



Ministry
of Justice

The Flourish Wellbeing Hub: Impact Report

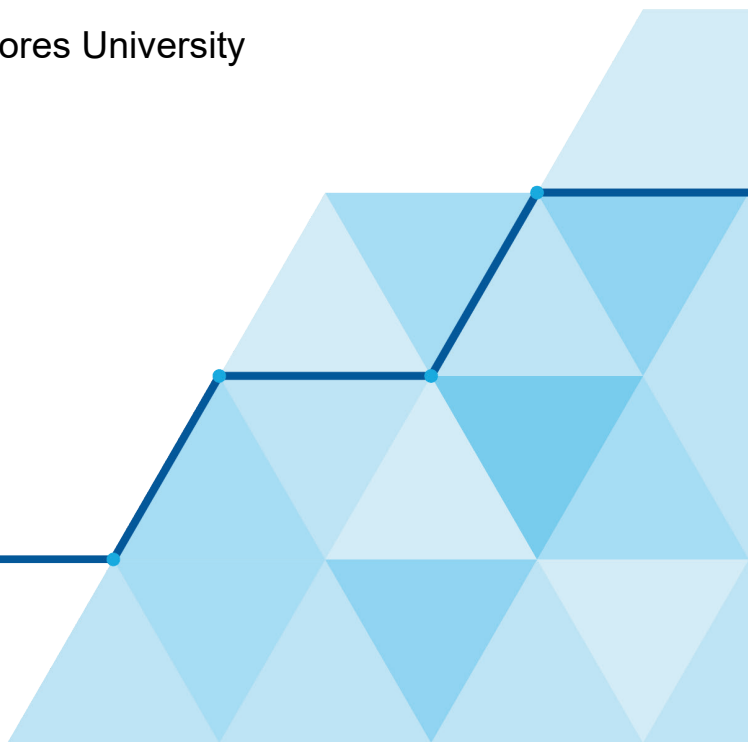
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Contents

List of tables

List of figures

1. Executive Summary	1
1.1 Introduction	1
1.2 Methodology	2
1.3 Key Findings	2
1.4 Recommendations	3
2. Introduction	5
2.1 Background	5
2.2 Local Context	6
2.3 Developing a Health-Justice Partnership in Wirral	7
2.4 Evaluation	10
3. Methodology	12
3.1 Measuring Service Use	12
3.2 Evidencing Impact and Outcomes	12
3.3 Analysis	17
4. Findings	18
4.1 Service Use	18
4.2 Impact and Outcomes	24
4.3 Understanding the Service Delivery	45
5. Learning from the Evaluation	51
5.1 Recommendations for Establishing Health-Justice Partnerships	57
6. References	59
Appendix 1. Flourish Outcomes Framework	61
Appendix 2: Outcomes Tool (Paper Copy)	63
Evaluation of the Flourish Health and Wellbeing Hub at the Victoria Central Health Centre	63

List of tables

Table 1: Stakeholder workshop attendees	16
Table 2: Flourish Logic Model	52

List of figures

Figure 1: Wirral Indices of Multiple Deprivation (2019)	8
Figure 2: Total number of clients seen by Flourish per quarter	19
Figure 3: Total number of clients supported by Flourish partners (January 2023 – June 2024)	20
Figure 4: Most common reasons for accessing Flourish	21
Figure 5: Total numbers of individual partners trained to raise awareness of Flourish and the support it provides (October 2022–March 2025)	22
Figure 6: Flourish social media and website statistics (total number between April 2023 – March 2025)	23
Figure 7: Baseline engagement with services	33
Figure 8: Baseline employment and education	34
Figure 9: Baseline life skills	35
Figure 10: Baseline housing	36
Figure 11: Baseline money	37
Figure 12: Baseline health-related behaviours	38
Figure 13: Baseline mental health and wellbeing	39
Figure 14: Baseline physical health	40
Figure 15: Baseline relationships and connectedness	41
Figure 16: Reported changes in outcomes at follow-up	42
Figure 17: Most common reasons for accessing Flourish and the immediate impacts	56

1. Executive Summary

1.1 Introduction

It is well documented that issues such as poor housing, debt and unemployment can affect health outcomes. People living in poorer areas are more likely to face these challenges, and they often struggle to get the help they need. At the same time, GPs spend a lot of their time dealing with patients' social problems that require welfare or legal support.

Health-Justice Partnerships bring legal advice services into healthcare settings (such as GP surgeries or hospitals), meaning people can get support in a place they already know and trust. Health-Justice Partnerships are important because they improve access to legal help for people who may not normally seek it out; help resolve problems early, such as benefits issues, housing difficulties, or debt, before they become crises; and reduce pressure on health services by tackling the social issues that often drive people to their GP. Health-Justice Partnerships have been shown to improve physical and mental health and wellbeing by helping people to secure stable income, safe housing, and fair working conditions.

Research shows Health-Justice Partnerships work well when legal advisers are co-located with health staff and integrated into care teams. However, long-term sustainability can be challenging because funding is often short-term and staff turnover is high. Health-Justice Partnerships have the potential to reduce health inequalities by ensuring that people receive the support they need at the right time.

Flourish is a social prescribing hub in Wirral that embodies the principles of a 'Health-Justice Partnership', developed to address the complex social welfare needs of local residents through integrated, person-centred support. Flourish was established in 2022, led by Citizens Advice Wirral and supported with additional funding from the Ministry of Justice to employ a day-to-day facilitator, implement a data management tool, and commission an independent evaluation. The Flourish partnership was designed to provide access to a range of health and social care support, including welfare rights advice, mental

health support, housing support, and substance misuse services. Partners are co-located in Victoria Central Hospital, Wallasey, a familiar, central, accessible location.

In 2022, Citizens Advice Wirral commissioned LJMU and University College London to carry out an evaluation of Flourish. The evaluation spanned three years and included an implementation study to explore how the Flourish model operates in practice (published in 2023¹) and an evaluation to explore outcomes and impact. This report presents the findings from the independent outcomes and impact evaluation led by Liverpool John Moores University.

1.2 Methodology

A non-experimental evaluation design was used to address the evaluation research questions and explore both process and outcomes. A mixed-methods approach was used which included secondary analysis of Flourish monitoring data, a bespoke Data Monitoring Tool, in-depth interviews with clients and partners, analysis of case study data and a stakeholder workshop.

1.3 Key Findings

Reach and Engagement: Between October 2022 and March 2025, Flourish supported over 2,400 clients through appointments and group sessions, with an additional 184 walk-in clients triaged and referred to wider services.

Client Needs: The most common issues that people needed support for were related to welfare benefits, debt, housing, and mental health. Many clients presented with multiple, inter-related and complex challenges.

Positive Outcomes: Clients reported improved financial stability, reduced anxiety, enhanced wellbeing, and increased access to services. Case studies highlighted the value of Flourish's holistic, non-judgemental approach.

¹ Timpson, H., McCoy, E., Beardon, S., Harrison, R., Farrugia, A. M., & Brett, C. (2023). Establishment and early implementation of the Flourish Wellbeing Hub. Ministry of Justice Legal Support Policy. https://assets.publishing.service.gov.uk/media/6555e1d4046ed400148b99c7/MOJ_Publication_Flourish_Implement.pdf

Service Delivery: Co-location of partners was felt to improve accessibility and facilitated collaboration between partners. The presence of a dedicated day-to-day facilitator was critical to operational success.

Partnership Working: Strong inter-agency collaboration enabled timely, wraparound support. Partners and clients praised the shared ethos and mutual respect amongst partners.

Challenges: A number of challenges were identified which affected the delivery and sustainability of Flourish. This included difficulties in tracking long-term outcomes across services and capacity of the service to meet the demands of the local community.

1.4 Recommendations

Seven key recommendations are proposed to support those considering the establishment of a Health-Justice Partnership or similar co-located support and to promote effective implementation.

- **Recommendation 1:** Establish partnerships with existing community providers that offer a breadth of support across a range of complex and challenging issues. Health-Justice Partnerships should offer services that are specifically tailored to the needs of the communities that they support and should work collectively to support early access to services. Relationships need to be understood and established for this to be implemented effectively.
- **Recommendation 2:** Develop a protocol to explain the provision delivered by each partner organisation and the internal training offered within each service. Consider whether it would be appropriate for partners to undertake (or be provided with experience of) the training offered by each service, where a training need is identified (e.g., trauma informed approaches).
- **Recommendation 3:** The role of the Flourish facilitator was critical to the success of this partnership; however, the role could be challenging due to the high workload and different demands placed on the role. The Flourish facilitator was responsible for a wide range of activities which were all integral to the smooth running of the hub. Creating a protocol that outlined these responsibilities allowed other Flourish staff and volunteers to step in during the facilitator's absence such

as annual leave or sickness. This ensured smooth handovers, supported continuity, and is recommended for future Health-Justice Partnerships.

- **Recommendation 4:** Partners were not always clear about the specific role and remit of the facilitator which resulted in partner expectations and workloads that were difficult to manage at times. Health-Justice Partnerships should ensure that they have a day-to-day facilitator that is appropriately resourced with enough capacity to meet the needs of the partnership (e.g., one or more full-time employed positions). It is strongly recommended that this role includes clearly documented key responsibilities outlining the specific roles and responsibilities of the facilitator in supporting the partnership and sets out their remit and clear expectations for partners.
- **Recommendation 5:** Provide training to professionals working across the health and social care system about social welfare and the support provided by the Health-Justice Partnership. Flourish provided a wealth of training and support across the local community which was critical in supporting referrals in and out of the partnership.
- **Recommendation 6:** Ensure evaluation is embedded into the design and delivery of Health-Justice Partnerships from the outset and that data is collected and reported on as consistently as possible. Use this evidence to celebrate outcomes and success stories. Ensure that evaluation explores implementation and has an ongoing feedback loop to identify and address key challenges.
- **Recommendation 7:** Work with local communities to understand how and where there are existing assets that are not already part of the Health-Justice Partnership pathway. Exploring if and how existing assets could offer support would be beneficial to support the longer-term sustainability of the model. Supporting partner organisations to develop joint applications for future funding would also provide stability and sustainability for Health-Justice Partnerships.

2. Introduction

2.1 Background

What are health justice partnerships?

Health-justice partnerships are collaborations between health services and organisations specialising in welfare rights (which can include welfare benefits, debt, housing, employment, education, community care and immigration). Welfare rights advice can be provided by different types of organisations, including local authorities, charities, law centres and other pro bono legal services.

NIHR, 2022 (p.5)

Health inequalities have worsened in recent years, exacerbated by the rising cost of living, shortfalls in health and social care funding, and the after-effects of Covid-19. People living in deprived areas are more likely to experience social welfare problems and poorer health outcomes, which require support beyond medical care (Mallorie, 2024). Legal assistance plays a critical role in addressing social welfare problems that impact health, such as helping people to understand their protections and entitlements, providing timely support to prevent issues from escalating, and ensuring people have adequate living and working conditions. Health-Justice Partnerships integrate professional legal advice, focused on social welfare law, into health services. This brings organisations together to offer comprehensive support to collectively address social welfare legal problems. This type of support differs from traditional social prescribing models that offer a broad range of health and wellbeing services under one organisation, but do not have the specific focus on providing legal support to resolve welfare issues.

Several delivery, commissioning and funding models exist for Health-Justice Partnerships, typically characterised by collaborations between health services and organisations that can offer welfare support (Beardon, Ahmad & Genn, 2024). Early research into the implementation of Health-Justice Partnerships in England and Wales identified that

co-located legal and health advice could improve outcomes for people in need of support with social issues, and that whilst there was a clear demand, such services were not widespread (Beardon & Genn, 2018). A major study published in 2022 explored nine Health-Justice Partnerships in England, and found that they improve access to legal help, support clients to manage debt, secure benefits and resolve housing issues, and enhance mental wellbeing (Beardon et al., 2024). Co-location of services and effective referral systems were critical in ensuring that legal help was accessible and timely, however, sustainability of support was affected by funding constraints and high rates of staff turnover (Beardon et al., 2024). Whilst the impact of Health-Justice Partnerships appears positive the evidence is still limited, with more research needed to understand and explore impact. Evaluation of any Health-Justice Partnership is critical to understand how models are implemented, how they contribute to existing integrated care and social prescribing structures and if and how they can reach people who might not otherwise engage with legal services.

2.2 Local Context

In Wirral, a borough in the North-West of England, health inequalities are acute, especially when compared to the rest of England. In 2019, Wirral was ranked as the 77th most deprived of 317 authorities in England by the English Indices of Deprivation, 2019 (Ministry of Housing, Communities & Local Government, 2019). In 2023, average life expectancy at birth in Wirral was 81.7 years for females and 78.1 years for males, both significantly worse than the England average (83.2 years and 79.3 years respectively) (Office for Health Improvement and Disparities [OHID], 2025). Some of the major factors that contribute to high deprivation levels in Wirral include poor housing, poverty, unemployment and undesirable living environments. In 2022, there were an estimated 1 in 7 households in Wirral considered to be in fuel poverty (WIS, 2022). Employment rates (in those aged 16 and over) decreased from 76.9% in 2022 to 74.2% in 2023 (Office for National Statistics [ONS], 2024). Despite this decrease, the claimant count (a measure of the number of people claiming unemployment benefits) also decreased to 3.6% in March 2024, compared to 3.8% in May 2022 (ONS, 2024) (this slight reduction could be due to not all unemployed people claiming unemployment benefits). Despite this reduction in claimant count, between May 2022 and May 2023 there was a 6% increase in people claiming

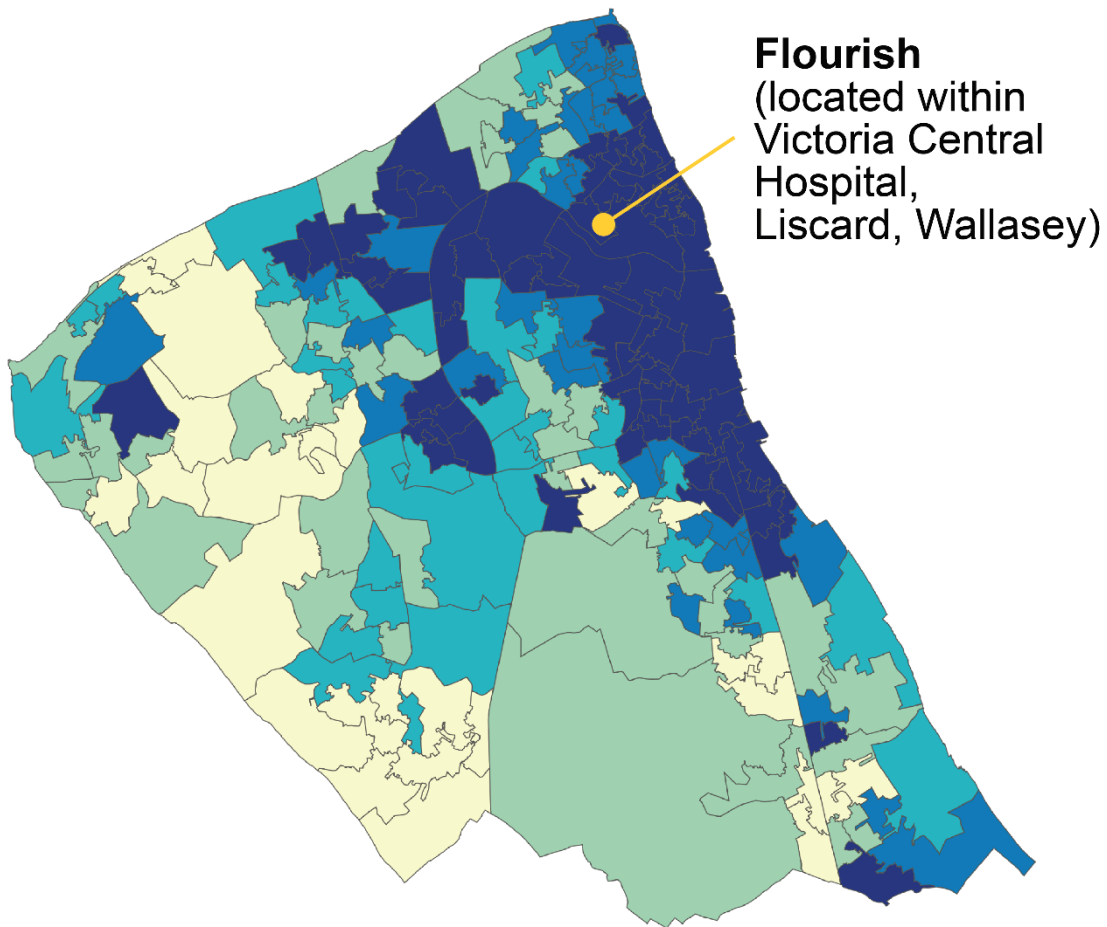
Universal Credit. This increase suggests financial vulnerability, even amongst employed individuals. For example, rising living costs pushing people to seek additional support and/or an increase in people in low-income employment.

