

Homeless Patients Legal Advocacy Service

Year Two Evaluation Report



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Homeless patients legal advocacy service

Southwark Law Centre (SLC) and Guy's and St Thomas' (GSTT) Homeless Team obtained funding from the Guy's and St Thomas' Samaritan Fund to provide advice and legal representation to homeless hospital patients. The project involves providing training and second tier¹ advice to the hospital's Homeless Team staff members as well as taking on clients with particularly complex immigration, housing or welfare benefits cases, so that GSTT staff are better able to support this particularly vulnerable patient group.

The Homeless Patients Legal Advocacy Service (HPLAS) started in January 2020. It is worth noting that this project has been delivered during the Covid pandemic, which required SLC to reconfigure its service to remote delivery and is still having a significant impact on both the Law Centre and hospital services.

This evaluation report covers performance and outcomes in the second year from January – December 2021 and re-visits the summary and learning points from year one in the light of additional data. The evaluator would like to thank the Homeless Team and Law Centre staff for their assistance and co-operation, once again.

Executive summary

Key findings at the end of year 2:

Despite the pressures on both hospital and law centre staff from the continuing Covid pandemic, the project has continued to deliver the benefits identified in year 1, including:

- Health and social benefits for patients
 - Patients who would not otherwise have been able to do so could access quality assured legal advice from a single provider to address all their social welfare law needs
 - The partnership model of working helps patients to obtain better health and housing outcomes
- Cost benefits to Guy's and St. Thomas' NHS Foundation Trust
 - Use of high-cost hospital resources has been reduced
- Capacity benefits to the Homeless Team
 - The project has enabled the hospital Homeless Team to support patients more effectively

The project received one of the top [London Homelessness Awards in 2021](#), which also brought with it £20,000 towards the Law Centre's work. The project has been identified as a good practice case study by the Mayor of London and features in City Hall's Health Inequalities Strategy Implementation Plan. It has also been cited in a recent study 'Defending the public purse: The economic value of the free legal advice sector', by

¹ Second tier advice is when advice is provided to a professional working with the patient rather than the patient directly.

independent financial modelling experts Pragmatix Advisory working with the Centre for Economic and Business Research (CEBR)².

Towards the end of year two, Guy's and St. Thomas' NHS Foundation Trust agreed to provide continuation funding for the project on a rolling year on year basis. This, and all the benefits set out below has been made possible by the two-year pump-priming funding provided by the Guy's and St. Thomas' Charity.

SLC is currently in discussion with Lewisham University Hospital and arranging to set up a similar service there in 2022.

Cost benefits to Guy's and St. Thomas' NHS Foundation Trust

Prior to the start of the project, it was thought that the project would reduce the time from admission to discharge and the Trust would save money that way. However, the research did not find clear evidence of this. Instead, an unexpected finding in year one was that hospital data showed an 87% reduction in inpatient admissions and an 81% reduction in bed days in a sample of patients, comparing their use of hospital resources 6 months prior to support through the project and six months after. Data on these patients in year two showed that the number bed days remained at a lower level over the six to eighteen month period post referral.

The new patients referred to the project in year 2 also showed a similar pattern in relation to bed days with an 81% reduction after six months. In relation to inpatient admissions, there was a 39% reduction. It appears that the difference between the two years reflects the serious ongoing medical conditions of the patients in year 2.

Hospital data in year one showed that support from the project enabled patients to make better use of outpatient appointments following discharge, showing a small increase in the take-up of outpatient appointments and reducing DNAs by a third. Year two data showed a dramatic increase in out-patient appointments, which almost doubled. DNAs increased slightly but this could also be influenced by the conditions affecting the patients.

It has been estimated that a night in an acute bed costs £500 on average. Overall, it appears that the project is a factor in reducing the use of high cost services and enabling patients to make better use of lower-cost health interventions.

Capacity benefits to the Homeless Team

Homeless Team staff received second tier advice from SLC on 55 complex cases by the end of year two. This exceeded the target of 50 cases. Each separate advice involved the Homeless Team member having a detailed discussion with the SLC project solicitor about a specific vulnerable patient with a complex issue preventing discharge and providing tailored advice and a detailed explanation of the steps the Homeless Team member and patient could work through to resolve this. The advice often involved the SLC project solicitor providing a written summary of the law on a specific issue that the Homeless Team member could then use directly in their advocacy with the local authority to advocate for housing or benefits. Five of these cases involved considerable legal work with several days spent on each case. As can

² Commissioned by the Community Justice Fund, published September 2021
<https://atjf.org.uk/supporting-free-legal-advice-would-save-treasury-4bn-next-year>

be seen below, the majority of these cases involved advice involving more than one category of law:

- Immigration only – 9
- Housing only – 17
- Immigration and housing – 26
- Immigration and welfare – 2
- Housing and welfare - 1

As the skills of the Homeless Team have increased through the training sessions, ongoing second tier advice and informal learning, more cases are being resolved through detailed advice rather than depending on a referral of the patient to the legal team to progress the case.

Four training sessions were scheduled which were designed for hospital staff. However, the impact of the Covid pandemic on London³ meant that the first in January 2021 had to be cancelled as training for hospital staff had to be re-prioritised. However, as the pandemic receded during the summer and autumn, three training sessions did take place which covered the Care Act 2014, the EU Settlement Scheme and Asylum Support. As in 2020 a wide invitation was extended to hospital colleagues beyond the Homeless Team. In total more than 194 training opportunities were taken up. Fewer feedback forms were received than in 2020; but the feedback that was received was positive. The law centre staff considered offering an additional training session before the end of the year but as many hospital staff were taking leave in the run up to the holiday period, it was decided to add an extra session in 2022.

Learning point It was decided to use an online feedback form for training to make it easier for hospital staff to provide feedback. This was used for the first training session of year three and resulted in a very high response rate. The [online form](#) will be adopted for year three.

Homeless Team staff were asked for feedback on the service provided in year two (see Appendix 5 for questions which staff were asked to respond to the evaluator direct by email). Again, numbers of responses were lower than year one; but responses were positive.

100% of respondents said they found it easy to contact the Law Centre and also that they felt being able to work with the Law Centre helps them to support patients more effectively. The Law Centre had been able to accept referrals from the majority of staff who answered that question. A staff member made the following comment:

Very responsive service that provides very clear professional support. The service has been brilliant and we look forward to working closely with Southwark Law Centre in 2022.

³ By 7 March 2021, 7,816 in every 100,000 Londoners had tested positive, compared to an average of 6,260 per 100,000 people across the rest of England. Adjusted for age, London had the highest mortality rate in the UK. Trust for London data <https://www.trustforlondon.org.uk/londons-poverty-profile-2021-covid-19-and-poverty-in-london/covid-19-infections-and-mortality/>

Health and social benefits for patients

Criteria for the Homeless Team to refer a case to SLC include; unsafe discharge destination, frequent hospital admission/attendances, no recourse to public funds (so unable to access housing and benefits support), long term health needs, vulnerabilities/substance misuse/additional mental health needs, limited or no support from community services.

Before the project started, the target for complex client cases to be accepted by the law centre caseworker was 30 per year. By the end 2020, SLC had taken on 30 client referrals from the Homeless Team, which met the target. These were cases which were sufficiently complex to require formal legal advice and representation. What was not fully understood until later in 2020 is that these complex cases could not be resolved within a year due to Home Office delays, evidence gathering and client vulnerabilities, and the impact this would have on the team's capacity to take on new cases in subsequent years.

The majority of immigration clients require a large volume of work, including planning, evidencing, drafting and submitting immigration applications and also resolving their housing issues while they await an immigration decision. Towards the end of year one it became apparent that due to the complexity of the referrals many of these cases cannot be resolved within a year. This was one of the learning points noted in the year one evaluation report. See [appendix 4](#) for more information.

This is particularly the case for immigration clients, due to the time the Home Office takes to make decisions (running at over a year for asylum decisions in September 2021⁴ and well beyond published processing times for immigration applications according to specialist immigration barristers⁵). The pandemic has led to most Home Office staff working from home and significantly increased immigration application waiting times. Applications for vulnerable homeless clients can also take longer due chaotic lifestyles, prevalence of mental health issues, and difficulty obtaining lost documents. Most human rights immigration applications require significant amounts of evidence, detailed statements and expert reports which can take several months to gather.

The Home Office was refusing 37% of asylum applications as at September 2021 but 43% of these were subsequently overturned on appeal⁶ There are also significant delays in the Immigration Tribunals listing hearing appeals. The charity Right to Remain states that some appeals can take up to a year to be listed⁷. This means cases taken on by Law Centre caseworkers need to remain open but may become active at any time and require significant additional work within tight deadlines, depending on the nature of the decision by the Home Office.

From the first year (2020) caseload, 11 cases continued into 2021 and 9 of these will continue into 2022. At the end of year two, there was a caseload of 37 cases, of which 25 had been opened during 2021. Of these 25, 13 had completed by the end of the year and 12 will continue

⁴ Evidence to the Home Affairs Select Committee by Home Office Permanent Secretary Matthew Rycroft 22 September 2021. <https://committees.parliament.uk/oralevidence/2778/default/>

⁵ UK Visa Processing Times and Home Office Delay, Richmond Chambers <https://immigrationbarrister.co.uk/uk-visa-processing-times-and-home-office-delay/>

⁶ Refugee Council <https://refugeecouncil.org.uk/information/refugee-asylum-facts/top-10-facts-about-refugees-and-people-seeking-asylum/>

⁷ Right to Remain <https://righttoremain.org.uk/toolkit/appeal-hearing/>

into 2022. At the start of 2022, the legal team will have 21 existing cases from the project still ongoing. SLC is therefore adjusting the number of new cases the project will take on so that the legal team can continue to deal with complex ongoing cases and maintain high quality of advice and achieve successful outcomes.

