</li> </ul> <p>HJA team also provided regular email updates of changes to relevant laws.</p> <p>HJA team also provided an updated information note on relevant laws. This acts as a useful aide memoire for the Pathway team.</p>	<p>Initial meeting with UCLH &amp; Royal London teams to design service &amp; agree referral process.</p> <p>Followed up by 3 additional meetings with one or other Pathway team.</p> <p>Supported team capacity building by e.g. forwarding relevant news articles, articles, legislation changes or key legal decisions relating to rough sleepers/homeless vulnerable migrants.</p>

4.8 Southwark Law Centre and Hodge Jones & Allen (HJA) have held quarterly meetings with the hospital teams for case review work and knowledge sharing. The former has also delivered a number of workshops and/or spoken at conferences. Southwark Law Centre also managed to attend a number of MDT meetings where individual patient cases could be discussed with a wider constituency of support services such as housing, social care, addiction support etc. A similar approach by the UCLH team and HJA was less successful. There was reluctance for some other services to attend MDTs if there were lawyers present. The Migrants Resource Centre held fewer meetings with Pathway teams due to the shorter contract time.

### *Progress against project outcomes*

4.9 A number of project outcomes were agreed at the project outset and covering all stages of the project from inception to evaluation. Table D describes the actual outcomes achieved against those proposed.

*Table D: Project outcomes: proposed vs. actual*

<b>Proposed Project Outcome</b>	<b>Actual Project Outcome</b>
<i>Project inception</i>	
Pathway teams have increased understanding of how the pilot will benefit teams and patients and how it will operate in practice.	Pathway teams consulted at project inception to understand aims & objectives and input to service design. Teams briefed on how project would work for their patients and consider criteria for making referrals.
Pathway teams are able to identify models of working that meet their team requirements.	Pathway teams involved in design of delivery arrangements. Agreed method of telephone/email enquiry service with occasional face-to-face support.
Local Pathway teams embed legal support services in their area	
Pathway teams have a stronger relationship with local legal services	Formal contracts/service level agreements have helped to forge strong ties with local legal service providers. Having a structured



	<p>agreement means the work gets done, unlike any previous ad hoc/pro bono arrangement that may have been in place.</p> <p>Pathway teams acknowledge the value of having legal advice service available to them and also the significant improvement in team knowledge and understanding of relevant legislation and referral options.</p>
<p>Each team has established case identification and referral arrangements agreed with local statutory and voluntary sector partners.</p>	<p>Regular referrals made through the Pathway teams. Statutory and voluntary sector partners aware of service through involvement in Pathway's regular Multi-Disciplinary Meetings (MDTs).</p>
<p>Legal advice for homeless patients &amp; Pathway teams is provided in hospitals</p>	
<p>Homeless people in hospital have increased access to legal advice and understanding of their legal rights, options and the remedies open to them.</p>	<p>Identified as one of the most significant positive outcomes from the project. Homeless patients have considerably increased access and understanding of rights and options available to them.</p> <p>Several complex cases taken on under Legal Aid (or similar) to either secure or work towards positive outcome. Many cases have had protracted timelines and/or have extended beyond their hospital stay.</p>
<p>Produce narrative evaluation</p>	
<p>Pathway are able to identify common legal issues for patients and describe effective interventions</p>	<p>Legal advice providers produce regular summary reports of enquiries received and details of current cases. Also discussed at quarterly team meetings. Common issues identified and options for resolving discussed with teams. Pathway teams feel more confident about 'asking the right questions' of patients to ascertain whether legal advice is required and which path to follow in terms of seeking that advice.</p>

<p>Legal advisers better understand issues from perspectives of homeless and other society excluded hospital patients and NHS.</p>	<p>Legal advice teams clear they are engaging with client group they would not ordinarily come into contact with. Significantly increased their understanding of challenges faced by homeless patients in relation to immigration and housing – and in some cases, social care and welfare.</p>
<p>Pathway better understands institutional and political impediments to improving legal position of patients, and raises awareness in NHS services with Pathway teams.</p>	<p>Pathway teams have significantly improved understanding of current/upcoming/amended legislation relation to immigration &amp; housing (and wider). Notably increased confidence of teams in understanding the potential options available to patients and how to access the expert help they need. Pathway intends using project outcomes to inform policy makers and service commissioners of positive outcomes achievable.</p>
<p>Expert analysis published</p>	
<ul style="list-style-type: none"> <li>- Policy issues identified</li> <li>- Themes for final report and lobbying activity identified</li> <li>- Any unfairness and discriminatory nature of current changes to legal framework identified and highlighted</li> </ul>	<p>Pathway’s (this) evaluation report highlights some of the key themes identified through the course of implementing the project.</p> <p>Key policy issues, themes, lobbying activity etc are:</p> <ul style="list-style-type: none"> <li>- consistent interpretation and application of law (including new legislation such as Homelessness Reduction Act)</li> <li>- Challenging decisions on recourse eligibility</li> <li>- Challenging decisions on housing eligibility</li> <li>- Assisting with clarification of documentation to evidence status</li> <li>- Challenging delays to deal with applications</li> <li>- Navigating complex links between mental health, housing and social care</li> </ul>