Poor health outcomes have been linked to behavioural risk factors such as alcohol misuse, smoking, poor eating habits and low activity levels. Alcohol consumption and alcohol related deaths are particularly relevant to health inequalities in Wirral, with patterns of overconsumption of alcohol matching levels of deprivation across wards (WIS, 2021b). Data for 2023/24 showed that admission episodes for alcohol-related conditions were significantly higher in Wirral than the England average (564/100,000 compared to 504/100,000 population). Smoking prevalence in adults (aged 18 years and over) figures for 2023 were 10.9%, similar to England (11.6%) (OHID, 2025). Figures for 2022/23 showed that levels of overweight (including obesity) in adults (18+ years) were higher in Wirral compared to England (76.3% and 64.0%) (OHID, 2025).

2.3 Developing a Health-Justice Partnership in Wirral

Whilst a range of community-based wellbeing services exist in Wirral, these are focused around the central Eastern areas of the borough. However, socioeconomic data show that the communities within North East Wirral experience poor health outcomes and require better access to support services, particularly in relation to social welfare. In response to this need, Citizens Advice Wirral established the Flourish Wellbeing Hub, a social prescribing hub that embodies the principles of a Health-Justice Partnership (referred to as 'Flourish' from this point onwards). Flourish was established in 2022, in Victoria Central Hospital (VCH), Wallasey; a central, community hub well-known and accessible to the local community (see Figure 1 for a map of the location against deprivation data). The aim for Flourish was to provide a unique model of person-centred support, bringing together a range of services to work collaboratively to address social welfare issues. Flourish was established by Citizens Advice Wirral, and received additional funding from the Ministry of Justice to enable Flourish to employ a day-to-day facilitator (one member of staff employed by Citizens Advice Wirral to work at Flourish as the facilitator), develop and implement a data monitoring tool (the Flourish Data Management Tool [DMT]), and fund an independent evaluation. Flourish opened in November 2022.

Figure 1: Wirral Indices of Multiple Deprivation (2019)



Deprivation Quintile



(Most deprived)

(Least deprived)

Five organisations were initially invited by Citizens Advice Wirral to be part of the Flourish partnership, based on their knowledge of the needs and service gaps in the local area, these included:

- Citizens Advice Wirral – to provide information and advice relating to welfare rights issues including benefits, debt, housing and employment including access to a law clinic.
- Age UK Wirral – to provide a range of practical and emotional support for older people, their families and carers.

- Wirral Mind – to provide mental health services and support, including counselling, therapies, befriending and community connections.
- Involve Northwest – to provide a range of services, including domestic abuse support, welfare rights advice, community activities and job coaching.
- Change Grow Live (CGL) – to provide help with drug and alcohol misuse, criminal justice issues and a wide range of practical support in areas such as housing and employment.

Over time, a wider range of partners joined to collaborate with Flourish in various ways (these are referred to as ‘Flourish partners’ within this report). This activity is described in Section 4 of this report.

At the beginning of March 2023, one member of staff was employed by Citizens Advice Wirral to work at Flourish as facilitator, with responsibility for the overall day-to-day management of Flourish, for supporting volunteers, organising meetings and managing outreach activities (this staff member remained in post throughout the evaluation period). A Specialist Social Prescriber provided specific social prescribing support, and volunteers, trained by Citizens Advice Wirral, provided administration support and ‘front of house’ services, undertaking triage assessments and networking with clients within the wider health centre to advertise Flourish. Volunteers were often the first point of contact for clients and provided support in greeting and triaging clients. Flourish was designed to be in a central location that had good transport links and free parking. Flourish aimed to provide a friendly welcome to the service ensuring non-judgemental interactions from the first contact. Flourish also aimed to provide a comfortable environment; the space was designed to be neutral, to ensure all clients were viewed as individuals and not labelled by the issue(s) they were seeking support for. Flourish was specifically designed to be a multi-purpose space which could provide a wide range of support from different organisations, with appropriate rooms designed for group activities and one-to-one sessions. There was also a shared space for staff from partner organisations to work from, providing co-location that supported and augmented partnership working. People accessed Flourish through being signposted by their GP or other health/wellbeing service, or by self-referral. People accessing Flourish were greeted by volunteers, at which point the necessary information about what the person needed was collected (triage).

Volunteers were trained to use the DMT and to ensure they were approachable and knowledgeable of local services. The DMT was used to record age, gender, address, contact details, referral type, disability and reasons for visit (more than one option could be selected from a pre-populated list). Details about the type of advice provided was also captured (i.e., internal referral to a Flourish partner or signposting to another organisation).

2.4 Evaluation

Strong evidence exists to support the effectiveness of Health-Justice Partnerships in addressing legal problems and supporting positive immediate health outcomes (e.g., Beardon & Genn, 2018, Beardon et al., 2024). However, less is known about the wider impacts of partnerships and the most effective models of delivery. It is critical to understand how models are implemented, how they contribute to existing integrated care and social prescribing structures and if and how they can reach people who might not otherwise engage with legal services. A systematic review of 14 studies noted the challenge in drawing firm conclusions from small-scale evaluations and highlighted the need for high-quality experimental research with larger sample sizes (Reece, Sheldon, Dickerson & Pickett, 2022). Whilst a large-scale experimental evaluation was outside the scope the current study, it was still imperative to ensure that Flourish was evaluated to understand implementation and outcomes and further contribute to the growing evidence base on this topic.

In 2022, Citizens Advice Wirral commissioned LJMU and University College London to carry out an evaluation of Flourish. Ethical approval for the evaluation was granted by the LJMU Research Ethics Committee (23/PSY/016). Given that an experimental design was outside the scale and scope of this evaluation, the methodology used a range of qualitative and quantitative methods utilising both primary and secondary data. The evaluation of Flourish was carried out across three distinct phases:

- Phase 1: An implementation study to explore how the Flourish model operates in practice, investigates the value of collaboration between organisations, understands key barriers and enablers for establishing co-located services and

informs ongoing improvement and successful implementation of the service (Timpson, et al., 2023²).

- Phase 2: Development of a Theory of Change and logic model to detail the expected outcomes of Flourish and how they would be generated. This information was used to develop a detailed impact outcomes framework and inform the evaluation methodology, for implementation in Phase 3 (see Appendix 1 for a copy of the Flourish Outcomes Framework).
- Phase 3: Exploration of Flourish outcomes, involving primary and secondary qualitative and quantitative data.

This report presents the methods and findings from Phase 3 of the evaluation.

² Timpson, H., McCoy, E., Beardon, S., Harrison, R., Farrugia, A. M., & Brett, C. (2023). Establishment and early implementation of the Flourish Wellbeing Hub. Ministry of Justice Legal Support Policy. https://assets.publishing.service.gov.uk/media/6555e1d4046ed400148b99c7/MOJ_Publication_Flourish_Implement.pdf

3. Methodology

A mixed-methods approach was used to evidence the impact of Flourish and followed similar methods to other small-scale evaluations, utilising a predominantly qualitative approach to explore outcomes (Reece et al., 2022). Methods included the collection and analysis of both primary data (interviews with people implementing and delivering Flourish [including Flourish partners], and clients), and secondary data (analysis of data collected via the Flourish DMT and case studies collected by Flourish partners). Additionally, to attempt to further explore the wider outcomes experienced by Flourish clients (as recommended e.g., Beardon et al., 2024), an Outcomes Tool was co-produced with Flourish staff, volunteers and partners. Ethical approval for the evaluation was granted by the Liverpool John Moores University (LJMU) Research Ethics Committee (22/PSY/059). Additional baseline methods used to explore implementation are described in the Implementation Report (Timpson et al., 2023).

3.1 Measuring Service Use

Flourish gathered data about the numbers of clients accessing the service, referrals and signposting, client needs and the types of support provided as part of routine monitoring of Key Performance Indicators and milestones. This information was collected by Flourish and recorded in quarterly reports. This data was shared with the research team by the Flourish facilitator for subsequent disaggregation and analysis.

3.2 Evidencing Impact and Outcomes

3.2.1 Client Interviews and Case Studies

In-depth Interviews

As with similar small-scale evaluations of Health-Justice Partnerships, evidence of client outcomes were predominantly explored using qualitative methods. Details of 30 clients were randomly selected from the Flourish referral log by a Flourish team member and shared with the research team via a secure server, to enable researchers to invite each client to participate in an in-depth interview. These were clients that had received referrals

to individual or multiple services (the Flourish partners organisations: Citizens Advice Wirral, Involve North West, Mind Wirral, Age UK Wirral, CGL) and had engaged with Flourish between 11th January 2023 and 27th November 2024. Between January and February 2025, four interviews were completed with clients who had engaged with Flourish (male n=2; female n=2). Eight clients initially consented to participate; however, one later withdrew, two did not respond at the agreed interview time despite follow-up contact, and one was unavailable at the scheduled time and did not respond to a subsequent call-back.

All interviews were carried out over the telephone and explored client experiences of accessing support through Flourish and included questions around: accessing Flourish and the triage process; the support or help the client received and how they had found this, including any services they had been referred or signposted to; any changes the client had experienced as a result of the support from Flourish and services accessed (including whether the client believed these changes would have occurred without accessing Flourish and the wider delivery partners); and any recommendations they might have for future delivery.

Case Studies

Thirty case studies (males n=15; females n=13; not stated n=2) were collected by Flourish partners and shared with the evaluation team. These case studies were selected to provide an insight into the breadth of support offered by the service. The data in these case studies were thematically analysed and reported upon alongside the client interviews. Specific examples of impact case studies are also included within the findings section of the report (see Section 4.2).

3.2.2 Development of a Co-produced Outcomes Tool

An outcomes tool was designed to capture both qualitative and quantitative data to evidence and measure change, with a specific focus on the types of support provided by Flourish. The tool and the processes to collect the data were informed by stakeholder engagement to ensure that all relevant outcomes would be measured and that the tool was feasible for Flourish to use. It was hoped that Flourish would embed and use the tool to support ongoing monitoring and evaluation of the service, once the independent evaluation was complete. The co-production of the outcomes tool and data collection

methods were developed through a series of workshops that were attended by Flourish partners. Workshops focused on 1) identifying outcomes that are typically harder to measure, such as employment, and housing, 2) refining what an outcomes tool should look like and 3) designing how the tool should be implemented. A copy of the outcomes tool can be found in Appendix 2 (the final version was shared as an online form).

Implementing the Outcomes Tool

Flourish volunteers initially completed the outcomes tool with clients immediately following registration (triage) with Flourish. The tool was completed in a 'conversational style', with volunteers leading the discussion around each outcome, and asking the client to consider whether this is an outcome that is relevant to them and their journey with Flourish. Clients were then invited to complete the tool again (by telephone) approximately 6–8 weeks later. The outcomes tool explored key demographic information (age, gender, ethnicity) and for the initial engagement, what the most pressing concern was for the client. Clients were then asked to rate from 5 (great) to 1 (really not great) how they felt their current situation was in relation to a number of outcomes:

- Relationships and connectedness
- Physical health
- Mental health and wellbeing
- Health-related behaviours
- Money (financial stability)
- Housing
- Life skills
- Employment and education
- Engagement with services

Alongside this, clients were also invited to provide the Flourish team member with any additional information that they felt was relevant to each of these outcomes. Eleven clients completed the initial (pre) outcomes tool questions between November 2024 and January 2025, with four clients completing the follow-up (post) outcomes tool questions between January and March 2025. All follow-up outcomes tool were completed over the telephone. Initial engagement and follow-up with clients was low, which is a limitation of this research,

and reflects wider challenges associated with capturing longer-term impacts of these types of services.

3.2.3 Wider Stakeholder Engagement

As a newly developed service, an understanding of the key activities and outcomes of Flourish was of critical importance. The evaluation was underpinned by Programme Theory (Funnell and Rogers, 2011), which involved gathering information from Flourish partners and wider stakeholders (see Table 1) about their experiences of implementing Flourish. A range of interviews and engagement activities were carried out across the evaluation period. This included interviews with Flourish and partners at the beginning of the service (and reported in the Implementation Report [Timpson, et al., 2023]), along with stakeholder engagement activities and interviews with Flourish partners during the latter phases of this final stage of the evaluation process.

Stakeholder Workshops

Three stakeholder workshops were carried out to understand the intended activities and outcomes of Flourish, which informed the development of a logic model. This approach is a useful way to demonstrate the intended outcomes of a programme to all stakeholders and enables exploration of the contextual factors and assumptions that must be considered in order for Flourish to be effective. Stakeholder engagement and co-production are key to the development of a logic model and Theory of Change, and all stakeholders involved in the design and development of Flourish were invited to attend. These workshops were delivered in the activity room at Flourish towards the start of the evaluation (commencing in June 2023) to explore whether key representatives (including people involved in designing and delivering Flourish, in addition to the research team) were clear about the overarching ambitions of Flourish. Stakeholder workshops explored the anticipated and actual activities, outputs and outcomes of Flourish, along with the contextual factors and assumptions that need to be considered in order for the partnership to be effective. A total of 16 stakeholders from seven organisations attended across the three workshops (see Table 1 for attendee details). All workshops were face-to-face with the final workshop including a dial-in option via MS Teams.

Table 1: Stakeholder workshop attendees

Representative	Workshop 1	Workshop 2	Workshop 3
Flourish Hub Facilitator	Yes	Yes	Yes
Flourish Hub Specialist Social Prescriber	Yes	Yes	Yes
Flourish Hub Volunteers	Yes	Yes	Yes
Age UK Wirral	Yes	Yes	Yes
Citizens Advice Wirral	Yes	Yes	Yes
Ministry of Justice	Yes	Yes	Yes
Wirral Mind	No	No	Yes
Change Grow Live	No	No	Yes
Involve North West	No	No	Yes

The workshops were facilitated by the research team and explored key questions with stakeholders, including:

- Who are the client group and what are their needs?
- What activities and support are being offered by Flourish services?
- What is the client journey to and through Flourish? / How are organisations working together to support people?
- What are the expected short- and long-term outcomes?
- How are these outcomes achieved? / What are the mechanisms of change?

A draft logic model was shared with stakeholders for feedback as part of the workshop, updated to include engagement as an outcome, and refined during evaluation to align with data collection and the theory of change. The final model is included in Section 5 (Figure 17).

Stakeholder Interviews

To complement the impact and outcomes data (described in Section 3.2) additional interviews were carried out with Flourish partners (n=5) during Spring–Summer 2024. These interviews were conducted over MS Teams and built upon baseline interviews that were undertaken and published in the Implementation Report (Timpson et al., 2023) and aimed to explore perceptions and experiences of Flourish including: updates from the last 12-months referral processes, working with clients and identifying support needs / gaps in

provision, barriers and facilitators to delivery, impacts upon clients and Flourish partner organisations, and any recommendations for future delivery. This information has been further used to understand and evidence the mechanisms of change and is reported in Section 4.3.

A final interview was carried out with the Flourish facilitator and volunteers to explore their experiences of developing and implementing the outcomes tool. The findings from this interview have been reported in the outcomes tool findings section (4.2.2).

3.3 Analysis

Quantitative data was analysed descriptively using IBM SPSS Statistics (Version 29). All qualitative data were thematically analysed. Where possible, the interview analysis and reporting was shared with participants to sense check before including in the final report.