Hospital monitoring data showed that patients whose cases were taken on by SLC obtained even better outcomes than in terms of reduction in sleeping rough/night shelters and securing their own accommodation, whether supported or unsupported than patients who were not ([see below](#)).

The increased legal expertise of the Homeless Team, following ongoing training and second tier advice, is also expected to provide improved outcomes for patients who may be able to resolve issues without needing a formal referral and take conduct of the case.

Learning point It is proposed to monitor the outcomes for the patients where the Homeless Team receive second tier advice more closely in 2022 to see the extent to which this also improves housing outcomes.

Learning point The target for new clients referred to SLC for conduct of their case is to be adjusted to enable the team to maintain high quality legal work for the ongoing clients from previous years.

The following case study shows how the Homeless Team works with SLC to ensure a patient receives expert legal advice when they would not otherwise have done so. It also shows how legal advice can improve health outcomes. The patient was taken on by SLC in year one, and his asylum case is ongoing:

A young man who had recently arrived in the country and had advanced kidney disease requiring dialysis three times per week was referred to the Law Centre after a member of the homeless team noticed that he didn't know where he was and was very reluctant to speak about what had happened to him.

On taking his instructions the Law Centre identified him as a potential victim of trafficking and advised that he claim asylum. The member of the homeless team accompanied him to Croydon to apply for asylum and stayed with him late into the evening until he was provided with Asylum Support accommodation. The team member also helped the Law Centre to obtain supporting medical evidence to help ensure the client was housed near to the hospital to access his treatment.

The client has since received a positive reasonable grounds decision as a victim of trafficking, and the Law Centre is assisting him in preparing for his asylum interview. At the start of the pandemic the homeless team again supported the case by providing a letter confirming that the client needed to shield and could not share a room, resulting in the Law Centre being able to arrange for him to be moved to self-contained accommodation.

This client is still waiting for the Home Office to schedule his asylum interview, and he remains a client of Southwark Law Centre. The caseworker has assisted him in preparing a statement setting out his account, and in gathering evidence of the unavailability of his required treatment in Vietnam and his fear of re-trafficking if returned. When his interview is scheduled (which could be at any time) SLC will assist him in preparing, thoroughly check his interview records and draft detailed legal representations setting out his eligibility for asylum. This will require a large piece of work within a tight time scale at short notice.

The client remains housed in asylum support accommodation and continues to be able to access outpatient dialysis at GSTT.

Client feedback on SLC's service

A sample of clients provided feedback on the service they received in year two. The following are typical comments, more information can be [found below](#):

'Congratulations on your service and work, I am very appreciative of the job SLC has done for me.'

'Southwark Law Centre's work is very excellent and I have no complaints or suggestion on how to improve.'

Partnership model securing better health outcomes

The Kerslake Commission on Homelessness and Rough Sleeping final report, published in September 2021⁸ stresses that street homelessness must be seen as both a health and housing issue and that there is also a need for legal advice on immigration matters if housing issues are to be resolved⁹. This project provides evidence that such an approach does produce positive results.

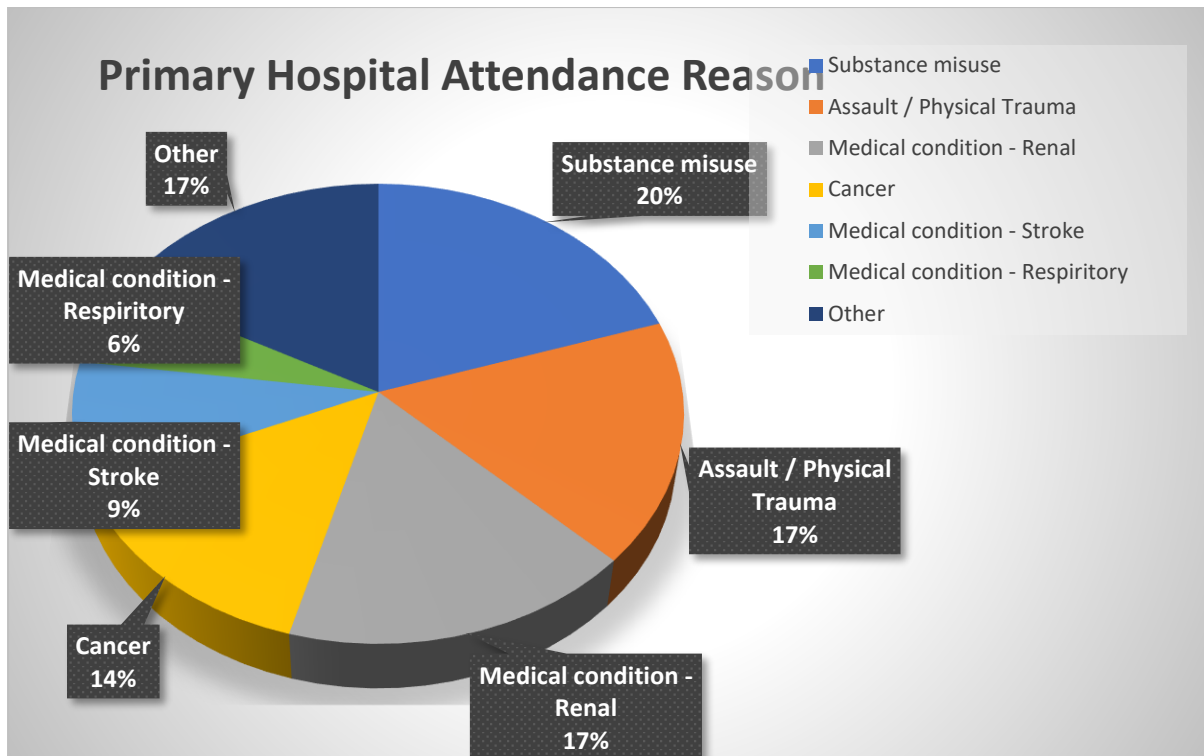
The Homeless Team has found that people with secure accommodation need fewer health interventions. There are also fewer unplanned hospital admissions. In year one it appeared that Homeless Team outcomes showed an improvement, as a result of SLC support to the Homeless Team, particularly in relation to a reduction in the number of patients discharged to live rough, in a night shelter or B&B. In year two, no patients referred to the project were discharged to sleep rough, which is an excellent outcome as street homeless people experience significantly worse health than people who are housed. Some increased funding was made available to local authorities to house rough sleepers after the end of the 'Everybody In' initiative in May 2020; but this is unlikely to explain the outcome entirely. As the Kerslake Commission observed, further funding and systematic changes are required to produce permanent solutions. This project provides an example of changes that can produce very positive results.

Hospital data for year one showed a small increase in the take-up of outpatient appointments and a reduction of missed outpatient appointments by a third in the six months following referral. In the 12-18 month period following referral missed appointments were running at 12%, almost half of the rate prior to referral to SLC. This suggests that with more stable accommodation, clients are able to maintain ongoing treatment rather than needing to use emergency department resources and subsequent admission.

However there were some differences in the use of hospital resources between patients in years one and two. Year two data showed a dramatic increase in out-patient appointments, which almost doubled. DNAs increased slightly but this could be influenced by the conditions affecting the patients. The graph below shows that the most common primary reason for attending hospital was substance abuse (20% of patients), followed by physical abuse/trauma, which is often associated with substance abuse. It is likely that these patients would have more difficulty attending pre-booked appointments due to a chaotic lifestyle.

⁸ https://usercontent.one/wp/www.commissiononroughsleeping.org/wp-content/uploads/2021/11/KRSC_Final_Report_29_11.pdf

⁹ Kerslake Commission on Homelessness and Rough Sleeping, Final Report, September 2021, p.12.



Hospital staff feedback on SLC's service

Homeless Team staff were asked for feedback on the service provided in year two (see [Appendix 5](#) for questions which staff were asked to respond to the evaluator direct by email). Again, numbers of responses were lower than year one; but responses were positive.

All the respondents had asked for support in relation to housing, immigration and asylum issues. They found it easy to contact the Law Centre and also that they felt being able to work with the Law Centre helps them to support patients more effectively. The Law Centre had been able to accept referrals from the majority of staff who answered that question. A staff member made the following comment:

Very responsive service that provides very clear professional support. The service has been brilliant and we look forward to working closely with Southwark Law Centre in 2022.

Impartial legal support enables patients to challenge previous adverse housing and welfare benefits decisions, which enables them to gain access to secure housing and benefits support and improved health outcomes are a result. Members of hospital staff provided the following comments in year two which shows the benefits that the HPLAS service continued to achieve good outcomes for patients/clients:

'A patient was able to be discharged after a long admission to hospital with the help of SLC who challenged the council's negative housing decision. She has now been placed in accommodation and receiving the care and support she needs.'

'You can see reduced hospital attendances in some cases.'