	as it relates to patient rights to housing and care.
Share findings through published reports and factsheets	
<ul style="list-style-type: none"> <li>- Local statutory and other sector partners gain improved knowledge and understanding of extreme position of homeless and/or destitute patients in hospital</li>   <li>- NHS organisations across London understand impact of broken/unjust legal frameworks on patient outcomes</li>   <li>- standing arrangements for legal support for homeless patients in hospital funded</li> </ul>	<p>Those local statutory and sector partners who regularly attend Pathway multi-disciplinary team (MDT) meetings have benefited from involvement in discussing legal issues for individual patients. This has raised their knowledge and understanding of the plethora of complex issues, which can impact on destitute patients. Similarly, the wider hospital community has become more engaged through the MDT sessions.</p> <p>This evaluation report will be used to share findings from the legal advice project to a wider constituency of partners. As a first step, Pathway will use the Faculty for Homeless and Inclusion Health as the primary means of dissemination.</p> <p>During the consultation for the project evaluation, providers and partners recommended holding a ‘round table’ session, chaired by Trust for London, to discuss how to mainstream legal advice for vulnerable, destitute patients during their hospital stay.</p> <p>Pathway has had some success with securing funding to continue legal advice for some of the hospitals. Advice providers have also been proactive and successful in this regard. See section 9 for more details.</p>

4.10 These outcomes are discussed in more detail later in this report.

## 5. Lessons Learned

### Consultation

5.1 Representatives of all the Pathway team and legal advice providers were consulted for their views on the project. The CEO and Finance Director of Pathway were also interviewed in their capacity as project commissioners. Views were sought on:

- strengths of the project and appetite to continue;
- challenges and issues arising;
- extent of increased knowledge & capacity building;
- common enquiries, cases & policy implications;
- project legacy & future focus.

### What worked well?

5.2 Fundamentally, the project has achieved notable success around increasing client understanding of their immigration/housing position including any entitlement to immigration status, welfare or local authority accommodation. The project has provided a framework to facilitate action for some of Pathway's most vulnerable patients. For patients, having access to this sort of support makes them feel valued. A legal team representative remarked "*the project has the power to make positive change for patients.*" All project partners agreed this positive change had happened to a greater or lesser extent for all patients accessing the service. They also confirmed that patients were able to receive help that they might not have been able to access otherwise.

5.3 The second tier advice has been successful in achieving positive outcomes through clarifying information, suggesting options for patients to pursue,

directing Pathway teams how to respond to enquiries and/or signposting or referring patients to useful sources of help. While it has been possible to deal with some enquiries within a short timeframe, others have taken a considerable amount of time to reach a conclusion.

- 5.4 From a Pathway perspective, team members feel more prepared to advocate for patients with evidence-based arguments and have the confidence to ask the right questions to understand the nature of their patient's issue and how this might be dealt with in legal terms. Barring a few minor exceptions, Pathway team members felt the standard of advice received from providers was high, that providers were competent and the teams trusted the responses received.
- 5.5 The project brought into the focus the need for proper and professional advice. Pathway's previous attempts to access pro bono help had mixed reviews. Whilst the Royal London had received high quality legal assistance in the past, UCLH experience had been less successful with pro bono advice being unhelpful and not always competent.
- 5.6 Pathway teams were generally complimentary about having a say in how the service was designed and felt this was effective. They also feel the process of supporting patients with legal advice helps to 'buy more time' to assess the more complex patient situations e.g. those with complex physical and mental health conditions who require housing, health and social care interventions. It's clear to teams there are advantages in having access to integrated legal advice services dealing with housing and immigration matters. This was not always possible with all providers as they had individual specialisms – and it is rare to have advisory services that can handle both housing and immigration matters. Where it did happen, one Pathway team noted, *“the ability to cope with the interplay between immigration law and rights to housing and welfare was extremely beneficial.”*
- 5.7 The willingness and ability of providers to take on casework through the project has far exceeded expectation, especially for the level of budget available. This was not part of the original project plan and has enabled positive resolution of several patient cases that would not have been possible with second tier advice alone. The majority of these cases were long, complex and lasted far beyond the patient's discharge from hospital; it is not unusual for cases to last from 1.5 to 2 years.
- 5.8 The high success rate of taking on and resolving cases is testament to the quality of the legal advice teams. They are knowledgeable and experienced at accessing funding to support cases that are not eligible for Legal Aid. Both Southwark Law Centre and the Migrants Resource Centre/Asylum Aid are

experienced at securing exceptional case funding, for example. The former has also been prepared to take on cases 'at risk' whilst awaiting decisions on case funding eligibility.

- 5.9 A significant proportion of both immigration and housing cases have been highly complex. One case was settled for reconsideration following a judicial review. Another specific case has resulted in the avoidance of removal due to breach of human rights. The client has had their access to temporary accommodation reserved and is being supported by the local authority NRPF (No Recourse to Public Funds) Team. Another long-term case involved assisting a patient to obtain evidence of lawful residence after being resident in the UK for over 50 years. As a result of investigations, the patient was successfully referred to a care home and is now residing in suitable supported accommodation. A selection of illustrative patient stories is provided in Section 7.
- 5.10 Legal teams have highlighted the value of engaging with medical professionals and reaping the benefits of reciprocal professional partnerships between the legal and medical professions. Providers noted that boroughs tend to respond more quickly to patient cases that are backed up by both clinical *and* legal advice.
- 5.11 Some legal and Pathway teams noted faster response times from boroughs on misinterpretation of the new Homelessness Reduction Act (HRA). Most borough housing teams are considered to be doing well implementing the HRA, although there are some reports of inconsistent application of the legislation. But in general, Pathway teams are satisfied that the HRA (and more recently, Duty to Refer) has improved the situation for homeless patients leaving hospital.