4. Findings

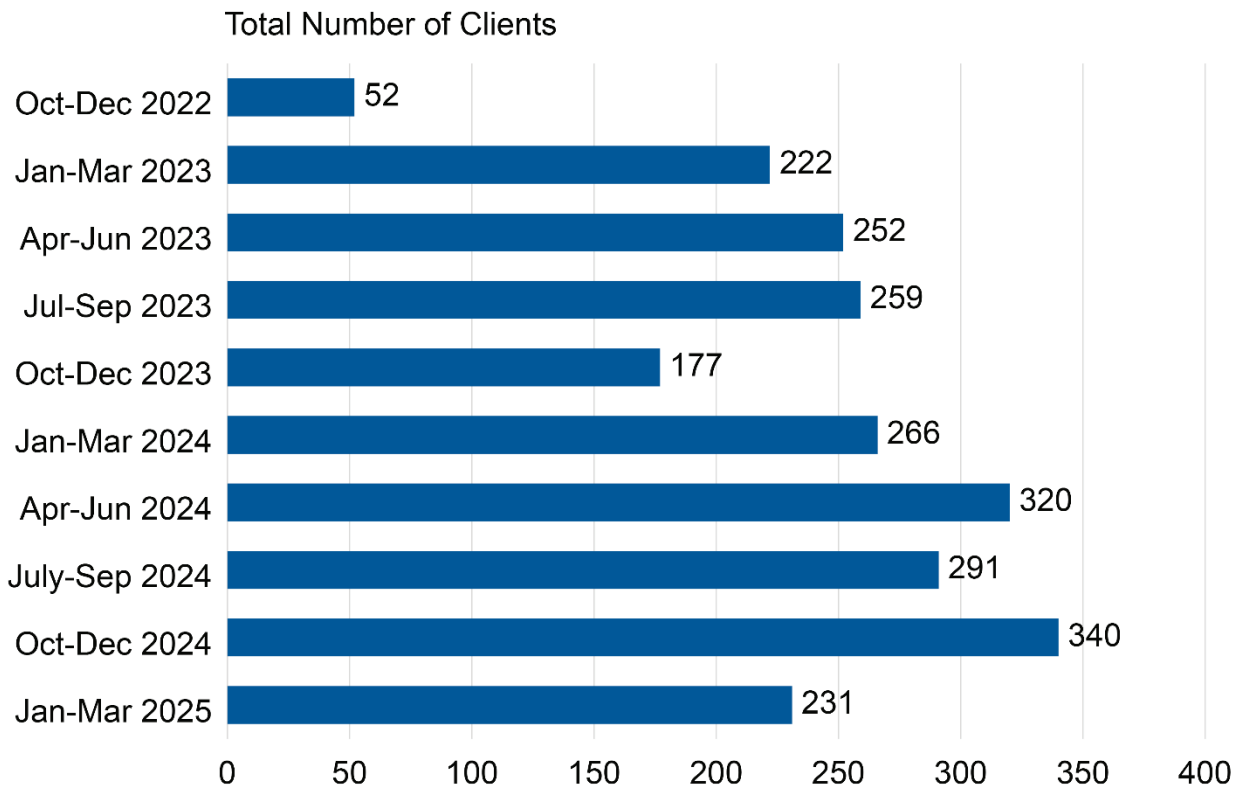
4.1 Service Use

Available data collected by Flourish has been used to determine the number of clients supported by Flourish and to explore the type of support provided. This information is taken from the 'Key Performance Indicators/Milestones' recorded in the quarterly reports sent from Flourish to the Ministry of Justice that has then been disaggregated and analysed by the evaluation team.³

Data shows that between October 2022 and March 2025, a total of 2,410 clients were seen by Flourish for pre-booked appointments and group sessions. Figure 2 shows the total service use for the service by quarter. All clients served each month were classified as 'new clients' by the service; these were all confirmed by Flourish as new to the service. However, it is not known whether these clients were already accessing one (or more) of the partner services (CGL, Citizens Advice Wirral, Age UK Wirral, Wirral Mind, or Involve Northwest).

³ Although the service was officially launched in November 2022, routine data monitoring commenced in October 2022. All data collected by the service has been included in this evaluation, for completeness. As Flourish progressed, additional data fields were added or changed over time, to reflect the needs of the service; this explains why not all monitoring data was available consistently across the whole time period.

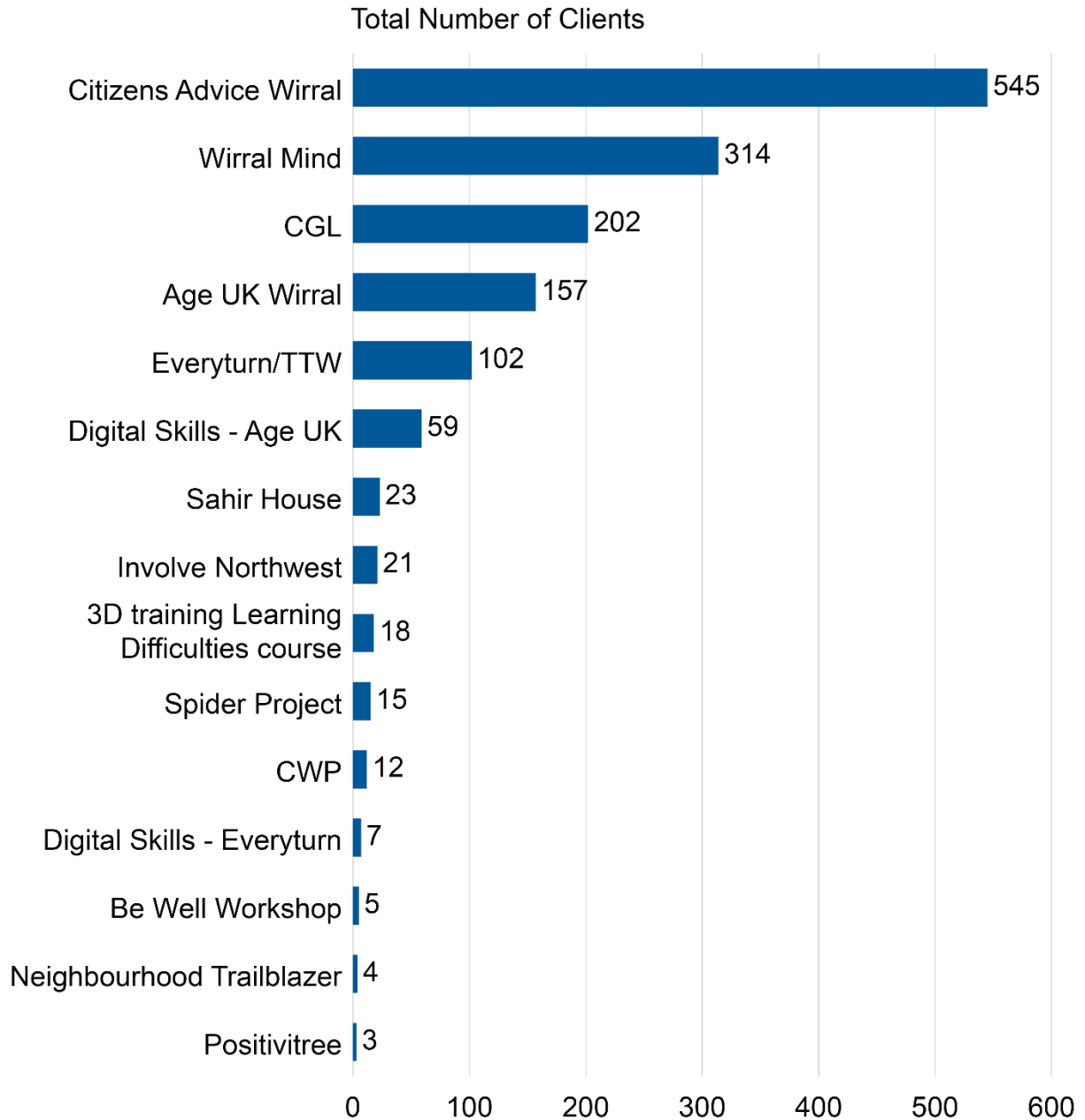
Figure 2: Total number of clients seen by Flourish per quarter



In addition to the 2,410 clients seen for pre-booked appointments and group sessions, 184 clients were recorded as ‘drop-in/walk ups’ who were processed and triaged at Flourish; clients were then referred to a partner organisation. Figure 3 shows that the majority of clients were referred to Citizens Advice Wirral for advice or social prescribing⁴ (this information was collected for reporting between January 2023 and June 2024).

⁴ Data regarding referrals was reported on up until June 2024, after which point the reasons for referral was recorded instead.

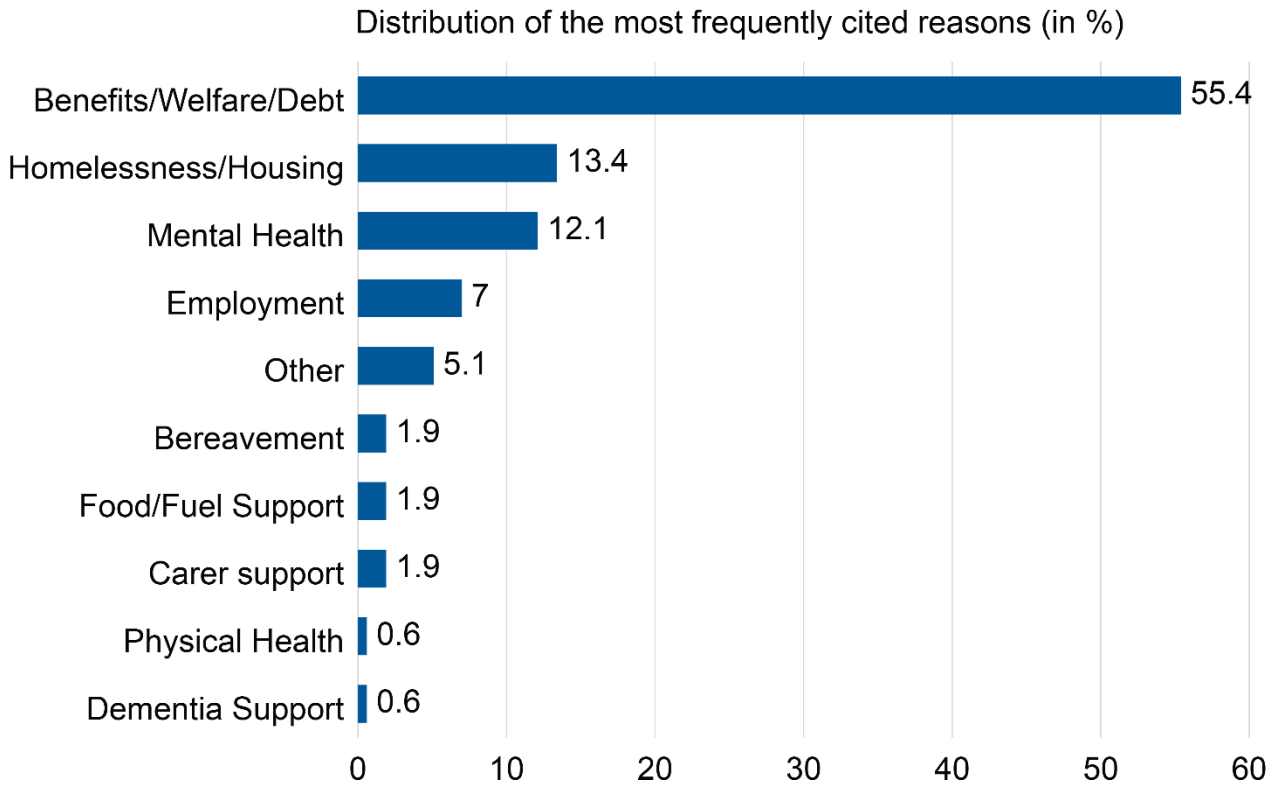
Figure 3: Total number of clients supported by Flourish partners (January 2023 – June 2024)



The most common reasons people required support from Flourish was for benefits (help with claiming the right benefits), welfare (help with understanding rights and getting support) and debt advice (for help with managing money); (these three reasons were most often reported together and so have been grouped together for analysis purposes), followed by homelessness/housing and mental health (Figure 4). This information was

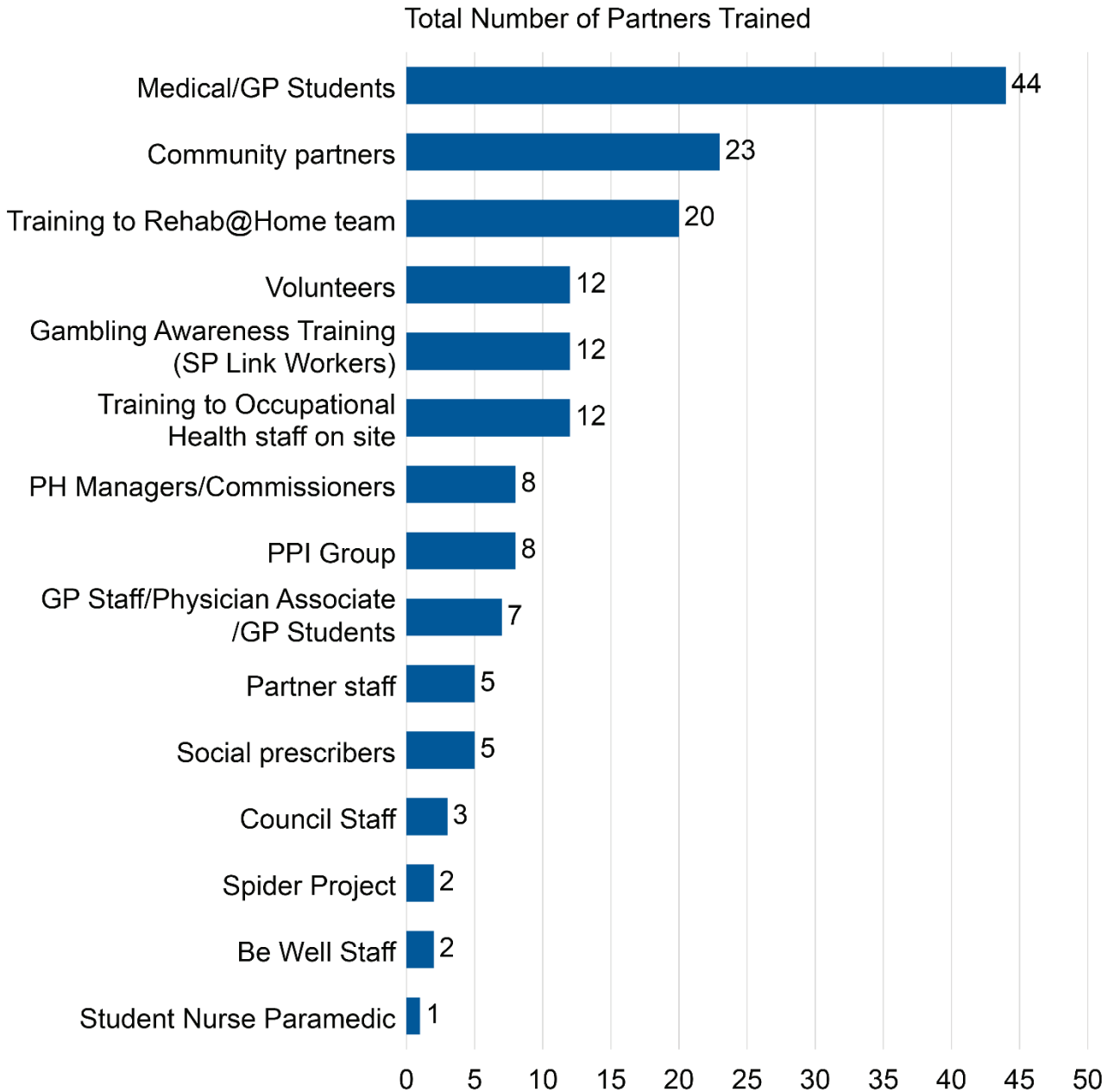
gathered from routine monitoring reports and presented as a percentage of activity across the period of evaluation.

Figure 4: Most common reasons for accessing Flourish



Between October 2022 and March 2025, Flourish provided training to a range of external stakeholders, to raise awareness of the support that it provided. This included training to GPs and medical students, Occupational Health staff, Public Health Managers/Commissioners, and local Voluntary Community Faith and Social Enterprise (VCFSE) organisations about what Flourish offered, open afternoons to health and social care professionals, door knocking and leaflet dropping within the local community, and having a web and social media presence. Figure 5 shows the total training delivered to local partners across the delivery period (total n=164 partners).