'The guidance provided to the team empowers us to advocate for patients, often ensuring that they do not return to the street or appropriate assistance is provided either by the home office or the local authority who at times can try to escape their duties.'

'We appreciate being able to access Southwark law for advice on complex cases. We have had several cases in the last year where there have been positive immigration outcomes. There have been some brilliant outcomes to secure either immigration status or accommodation.'

'The collaboration of health and legal support gives a holistic health outcome.'

Homeless Team members were asked to sum up the service in a few words. Comments were consistently positive in both years. The following comments were typical of year one:

'A necessary, useful service that serves disadvantaged patients that need to have their human rights met.'

'Amazing and awesome – of massive benefit to people and support to the team.'

'Helpful, compassionate, live saving and life changing.'

The year two comments were extremely similar, which shows that SLC staff continued to work in the same way:

'Supportive, knowledgeable, successful and reliable.'

'Helpful, approachable, and passionate about what they do.'

Key learning points from year 1 and 2

- The service provided by SLC is well understood and valued by the homeless team staff.

Training

- Training by SLC staff adapted quickly to online delivery and enabled practitioners to access continuing professional development almost throughout the pandemic.
- Feedback from attendees informed the structure of the sessions and the topics to be covered. SLC trainers included guidance on pre-reading materials for those attendees with less experience of the topic. This allowed them to go into greater detail and tailor sessions appropriately.
- Training feedback continued to be positive.

Second tier support

- As the homeless team's expertise increased through the training sessions and informal learning from the SLC solicitors they became increasingly able to resolve a patient's legal issues without the legal team needing to accept a formal referral and take conduct of the case. It is proposed to monitor the outcomes for these patients more closely in 2022 to assess the long term benefits for clients.

Casework

- Cases taken on by the SLC solicitors are particularly complex and take a long time to resolve due to the Home Office process. What was not fully considered until 2021 was the impact that would have on the team's capacity to take on new cases. The numbers of cases which can be taken on will be adjusted in year three to allow ongoing legal representation for existing clients referred through the project. It is also anticipated that the increased capability and capacity of the hospital Homeless Team will provide improved outcomes for patients assisted via second tier advice rather than a referral for legal advice and representation. This will be monitored in year three.
- The year one survey of clients was very positive about the service that was received, the responsiveness and approachability of SLC staff. It showed that whilst most found emails or letters from their caseworker very easy or fairly easy to understand, some struggled. A further survey in year two found even more positive responses and all the clients said they found the information and advice provided by SLC caseworkers was very easy to understand and this included letters and emails.

Outcomes

- The Homeless Team's outcomes show improvements, particularly in relation to reduced numbers of patients discharged to live rough, in a night shelter or B&B. It is likely that this is influenced by SLC's support to the Homeless Team. In year two no patients who were legal clients of SLC were discharged to live rough. Although more funding had been made available by central government, this did not end rough sleeping following the end of the 'Everyone In' initiative during Covid lockdown one, so it is likely that the project was continuing to have a positive impact. See [outcomes of interventions by the Homeless team for more information](#).
- Feedback from staff in year one showed opinion was divided about whether SLC support reduced patient's length of stay in hospital. On reflection, length of stay was considered likely to be longer than average, due to the fact that only very vulnerable patients with complex needs are referred to SLC. Other factors beyond the project's control made it difficult to measure the impact on length of stay. Therefore, this measure was not considered a useful indicator of the effectiveness of the project and was not monitored in year two.
- Hospital data in year one showed that support from the project contributed to enabling patients to make better use of outpatient appointments following discharge, slightly improving the take-up of out-patient appointments and reducing missed appointments by a third. In year two, out-patient appointments almost doubled. Missed appointments increased by 5% rather than reducing; but this is likely to reflect the conditions which were the primary reason for attending hospital. 20% of patients presented due to substance abuse and a further 17% due to abuse or trauma, often associated with substance abuse. Substance abuse also increases the tendency to a chaotic lifestyle which is not conducive to keeping pre-booked appointments.
- Patients in years 1 and 2 made different use of hospital resources. In the six months prior to referral the 18 patients in year 2 used more than twice as many bed days as the 17 patients in year 1, suggesting that they had more serious, continuing and

chronic conditions. Their use of the Emergency Department went up by 25% in the six months after referral to the project. However, use of in-patient services went down by 39% and bed days by 81% which was very similar to the profile of year 1 patients.

- Overall, the pattern of use of resources is very similar in both years; that in the six months and more following referral, patients use less costly resources and far fewer bed days. Hospital data in both years one and two showed a significant reduction in the use of high-cost hospital resources. Comparing use of resources across both years six months prior to support through the project and six months after for a sample of patients showed a 23% reduction in in-patient admissions and an 93% reduction in bed days. This must have generated significant savings for the trust.

Learning points from years one and two and are listed at [appendix 4](#) for ease of reference.

Sharing the model

SLC and the Homeless Team hope that through sharing their experience and evaluation report other organisations will be able to set up similar projects to assist homeless people elsewhere in the UK. The team is in discussion with University Hospital Lewisham and is making arrangements to expand the service there in 2022.

A presentation on the project was presented to the Law Centres Network and at the Pathways Conference.

SLC hosted an event to launch the year one evaluation report in March 2021, inviting health professionals and representatives of Local Authorities, Homeless Link, the Greater London Authority, NHS managers and Trusts and Foundations which are aware of the importance of these areas of policy as well as representatives from other Law Centres and legal advice agencies who expressed a great deal of interest in the project. SLC would very much like to develop a 'How To' guide to make it easier for others to replicate the model elsewhere and is seeking a funding for this.

As part of the London Homeless Award process, the team made a presentation on the project to a panel including representatives from the key stakeholders, which include the London Housing Foundation, The Mayor of London, the London Housing Directors' Group, Crisis and Shelter.

Introduction to the evaluation

The evaluator was appointed in March 2020 (see [Appendix 1](#) for more information). A draft evaluation framework had already been adopted by the GSTT Homeless Team and SLC to enable data to be collected from the outset of the project. The evaluator agreed that the data being collected is appropriate to test the key outcomes of the project and some further data collection was agreed in relation to staff capacity-building and patient feedback. Hospital statistics were also made available. The evaluation would not have been possible without the help and input from the Homeless Team's Business Manager.

Key outcomes and indicators

This section of the report maps the project's key outcomes against indicators showing the data collection methods used.

The project adopted three key outcomes:

Outcome	Data source
Capacity building for GSTT's Homeless Team's frontline support workers who because of the knowledge sharing and advice will be better able to identify legal issues for homeless patients and provide earlier, more effective interventions	<ul style="list-style-type: none"> • Numbers of homeless pathway staff accessing second tier advice from the Law Centre in order to assist a patient themselves • Numbers of homeless pathway staff attending training sessions • Qualitative data gathered from staff attending training sessions and a further survey (feedback forms – see appendices)
Frontline support workers will have access to expert advice to deal initially with queries, better informing medical staff re discussions of Length of stay, reducing attendances and anticipated outcomes (up to 50 cases per year)	<ul style="list-style-type: none"> • Numbers of homeless pathway staff/volumes of second tier advice provided by SLC in order to assist a patient themselves • Hospital data on length of stay, reducing attendances and outcomes of interventions by the homeless team
GSTT patients who suffer from homelessness and other complicating factors will have better health outcomes through increased access to legal aid and onward support services (up to 30 cases per year)	<ul style="list-style-type: none"> • Numbers of cases referred to Law Centre staff • Outcomes of cases referred to Law Centre staff • Qualitative data gathered from patients who were referred to the Law Centre (structured telephone questionnaire, patient contacted by a Law Centre volunteer not involved in their case)
<p>For future sustainability, this 2-year programme will develop the evidence base for funding proposals seeking continuation funding and possible replication of the model elsewhere.</p> <p>Towards the end of year two, Guys and St. Thomas' Hospital Trust agreed to provide continuation funding for the project on a year on year basis.</p>	<ul style="list-style-type: none"> • Outcomes data as above • Qualitative data gathered from the homeless team • Evaluation reports generated during the project • Media exposure, including social media • Speaking at relevant events

Project progress towards milestones and outcomes

This section of the report sets out progress towards project milestones. The table below shows headline figures. A more detailed analysis appears below.

Due Date	Year Two Milestone	Date completed	RAG rating
January 2021	New housing and immigration caseworker allocated to the project to cover maternity leave and receives induction.	January 2021	Green
March 2021	First year evaluation report finalised and widely circulated.	March 2021	Green
March 2021	Launch event for evaluation report attended by potential funders/ commissioners.	March 2021	Green
May 2021	Two funding applications submitted to enable continuation of the project. London Homeless Awards - £20k funding GSTT confirmed continuation funding in October 2021	October 2021	Green
December 2021	Analysis of outcomes completed using hospital data on use of resources. Data was collected throughout the project.	December 2021	Green
By December 2021	Frontline support workers access legal advice helping them to deal with 50 complex cases. Detailed advice was provided in 55 cases.	End of December 2021	Green
By December 2021	30 complex cases dealt with by the caseworker. By end of December 2021, the project had a caseload of 37 ongoing complex cases. This included 25 new cases taken on during 2021.		Green
By December 2021	4 Training sessions held reaching 20 members of staff. At least 194 members of staff attended 3 training sessions in 2021. The sessions covered the Care Act 2014, the EU Settlement Scheme and Asylum Support. A session planned for January 2021 had to be cancelled due to Covid pressures on the hospital and staff. An additional session is planned for 2022.		Amber

Outcome Analysis

Hospital staff involved in the project

There were 12 staff posts in the GSTT homeless team: a business and data manager, an operational lead, 1 senior housing worker, 4 housing workers, 1 student nurse placement, 1 social worker, 1 clinical nurse specialist, 1 deputy clinical nurse specialist, and 1 occupational therapist. During 2020-2021, 1358 patients were referred to the GSTT homeless team. They were able to assess and assist 753 patients (55%). Kings College Hospital (KCH) also has a homeless team. During 2020-2021 568 patients were referred to the KCH homeless team. They were able to assess and assist 382 patients (67%). Both teams were part of the homeless patients legal advocacy service project and data from both teams is used in this report.