### **Challenges & issues arising**

- 5.12 Consultees were also asked about the main challenges associated with delivering the project. Again, these issues are considered from the respective viewpoints of the project commissioner, Pathway teams and legal advice providers. The points listed below are the primary challenges cited by the project partners.
- 5.13 From a commissioning standpoint, Pathway feels the project would have benefited from more project management oversight at the start of the project.

After the initial concept was agreed and the first team/provider agreements arranged (i.e. those with pre-existing or pre-identified working relationships), there was a hiatus in allocating project management time to progress the objectives and generally check things were kept on track. The lack of project management during this early phase of implementation meant that the 'harder-to-fill' gaps in provision were slower to resolve. This is most apparent in finding an alternative provider for the Royal London team. Once Pathway had allocated sufficient project management resource, gaps in provision were resolved and the project reporting processes improved.

- 5.14 The main challenge mentioned by Pathway teams was around managing expectations. All teams expressed a preference for the first point of contact to be via phone. This is a more immediate means of communication and is the preferred modus operandi for most Pathway teams. By contrast, legal teams tended to push for email referrals in the first instance. Providers had dedicated email addresses for this purpose, but did also give telephone contact details as an alternative. Pathway occasionally felt the 'email mode' caused unnecessary delays in dealing with enquiries. Some enquiries are more time critical than others; receiving answers in time was occasionally problematic. However, as provider/Pathway team relationships became more established, each partnership settled into a way of communicating referrals that worked best for them.
- 5.15 For the UCLH and Royal London teams in particular, there was an expectation for more 'at bedside' assistance for patients to deal with enquiries in person (i.e. as a follow up to an initial phone/email enquiry). This was more of an issue for the Royal London team who had been used to this way of working with their previous provider. Budget limitations meant it was unrealistic to expect significant amounts of 'face time' with patients; once this was clarified with Pathway teams, a more realistic approach was agreed with providers around dealing with enquiries in person.
- 5.16 One Pathway respondent acknowledged that team members often had pre-conceived views on how to respond to enquiries. These were not always the best responses but were based on somewhat entrenched approaches after many years of dealing with various enquiries. They acknowledged that, whilst having access to legal advice undoubtedly improved the team's ability to respond to legal questions, it took some time to "*get into the groove of accepting advice from others.*" This manifested itself in Pathway team members occasionally questioning the advice received from their legal partners although overall, satisfaction levels with the responses were high.
- 5.17 Most Pathway teams opted for one particular specialism for their legal advisory offer. UCLH felt the greatest need for their patients was around

housing advice; the south London hospital teams chose immigration as the main focus, as did the Royal London when they joined the project part way through. Although Southwark Law Centre specialises in immigration advice, they were able to access housing advice through colleagues working in another team. This turned out to be invaluable as there was a significant degree of crossover with a high proportion of the enquiries received. All teams acknowledged the importance of having access to an integrated advisory service that could cover housing, immigration and welfare. The UCLH team did not realise this initially but were fortunate in being able to set up an agreement with the MRC for the final 10 months of the project.

- 5.18 It can be difficult to find providers capable of providing the level of integrated service described above. Using a range of providers across the different geographies presented a reasonable solution although having multiple legal organisations working on the project made it more complex to manage overall.
- 5.19 Providers reported they had limited capacity to deal with high numbers of enquiries. Southwark Law Centre stated they would have taken on more enquiries and cases if more funding had been available. That said, they were able to take on more cases than expected, making the limited budget stretch beyond what was considered possible at the outset and coping with peaks and troughs in demand throughout the course of the project. Unsurprisingly, demand tended to be lower at the early stages of introducing legal advice to the various Pathway teams. It was sometimes necessary to remind teams that they had access to the service and to ensure all team members were referring enquiries. Southwark Law Centre did note a considerable improvement in the standard of referrals received over time. The enquiries were more focused thanks to some excellent 'pre-work' by the Pathway team before passing the information across.
- 5.20 Providers raised a number of challenges around working with Pathway teams. For the MRC, it was difficult to arrange team meetings. They were working across two hospital sites and found it tricky to find times to suit either individual or joint team meetings. It required a great deal of persistence from the provider to resolve this. In hindsight, they agreed it would have been more efficient to set up a series of catch up meetings at the outset.
- 5.21 MDT sessions worked well for some providers but there was occasional resistance from other attendees. Some partners (e.g. housing teams) felt reluctant to discuss patient cases with lawyers present. There were concerns this may compromise future dealings with the patient once they were discharged from hospital.