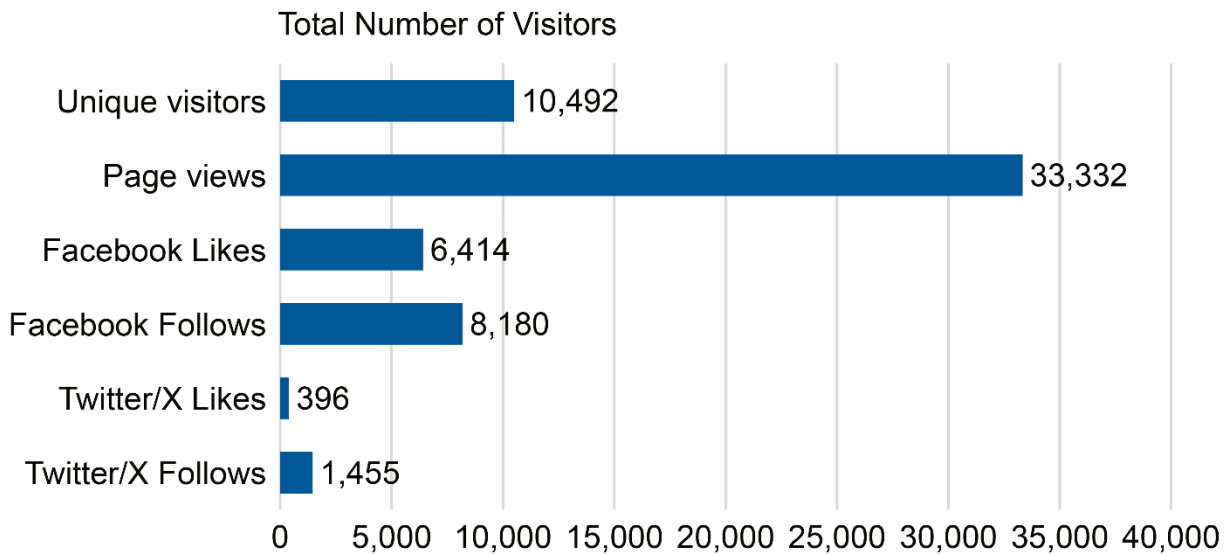
Figure 5: Total numbers of individual partners trained to raise awareness of Flourish and the support it provides (October 2022–March 2025)



A Flourish communications strategy was developed in the first quarter of 2023, which included a strong focus on engagement with stakeholders and potential clients through open afternoons to health and social care professionals, door knocking and leaflet dropping within the local community, and a social media presence. Figure 6 provides a summary of social media and website statistics between June 2023 and March 2025. Despite some gaps in reporting across the time-period (particularly for the Twitter

account), the data suggests that both the Flourish website and Facebook pages were popular, with a high number of total webpage views, Facebook likes and follows across the time-period.

Figure 6: Flourish social media and website statistics (total number between April 2023 – March 2025)



Flourish actively promoted its services from the outset via Wirral Info Bank, a mailing list of 2,000+ stakeholders, and 5,000 distributed leaflets to partner organisations (GP surgeries, outreach, walk-in centres, sexual health, and pharmacies). As part of the Flourish triaging process, the CGL Nightingales Café was opened at VCH to provide a place for people visiting VCH to learn about Flourish and for triaging to take place. This included the use of a ‘Coffee Card’, given out by GPs for people to present to Nightingales Café, as a way to confidentially tell the staff they need support. The opening of the Nightingales Café in June 2023 was featured in the Birkenhead News and local BBC radio.

Flourish also ensured it had a presence at local events, including giving presentations and distributing flyers at events surrounding Carers Week and Alcohol Awareness Week. Flourish’s first anniversary celebrations provided a key opportunity to celebrate the success of the hub, and coverage of the event was published in the Wirral Globe, Birkenhead News and the National Citizens Advice Wirral newsletter. A number of local

organisations were invited to attend, and a total of 53 professionals joined the celebrations.

4.2 Impact and Outcomes

4.2.1 Interviews and Case Studies

In-depth interviews were carried out with four clients. Case studies were collected from 30 clients, ranging from 22 to 84 years of age (mean age 54 years); 13 female, 15 male (2 not stated). All case study participants were White British apart from one who was Black African. Data from the case studies and four in-depth client interviews were analysed to elicit key themes about the needs of clients, the multi-agency approach required to address these needs, and the outcomes of engagement with Flourish. A synthesis of interview and case study data is presented below, along with quotes taken from client interviews.

Initial Engagement with Flourish

All interviews and case studies captured information about reasons for initial engagement with Flourish, including details about relevant health conditions. Here, the most commonly reported conditions included long-term health issues (including diabetes, Chronic Obstructive Pulmonary Disease, osteoporosis and fibromyalgia), mobility problems (e.g., due to injury), mental health issues (including schizophrenia, anxiety and depression), and substance misuse (including drug and alcohol dependency). The case study data described how people initially accessed Flourish with health-related needs, or for support with social care or daily living. Many clients also presented with issues relating to financial difficulties, debt management, and housing support and reported receiving support with benefits, debt and housing issues, which reflects the client data presented in Section 4.1.

Case studies demonstrate how Flourish's assistance was crucial in navigating complex systems and avoiding financial distress. The client interviews demonstrated positive views about the breadth of support that Flourish offered.

“It's a wide range of topics [that they can support with]. And situations that they help with...it's quite it's an eye opener to know what to do.” (Client 1)

“I was in debt with my council tax, no fault of my own...turned out we owed over £300. So the lady [Flourish] helped me ring up and say ‘look, I can only afford to pay a monthly payment plan’, because they wanted me to pay it all off in one go. So the lady actually was there with me to speak to them on the phone.” (Client 3)

“[they] give me like, advice on CAB [citizens advice], like a drop in for like, welfare benefit advice and stuff, and for people, they can help with claims and stuff and offer, like, debt advice and stuff like that, and like places where you can help get access.” (Client 4)

Most case studies showed that referrals to Flourish were from GPs, health professionals and social prescribers; for example, one interview participant described how they had been signposted to Flourish by a health professional due to issues with Universal Credit. Some clients were self-referred or signposted by other community services, such as Citizens Advice Wirral and Connect Us (Involve Northwest). One person described working at VCH, where Flourish is based, and described how they had found out about the service there. Interview participants described the triage process as straightforward. The proximity of Flourish to medical services (in VCH) was viewed as very positive.

“Where it’s based as well, that is a big help, because it’s local clinics and the Doctors downstairs. If there’s people that need any assistance within their own life, they actually take people up there.” (Client 1)

“...it can be quite quick [from self-referral]...probably to get back to you the next week...I probably got a call back [the] next week saying...[do] you want to come in this day, or do you want to go there and see them if they can help you? It’s about signposting more so than just them being able to help you there.” (Client 4)

One client described contacting Flourish for support with mental health needs. This person was signposted to Flourish after speaking to someone at the Nightingales Café. This person had a triage appointment with Flourish (“it was in a comfortable setting and they were okay, how they dealt with me and talked to me”), but said they did not receive any follow-up or referrals. This person’s experience highlighted the need for services to explain to people what happens once they have been referred and what to expect.

“I mentioned that mental health wise I was stuck in the house and my mental health was deteriorating...We had a good chat about certain things, and he said ‘Why don’t you go to this place in Wallasey [at the] Victoria Hospital...I went there’. Then I had a kind of interview with them, where they take your details. And that was it...[then] zero, nothing, nothing whatsoever [happened]. [They] never got in touch with me, [left] me any messages or anything...I was quite disheartened, because at the time I was in a very dark place.” (Client 3)

Other examples of reasons for engagement are provided below, taken from the case studies.

“Husband has Alzheimer’s Disease; Carer registered with Carer Support at AUKW and read about Drop-In Service at Flourish Hub in Newsletter. Concerned about finances and outcome of Financial Assessment as Husband having to access Respite Services whilst Carer recovers from Heart Surgery.”

“Client self-referred into Connect Us Project, as they were struggling financially regarding their pension, had been served with an eviction notice by Magenta Housing and not sure where to turn.”

“Signposted by health professional, dropped into Flourish Hub whilst attending a medical appointment with GP at VCH. Concerned they are not receiving the right benefits, struggling with debt and worried about their drinking.”

“Had been illegally evicted and was referred as a veteran and due to needing help with substance misuse. Presented as very nervous and anxious due to housing situation.”

Actions and Support Provided by Flourish

The Flourish environment was described as being very supportive, with clients commenting that the people and relationships were a key part of why it was effective. The interviews and case studies often described multiple agencies working together, including adult social care and occupational health. Actions included referrals to mental health services, debt advice, housing support, and benefits checks. Many users received ongoing

support through regular appointments, home visits, and continuous engagement with support services. One client described receiving support with a Personal Independence Payment (PIP) claim, including help with completing the form. Here, despite the PIP claim being rejected, the participant appreciated the assistance from the Citizens Advice Wirral member of staff.

“[it’s] very easy to speak to them...it’s all down to speaking to people, talking, we’ve all got some advice to offer other people.” (Client 1)

“Told me, the Doctor, get a fit note, that I was like, ‘what’s a fit note?’. She said it means you don’t have to have a full-time job because of the way you are.”
(Client 2)

Examples of the actions and support offered by Flourish, taken from the case studies, are provided below.

“Made a Housing Options referral and arranged a mainstay assessment at the Ark for them for today, this allows access to the hostels.”

“Referral for Reminder Finders at Age UK Wirral to help with social isolation for Cared For/Carer Support Services; information given to Carer including Carer Support Newsletter monthly. Carer registered with Wired for extra support. Referral made to Central Advice and Duty Team for a falls alarm for Cared For as agreed. Ask Us Wirral Benefit Check completed on behalf of Carer and Cared For.”

“Parent has a diagnosis of Mixed Dementia. Referral received from The Stein Centre asking Age UK Wirral /Carer Support to make contact with Child/Carer as they seem to be struggling with parent’s diagnosis and felt they would benefit from some carer education from the service.”

“Booked client in to see Change Grow Live Housing drop in at Flourish as well as caseworker at Flourish to help apply for PIP and completed a Mandatory Reconsideration form with client.”

Outcomes

The most commonly reported Flourish outcomes were improvements in wellbeing (with users reporting feeling less anxious, more in control and better supported); financial stability (with people describing successful benefits claims, debt management and improved financial situations); and social support (with clients describing how they had gained access to social groups, peer support and community activities which had reduced their feelings of isolation).

“She was lovely, helped me in a lot of ways...She helped me over what benefits to claim, Universal Credit had stopped me money...they said, ‘this is not right, you’re entitled to help being on low wages’...So if it wasn’t for Flourish, I don’t know what I would have done.” (Client 3)

“They need more of these places [Flourish]...to help people because there are people who probably sit in the house and don’t go anywhere, do anything with the mental health, because they’re not getting out and trying to solve the problems. We know problems aren’t always solved just like that, (it) takes time and it takes effort.” (Client 4)

Case studies collected information about client experiences of using Flourish, which were all positive. Here, findings highlighted the supportive, non-clinical environment and the helpfulness of staff and volunteers, with many expressing their appreciation and gratitude for the support provided by Flourish, and the positive impact this had on their lives.

“Client engaging with Social Prescribing Link Worker well, has completed Wellness Recovery Action Plan which they found helpful. Wants to engage in more services such as Spider (reduction in alcohol).”

“Client should now be able to log into property pool and bid on properties.”

“Client accepted on Reminder Finders 12-Week Cognitive Stimulation Course which will improve health and wellbeing, reduce isolation and give Carer a respite break, also improving health and wellbeing.”

“Eviction notice has now been withdrawn and no longer in debt with housing benefit.”

“Client is now renting privately after speaking with Housing Drop in at Flourish and following their advice.”

“Flourish provided a safe, supportive environment for client to be able to access the advice they needed, much of the appointment was to establish trust for client but did identify strategies for them to support with compulsive spending and that they may be eligible for PIP, so supportive of giving them control over wellbeing and greeted financial stability.”

Two further examples of Mr A and Mrs B are provided, to illuminate the complexity of circumstances that Flourish dealt with on a day-to-day basis (some personal details have been changed to protect the anonymity of the individual). These two case stories serve to evidence the difficulties that people faced in accessing services due to mobility issues, communication barriers, and/or financial constraints. The themes reflect the diverse needs of Flourish clients and the comprehensive, multi-agency approach taken to address these needs. These case studies illustrate the importance of personalised support and the positive impact of collaborative community services.

Mr A's Story



Before accessing Flourish: Mr A was unable to work due to breaking his back. He had no money or income. A British national originally from Algeria, he lived alone in the UK.

Mr A presented to Flourish **with financial problems and in need of immigration advice** for his children and wife, who did not live with him. Mr A was anxious and struggling with his mental health. He had been to see his GP who told him about the Citizen's Advice drop-in sessions at Flourish on a Tuesday, 1–3pm.

Mr A attended Flourish, seeking immigration advice in the first instance. Mr A was signposted for **immigration** legal advice and a further appointment was made for Mr A to discuss his options regarding access to benefits.

A benefits check was conducted, which revealed Mr A was entitled to several benefits. Mr A was initially worried about claiming, for fear of losing certain rights. He was provided with advice and decided to go ahead and claim what he was entitled to.

Mr A returned to Flourish for support to complete the required benefits forms. Flourish reached out to Involve Northwest who joined the session with a Citizens Advice advisor who helped facilitate support for the client. Mr A received the immigration legal support that he needed.

Now: As a result of accessing Flourish, Mr A had an improved financial situation due to claiming benefits he did not know he was entitled to, and due to receiving help in accessing and completing the forms. Mr A's mental health improved. Mr A said, **"I know you always help where you can... you advise from the heart"**.

Mrs B's Story



Before accessing Flourish: Mrs B was struggling with long-term health conditions and poor mental health. Mrs B was socially isolated and had complex problems with her finances. She also needed advice about her finances and support with understanding her benefits. Mrs B presented for a walk-in session at Flourish.

Mrs B could not use the Internet or telephone due to mental health reasons. She had been looking for somewhere she could speak to somebody in person and had been told by someone she knew that she could speak to somebody in person at Flourish. She had attempted to speak to her GP for emotional support and had tried to get advice about benefits in the past but they had asked lots of questions about her finances, which she was unable to answer.

Flourish listened to Mrs B. She was very distressed about her financial problems. Mrs B was **“very upset throughout the conversation, struggling to speak at times”**. Flourish arranged for Mrs B to be referred to Ask Us Wirral and a Social Prescriber, for her to have face-to-face appointments in future, and to communicate via text.

Mrs B received the support she needed about the financial situation and the emotional support she had been looking for. Mrs B would have **“struggled immensely to set up emotional/mental health support had it not been for Flourish, as she could not have been linked so easily to a Social Prescriber in person”**.

Mrs B was able to speak to multiple points of contact for support across a range of complex needs. This had a positive impact on her mental health.

The **strong collaboration** between services was an important factor for Mrs B; they were able to communicate efficiently and support her specific needs; this was particularly important given her difficulties in using the Internet or telephone. This support would not have happened without direct engagement with and presence at Flourish.

4.2.2 Outcomes Tool

Between 11th November 2024 and 14th January 2025, ten clients (eight males and two females aged 36 to 82 years, nine of whom were White British) completed the baseline co-produced outcomes tool. Findings provided further context about client support needs, and the complex nature of this.

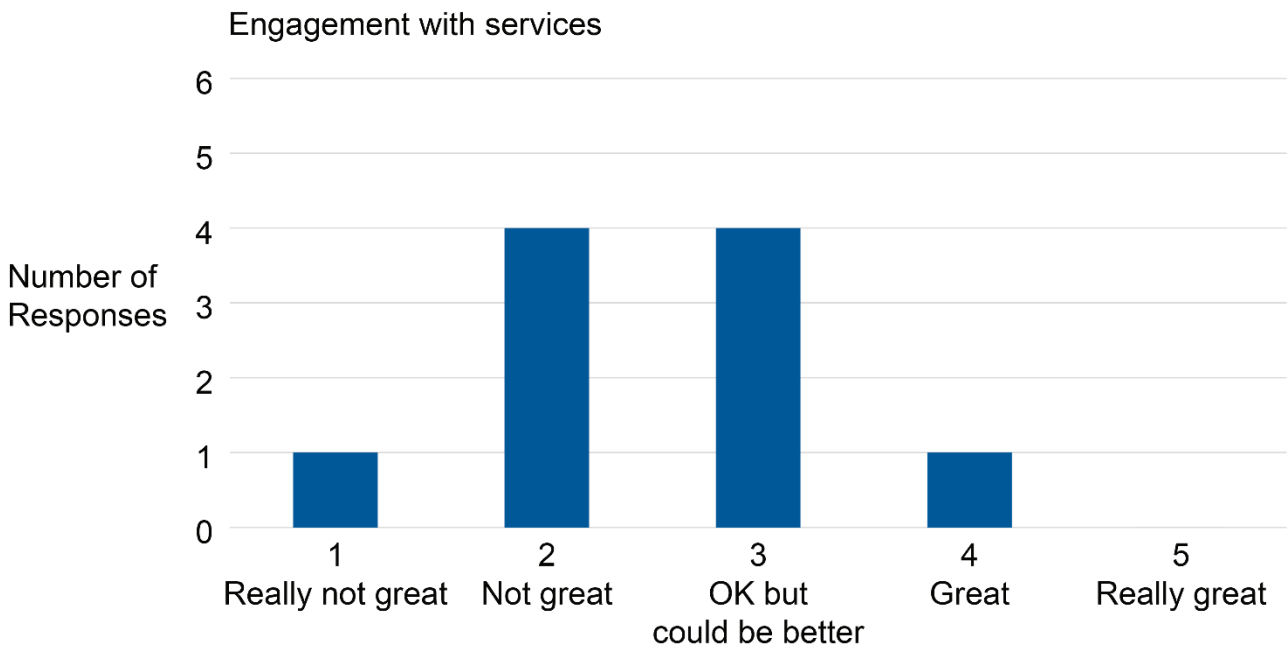
Four clients stated they had initially contacted Flourish due to housing issues, such as rent increases and accommodation requiring work, sofa surfing and planning ahead for deteriorating health. Four cited benefits and welfare, including support completing a PIP form and reapplying for PIP after an initial claim had been rejected, as well as benefits entitlement assessments and applying for a disability bus pass. The remaining two clients cited food and fuel vouchers, and University tuition fees (for their child). This reflects the often complex needs of those accessing Flourish for support. Outcomes were explored for each client across the nine outcomes measures (as explained in Section 3.2.2).