Outcome Tier 1

Capacity building for GSTT's Homeless Team's frontline support workers who because of the knowledge sharing and advice will be better able to identify legal issues for homeless patients and provide earlier, more effective interventions.

Indicator - Numbers of homeless pathway staff accessing second tier advice from the Law Centre in order to assist a patient themselves.

In Year 2, Homeless Team staff received second tier advice from SLC on 55 complex cases by the end of the year. This exceeded the target of 50 cases. As can be seen below, the majority of these cases involved advice involving more than one category of law:

- Immigration only – 9
- Housing only – 17
- Immigration and housing – 26
- Immigration and welfare – 2
- Housing and welfare - 1

Readily accessible legal advice on immigration issues is particularly important for hospital staff as giving advice on immigration/asylum without being regulated is a criminal offence. The distinction between information and advice can be difficult to identify. Having the benefit of legal advice means that hospital staff can be clear when they are able to provide information to patients and when they need to refer a patient to SLC for legal advice/representation. Having access to the SLC project solicitor avoids any inadvertent breach of the law by Homeless Team members.

Each separate advice involved the Homeless Team member having a detailed discussion with the SLC project solicitor about a specific vulnerable patient with a complex issue preventing discharge and providing tailored advice and a detailed explanation of the steps the Homeless Team member and patient could work through to resolve this. The advice often involved the SLC project solicitor providing a written summary of the law on a specific issue that the Homeless Team member could then use directly in their advocacy with the local authority to advocate for housing or benefits. Five of these cases involved considerable legal work with several days spent on each case.

As the skills of the Homeless Team have increased through the training sessions and ongoing second tier advice and informal learning, more cases are being resolved through detailed advice rather than depending on a referral of the patient to the legal team to progress the case.

It appears that SLC has continued to provide a level of staffing which is able to respond to demand from the hospital staff. All the staff who responded to the survey in year two said that it was easy to contact them.

Indicator: Numbers of homeless pathway staff attending training sessions

Four training sessions were scheduled which were designed for hospital staff. However, the impact of the Covid pandemic on London¹⁰ meant that the first planned training in January 2021 had to be cancelled as training for hospital staff had to be re-prioritised. However, as the pandemic receded during the summer and autumn, three training sessions did take place which covered the Care Act 2014, the EU Settlement Scheme and Asylum Support. As in 2020 a wide invitation was extended to hospital colleagues beyond the Homeless Team. In total more than 194 training opportunities were taken up, which is likely to be an underestimate of the people who attended, as some people shared a device with a colleague. This was more than for the four sessions delivered in 2020 (125).

SLC staff considered offering an additional training session before the end of the year but as many hospital staff had planned leave in the run up to the holiday period, it was decided to add an extra session in 2022.

Fewer feedback forms were received than in 2020; but all the feedback that was received was positive. At the end of year two it was decided to use an online feedback form for training to make it easier for hospital staff to provide feedback. This was used for the extra training session at the start of year three and resulted in a very high response rate. The online form will be adopted for year three.

Summary

- Feedback was overwhelmingly positive.
- All those who returned feedback forms said the training was fairly or very relevant given their existing level of knowledge.
- All those who returned feedback forms said they felt they had a better or much better understanding of the subject area following the session and most could recall specific issues they had learned.
- Almost all those who returned feedback forms said they had gained ideas they could usefully implement in their job.

Indicator: Qualitative data gathered from staff attending training sessions

Some typical comments made by the homeless team about the training sessions:

¹⁰ By 7 March 2021, 7,816 in every 100,000 Londoners had tested positive, compared to an average of 6,260 per 100,000 people across the rest of England. Adjusted for age, London had the highest mortality rate in the UK. Trust for London data <https://www.trustforlondon.org.uk/londons-poverty-profile-2021-covid-19-and-poverty-in-london/covid-19-infections-and-mortality/>

'Indebted to the knowledge provided to improve my practice.'

'Was really helpful as the legislation is changing very quickly and it's hard to keep up to date as to what support patients/residents require.'

'It made me feel very informed and increased level of confidence on the process of application.'

'We had experienced a number of recent challenges relating to this therefore course contents were invaluable.'

'It was a very insightful teaching session and really helpful given the current climate.'

[The most memorable thing I learned on the course was:] *'The actual changes and practically what they mean for people now. I now know what questions to ask people in order to ascertain what needs doing / where to refer them.'*

Outcome Tier 2

Frontline support workers will have access to expert advice to deal initially with queries, better informing medical staff re discussions of length of stay, reducing attendances and anticipated outcomes (up to 50 cases per year)

Indicator: Availability of Law Centre staff, volumes of advice provided.

Indicator: Numbers of homeless pathway staff accessing second tier advice from the Law Centre in order to assist a patient themselves

See Tier 1 outcome above as the indicator is the same and the evidence above is also relevant to this outcome.

It may be noted that some of the comments in relation to training are directly relevant to this indicator.

Indicator: Hospital data on use of resources, including reducing attendances, kindly analysed by the Homeless Team's Business Manager.

Hospital data on the use of resources

It appears that patients referred to the project in year two had more serious, continuing and chronic health conditions than the year one patients. The Homeless Team's Business Manager analysed data 6 months either side of referral to SLC for 17 patients in year one and 18 patients in year two). The reason that this is a smaller number than the total number of patients referred is that these patients had used hospital services both six months prior to

referral and six months after. As such, they are likely to be patients with serious and/or ongoing health conditions in both years.

In the sample analysed, the 18 patients in year two had been admitted for 768 bed days prior to referral (42.7 days on average) compared to the 17 patients in year one who were admitted for 313 bed days prior to referral (18 days on average).

Outpatient appointments

	Six month period prior to referral	Six month period post referral
Year 1 – 17 patients	93	187
Average per patient Year 1	5.47	11
Year 2 – 18 patients	67	132
Average per patient Year 2	3.7	7.3

There was double the number of appointments post referral in year one, however one GSTT patient had been having dialysis appointments approximately every other day since being referred to SLC and these 82 additional appointments for one patient skewed the results significantly. In year one we took them aside resulting in a small increase in outpatient appointment engagement. In year two, we saw the same pattern of a renal patient making a significant impact on the data but we did not set them aside as it appears to be a typical pattern for patients referred to the project.

The increase in out-patient appointments in both years is a positive finding as it suggests that patients were better able to engage with their programme of treatment if they were being supported by the project.

Missed outpatient appointments

	Six month period prior to referral	Six month period post referral
Year 1	20 (21% of appointments)	13 (7% of appointments)
Year 2	12 (19% of appointments)	15 (24% of appointments)

In year 1 only two patients had an increase in missed outpatient appointments after referral and both of those had significantly more appointments to attend.

In year 2 missed appointments went up in the six months after referral. It appears that this was due to there being many more appointments in year 2, and also due to the conditions with which the patients were presenting.

Emergency Department (ED) attendances

	Six month period prior to referral	Six month period post referral
Year 1	15	3
Year 2	12	15

There were no true examples of high ED use or 'frequent attenders' in the year 1 cohort. Only 3 out of 17 patients attended an ED more than once in the six months preceding their referral. This totalled 9 attendances. These same three referrals had only one attendance between them in the six months after referral. Overall an 80% reduction in ED attendances in year 1 was a very encouraging result.

In year 2, emergency department use went up by 25% in the six months post referral. This appears to be due to the primary reason for the patient attending hospital (please see page 8 above).

Inpatient admissions

	Six month period prior to referral	Six month period post referral
Year 1	47	6
Year 2	27	17

Bed days

	Six month period prior to referral	Six month period post referral
Year 1	270	52 (-81%)
Year 2	768	141 (-81%)

Inpatient admissions went down six months post referral in both years. This must have produced a significant reduction in expenditure.

Year 1 and Year 2 Patients – totals

TOTAL ALL	OP or day case appts	DNAs	ED attendances	IP Admission	Total no. bed days
Six month period prior to referral	160	33	27	74	1081
Six month period post referral	322	47	18	20	150

Year 1 and Year 2 Patients – averages

AVERAGE ALL	OP or day case appts	DNAs	ED attendances	IP Admission	Total no. bed days
Six month period prior to referral	4.6	0.9	0.8	2.1	30.9
Six month period post referral	9.2	1.3	0.5	0.6	4.3

The data show a very impressive reduction in the use of hospital resources. In year 1 there was an 87% reduction in inpatient admissions and 81% reduction in bed days. In year 2 there was a 39% reduction in inpatient admissions and a 81% reduction in bed days. This suggests that the project does have an influence on reducing the use of high cost hospital resources and has the potential to demonstrate significant savings for the hospital, particularly it seems when considering NRPF patients with chronic blood conditions.