- 5.22 In a similar vein, providers noted reluctance for some Pathway teams to challenge or take a harder line with external partners. They rely on strong working relationships with housing teams, addiction services and the like; any conflict or concerns on a legal front could compromise those working relationships unless handled with care. There are also concerns over confidentiality, understandably a key issue for the NHS. A specific example of this reluctance to challenge was cited by HJA. The team had written an article on the project for a professional housing journal but the Pathway team did not want to publish anything that was openly critical of the NHS, housing teams or others. Over time, hospital teams did become more relaxed about this issue of 'challenge' and recognised the power of combined legal and clinical evidence to push for positive solutions for their patients.
- 5.23 One legal provider mentioned, *“the Pathway model of team advocacy can be a distraction. There are sometimes quicker ways of dealing with the problem. A short letter from a law firm can bring about a quicker response than endless conversations and emails.”* This is an interesting observation, which highlights the value of seeking external, independent opinion as a way of expediting proceedings.
- 5.24 Dealing with complex patients was a challenge for providers, although the majority had some experience of this. But the hospital setting was new to most and all acknowledged the need to adapt their communication style when dealing with the most complex patients. In general, high levels of detective work were needed to deal with complex enquiries, which required a joint effort between the legal and Pathway teams. Both cited the length of time and resource needed to do this as an issue, although it was not altogether unexpected.
- 5.25 The final points raised by the legal providers included the issue of staff turnover in Pathway teams. This was a particular problem in the south London hospitals, which made continuity of service difficult at times. New starters were unaware of the service and there was an element of 'starting over' in terms of promoting what was available and building up referrals. Providers also talked about taking on cases 'at risk' in the hope of receiving Legal Aid or exceptional case funding. This approach was needed in order to progress cases; without this 'at risk' stance, very few would have moved forward as decisions on funding availability can take months to resolve.

## *More detail on lessons and challenges*

### **Communications and referrals**

- 5.26 As mentioned earlier in this report, the Pathway teams preferred the immediacy of the telephone as the first point of contact with legal advisers. This is by far the quickest and easiest method for team members; they are happy to provide follow-up emails, fill in referral templates etc. but phone is the favoured option. The existence of a dedicated email address or named contact within legal teams was helpful in theory, but there was some variance in response times. This is not ideal when dealing with time critical enquiries. It is also important to be able to approach legal teams in between planned review meetings; the phone is the best way of dealing with this.
- 5.27 The expectation of Pathway teams to receive more 'on site' assistance has already been highlighted. This is especially desirable for more complex cases requiring direct (and confidential) contact between legal adviser and patient. Budget levels put constraints on the amount of time legal teams could spend visiting the hospital sites but all did manage to do so over the course of the project. What's more, legal advisers were able to take on cases both during and after patients' hospital admissions, which increased the level of contact between patient and legal advice provider over time.
- 5.28 Southwark Law Centre noted the very positive communication with Pathway teams throughout the project. They were delighted with their approach to identifying and referring suitable enquiries, including those that might warrant more detailed casework. Legal representatives were impressed with the lengths Pathway colleagues would go to in order to help patients in as many ways as possible.
- 5.29 The positive relationships between Pathway and legal teams were raised as key benefits to the success of the project by both sides. HJA representatives highlighted the excellent relationship that has developed with the UCLH Pathway team and feel this has grown 'beyond the Service Level Agreement.' For example, Pathway team members attend other events at HJA such as their annual carol concert. Similarly, Southwark Law Centre colleagues believe the pre-existing relationship with some of the south London hospital teams was an important factor in getting the service up and running quickly and operating with minimal problems.
- 5.30 As project commissioners, the Pathway central management team felt more could be done to keep detailed logs of enquiries. Providers did submit regular reports summarising the number and type of enquiries, details of any in-depth

advocacy or casework and the outcomes for patients. These reports helped gain a detailed understanding of the level of enquiries being dealt with across the project as well as giving a rich picture of the more complex cases and the common issues encountered by teams in finding resolutions. Whilst these reports were useful, it seemed that legal teams had to spend a lot of time reviewing their enquiry logs to extract the necessary information. It was not possible to elicit a quick response to the question of how many enquiries a team had dealt with over a specific length of time.

- 5.31 Legal advice providers were proactive in offering training sessions and workshops to impart important information to Pathway staff. This approach was occasionally extended to other partners through speaking at conferences or contributing to workshops or training sessions set up by other organisations.
- 5.32 In addition to these training sessions, providers also produced useful documentation to help Pathway teams with their side of dealing with enquiries. A good example of this is a useful aide memoire produced by HJA. This document set out all the key points of relevant housing legislation as a handy guide for staff. This acted as a useful supplement to information passed on during quarterly catch up meetings. A final update was completed at the end of the project which the UCLH team describes as “ *a very useful take-away from the project which we refer to a lot.*”
- 5.33 HJA also attempted to communicate more widely about the project to the housing and legal communities. They wrote an article for a housing law journal highlighting the benefits and challenges of this type of project. However, the article was considered to be potentially too disruptive to Pathway relationships with borough housing teams. This resistance to ‘taking challenge too far’ is an interesting learning point from the project. The existence of independent legal advice does not necessarily facilitate more confidence from Pathway teams when it comes to criticising the approach or decisions of close partners.
- 5.34 Dealing with some of these thorny issues will be a feature of the next stage of legal advice work. A number of legal advice projects are continuing under new funding arrangements as a second phase of legal advice work. Pathway teams are working with current and/or new legal advice providers to continue the service and build on the excellent groundwork laid by this Trust for London project. Partners have already agreed revised arrangements for communication and referral for this next phase of work, ironing out any shortcomings in the approach and learning from the lessons learned from the last 2-3 years. Pathway colleagues are already reporting big improvements in how enquiries are being dealt with under the new arrangement.