At initial engagement with Flourish, the most common responses for the ten clients across each of the nine outcomes was 'not great' (26.7%) or 'really not great' (14.4%). Each outcome measure is reviewed in turn, to demonstrate the complexity of need.

Engagement with services

Half (n=5) of clients stated that they were 'not great' or 'really not great' when asked about their current engagement with services (e.g., support to engage with health, wellbeing and social care services, and community groups) (Figure 7). Six clients responded detailing help from a social prescriber; not accessing social clubs but having regular health reviews; receiving support from advocacy teams and being happy with support received from their consultant/GP; being able to engage with services but having a problem 'get[ting] the help I need'; being good at keeping appointments; and there being 'no issues'.

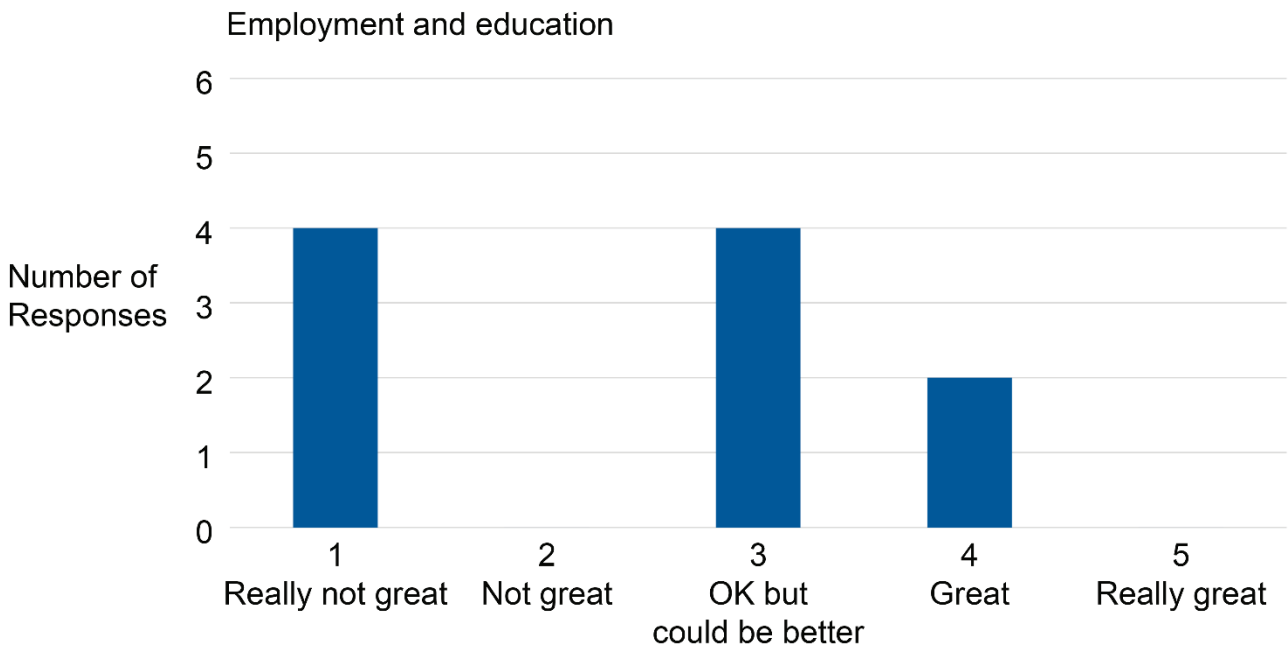
Figure 7: Baseline engagement with services



Employment and education

Four clients stated that their employment and education (e.g., requiring support in gaining employment or education or accessing training, or assistance if in employment or currently training) situation was ‘ok but could be better’, with the same number responding that it was ‘really not great’ (Figure 8). Further information provided by eight clients highlighted Universal Credit/unemployment; being retired; being self-employed; and worries around the possibility of being made redundant in next couple of years.

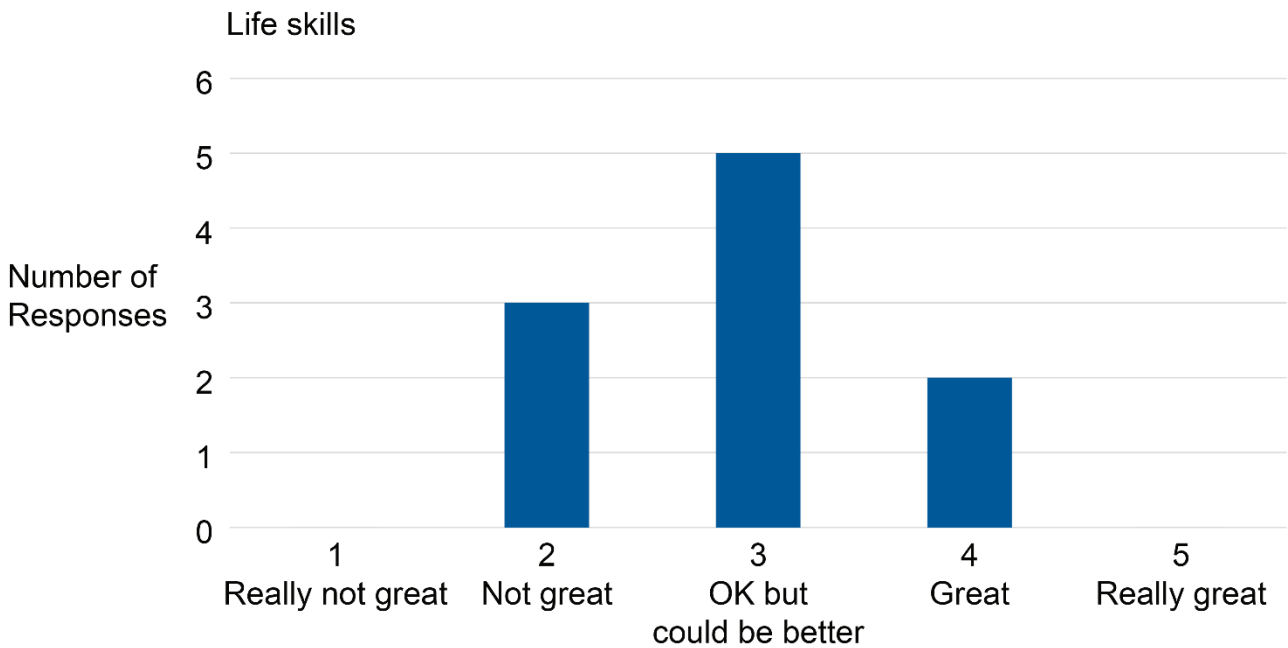
Figure 8: Baseline employment and education



Life skills

More than half of clients who answered this question (n=5) stated that they were ‘ok but could be better) when asked about their life skills (e.g., time management, cooking, cleaning, personal care, support in booking medical appointments) (Figure 9). Five clients provided additional information that highlighted for example, reliance upon their children for support due to their health and care needs and needing help completing their PIP application due to having cataracts. Two of these five clients stated that they were ‘ok’, whilst a third client commented that they were ‘managing to keep up going to the gym so feel relatively healthy’.

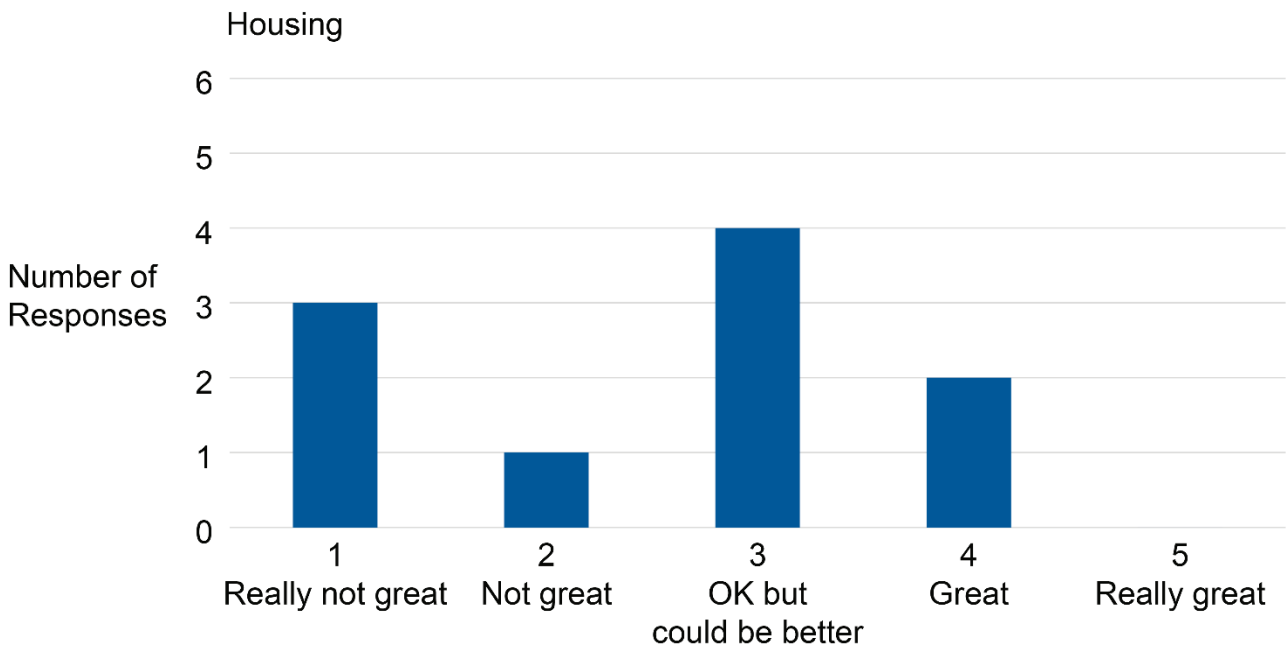
Figure 9: Baseline life skills



Housing

Four clients stated that their housing (e.g., risk of homelessness, access to stable accommodation, maintaining accommodation, moving into residential care, quality and safety of housing) was ‘ok but could be better’, with the same number responding, ‘not great’ or ‘really not great’ (Figure 10). Further information was provided by seven clients that related to housing benefit; rent increases and flat in need of repairs and concerns related to this about moving and losing benefits; rent arrears; sofa surfing; having a property that is cold (as it has three external walls); and support to get belongings left in previous home following fire. One of the seven clients simply replied that they were ‘ok’.

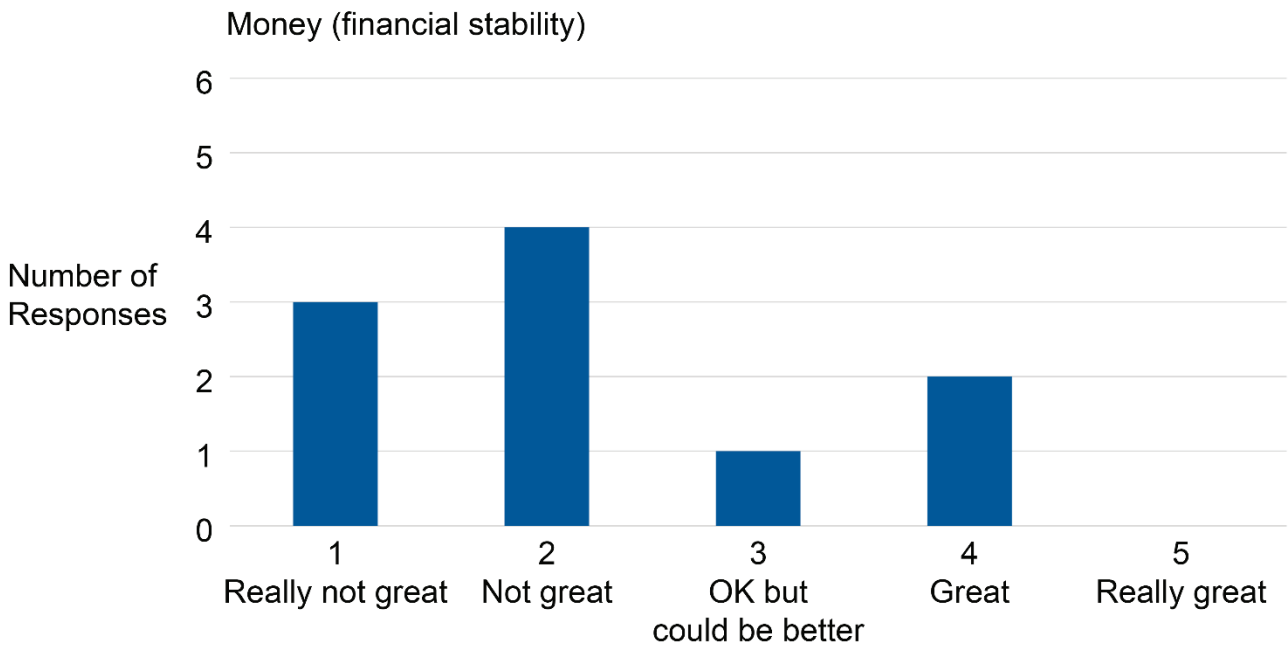
Figure 10: Baseline housing



Money (financial stability)

Seven clients stated that they were ‘not great’ or ‘really not great’ in relation to money (e.g., debt, managing bills, support with benefits, receiving legal support, food/fuel/hygiene support) (Figure 11). Eight clients provided additional information relating to reduced income due to children reaching further education age – food and fuel vouchers; housing issues including significant rent increase; access to benefits including housing benefits and Personal Independent Payments. Of these eight clients, one stated that they were ‘managing currently but on the edge of not managing’, whilst a second client felt that their finances were ‘stable’.

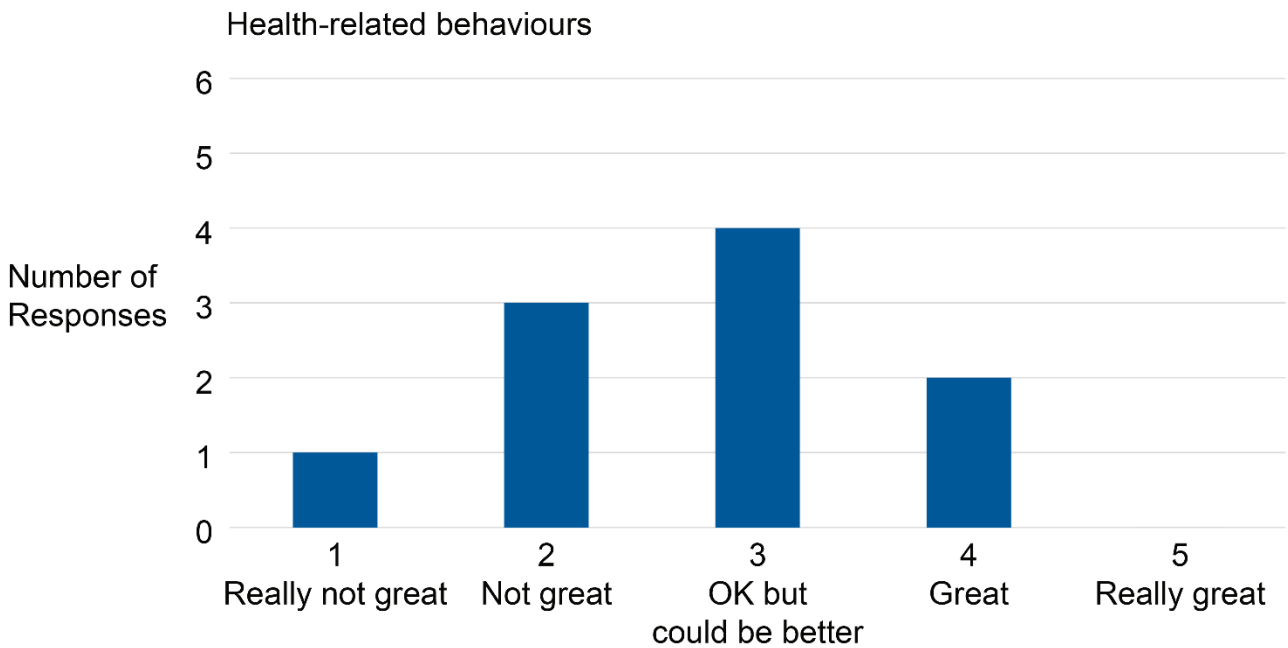
Figure 11: Baseline money



Health-related behaviours

Four clients stated that their health-related behaviours (e.g., healthy eating, physical activity, alcohol/drug use, being in recovery, smoking cessation) were ‘ok but could be better’, with the same number responding, ‘not great’ or ‘really not great’ (Figure 12). Five clients provided additional information around; medications for ongoing conditions, attending a long-Covid clinic, being proactive in seeking support from GP if needed. Two of these five clients stated that they were ‘ok’.