Year 1 patients in year 2

The following table shows that emergency department attendances, inpatient admissions and bed days remained low up to 18 months post referral to the project.

TOTAL YEAR 1	OP or day case appts	DNAs	ED attendances	IP Admission	Total no. bed days
Six month period prior to referral	93	20 (21% of appts)	15	47	313
Six month period post referral	190	13 (6% of appts)	3	3	9
Six to twelve month period post referral	50	13 (26% of appts)	1	15	15
Twelve to eighteen month period post referral	139	17 (12% of appts)	5	4	3

Learning point The project contributed to enabling year one patients to make better use of outpatient appointments following discharge, slightly improving the take-up of out-patient appointments and reducing DNAs by a third six months after referral. DNAs rose in the six to twelve month period after referral; but then reduced again in the following six months. Bed days remained low.

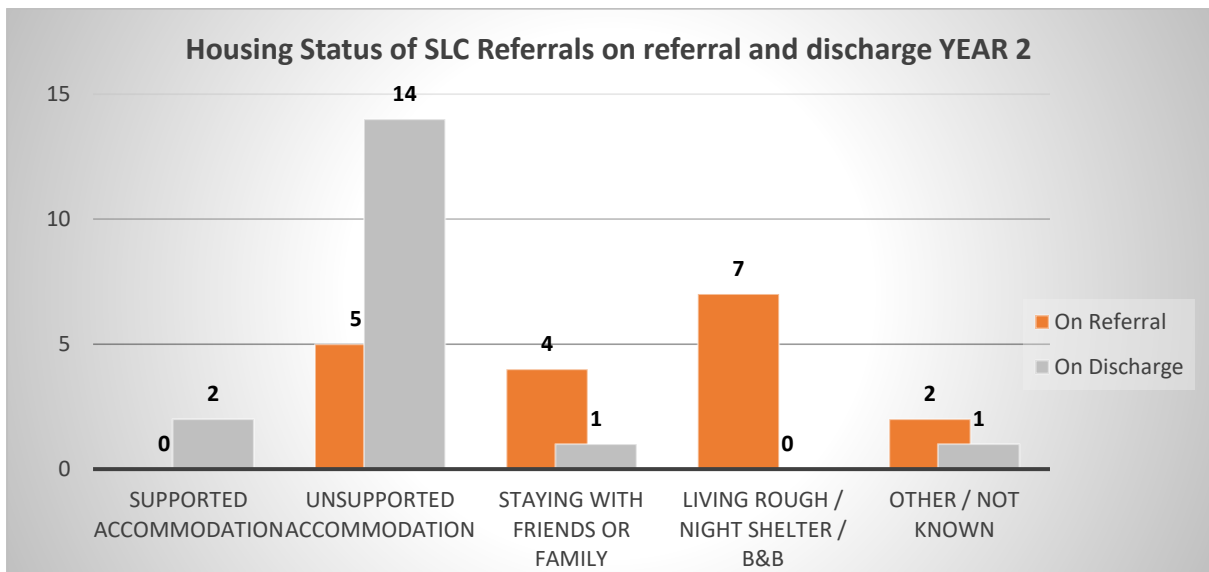
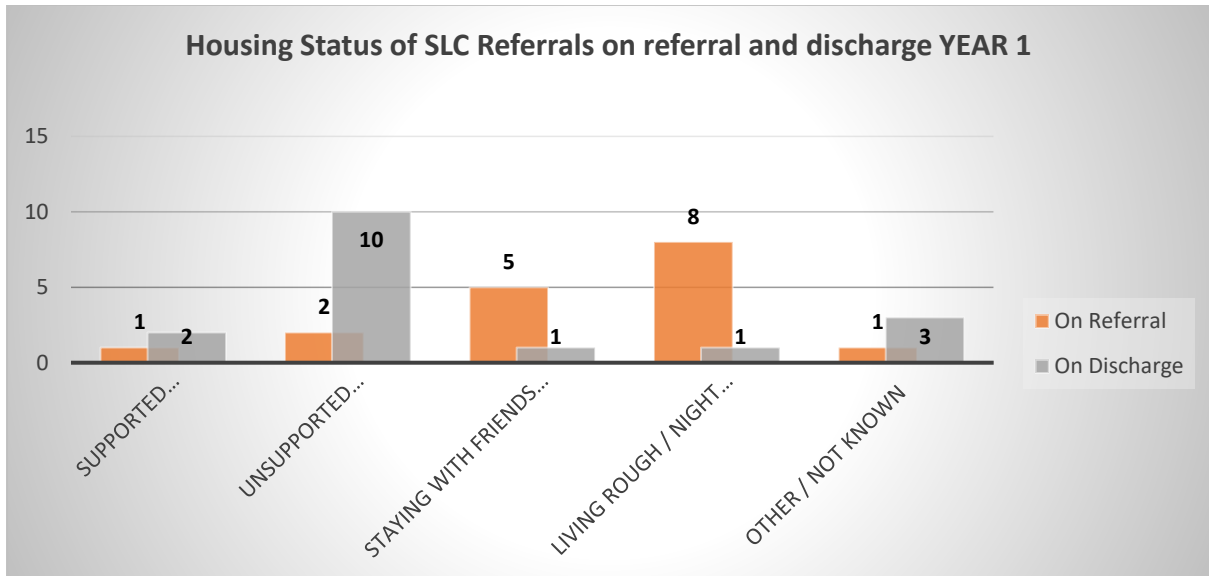
Learning point Support from the project led to a significant reduction in the use of high-cost hospital resources.

Improved housing outcomes for patients referred to SLC

The Homeless team Business Manager provided data on the housing status of patients on admission and discharge as an indicator of effectiveness in improving the housing situation for patients. The data below relates patients, who were referred to SLC for casework.

The tables below show that in both years, the housing status of patients referred to SLC improved significantly, with only one client still sleeping rough or in a night shelter (none in year two). Patients referred to SLC were also much more likely to have their own

accommodation rather than staying with friends and family. This is often the result of SLC's legal work to regularise the person's immigration status, which then provides access to housing provision through local authorities. SLC is also able to advise on any housing or homelessness legal issues which may arise subsequently.



Outcomes of interventions by the homeless team

The Homeless team monitors the housing status of patients on admission and discharge as an indicator of the team's effectiveness in improving the housing situation for patients. The data below relates to all patients, not just those who are referred to SLC for casework. It includes outcomes for patients whose cases are referred to SLC for second tier support and patients who are not referred to SLC at all.

In year one (2019-2020), data collected by the Homeless team demonstrated that they were able to obtain better housing outcomes by getting patients into supported accommodation and better reductions for those relying on friends or family to accommodate them..

The HPLAS project started in January 2020, and outcomes demonstrating its impact would take time to work through, so in year one, we decided to continue to monitor this indicator in year two. We see the same pattern of better housing outcomes across all patients.

Average outcomes for both hospitals 2019-20 and 2020-21

Housing status	On referral	On discharge
Living rough / night shelter / B&B		
2019-20	38.5%	24%
2020-21	33%	14%
Staying with friends / family		
2019-20	26.5%	17%
2020-21	24%	13.5%
Unsupported accommodation		
2019-20	13.5%	27.5%
2020-21	23%	40%
Supported accommodation		
2019-20	11.5%	13%
2020-21	25%	14%
Other / not known		
2019-20	11%	18.5%
2020-21	9%	17.5%

The figures show that housing status on discharge improved in year two compared to year one. The figures may be influenced by the 'Everyone In' initiative in 2020; but it is worth noting the patients discharged sleeping rough in night shelters or B&B in year two improved by 19% between referral and discharge, compared to 14.5% in year one suggesting that the project is making a positive impact for both those patients who are taken on as clients for legal casework by SLC as well as those who benefit from second tier advice through Homeless team members and capacity building as a result of training sessions.

Comparison with the SLC outcomes data shows that patients whose cases were taken on by SLC obtained even better outcomes in terms of reduction in sleeping rough/night shelters and securing their own accommodation, whether supported or unsupported.

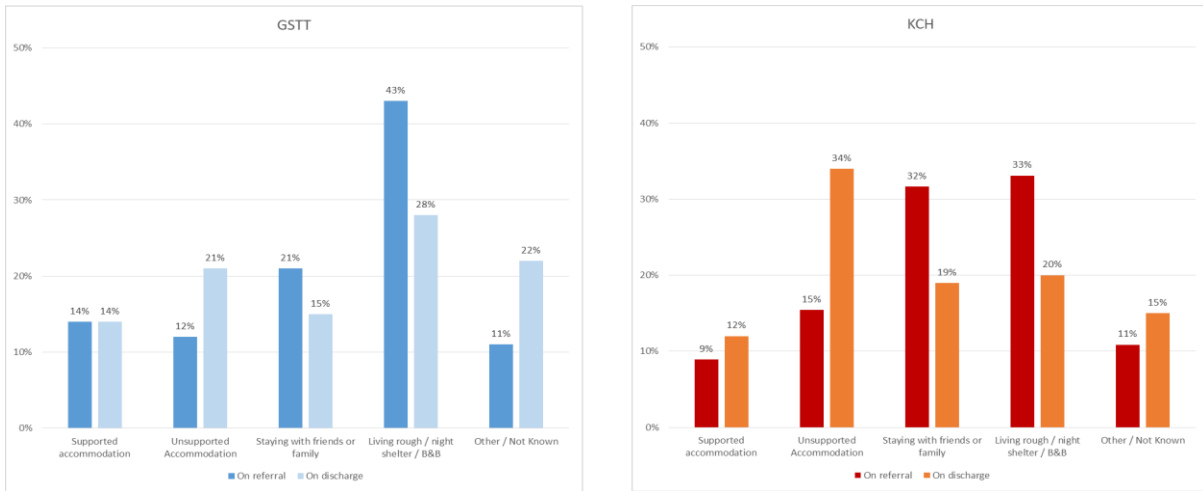
Learning point: The project is making a positive impact for both those patients who are taken on as clients for legal casework by SLC as well as those who benefit from second tier advice through Homeless team members and capacity building as a result of training sessions.