## Regular review meetings

- 5.35 All parties agree that regular review meetings were a key component of the project's success. Advice providers believe these sessions were extremely positive for the Pathway teams in that they provided valuable 'stop and think time.' Meetings provided a vehicle to discuss cases and legislation changes, provide training if required and give advice on how to advocate for patients in the most effective way. Most importantly, sessions gave an opportunity to review how patient cases were progressing, give pointers on how to deal with issues, chase actions and share ideas for finding the right solutions.
- 5.36 Sessions were well planned to make best use of limited time. For example, HJA prompted the UCLH team with a 'pre-agenda' to consider questions for team members to take to meeting. Southwark Law Centre prepared 4-6 weeks ahead of time by requesting teams to identify the best cases for discussion. They provided a standard template for case discussions and also attempted to fit with existing Pathway team meetings. This was especially important when dealing with three separate hospital sites.
- 5.37 Although the majority of meetings were productive, some Pathway teams reported meetings as being 'hit and miss' if there weren't enough cases to discuss. Teams thought they needed a large number of active cases to make review meetings worthwhile.
- 5.38 As the Royal London team joined the project late, they did not have the opportunity to get into the habit of regular review meetings. This will be addressed in the next phase of the project as higher numbers of enquiries and cases arise.
- 5.39 Multi-disciplinary team (MDT) meetings are considered an excellent vehicle for discussing patient cases. Southwark Law Centre in particular found these sessions invaluable in gathering the views of all the relevant support partners. However, not all external partners share this view. UCLH found that some organisations did not feel comfortable discussing patient cases with lawyers in the room, even if the main purpose was to discuss legal concerns. Southwark Law Centre occasionally attended case handover meetings with King's Health Partner colleagues to ensure all legal matters were being handled correctly e.g. when discharging a homeless patient from the health care to social care system.

## Knowledge and capacity building

- 5.40 The consultation with project partners asked how their experience had impacted on their knowledge of relevant legislation and their capacity and confidence to deal with patient concerns around legal matters.
- 5.41 All parties believe the project has had significant positive impact on knowledge, capacity and confidence. This is as true of the legal teams as it is of Pathway staff. For the latter, knowing what to ask, knowing when to refer, having sound knowledge of relevant legislation and understanding where to signpost patients to makes teams feel they are doing everything they can to support patients to get the best possible outcomes on leaving hospital. Many acknowledged it was a relief knowing the legal help was there.
- 5.42 UCLH team members were especially complimentary about this aspect of the work; they believe their knowledge and understanding of the legal landscape has improved immeasurably. As one team member remarked, *“we can be guilty of having entrenched views and think we know the best way to deal with certain enquiries. We now understand there are different ways to deal with legal questions – and we certainly value having access to an independent legal perspective.”* The KHP team also noted that their improved knowledge of the Mental Health Act and eligibility for care. This enhanced understanding helped them to approach a barrister for advice on a specific case.
- 5.43 Legal experts were equally effusive on the benefits of working on this project for themselves as well as the Pathway teams. One provider felt the learning for the Pathway team had been significant. *“We’ve noticed they [Pathway staff members] ask more informed questions now. They know more about what’s on the horizon and they come to us to check their responses to patients for accuracy.”*
- 5.44 Providers were being asked to deal with some people with very complex needs. This was on top of what were often extremely intricate legal enquiries. Some were more experienced than others at dealing with this, but all learned to adapt their consultation style to fit with the needs of the most vulnerable patients. Even the more experienced providers were shocked at how long some homeless patients have been ‘living under the radar.’ These examples proved to be the most complex in terms of gathering the necessary evidence to make applications for housing or to regularise their residency status. One provider spoke to being brought to tears by some of the cases they had dealt with during the project. *“It really opened my eyes to issues I’d not even considered before.”*

- 5.45 Providers noted improvements in their knowledge with regard to how their areas of legal expertise on rights and welfare links with the provision of NHS care. Positive views were expressed on the benefits of speaking at conferences as an opportunity to share learning from the project with a wide constituency of partners. There is a strong feeling that more needs to be done to convey the project findings, particularly with other hospitals.
- 5.46 All parties agreed the training sessions were helpful, especially those on the new Homelessness Reduction Act (HRA), the impact of Windrush, the Care Act and proposals for NHS charging. The fact there were three separate providers working across five different hospital sites has inevitably led to some duplication of effort on the training front. A more co-ordinated approach could have benefited the teams and ensured that key messages from the training were delivered in a consistent way.
- 5.47 Pathway teams were encouraged to request additional training or information if needed – providers were always responsive to requests. One team felt the approach to following up on enquiries was slightly sporadic. There was an opportunity to benefit from receiving follow-up summaries of case law and/or guidance on the most common enquiries. But in general, the approach to sharing information was strong.
- 5.48 One very positive example around building team knowledge is from the HJA/UCLH partnership. The HJA team prepared a useful ‘aide memoire’ setting out a summary of all the relevant housing legislation that the Pathway team would most likely need to reference for patient enquiries. This document was updated towards the end of the current project so take account of the HRA and other changes. Pathway staff use the document regularly when dealing with external partners as well as patients. Whatever the format, Pathway teams find legislation updates helpful in their day-to-day work. Some have mentioned the efficacy of written guides/updates in helping with outpatient enquiries too.

## 6 Common enquiries and related policy issues

### *Issues arising from referrals and casework*

- 6.1 The second tier enquiry service and in-depth casework have both raised a number of issues around the common challenges encountered by vulnerable homeless patients in relation to either housing or immigration matters.

6.2 Immigration enquiries tended to revolve around regularising immigration status by making Home Office applications. This included applications for non-EU nationals. Housing enquiries were focused on confirming and/or making a case for housing eligibility, priority need and intentional homelessness cases and challenging local authority decisions.