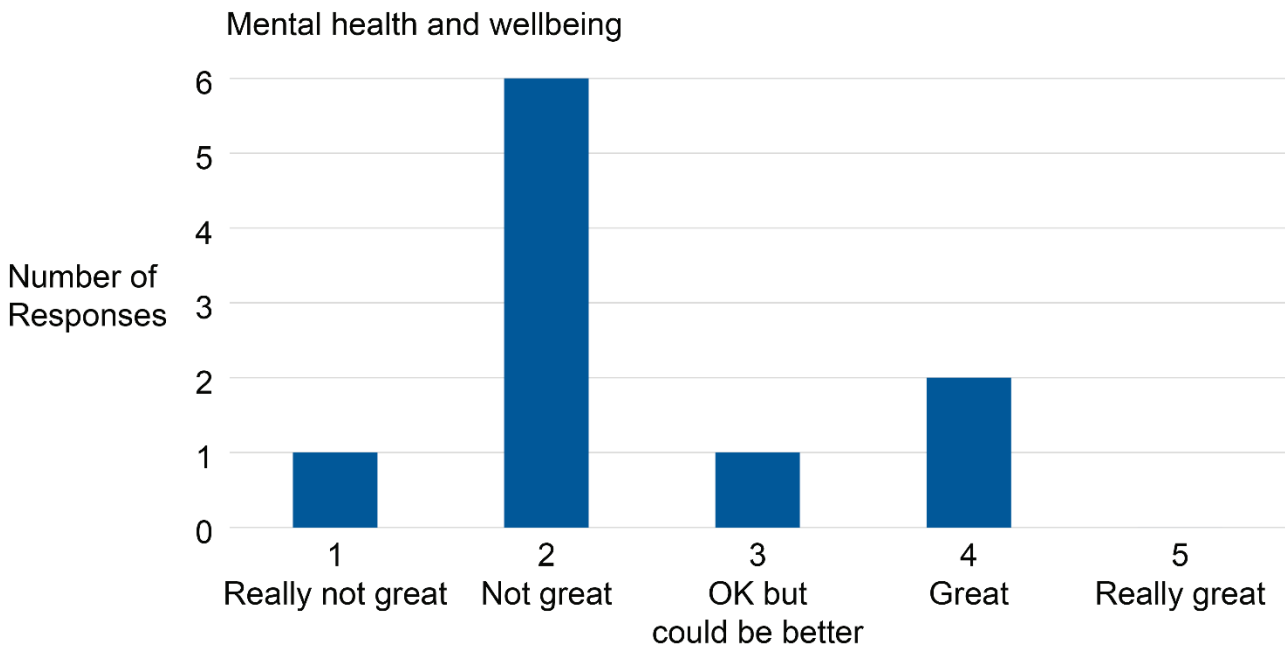
Figure 12: Baseline health-related behaviours



Mental health and wellbeing

Seven clients responded that their mental health and wellbeing (e.g., mental health conditions, mood, confidence, and self-esteem; access to support (primary/secondary care, third sector organisations), was ‘not great’ or ‘really not great’ (Figure 13). Six clients provided further information which included taking medication for anxiety and depression, having sleep problems (related to housing issues), finding it hard to take initial steps to seeking support, and receiving regular GP support for long-term health conditions.

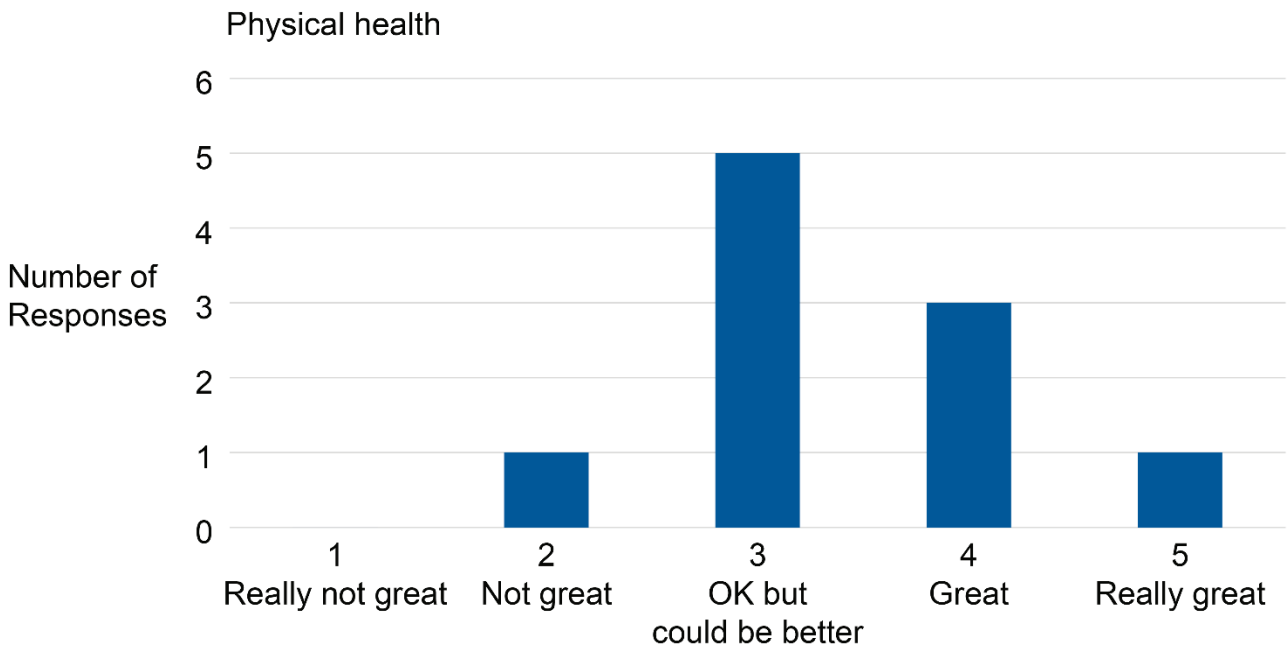
Figure 13: Baseline mental health and wellbeing



Physical health

With physical health (e.g., any physical health conditions/diagnoses, access to healthcare, medications, being registered with a GP or dentist, or needing support for their sexual health), half (n=5) of clients responded saying they were ‘ok but could be better’, with four saying they were ‘really great’ or great (Figure 14). When exploring these responses, four clients stated that they had long-term health conditions, which were reported as diabetes, visual impairment, blood pressure, heart condition, chronic illness/long Covid-19, paranoid schizophrenia, and cataracts. One client said they have ‘generally good physical health/keep active’.

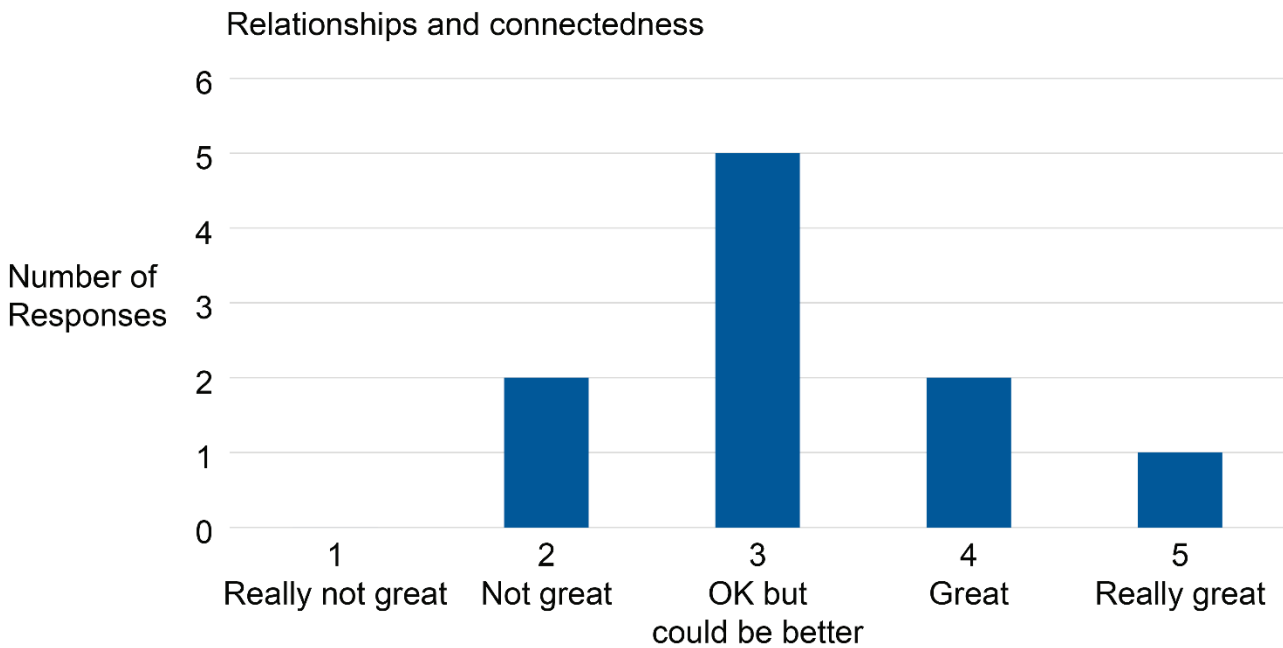
Figure 14: Baseline physical health



Relationships and connectedness

With relationships and connectedness (e.g., relationships with family, friendships, communication skills, support for digital exclusion, attending community events, social/support networks, isolation/loneliness), half (n=5) of clients who responded said that they were ‘ok but could be better’, whilst three people responded that they were ‘really great’ or ‘great’ (Figure 15). Six clients discussed the importance of having support from family members, friends and social networks as well as through primary and secondary health care (e.g., GP, consultant). One client spoke about ‘living an active life’, whilst a second cited loneliness and was signposted to Talking Therapies.

Figure 15: Baseline relationships and connectedness

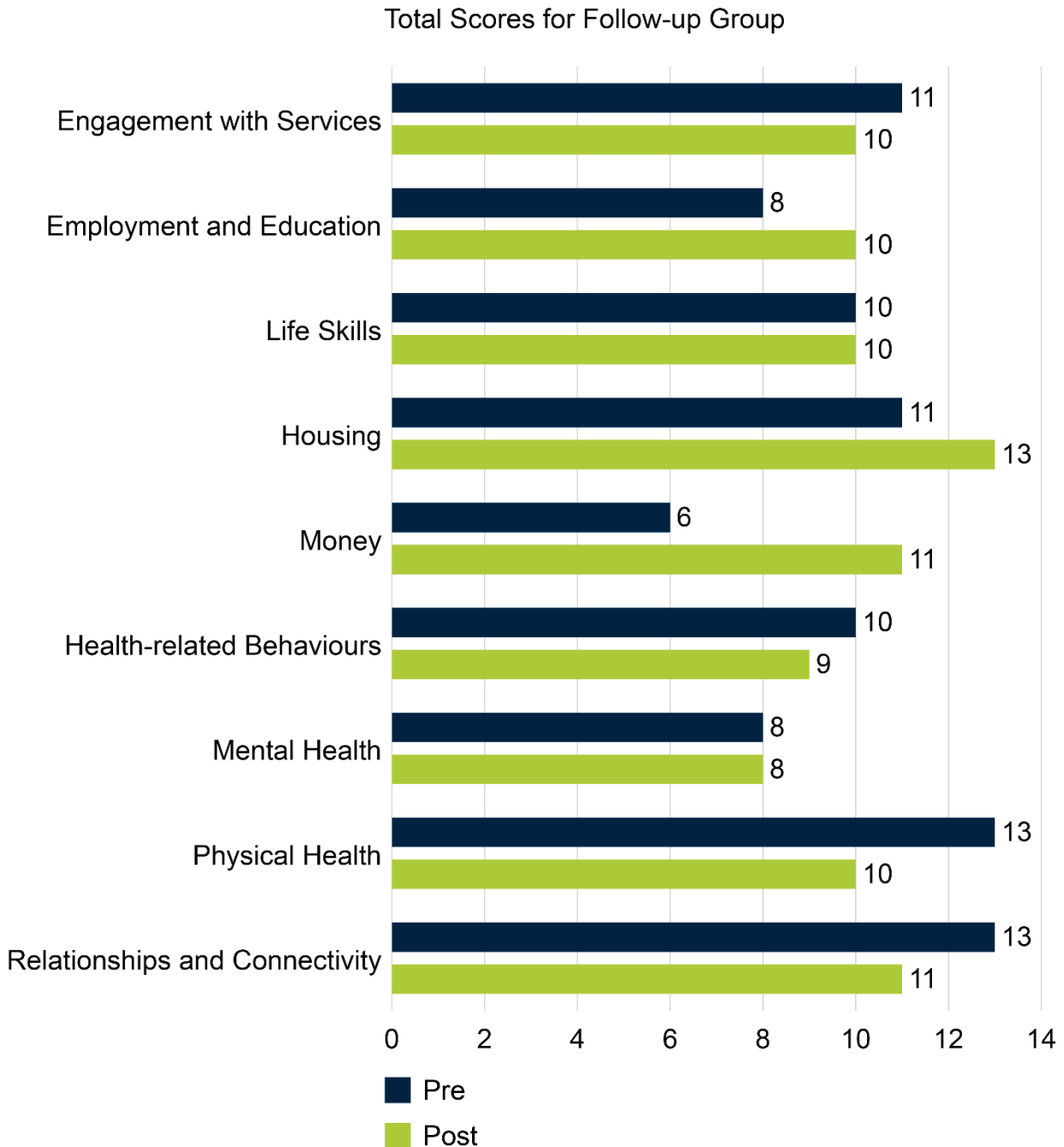


All ten clients were invited to complete a follow-up telephone call; of which four took part. Phone calls took place between 18th February, and 6th March 2025 and were carried out by the Flourish volunteers. All of the clients were male, aged between 43 and 56 years and all were White British. Clients were again asked to rate from 5 (great) to 1 (really not great) how they felt their current situation was compared to when they first engaged with Flourish, and their experience of engaging with any of the Flourish partners. They were also asked a final question: ‘Are there any other details you would like to include about your needs, progress made and support provided through Flourish and partners?’ Clients did not provide any additional information in relation to any of the Flourish partners with whom they may have been engaging, with the exception of one client who spoke about Involve North West being ‘invaluable’ and going ‘above and beyond’ in assisting the client getting his housing arranged and that this has had a positive impact on his mental wellbeing as he is feeling much more positive.

Scores for the follow-up group showed positive changes for the ‘housing’, ‘money’ and ‘employment and education’ outcomes (Figure 16). No changes were seen for the mental health or life skills outcomes. Slight decreases were evident in outcomes relating to physical health, health-related behaviours and relationships and connectivity. These findings provide some context about the immediacy of Flourish outcomes and demonstrate

the longer-term input and outcomes of the service, particularly relating to the positive longer-term impacts relating to housing money.

Figure 16: Reported changes in outcomes at follow-up



An interview was conducted with Flourish staff at the end of the outcomes tool data collection period which explored the acceptability and feasibility of developing and implementing the tool, in order to evidence outcomes. Overall staff had a positive

experience developing the outcomes tool, guided by LJMU evaluators. Staff described that they were pleased with the tool and felt well supported by each other and the evaluation team during its development.

“It was a very iterative process with the people [LJMU staff] really, easy to understand, easy to follow; good interaction with people [LJMU staff] both face-to-face and by e-mail; I felt that I was being listened to.” (Flourish staff)

“We had people on it who were thinking outside the box and determined to make it work.” (Flourish staff)

The chosen format (Google Forms) allowed for inputted data to pull through into a spreadsheet for easy analysis. In practice, a paper version of the Google Form was also used at times with data inputted onto the electronic form afterwards. This was to mitigate for potential for IT and internet glitches during the limited time to collect baseline outcomes data face-to-face with clients.

“We used a Google form, very useful so it was then easy for the volunteers to use, and it was straightforward.” (Flourish staff)

“We didn’t have anything that was we felt comfortable enough to just use our laptops to do it. We had to do it on paper because we were concerned that the form would crash on us.” (Flourish staff)

In order to enable follow-up data to be collected, staff were required to manually add an identification tag to each individual case to allow for the linkage of data from within the Flourish-created app and the Google Form. The process of mapping outcomes from external organisations was not possible, due to the challenges in tracking client journeys across different services, thus outcomes were requested as case studies.