Learning point: Patients whose cases were taken on by SLC obtained even better outcomes than in terms of reduction in sleeping rough/night shelters and securing their own accommodation, (whether supported or unsupported accommodation) than patients who were not.

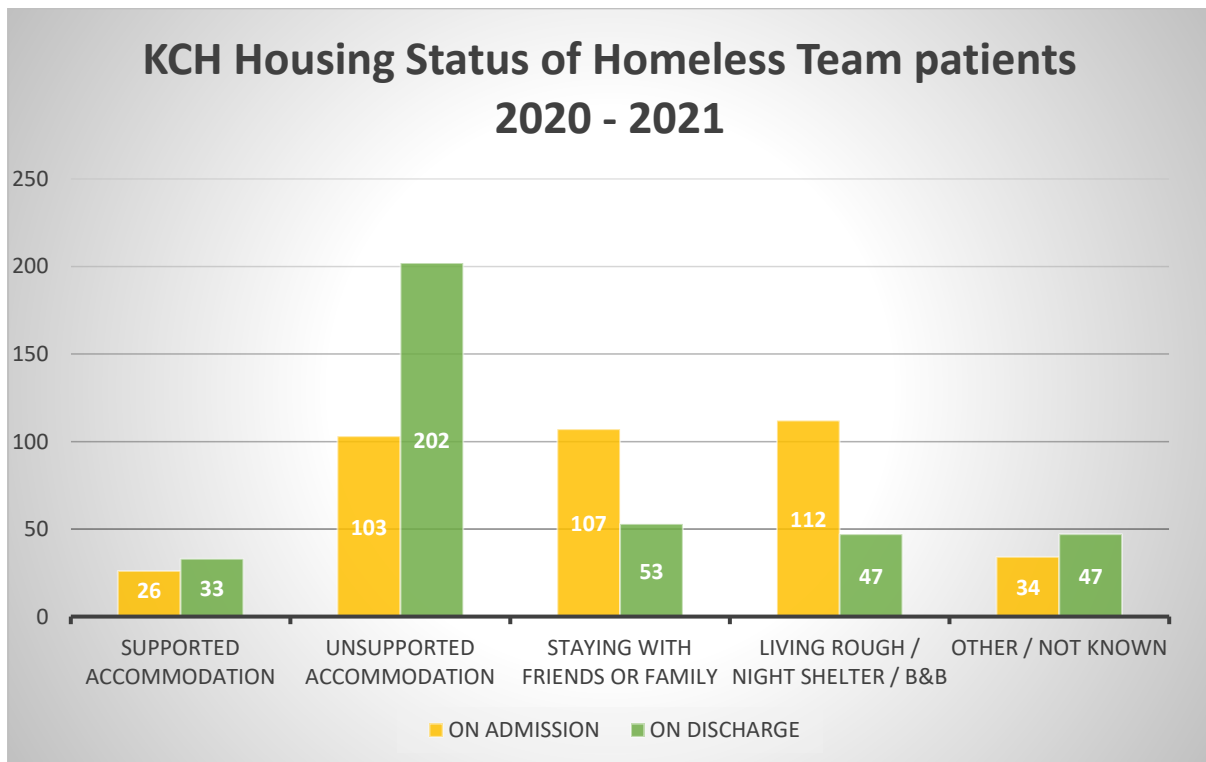
Learning point: It would be useful to monitor the outcomes for patients whose cases were referred to SLC for second tier support, to see the extent to which this also improves housing outcomes.

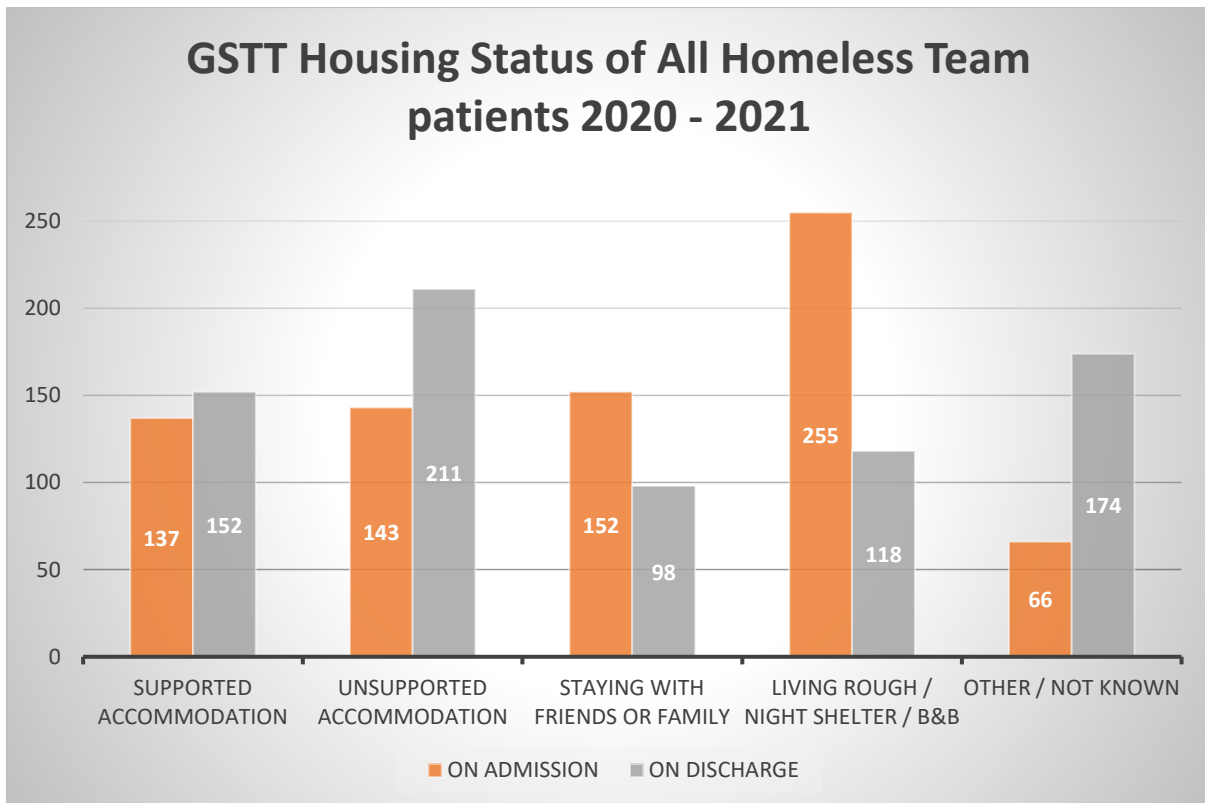
The two smaller graphs below show the improvement the Homeless team made to all patient housing outcomes with each hospital shown separately in 2019-20, the second two show the same information for year two. Immediately beneath this paragraph is a table providing summary information across both hospitals combined.

GSTT and KCH data showing average outcomes for all homeless pathway patients 2019-2020



GSTT and KCH data showing average outcomes for all homeless pathway patients





Outcome Tier 3

GSTT patients who suffer from homelessness and other complicating factors will have better health outcomes through increased access to legal aid and onward support services (up to 30 cases per year).

Casework by the SLC legal team

The patients referred to the SLC team have complex health and social needs as well as complex legal cases. It is unlikely that they would have been able to access Law Centre services without the existence of the project. The Homeless Team uses a referral form to ensure that patients meeting agreed referral criteria are referred to SLC and their wider support needs can be understood (see Appendix 2).

These cases are sufficiently complex to require formal legal advice and representation. Of these clients, many have more than one legal matter requiring representation (e.g. both immigration and housing issues, or both housing and welfare benefits issues).

From the first year (2020) caseload, 11 cases continued into 2021 and 9 will continue into 2022. At the end of year two, there was a caseload of 37 cases, of which 25 had been opened during 2021. Of these 25 opened in 2021, 13 had completed by the end of the year and 12 will continue into 2022.

At the start of 2022, the legal team will have 21 existing cases from the project still ongoing. Without additional casework resources, this will reduce the number of cases which can be accepted in 2022.

As previously explained, immigration and asylum cases can take a long time to reach an outcome SLC's case management data showed a high number of positive legal case outcomes for the patients referred. Many clients had more than one issue to be dealt with, for example both an immigration and a housing issue, as shown below. These outcomes are life-changing for the individuals concerned and enable them to stop being street homeless, with consequent improvements in their health.