6.3 Legal teams and Pathway staff also cited examples of issues around mental health, social care and the requirement for advice on welfare and benefits (not necessarily something that had been identified in the early days of the project). The issue of how to support patients with no recourse to public funds (NRPF) was a recurring theme.

6.4 One Pathway team member remarked on the fact that some long stays were being exacerbated by the delays in finding suitable care home places for patients with multiple complex needs.

6.5 Some of the most common issues raised during the consultation phase are listed below:

- Patients' lack of understanding of their immigration status and how to resolve this;
- Lack of documentation to clarify immigration position;
- Unacceptable delays by Home Office in responding to applications to release files, dealing with claims etc.;
- Misleading or incorrect information supplied by Home Office;
- Inappropriate 'gatekeeping' by Home Office and/or local authority housing departments (in some cases, post introduction of Homelessness Reduction Act although some improvement noted overall);
- Requirement for specialist advice to interpret Home Office responses to individual claims;
- The need to challenge local authority decisions (via s202 reviews) around denying local connection, failure to accommodate or non-compliance with Duty of Care Act;
- Advice on housing eligibility and right to rent legislation;
- Supporting patients to exercise EEA Treaty Rights;
- Helping patients understand general guidance on Human Rights Assessments;
- Dealing with disputes around suitability/standard of accommodation offered with regard to medical condition (and availability of suitable care package);
- Barriers to communication owing to e.g. cognitive impairment, poor mental health or distrust of authority;
- Knowing how to deal with NRPF patients (and to prevent instances of non-referral to appropriate support services);

- Ensuring appropriate links between Mental Health and Social Care services;
- Supporting patients with benefits advice (e.g. section 4 applications);
- Challenging decisions on welfare/benefits cases of denying access of imposing sanctions (preventing destitution)

- 6.6 Even what appears to be the most straightforward enquiry can entail a lengthy process before finding a resolution. Legal providers noted there was a high risk of losing contact with patients once they left hospital. There were also at least two instances where a patient had died whilst legal teams were dealing with their case.
- 6.7 One legal team noted that patients having access to step down, intermediate care beds (i.e. medical respite or temporary recovery services) was a useful way of keeping in touch with patients immediately post hospital discharge. This ability to continue working on patient cases helps to ‘buy time’ and potentially secure suitable accommodation before leaving intermediate care.
- 6.8 Taking on cases is the most effective way to deal with the most complex scenarios, but teams had to be creative as resources for casework were limited. The fact that so many cases were taken on during the project is testament to the experience, knowledge and skills of the providers in knowing how and where to access funding, even if Legal Aid was not an option.
- 6.9 An obvious benefit to collaborative working between medical and legal professionals is being able to *“help patients know what they are entitled to - and what to do when they leave hospital. This could be getting access to an OT or key worker support for their mental health needs. Together we can help them navigate or challenge the system, if necessary to be sure they are getting the best help possible and everything they are legally eligible for.”*

## 7. Patient Stories

- 7.1 The following case studies illustrate some of the complexities attached to specific patient cases. Both instances were resolved positively for the patients concerned, but both required a significant amount of input, over a long period of time, from the respective Pathway and legal teams to reach a satisfactory conclusion.



### **Case Study A**

Turkish born Mr A is an elderly gentleman with very complex health problems. He has dementia, is diabetic and has previously suffered two heart attacks and a stroke. Mr A has lived in the UK since 1969 but had no confirmation or evidence of his legal status. It was understood he had made applications to the Home Office in the early 1970s but, at the time of referral to the legal team, did not have any documentation relating to any previous applications, such as a Home Office reference number. His only form of identification was his bus pass; he did not recall his national insurance number or his address history.

Prior to Mr A's referral, he had been living in hostel accommodation, which was highly unsuitable given his complicated health situation. There was a pattern of him being discharged to unsuitable accommodation that unsurprisingly led to multiple hospital readmissions. Mr A was not considered as eligible for supported accommodation due to his not having confirmed immigration status. On one occasion, immigration officers visited Mr A in hospital and declared he had no lawful basis to remain in the UK.

The Pathway team got in touch with the team at Southwark Law Centre to look into the situation. Legal colleagues worked with Mr A to obtain the necessary lawful evidence to support the fact he had lived in the UK since 1969. They were able to assist him to make a 'No Time Limit' application to confirm he had settled, lawful status in the UK under Part 1 section 1(2) or the Immigration Act 1972. In the course of their investigations, it transpired that the Home Office had destroyed the client's file, which included evidence of an outstanding immigration application lodged by Mr A as far back as 1970. As a result of Southwark Law Centre colleagues' efforts, Mr A was eventually referred to a care home and now resides in supported accommodation.

### **Case Study B**

Mr B is Ghanaian and has been living in the UK since the 1960s. It's understood he originally arrived on a visitor visa and had been refused leave to remain in the past. He was admitted to hospital having had a stroke and also had a history of irregular heart beat and heart failure. Prior to his admission, he had been living in an unheated garage and was extremely vulnerable. Although he recovered well from his stroke, Mr B suffered some residual cognitive problems.

In addition to his serious health and living situation concerns, Mr B had similar complications with his personal and work life. He was separated from his partner and his UK-born son had moved to the USA. His son had promised not to be out of the country for long and would send money back to support

his father. This did not happen. Prior to becoming ill, Mr B had been working as an accountant on a cash-in-hand basis, but was unable to continue this arrangement following his stroke.