“We requested one case study per partner per quarter because... you can’t follow that client’s journey electronically.” (Flourish staff)

The outcomes tool (pre-measure) was completed at the same time as new client registration, which was felt to notably extend the first contact time. Overall staff felt

comfortable asking the outcome tool questions and thought the tool helped clients get a clear view about what they might want support with.

“We do the registration and then we’d have to go through the outcome. So it did make it quite lengthy.” (Flourish staff)

“They were fine with it. It probably was quite beneficial for them again, because a lot of the time when people come to see us, they’re in position in their life where, things are not going too well for them. Making it clear that we’re paying attention to what they’re telling us and taking it seriously and trying to help them, I think, well, it’s a positive thing.” (Flourish staff)

It was felt that staff personalities helped build rapport with clients when asking the client registration questions, which was important for completion of the tool.

“I think I’m quite empathetic, so I know I have a very matter of fact but supportive way of talking to people, so I had no problem [with the tool].” (Flourish staff)

During the training, staff described how it may not be appropriate to ask all of the outcomes tool questions at initial engagement, and this was reflected on at the end of the data collection period. Here, Flourish staff explained how any questions that were not deemed suitable or appropriate due to client’s wellbeing were not asked.

“If you’d had a particularly emotional conversation with them then it’s not necessarily appropriate to then ask on a scale of one to five ‘How are you feeling about this, that, the other?’” (Flourish staff)

Flourish’s ‘integrated front door’ to many services was seen as a successful way of providing holistic support to clients, however, by the very nature of this design, tracking and delineating the impact of each remained a challenge. This led to the decision to have follow-up calls directly with clients themselves to collect the follow-up data and collect evidence of their journey from first contact.

“We had clients coming into one door that led on to many different doors. So you could come in through the Flourish door and end up then seeing Citizens Advice,

CGL, Age UK, the best method we could come up with was a telephone call.”
(Flourish staff)

“Not everybody is digitally included. Not everybody is literate, [if you send] out an e-mail questionnaire or something, a lot of them get ignored, maybe go into spam. It’s quite tricky to then do [them] in person. You’d have to arrange for somebody to come in for a meeting or they’d have to pop back up to the hub. So I think for the partnership that we had and the ability and capacity that we had, the telephone calls were the best option.” (Flourish staff)

4.3 Understanding the Service Delivery

As a newly developed service, an understanding of delivery of the key activities was of critical importance. Interviews were held with representatives from five of the partner organisations between July and September 2024 and explored views on how Flourish was being implemented and the perceived impact it was having on people living in the local community.

The Location

Partners shared their positive views about the location of Flourish, where it was described as being very accessible and in a good geographic location to engage with people who may potentially need to use the service. Some partners specifically highlighted how it was positive that Wallasey had been recognised as an area that needs the service.

“The fact that it’s based in Wallasey is fantastic. It’s really needed in that particular area...We were getting people saying, oh, it’s so nice not to have to travel into Birkenhead. Everyone presumes we can travel into Birkenhead. And that’s been that’s been really positive to hear people talk about that. The staff in the care support team talk about how nice a friendlier space it is as well.” (Partner 1)

During the initial implementation of Flourish, there were concerns about the visibility of the service, with it being located on the second floor of VCH. Such concerns were also highlighted during follow-up interviews, with some partners describing how the location reduced the visibility.

“I think the fact that you have to access it via a lift and stairs is a huge barrier. I think the fact that it is a closed off corridor is a huge barrier...it’s not somewhere that you just happen to walk past. Need someone to tell you to go there and you need to be actively looking for it.” (Partner 1)

Despite this, some partners described in follow-up interviews how Flourish was becoming well known amongst both professionals and people living in Wallasey, mentioning that Flourish was helping to increase the reach and accessibility of their service, and describing the space as very positive.

“If you look at Liscard as a whole, there’s not really anywhere like Flourish or a community centre or anything like that. So it’s nice that if people live in that vicinity, it’s well served by bus routes as well. You know, public transport and everything. It’s not far for people to come.’ (Partner 4)

“The environment is such a lovely environment and also the location for us particularly. We have a hub in X...so it’s not really ideally placed to capture people a bit further afield. So Flourish is a bit better positioned; we will be going to the partners asking for some space because we want to bring in some peer groups.” (Partner 2)

Operational Delivery

The Flourish Operational and Strategic Group meetings occurred every six-weeks and were attended by representatives from each of the partner organisations. It was acknowledged that many of those who were members of the Operational Group had busy managerial leadership roles, so being expected to attend operational meetings for Flourish on top of this was described as “challenging at times”. It was highlighted, however, that for some organisations where designated staff were not able to attend, they had tried to send a representative in their place. Partners did describe struggling to attend meetings due to capacity issues.

The partners each described the types of support they offered, and their particular roles within the Flourish partnership. Here, many reflected on the complexity of the cases that they supported, and the time commitment and resources required to support people with

these complex needs. One partner spoke about how quality over quantity should be considered when assessing the impact of a service such as Flourish.

“The fact that support workers just don’t exist anymore. Advocacy services themselves are tiny and people’s lives are a lot more complicated than they ever used to be.” (Partner 3)

“Sometimes our targets cannot reflect the amount of time that someone needs on a case. So we might presume it be 20 minutes involvement and it’s actually not, it’s a 70-minute case.” (Partner 4)

All partners agreed that there was not enough support for people who need to access legal advice, and that many times people do not realise that the type of support they require is legal in nature. The topic of digital exclusion was raised as a priority by some partners, in terms of people needing help in accessing and using digital technology.

“There’s definitely, definitely, a need for more around digital inclusion and there’s a massive gap in the system in terms of older people’s access to support with digital inclusion.” (Partner 1)

“It’s a long-term effort you put in, particularly if somebody’s not digitally included, doesn’t have any support network and ultimately there will be some mental health issues in there that you’re working with as well. And it’s very common for us.” (Partner 1)

The day-to-day facilitator was described as critical to the successful delivery of Flourish and was seen to be invaluable by all partners. The in-depth support provided by the facilitator was well recognised by all partners, in supporting the running of Flourish, supporting volunteers, organising and delivering strategic meetings, and managing outreach activities. The various responsibilities placed upon this role were described as being difficult to delegate, particularly when planning for annual leave, although this was managed effectively to ensure cover was always available.

Volunteer capacity and capability was an issue throughout the Flourish delivery period, with four volunteers supporting delivery (volunteers provided support in greeting and

triaging clients). Some volunteers needed support with their own physical and mental health and had personal situations that impacted on their ability to dedicate time to Flourish as they had initially hoped. Although Flourish offered support to enable volunteers to understand it, the technology (such as the DMT) was also a challenge. Flourish was very proactive in attending volunteer events and using the website to attract new volunteers.

Building Partnerships and Connections

Flourish was seen to be very effective in helping to build partnerships and connections between organisations, which resulted in positive impacts for both services and the local community. Some partners described how the co-location of services had improved working relationships and enabled a more collaborative approach to working, and that was particularly so in terms of the GPs based within VCH. Some described how, even though the partners in Flourish all served a different purpose, they all had a similar 'cultural' ethos and a similar view of wanting to support the local community, which was a huge benefit in supporting the development of positive relationships. Some described how it was important not to be 'precious' about retaining clients within their support offering and that other services may be better equipped to provide the specific support required.

"I think it has helped build some better connections as a collaboration as well between different organisations, which has been quite nice." (Partner 1)

"Our presence in Flourish has led to us being able to work more collaborative with the GP practices. So it's opened the door for us to get to know the 2 GP practices which then allows us to, you know, it's moved that relationship on with us".

(Partner 2)

"We want to work in partnership. We're certainly not protective in any way shape or form and it's about the person getting the help and if they can do it quicker than us or we can do it quicker than them and that person wants that, then why not?".

(Partner 4)

Relationships with healthcare professionals outside of Flourish were described as being good and it was highlighted that Flourish provided support for the new Social Prescriber for Wallasey Wellbeing (this post supported the 2 GP surgeries based within VCH).

“I think it has helped build some better connections as a collaboration as well between different organisations, which has been quite nice...I think it having the connections through with all the health and social care professionals. So that element of the building.” (Partner 1)

“For the NHS and the partnership between the sector and obviously health, it's massive.” (Partner 4)

Data Management Tool (DMT)

The DMT enabled Flourish to make multiple internal partner referrals from the initial interaction at triage with the client. The DMT was designed at the inception of Flourish, with input from Flourish to ensure that information such as the GDPR statement, visitor log and organisation information was included. The volunteers using the tool were supported to ensure that data was recorded correctly, using laptops to collect the data. There were early issues with setting up staff logins for the DMT, particularly with the tool not pulling through the notes from referrals made. There were issues relating to the functionality of the DMT required for outward triaging to work effectively, which meant it was not initially possible for Flourish to use the DMT to refer people onto other services. These early issues were rectified and the team worked closely with the app developer to allow data fields to continue to be added or removed as necessary.

One of the partners spoke about difficulty being able to access the data to see what has happened with a client after triage, which made it difficult to ensure whether a follow up had taken place. This also made evaluation difficult, as it was not possible to track or follow up client outcomes (a known challenge in evaluating services of this type).

“I never know whether they've made contact with somebody and gave them an appointment.” (Partner 4)

Challenges to Delivery

All of the partners spoke about the complex nature of needs and the lack of resources and capacity across the third sector. Although Flourish was seen to provide much needed additional resource across the local health and care system, there was still a high demand for support and a lack of resource. Some spoke about their services being oversubscribed. One partner described how there was not enough support for the people who need it the most and this meant that people were not able to get any support at all or were waiting until they were in crisis to seek support.

“I think there’s a lot of people out there who work in the third sector who will help people with these problems, but not necessarily. There’s not enough of that support and there’s not enough of it marketed and with the right resource to be able to cater for the people that need it. So there’s always people out there that being left with nothing or waiting till crisis point to get help.” (Partner 2)

“We’re a bit stretched in terms of our staff capacity across the whole organisation. So we’re not as heavily involved as we have been in previous years.” (Partner 1)

For the future, partners spoke about the importance of utilising the space as a community asset and including more community groups within the space. It was felt that this would increase awareness of Flourish and increase the numbers of people being able to access support and ‘open up conversations’ that may not otherwise have been had.

‘[I] understand some of the things that they deliver and it’s quite it’s confidential...but if there’s certain days or times where there’s a room free and just something as simple as a coffee morning or a knit ‘n’ natter...I think opening that space up to have that community feel...you want to create that...a little bit of community in there.’ (Partner 3)

5. Learning from the Evaluation

This evaluation showed that many people who accessed Flourish needed support regarding debt and finances, housing, welfare and benefits and unemployment. These findings reflect other research which has shown the breadth of socioeconomic conditions (e.g. physical, mental, financial, employment, housing and relationship) that co-exist and that often require legal support. This research has highlighted how many people with health and wellbeing needs do not realise that there is legal support that could help their situation, which Flourish provided access to. The Flourish logic model (Table 2). shows the short, medium and anticipated longer-term impacts of Flourish.

Table 2: Flourish Logic Model

Inputs	Activities	Outputs	Short-term Outcomes	Medium-term Outcomes	Longer-term Outcomes
<p>Funding/Strategic Support/Facilities Access: Ministry of Justice NHS Property Services Cheshire and Merseyside Health and Care Partnership.</p> <p>Partners Involved in Flourish: Citizens Advice Wirral Change, Grow, Live Wirral Mind Age UK Wirral Involve Northwest</p> <p>Flourish Hub: Brings service providers together (creates/facilitates partnership); Provides local community with options on where to get help (and quickly); Provides meeting space for service user appointments/drop-ins/groups; Provides a relaxing, welcoming, friendly environment; Provides a Meet and Greet for Flourish service users; Organises appointments for service users;</p>	<p>Advice and support on social welfare legal issues, including benefits, debt and housing; Mental health support inc. CBT, Talking Therapy; Debt advice (Halton debt advice); Employment support and training; Alcohol recovery support; Housing advice/support; Social prescribing services (inc. alcohol, drugs, gambling); Benefits/welfare support; Counselling services; Connecting with isolated community members; Befriending; Digital inclusion; Access to support for people with</p>	<p>Data collected on Data Management Tool; Daily footfall (e.g. no. clients accessing Flourish); Client case studies.</p>	<p>Service user needs quickly identified; Service users feel safe, at ease, not judged, treated with respect; Service users feel valued as unique individuals undefined by their issues; Service users feel understood, and a sense of relief; Service users feel Flourish is equipped and able to offer the support they need; Service users feel hopeful for change, and empowered to <i>pursue</i> positive change; Service users feel connected to others with shared experience; Volunteers have improved mental wellbeing, social relationships; Appropriate and efficient referrals to health/wellbeing/ legal services (within and outside Flourish); Service users get the right support they need, and quickly;</p>	<p>Service users (and their families) see improvements in their area/s of need; Improved short-term health outcomes (physical and mental) for people; Decreased loneliness, social isolation; Service users feel enabled/empowered to <i>make</i> changes/take control; Service users have increased confidence, self-esteem and resilience; Service providers are better connected, forge strong relationships; Service users (and their families) have improved life circumstances</p>	<p>Service users (and their families) feel happier about their lives; Service users (and families) better equipped/have knowledge how to deal with future issues; Service users (and their families) engage with communities/ social networks; Flourish (and partners) have strong and trusted connection with community; Improved overall wellbeing for service users and their families; Improved overall health outcomes (physical and mental) for local community (and Wirral); Reduced pressure on local services (e.g. health. social care, justice etc.); Improved contribution to local economy; Reduced health inequalities;</p>

Inputs	Activities	Outputs	Short-term Outcomes	Medium-term Outcomes	Longer-term Outcomes
<p>Provides a shared space for co-location of service providers (e.g. hot-desking); Provides community outreach to promote service/engagement; Uses the Data Management Tool to collect data; Updates online Wirral Service Directory.</p>	<p>retirement age issues; Face-to-face/case-work appointments; Drop-ins (specific focus e.g. dementia support, homelessness, housing etc).</p>		<p>Improved information sharing of local services (and knowledge exchange); Immediate collaborative support and clear pathways between partners; Increased awareness of Health Justice Partnerships across local system.</p>	<p>(e.g. financial stability).</p>	<p>Improved immediate and future prospects for families/children (e.g. improvements in employment, educational outcomes, reduced Adverse Childhood Experiences etc.).</p>

What were the Mechanisms that Enabled Positive Outcomes?

Accessibility

Health-Justice Partnerships operate within similar frameworks to social prescribing. Evidence shows that such frameworks can be complex, with a lack of clear description to guide implementation (Sandhu, Lian, Drake, et al., 2022). Flourish was well designed, with a clear point of access for clients and partners, which people felt was accessible and easy to navigate. Flourish was based in a central location, which helped to maximise ease of access for local residents. The co-location of Flourish within VCH meant that those with healthcare appointments on other floors were more likely to access Flourish or attend an appointment before leaving the premises. In addition, those with non-clinical queries who may have approached healthcare professionals in the first instance for support were swiftly redirected to Flourish for immediate attention. People needing non-clinical support were signposted to Flourish which in turn, would give GPs and other healthcare professionals (e.g. Healthcare Assistants) more time to assist people who needed their clinical support, focusing on providing their clinical skills and expertise to clients. This would, in turn, reduce the burden on primary care services.

Early Intervention

People who used Flourish for the first time (and thereafter) reported feeling safe when they first engaged with the service, that they felt understood and a sense of relief (“weight of problems being lifted”). Flourish was able to provide support to people with the issues that mattered to them, and people began to develop trust in Flourish’s system, staff and processes. This made people feel hopeful for change and, through activities, feel connected to others with shared experiences. This notion of person-centred care has been identified as critical to the delivery of effective services such as Flourish, particularly in achieving positive mental health outcomes (Cooper, Flynn, Scott, Ashley & Avery, 2024). The support received from Flourish resulted in people having increased confidence, self-esteem and resilience and increased control over their health and wellbeing.

Partnership Working

Wirral has a well-established Voluntary, Community, Faith and Social Enterprise sector, with good links and knowledge of assets across neighbourhoods and work-streams in Wirral. Flourish partners were already well-established within Wirral, providing a wide

range of support services effectively and efficiently within their organisations and across the wider health and wellbeing system, which was critical in motivating partners to work collectively. Whilst previous research has suggested that a lack of awareness about community services can hinder the effectiveness of partnership models (Moore, Unwin, Evans & Howie, 2022; Mulholland, Galway, O'Hare, Bertotti & Gildea, 2025), Flourish staff, volunteers and partners demonstrated a good understanding of the strengths and specialisms that each offered. The co-location and collaborative approach was felt to be a large contributor to this, helping to support more immediate, collaborative support for multi-issue clients; shorter, inter-referral pathways between partners; and increased opportunity for live, real-time interactions, sharing skills, resources and lessons learned. Appointments, assessments, and activities by multiple partners were conducted in one location which helped staff become better connected and forge collaborative short and long-term working relationships. This approach helped to avoid the disconnect found in some social prescribing studies, where many GPs and healthcare professionals referred clients directly to services, bypassing the existing model (Moore, et al., 2022).