Individual outcomes:

- 1 grant of indefinite leave to remain. This allows the client to remain permanently in the UK with access to public funds, which is likely to allow the client to live a more settled life and access health services, housing and benefits.
- 2 grants of limited leave to remain. These allowed the clients who previously had no legal status to stay in the UK for 2.5 years with a route to eventual settlement, and with access to public funds, as above.
- 1 client had their 'no recourse to public funds' condition lifted. This allowed a client who had the right to be in the UK but without access to public funds to be able to access these (eg benefits, homelessness support).
- 3 clients were accepted as homeless by their local authorities. This means they agreed they had a duty to provide accommodation to the individual.
- 3 clients' had their care needs accepted by local authorities, meaning that they were entitled to accommodation and to have their needs for social care met. This is extremely important from GSTT's point of view as it often allows a patient to be discharged to the community.
- 1 client was granted 'section 4' asylum support. This is where the Home Office agrees to accommodate the person and provide subsistence funding.
- 2 clients were granted temporary accommodation pending a homelessness decision by local authorities.
- 3 immigration applications were pending and awaiting a decision.
- 4 further immigration applications are in the process of being prepared.

Case studies

The Homeless Team have made the following comments about how working with the SLC team helps them with their support to patients:

'Yes, without this service, especially regarding immigration the patient would remain destitute and less likely to address health issues. That would worsen in time and become more costly to treat.'

'Sorting out homeless patients' immigration status does give them eligibility for housing and benefit support. Without this service it is difficult to help the client group who need immigration support.'

The following case studies provide an insight into the types of issues which the SLC legal team deal with and the positive impact their work can make in people's lives.

Mr. B was a Portuguese national who had lived in the UK for 19 years. He was homeless and was admitted to hospital with a severe liver condition and brain damage. The local authority decided that he was not eligible for homelessness assistance, meaning that he faced discharge to the streets. Due to his serious health conditions this was meant he could not be safely discharged.

The SLC solicitor gathered evidence of Mr. B's residence in the UK, which proved complex due to his homelessness. The SLC solicitor then applied for settled status, and this was granted giving Mr. B indefinite leave to remain in the UK with access to public funds. SLC then re-submitted Mr. B's homelessness application which was accepted by the local authority. This meant Mr. B had somewhere he could go and could safely be discharged from hospital care.

Mr. and Mrs. P were Jamaican nationals who had been living in the UK for 19 years. Mrs. P was admitted to hospital with Covid, and the couple were then evicted from their accommodation as their landlady feared catching the virus. Mr P had chronic obstructive pulmonary disease and was particularly vulnerable.

The SLC solicitor assisted the couple in preparing an immigration application based on their long residence in the UK and the obstacles they faced on return to Jamaica. In the meantime, SLC also assisted them in obtaining 'Everyone In' accommodation while their case was prepared and considered. Mr and Mrs P were recently granted limited leave to remain in the UK with access to public funds. This means that they now finally have legal status in the UK, and are able to work, access benefits and homelessness assistance. It also gives them security that they will not be removed from the UK and goes towards alleviating the serious stress and anxiety that they have suffered for several years.

Mr. A was a Chinese national who had been in the UK since 2004. He had worked for 16 years; but was then stabbed and left blind in one eye. Following his admission to hospital he was made homeless, and it became apparent that he did not have immigration status in the UK and was not eligible for public funds.

The SLC solicitor assessed that Mr A had a fear of persecution in China and prepared and lodged a fresh claim for asylum. SLC also applied to the Home Office for accommodation for Mr A while his asylum claim is considered. Mr A continues to be accommodated while he is awaiting the outcome of his asylum case and in receipt of asylum support, and he is being assisted to prepare his asylum case. His asylum support will continue until his asylum case is concluded.

Financial benefits for clients of the project

Many immigration issues are out of scope of legal aid funding, though for human rights cases exceptional case funding can be granted if applicants can meet stringent criteria. Lawyers are not paid to make applications for exceptional case funding unless the application for legal aid is successful. Relatively few people meet the criteria and for those who may, there is no emergency decision-making path and the LAA can take some time to make decisions. As a result, legal aid contract-holders, lacking capacity to take on all the eligible people who approach them with meritorious cases, are reluctant to take on exceptional case funding applications as there is no guarantee they will be paid for their work. People can find

themselves forced to pay privately for advice and representation in order to regularise their immigration status. For limited leave to remain applications for example, private legal fees would typically be £1000-£3000 per application. In addition, applicants applying for limited leave to remain on family or private life grounds need to pay £2033 per person in Home Office and immigration health surcharge fees unless they can show they are destitute. SLC is able to assist clients free of charge under this project and can use its expertise and knowledge of the criteria to obtain fee waivers from the Home Office. Not having to pay legal fees or Home Office application fees results in a significant financial benefit for clients of the project.

The project also allows SLC to take on cases which are not eligible for ECF funding, such as applications to change a condition of leave preventing a client accessing public funds, benefits challenges and EU settlement applications. Private legal firms would be very unlikely to take on such matters pro bono.

Patient feedback

Qualitative data was gathered from patients who were referred to the Law Centre in year two. The patient's caseworker asked whether the patient would be willing to provide feedback and those who were well enough and gave permission were contacted by a Law Centre staff member who had not been involved in their case. It was clearly explained to the clients that their feedback would have no bearing on the work SLC carried out on their cases.

A staff member contacted a 12% sample of new year two clients by telephone whose matters were ongoing or recently closed. They were asked a set of structured questions supplemented by some open questions. The questions were adapted from the client feedback survey questions used by Southwark Law Centre over a number of years so that results can be compared ([see Appendix 3](#)). It should be borne in mind that the clients introduced to SLC by the HPLAS project are particularly vulnerable, having significant health issues as well as complex legal problems.

Results summary

All the feedback was very positive and similar to the feedback provided by year one clients, and there were a few issues where feedback improved.

- HPLAS enables patients who would not otherwise get access to legal advice to do so
- All clients would recommend SLC to others
- SLC responds very quickly to referrals
- SLC provides an excellent standard of service and clients feel they are listened to
- All clients found the emails/letters from their solicitor very easy to understand
- All clients were very happy with the outcome of their case

Results breakdown

All of the clients were very happy with the service they received.

All of the clients found it very easy to understand the information/advice they received.

All the clients said it was very easy to understand emails or letters from their caseworker. In year one this question produced more mixed answers, suggesting that the clients may have had literacy issues or been unfamiliar with legal terminology. This may also have been exacerbated by the Covid-19 pandemic and the difficulties in assisting clients remotely. It was

noted as a learning point from year one as an issue which could be considered further, so it is good to note that the SLC legal team has received even better feedback on this issue in 2021.

All clients found their caseworker to be very helpful and approachable.

All clients said their caseworker kept them up to date with progress very well.

All clients said their caseworker always returned calls / replied to letters within a reasonable time.

All clients said their caseworker listened to what they had to say very well.

All clients said they would recommend the service.

All the clients rated the standard of advice they received as excellent. This was a better result than in 2020, when the results were more mixed. As noted in the 2020 report, this is the most difficult area for clients to comment on as they are not lawyers and are unlikely to be able to comment on the technical accuracy of the advice they receive.

Sometimes lawyers have to explain that a client does not have a strong case or is unlikely to be able to achieve their desired outcome. Responses to this question are likely to reflect how they felt about the advice and whether their desired outcome was achieved. In year one not all the clients were happy with the outcome of their case, whereas in year two, all the clients were very happy with the outcome of their case.

Clients made comments about their experience:

'Very good and excellent service. SLC staff were very good to me.'

'Very happy with the service and being able to turn to SLC for help. SLC respond very well to me.'

'Southwark Law Centre's work is very excellent and I have no complaints or suggestion on how to improve.'

'Congratulations on your service and work, I am very appreciative of the job SLC has done for me.'

'SLC have done a marvellous job and they have also helped with the Home Office which was really helpful.'

Appendix 1 - About the evaluator

Vicky Ling has significant experience in managing third sector legal services; a Law Centre, a CAB with an employed solicitor and volunteer solicitors providing a pro bono clinic, also an independent housing advice centre. She has provided specialist management consultancy to legal service providers, including many Not for Profit agencies, for over twenty years.

Vicky was a founder member of the Civil Justice Council and served two terms. She was heavily involved in access to justice and pro bono issues. She was a member of the Low Commission (2012-15) on legal advice and support in England and Wales¹¹, which carried out extensive research and developed a strategy for funding social welfare law advice and support.

Vicky is co-author/editor (with Sue James and Itpal Dhillon) of the LAG Legal Aid Handbook, most recently updated for 2022-23). She has co-authored a complaints handling toolkit and client care toolkit (with Fiona Westwood) for the Law Society of England and Wales. Vicky is a Chartered Quality Professional and an approved Lexcel Consultant.

She has carried out many reviews of legal and advice services, internally for organisations themselves, on behalf of network organisations and in partnership with funders. Previous projects involving partnership projects include; Luton Access, Advice for All in Blackburn with Darwen, Tower Hamlets Advice Network, and the Scottish Women's Rights Centre.

She has also worked with the Solicitors Regulation Authority (SRA) on a guide to the Standards and Regulations 2019 for the not-for-profit sector.

Vicky is a founder member of the international Law Consultancy Network.