Given these circumstances, it appeared he might have justification to claim for 'leave to remain' on the grounds of 20 years continuous residence in the UK. There would be very significant obstacles to his integration into Ghana if forced to return there; a decision to deny his application to remain in the UK would, in the view of the legal team, be unjustifiably harsh and breach his article 8 ECHR rights.

The Pathway team called for an occupational therapy assessment – a good example of working together with the legal advisers to help evidence his case. This assessment concluded that the patient required assistance to problem solve effectively, needed help with taking medication, cooking, meal preparation and shopping. He also could not manage outdoor mobility very well as he needed help with directions.

The Southwark Law Centre took on the case in order to assist him make a human rights claim. This was achieved via Exceptional Case Funding and therefore 'at risk' to the Centre. Case fees would only be paid by Legal Aid if the funding application were successful. This is a complex and time consuming process, but one that colleagues at the Centre were prepared to take on.

Mr B's legal case was hampered by his lack of financial resources to obtain GP records to evidence his residence or for Home Office application fees. A fee waiver process is available, but relies on very thorough preparation, which can add further delays to the process.

The fact that the Centre had taken on the case was enough to satisfy Lambeth's No Recourse to Public Funds (NRPF) team that Mr G was eligible for support and accommodation in the community. Mr G was discharged from hospital and Southwark Law Centre continued to work on his case. They were successful in receiving Legal Aid funding and were granted a fee waiver for a Home Office application. However, his human rights claim was refused and he was assisted to appeal to the Tribunal. In the end, the Home Office reviewed the case before it was due to be heard by the Tribunal and withdrew the decision to refuse the patient's human rights claim.

Mr G was finally granted leave to remain with NRPF. This means he will finally be able to live lawfully and indefinitely in the UK (by extending the limited leave currently granted) with access to mainstream housing and welfare benefits.

## 8. Project Legacy

### *Legal advice: a new core element of Pathway delivery model?*

- 8.1 The learning from the project has confirmed the original thesis that there is a need for legal advice provision for some of Pathway's most vulnerable patients. In legacy terms, the project has designed a process that works for patients, providers and Pathway teams. The process is flexible enough to meet the working arrangements of different Pathway teams on multiple sites and with several providers working on the legal advisory element. In some cases, Pathway teams are working with more than one legal provider. Despite these complexities, the project has created a process that has built a solid foundation for the next phase of work.
- 8.2 There is a unanimous view amongst all parties that the project should continue. Providers believe there is 'moral integrity' in continuing to make advice available to patients. Demand levels remain high and there is an opportunity to ramp up provision to meet this. One Pathway team remarked on the value of the service to the wider work of the team. *"Not having it [legal advice] would be a loss to the team – it's almost a selling point now for how Pathway teams can support patients."* The appetite to continue is evidenced in the fact that additional funding has been secured for a new phase of legal advice support services. All parties feel there is merit in exploring the feasibility of establishing legal advice as a core element of support offered to patients by the Pathway teams. This potential idea could be explored further through the work Pathway is undertaking to establish a social franchising model for future Pathway team delivery.
- 8.3 Another important legacy benefit is around team capacity. All teams acknowledge feeling more knowledgeable, supported and generally better equipped to deal with patients' enquiries around immigration, housing or welfare matters. Teams have continued to use this learning (e.g. from training sessions, documentation, briefing notes) even if there has been a gap in provision of legal advice pending new funding and operational arrangements coming into force. Pathway staff also value the positive and strong working relationships they have forged with legal advice providers. It is encouraging that these relationships will continue to develop during the next phase of the project.

- 8.4 Clearly, the most potent legacy outcome is around the patients who have been supported throughout the course of the project. The service has supported positive outcomes for patients from basic enquiries requiring a quick response to in-depth cases taking up to 2 years to reach a resolution. It is unlikely any of these patients would have been helped in this way by any other means. Patients benefitted from access to high quality advice from experts in their field. The support they received was free (to the patient); the fact that providers were able to access Legal Aid or exceptional case funding led to patients having cases taken on by legal professionals. The fact that enquiries were flagged during their hospital stay made this possible. It is unlikely many, or indeed any patients would have been received such comprehensive assistance if left to pursue assistance on their own.
- 8.5 In order to capture and optimise the legacy potential from the project, Pathway should consider the following:
- Cascade the training sessions and learning to other partners (including advocating the benefits to NHS partners);
  - Use existing networks to do this (e.g. via the Faculty for Inclusion & Homeless Health, the annual Faculty Symposium, hospital Trusts, other professional networks);
  - Arrange a post project review with funders (Trust for London), providers and teams to agree a strategy for lobbying policy makers on key issues arising and proposals for addressing these.

### *Value for Money*

- 8.6 Overall, the project is considered to have performed well in value for money terms. The grant lasted longer than expected and commissioners were able to extract more support than envisaged across multiple teams and using the services of three providers.
- 8.7 That said, some providers were able to do more than others with similar amounts of funding. Some of that can be attributed to the higher hourly rates of a commercial law firm (HJA) compared to those of Southwark Law Centre or the Migrants' Resource Centre. Some is also down to the capacity of providers and/or the level of referrals received from Pathway teams. As has been described elsewhere in this report, some teams were slower to refer patient enquiries and required prompting of the fact the legal advice service was available to them. The later set-up time for the Royal London project meant less time was available to deliver the service; both parties acknowledge things took a while to get this relationship working which

impacted on the number of referrals and, ultimately, on value for money. These issues were ironed out in the latter stages of the first phase of work; the Royal London team is confident the next stage of delivery will be more focused and referral rates will increase.