¹¹ <https://www.lag.org.uk/about-us/policy/the-low-commission-200551>

Housing and Immigration Casework Referral Form

Please email referral to *(relevant email address)*

Full Name:	
Date Of Birth:	
Nationality:	
Hospital No.	
NHS No.	
Hospital and Ward:	
Estimated Discharge Date (EDD):	
Has patient consented to this referral?	<ul style="list-style-type: none"> • Yes • No
Language Needs – Interpreter required?	<ul style="list-style-type: none"> • Yes, _____ • No
Mobile:	
Landline:	
E-mail:	
Current/Most Recent Address:	
Next of Kin (Name and Contact Details):	
GP and professional network contact details	
Past medical history and current presenting clinical issues:	
Use of A&E <ul style="list-style-type: none"> <input type="checkbox"/> This patient has made previous use of A&E services and been admitted to a ward <input type="checkbox"/> This patient has made previous use of A&E services but has NOT been admitted to a ward <input type="checkbox"/> This patient has not used A&E services before 	Please provide details of dates and frequency here:
Homelessness history: <ul style="list-style-type: none"> • How long has this patient been homeless? 	

<ul style="list-style-type: none"> • Other services working with Patient? (drug alcohol and mental health services, etc.) 	
Immigration Status	
Does this patient have recourse to public funds?	
Reason for Referral? (please explain what type of assistance the person needs, and any steps already taken in their case)	
<p>Likely outcomes without legal advocacy</p> <p>Please indicate what you think the most likely discharge accommodation for this patient would be without a referral:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supported accommodation <input type="checkbox"/> Unsupported accommodation <input type="checkbox"/> Staying with friends or family <input type="checkbox"/> Living rough/night shelter/B&B <input type="checkbox"/> Other – please state 	
<p>Please indicate what you think the most likely health outcome would be for this patient would be without a referral:</p> <ul style="list-style-type: none"> <input type="checkbox"/> This patient would probably need to make further use of A&E services but would probably NOT need to be admitted to a ward <input type="checkbox"/> This patient would probably need to make further use of A&E services and would probably need to be admitted to a ward <input type="checkbox"/> It would be difficult to discharge this patient safely <input type="checkbox"/> This patient would probably remain in hospital for some time <input type="checkbox"/> This patient would probably be discharged quickly <input type="checkbox"/> This patient would have a good health outcome 	

Southwark Law Centre

Homeless Patients Legal Advocacy Service

Client Feedback Questionnaire

Southwark Law Centre is working with Guy's and St. Thomas' and Kings College Hospitals to provide legal advice to some patients who need it. I am a volunteer and I am not involved in providing the service you received. We should be very grateful if you would help us improve our service by answering some questions about your experience of the legal service.

You do not have to give me your name or contact details. We will only use this information to evaluate our service.

Q1. How satisfied were you with the overall level of service?

- Very happy Fairly happy Unsure Unhappy Very unhappy

Q1a. If unhappy please tell us briefly why this is.

Q2. Did your caseworker give you information/advice that was easy to understand?

- Very easy Fairly easy Unsure Fairly difficult Very difficult

Q2a. If you are unsure or found it difficult to understand, how might we improve?

Q2b How easy did you find it to understand the emails/letters from your caseworker?

- Very easy Fairly easy Unsure Fairly difficult Very difficult

Q3. How approachable and helpful did you find your caseworker?

- Very good Fairly good Undecided Fairly poor Very poor

Q4. How well did your caseworker keep you up-to-date with progress?

- Very well
 Fairly well
 Undecided
 Fairly poor
 Very poor
 Not Applicable –
 - one off advice given

Q5 Did your caseworker return your calls and reply to your letters within a reasonable time?

- Always
 Usually
 Sometimes
 Rarely
 Never

Q6. How well did your caseworker listen to what you had to say?

- Very well
 Fairly well
 Undecided
 Fairly poor
 Very poor

Q7. Would you recommend the service to someone else if they needed legal help or advice?

- Yes
 No

If **No** please could you tell me why this is?

Q8. How would you rate the standard of advice you received?

- Excellent
 Very good
 Good
 Fair
 Poor
 Very poor

Q 9. How happy were you with the outcome?

- Very Happy
 Fairly Happy
 Unsure
 Unhappy
 Very Unhappy

Q10. Please tell us how you heard about the service

Q11. Were you contacted quickly after the initial referral?

Very quickly Quickly Not quickly enough

Q11a If not quickly enough, what was the problem?

Q12. Do you have any further comments or suggestions that may help us to improve our level of service?

Q13. Is there anything else you would like to say?

Thank you for your time. We will use your comments to help us evaluate and improve this service in future.

You do not need to give your name and contact details; but it can be helpful if we need to clarify anything later.

Name:

Best way to contact you:

Appendix 4 - Learning points from years one and two

Training

Learning point: The initial design of the training evaluation form in year one was good for gathering qualitative data but not so good at gathering comparable data. It was agreed to change the design of the form for subsequent sessions to improve comparability (see appendix 4).

Learning point: In year one the evaluator suggested it would be useful to identify the level of prior knowledge and ensure that people with less prior knowledge are provided with additional information. Following the year one interim evaluation report, this was acted upon by the project staff who included guidance on pre-reading materials for those attendees with less experience of the topic. This allowed them to go into greater detail and tailor sessions more appropriately.

Learning point At the end of year two it was decided to use an online feedback form for training to make it easier for hospital staff to provide feedback. This was used for the first training session of year three and resulted in a very high response rate. The online form will be adopted for year three.

Impact on hospital resources

Learning point Quantitative data was not analysed on length of stay, as in the year one evaluation length of stay was considered likely to be longer than average, due to the fact that only very vulnerable patients with complex needs are referred to SLC. Therefore, length of stay is unlikely to be a good indicator of the effectiveness of the project.

Learning point It was difficult to obtain data about the impact of the project on whether the project reduced delay in discharge as other variables had an impact, for example the availability of hotel rooms due to the pandemic to which patients could be more quickly discharged, so it was not possible to isolate the project's impact on the time taken to discharge.

Learning point The project contributed to enabling year one patients to make better use of outpatient appointments following discharge, slightly improving the take-up of out-patient appointments and reducing DNAs by a third six months after referral. DNAs rose in the six to twelve month period after referral; but then reduced again in the following six months. Bed days remained low.

Learning point Support from the project led to a significant reduction in the use of high-cost hospital resources.

Learning point: The project is making a positive impact for both those patients who are taken on as clients for legal casework by SLC as well as those who benefit from second tier advice through Homeless team members and capacity building as a result of training sessions.

Learning point: Patients whose cases were taken on by SLC obtained even better outcomes than in terms of reduction in sleeping rough/night shelters and securing their own accommodation, whether supported or unsupported than patients who were not.

Casework

Learning point These cases are particularly complex and take a long time to resolve due to the Home Office process. 30 cases a year represents a significant caseload and SLC needs to be able to continue to represent these clients until they have an outcome. SLC tried to 'front load' new cases taken on each year so that the maximum number of cases will be resolved under project funding. The issue of cases rolling on from one year to the next remained a feature.

Learning point The target for clients referred to SLC for conduct of their case is to be reduced to enable the team to complete ongoing cases from previous years.

Learning point The service provided by SLC is well understood and valued by the Homeless Team.

Learning point It is proposed to monitor the outcomes for the patients where the Homeless Team receive second tier advice more closely in 2022 to see the extent to which this also improves housing outcomes.

Learning point – In year one it was suggested that the language used in letters/emails to clients could be considered further. The year two client feedback suggested that this has been successful as all the clients said they found them 'very easy' to understand.

Appendix 5 - Feedback from hospital staff questions year two

1. Please indicate the topics on which you have asked the SLC legal team for advice in 2021:
 - housing
 - immigration
 - asylum
 - human rights
 - welfare benefits

2. Was it easy to contact Southwark Law Centre? Yes / No

3. Do you feel their support helps you to support patients more effectively?
 - Yes
 - No

4. Have you asked Southwark Law Centre to take on a patient's case during 2021?
 - If so, were they able to accept it?
 - If not, what was the reason?
 - Do you feel the reason they could not take the case on was clear?

5. Do you feel the Homeless Patients Legal Advocacy Service helps patients to obtain better **health** outcomes through accessing legal aid and onward support services?
 - a. If yes, can you give an example?

6. Do you feel the Homeless Patients Legal Advocacy Service helps patients to obtain better **housing** outcomes through accessing legal aid and onward support services?
 - b. If yes, please give an example?

7. If you had to sum up the Homeless Patients Legal Advocacy Service in a few words, what would they be?

Thank you for providing feedback about the Homeless Patients Legal Advocacy Service. Your response will be kept completely confidential and will feed into the evaluation report.

EVALUATION FORM Version 2**Name:**

Your feedback is very important. Please take a few moments to complete this feedback form:

1. How did the course make you feel?**2. Did you find the content relevant given your level of knowledge of the topic?** Please select a numbernot very 1 2 3 4 very**Please comment** **3. Did you find the method of presentation appropriate?** Please select a numbernot very 1 2 3 4 very**4. Do you feel that you have a better understanding of the subject area?**

Please select a number

not very 1 2 3 4 very**5. Do you feel that you gained ideas you can usefully implement in your job?**

Please select a number

not very 1 2 3 4 very**6. Please state the most memorable issue you learned from the course****7. If you would like some more training, please state the topic(s)****8. Is there anything else you would like to say?**

Thank you for completing the form!