8.8 It is positive that some providers have taken the initiative to secure funding for the next phase of the project. Other external providers have also been successful at accessing financial support, having approached Pathway to partner with them for the funding bids. This supports the view that this work is in demand and that other partners are prepared to take the initiative to seek out and secure sustainable funding sources for the future.

8.9 Pathway has also been proactive at applying to various charitable Trusts to ensure all hospital teams have access to some form of legal advice service. Some of these bids have been successful. Section 9 sets out the arrangements for the Phase 2 project.

## 9. Plans for the Future

9.1 The following funding has been secured to support the continuation of legal assistance services for patients and London based Pathway teams, as follows:

- Pathway has secured funding to continue working with housing law firm, Hodge Jones Allen (HJA). The HJA team has recently expanded to include additional housing law specialists and paralegals. They have capacity to continue offering their tier-two enquiry service for a further six months.
- Colleagues at the Migrants Resource Centre (MRC) successfully bid for funds from City Bridge Trust. They secured three years of funding to continue an immigration legal advice service to the Royal London and UCLH Pathway teams. MRC have recruited a FTE solicitor into a new role which is dedicated to the Pathway service.
- Immigration specialist advisers at Praxis have been awarded 2 years of funding through the Mayor's Rough Sleeper Innovation Fund. This funding will be used to support a legal advice service for UCLH, the Royal London, Guy's & St. Thomas's Hospital and Newham Hospital (no Pathway team based here at present). A full-time post is assigned to this work has just been filled to support this work. Praxis has established an operational protocol with MRC colleagues to 'triage'

enquiries received from UCLH and Royal London teams and agree which provider will handle the enquiries and in-depth caseloads.

- In November 2018, Pathway secured a small amount of funding from AB Charitable Trust in support of filling any gaps in legal assistance provision. This will be used to support Southwark Law Centre to continue delivering a service for the South London Pathway teams in Guy's & St Thomas's Hospital, Kings Health Partners and SLAM. It may also be possible to use some of the funds to extend the Service Level Agreement with HJA beyond March 2019.

9.2 In addition to these secured funds, Southwark Law Centre and Pathway are working together to identify additional funding sources to secure any outstanding gaps in provision and ensure a consistent legal advisory offer across all London hospital Pathway teams.

9.3 Some Phase 2 projects started during the final quarter of 2018. Initial reports from one hospital team are extremely positive. The newly appointed solicitors in MRC and Praxis are being proactive at working with the Pathway teams and referrals are flowing well. The solicitors are also able to provide more time on site, something the Royal London team was particularly keen to improve on from previously. Having full-time, dedicated posts is already having positive impact in terms of the amount of time solicitors can spend dealing with enquiries.

## 10. Recommendations

10.1 Much of the learning from this evaluation has already been taken into account in designing the next phase of legal assistance work planned for the various hospital teams. The different project strands described in Section 9 are mostly underway; each element of the service has a different funder and/or multiple providers. Pathway is the lead on one; legal advice providers drive the rest. It is important that the learning from each project strand is captured in a consistent way to ensure there is robust evaluation across the piece and which can usefully inform what happens next. Similarly, there needs to be some consistency in communication, management and reporting across and between all projects. Pathway fulfilled this project management role previously, which facilitated a consistent approach and overview. Having multiple project leads could confuse matters. It is therefore recommended that Pathway:

RECOMMENDATION 1

*Designs and agrees a reporting protocol with each of the Phase 2 projects to ensure a joined up approach to interpreting the outputs and outcomes across all legal assistance projects.*

- 10.2 Pathway is currently undertaking work to consider the merits and viability of establishing a social franchising model for future Pathway delivery. This approach could lead to the setting up of new Pathway teams in hospitals around the country delivering a core set of services under a standard franchise arrangement. It is worth considering how the provision of legal assistance might sit within any future plans for a Pathway franchise model. It is therefore recommended that Pathway:

RECOMMENDATION 2

*Explores the feasibility of establishing legal advice as a core element of Pathway patient support services. Consider how this might form part of Pathway's social franchise model proposals.*

- 10.3 Recipients of the various training sessions held during the project advocate sharing the learning from these sessions more widely e.g. with other hospital Trusts, mental health/addiction teams, housing professionals and policy makers. Pathway can tap into its existing professional networks to share the findings from the pilot and update colleagues on progress with the next phase of work. More importantly, this process can elicit views on how to influence policy makers about relevant immigration, housing and welfare legislation.

RECOMMENDATION 3

*Agree programme of activity to cascade training and/or learning points with Pathway's partners and professional networks e.g. Faculty for Inclusion & Homeless Health, Annual Symposium etc.*

- 10.4 With regard to this last point, an immediate action is to arrange a post project review with the funder and delivery teams with the following objective:

RECOMMENDATION 4

*Agree strategy for lobbying policy makers on key issues arising and consider proposals for addressing these.*



10.5 In order to capture and optimise the legacy potential from the project, Pathway will:

- Cascade the training sessions and learning to other partners (including advocating the benefits to NHS partners);
- Use existing networks to do this (e.g. via the Faculty for Inclusion & Homeless Health, the annual Faculty Symposium, hospital Trusts, other professional networks);
- Arrange a post project review with funders (Trust for London), providers and teams to agree a strategy for lobbying policy makers on key issues arising and proposals for addressing these.