Challenges

Flourish partners had the skills to support people's needs efficiently and effectively; however resources were highlighted by partners as a challenge. Models such as Flourish rely heavily on the third sector to deliver the services that support clients. Capacity and demand are common challenges reported across third sector services, with studies highlighting the need for increased resources and sustainable funding to support consistent delivery (e.g., Cooper et al., 2024; Esfandiari, Chudyk, Mulligan, et al., 2025).

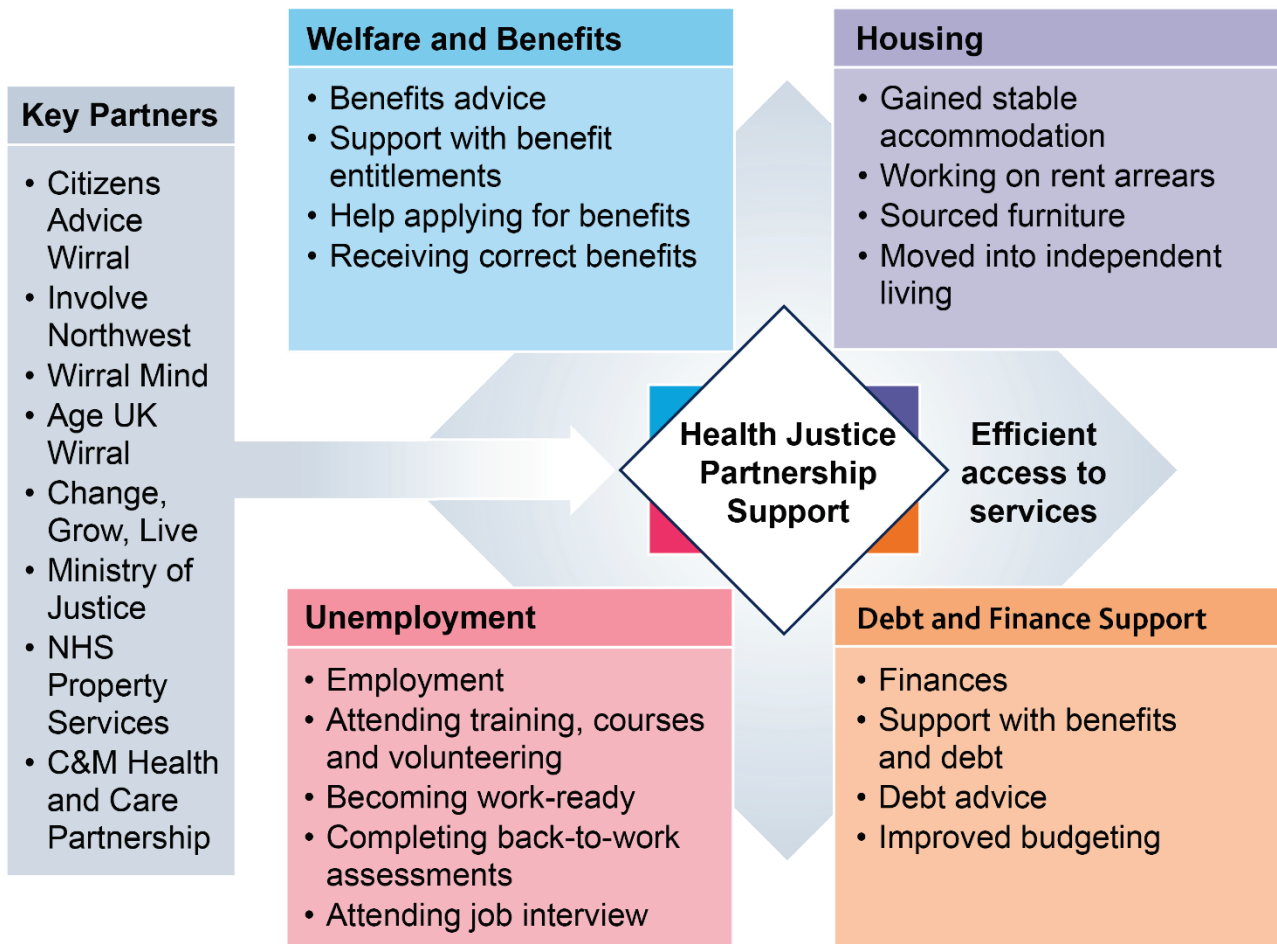
Tracking client journeys through partner services was difficult to manage using the Flourish DMT, largely due to the differences in the methods used by partners to capture data and difficulties sharing data between partners. Longer-term follow-up of client outcomes was also difficult to capture. Whilst the outcomes tool was developed in partnership with Flourish, and implementation was supported by the LJMU evaluation team, the numbers were limited by the number of people receiving appointments and agreeing to participate in follow-up telephone calls. The lack of comprehensive evidence about the effectiveness of similar frameworks has been highlighted over recent years, largely to due the complexity of frameworks and challenges tracking outcomes (Bickerdike,

Booth, Wilson, Farley & Wright 2017; Polley, Chatterjee, Asthana et al 2022; Wobi, Brett, Harrison, Kid & Timpson 2025).

Wider System Impacts

The findings from this evaluation demonstrate that Flourish helped people to access support quickly, before their needs escalated into more serious concerns. The most common reasons for accessing Flourish and the immediate impacts on debt and finances, housing, unemployment and benefits and welfare support are shown in Figure 17. This impact is critical, given that most recently available data show the high levels of unemployment, poverty and poor housing experienced by people living in the area which Flourish is based (WIS, 2022). Figure 17 represents the individual-level and wider outcomes that were supported by Flourish.

Figure 17: Most common reasons for accessing Flourish and the immediate impacts



This evaluation has provided evidence of the wider outcomes that this change has on the wider health and social care system, including outcomes relating to life skills (self-care, independence, ability to cope with day-to-day living), lifestyle impacts (such as access to treatment and support for drug/alcohol needs), relationships (improved relationships with family and friends, improved social networks) and the impacts of this change on mental health (improved confidence, self-esteem, reduced stress) and physical health (including improved health outcomes).

5.1 Recommendations for Establishing Health-Justice Partnerships

The findings from this evaluation have informed seven key recommendations designed to support those considering the establishment of a Health-Justice Partnership or similar co-located support, and to promote effective implementation.

- **Recommendation 1:** Establish partnerships with existing community providers that offer a breadth of support across a range of complex and challenging issues. Health-Justice Partnerships should offer services that are specifically tailored to the needs of the communities that they support and should work collectively to support early access to services. Relationships need to be understood and established for this to be implemented effectively.
- **Recommendation 2:** Develop a protocol to explain the provision delivered by each partner organisation and the internal training and outreach offered within each service. Consider whether it would be appropriate for partners to undertake (or be provided with experience of) the training offered by each service, where a training need is identified (e.g., trauma informed approaches).
- **Recommendation 3:** The role of the Flourish facilitator was critical to the success of this partnership; however, the role could be challenging due to the high workload and different demands placed on the role. The Flourish facilitator was responsible for a wide range of activities which were all integral to the smooth running of the hub. Creating a protocol that outlined these responsibilities allowed other Flourish staff and volunteers to step in during the facilitator's absence such as annual leave or sickness. This ensured smooth handovers, supported continuity, and is recommended for future Health-Justice Partnerships.

- **Recommendation 4:** Partners were not always clear about the specific role and remit of the facilitator which resulted in partner expectations and workloads that were difficult to manage at times. Health-Justice Partnerships should ensure that they have a day-to-day facilitator that is appropriately resourced with enough capacity to meet the needs of the partnership (e.g., one or more full-time employed positions). It is strongly recommended that this role includes clearly documented key responsibilities outlining the specific roles and responsibilities of the facilitator in support the partnership and sets out their remit and clear expectations for partners.
- **Recommendation 5:** Provide training to professionals working across the health and social care system about social welfare and the support provided by the Health-Justice Partnership. Flourish provided a wealth of training and support across the local community which was critical in supporting referrals in and out of the partnership.
- **Recommendation 6:** Ensure evaluation is embedded into the design and delivery of Health-Justice Partnerships from the outset and that data is collected and reported on as consistently as possible. Use this evidence to celebrate outcomes and success stories. Ensure that evaluation explores implementation and has an ongoing feedback loop to identify and address key challenges.
- **Recommendation 7:** Work with local communities to understand how and where there are existing assets that are not already part of the Health-Justice Partnership pathway. Exploring if and how existing assets could offer support would be beneficial to support the longer-term sustainability of the model. Supporting partner organisations to develop joint applications for future funding would also provide stability and sustainability for Health-Justice Partnerships.

6. References

Beardon, S., Ahmad, S., & Genn, H. (2024). Health-Justice Partnerships: Funding welfare rights advice services to work in partnership with healthcare. University College London.

Beardon, S., & Genn, H. (2018). The health justice landscape in England & Wales: Social welfare legal services in health settings. UCL Centre for Access to Justice. Accessed 4th March 2022 from https://www.ucl.ac.uk/access-to-justice/sites/access-to-justice/files/lef030_mapping_report_web.pdf

Cooper, M., Flynn, D., Scott, J., Ashley, K., & Avery, L. (2024). Barriers and facilitators to the design and delivery of social prescribing services to support adult mental health: Perspectives of social prescribing service providers. Health & Social Care in the Community. <https://doi.org/10.1155/2024/5581012>

Esfandiari, E., Chudyk, A. M., Mulligan, K., Miller, W. C., Mortenson, W. B., Newton, C., & Rush, K. L. (2025). Looking back and moving forward: Exploring community connectors' experience with implementing social prescribing. Health & Social Care in the Community, 2025(1), 4355122. <https://doi.org/10.1155/hsc/4355122>

Local Government Association. (2023). LGA in Parliament 2023/24. <https://www.local.gov.uk/publications/lga-parliament-202324>

Mallorie, S. (2024). The relationship between poverty and NHS services. The King's Fund. <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/relationship-poverty-nhs-services>

Ministry of Housing, Communities & Local Government. (2019). The English Indices of Deprivation 2019 (Statistical Release). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/loD2019_Statistical_Release.pdf

Moore, C., Unwin, P., Evans, N., & Howie, F. (2022). Social prescribing: Exploring general practitioners' and healthcare professionals' perceptions of, and engagement with, the NHS model. *Health & Social Care in the Community*. <https://doi.org/10.1111/hsc.13935>

Mulholland, J., Galway, K., O'Hare, L., Bertotti, M., & Gildea, A. (2025). The social prescribing link worker—Clarifying the role to harness potential: A scoping review. *Health & Social Care in the Community*, 2025(1), 4394123. <https://doi.org/10.1155/hsc/4394123>

Office for Health Improvement and Disparities. (2025). Public Health Outcomes Framework: May 2025 data update. <https://www.gov.uk/government/statistics/public-health-outcomes-framework-may-2025-data-update>

Office for National Statistics. (2024). Employee earnings in the UK: 2024. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2024>

Reece, S., Sheldon, T. A., Dickerson, J. & Pickett, K.E. (2022). A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review, *Social Science & Medicine*, 296, 14746, ISSN 0277-9536, <https://doi.org/10.1016/j.socscimed.2022.114746>

Sandhu, S., Lian, T., Drake, C., Moffatt, S., Wildman, J., & Wildman, J. (2022). Intervention components of link worker social prescribing programmes: A scoping review. *Health & Social Care in the Community*, 30(6), e3761-e3774. <https://doi.org/10.1111/hsc.14056>

Timpson, H., McCoy, E., Beardon, S., Harrison, R., Farrugia, A. M., & Brett, C. (2023). Establishment and early implementation of the Flourish Wellbeing Hub. Ministry of Justice Legal Support Policy.

Wirral Intelligence Service [WIS], 2021. Indices of Multiple Deprivation (IMD) for Wirral 2019. wirralintelligenceservice.org

Appendix 1. Flourish Outcomes Framework

Evidencing Individual-Level Outcomes	Data Source/Evaluation Method	How Data could be Collected
<p>Demographics e.g.</p> <ul style="list-style-type: none"> • Numbers and demographics of people being referred into Flourish. • Numbers and demographics of people receiving support from Flourish. • Outcomes for volunteers. 	<ul style="list-style-type: none"> • Routinely collected data captured using the Data Management Tool (DMT). • Monitoring use of the Coffee Cards (for service users). • Case studies for service users/volunteers. 	<ul style="list-style-type: none"> • DMT used by Flourish with all service users. • Use of Coffee Cards monitored by Flourish. • Case studies to be collected by Flourish partners.
<p>Improved mental health and wellbeing outcomes e.g. reduced stress, anxiety, depression.</p>	<ul style="list-style-type: none"> • SWEMWBS or the Diener Satisfaction with Life Scale, to be collected a time-points as determined by case workers (rather than discrete time-points). 	<ul style="list-style-type: none"> • LJMU team could advise Flourish on how to collect this with a sub-set of service users.
<p>Legal support outcomes as relevant to the support needed e.g.</p> <ul style="list-style-type: none"> • Accessing legal support for their presenting issue/s. • Improved outcomes relating to their legal needs being met or receiving onward support. 	<ul style="list-style-type: none"> • Collected via an outcomes survey. • Collected via case studies. 	<ul style="list-style-type: none"> • LJMU to design an outcomes survey (based on the Community Connectors Wellbeing Jigsaw); this would be collected by Flourish partners with a sub-set of service users. • Case studies to be collected by Flourish partners.
<p>Lifestyle outcomes as relevant to the support needed e.g.</p> <ul style="list-style-type: none"> • Accessing support for their presenting issue/s. • Improved outcomes in presenting issue/s. • Improved health outcomes. <p>Improvement in circumstances due to advice/assistance received e.g.</p> <ul style="list-style-type: none"> • Self-care, independence, ability to cope with day-to-day living, • Finances, • Employment, • Housing, • Relationships. 	<ul style="list-style-type: none"> • Collected via an outcomes survey. • Collected via case studies. 	<ul style="list-style-type: none"> • LJMU to design an outcomes survey (based on the Community Connectors Wellbeing Jigsaw); this would be collected by Flourish partners with a sub-set of service users. • Case studies to be collected by Flourish partners.

Evidencing Crucial Mechanisms that Enable Success	Data Source/Evaluation Method	How Data could be Collected
<p>Service provider and service user experiences e.g.</p> <ul style="list-style-type: none"> • Is Flourish able to provide the appropriate support efficiently and effectively? • Are the referrals being received by Flourish appropriate? (including self-referrals). • Are Flourish partners working effectively, in collaboration with each other? • Can Flourish meet the needs/demand of the local community? <p>Experiences of wider services involved in referring in to and/or receiving referrals from Flourish e.g.</p> <ul style="list-style-type: none"> • What is the expectation of services provided by Flourish? 	<p>Analysis of referral data captured via the DMT.</p> <p>Analysis of secondary partner data regarding referrals received.</p> <p>Interviews and engagement activities with service users, providers and wider stakeholders.</p> <p>Collected via case studies.</p>	<p>DMT used by Flourish with all service users.</p> <p>LJMU to obtain routinely collected data from partner organisations to explore referrals, service reach and the quality of the services delivered (e.g. has being involved in Flourish increased the reach of service user engagement by partners).</p> <p>LJMU to carry out interviews with service users, providers and wider stakeholders.</p> <p>Case studies to be collected by Flourish partners.</p>

Appendix 2: Outcomes Tool (Paper Copy)

Evaluation of the Flourish Health and Wellbeing Hub at the Victoria Central Health Centre

Intro Page

Liverpool John Moores University

Evaluation of the Flourish Hub

For Volunteer/Staff member to read to client:

The Public Health Institute, Liverpool John Moores University is undertaking an evaluation of the Flourish Hub, which is a Hub that aims to co-ordinate and deliver a wide-ranging information and advice service to support local people.

As part of the evaluation we are looking to explore your experiences of the Flourish Hub, such as what help you have been given and what other services you might have been referred or signposted to. This will be done initially through asking you some questions about the type of support you have received. We would also then like to contact you in a couple of months, over the telephone, to ask you some of these questions again to see if anything else has changed.

We will not include any personal information about you, and this includes your name and contact details.

This study is organised by Liverpool John Moores University and funded by the Flourish Health and Wellbeing Hub. Ethical approval reference number 22/PSY/059

If you would like to speak to someone from the research team we can provide you with contact details (Beccy Harrison – R.Harrison@ljmu.ac.uk; Hannah Timpson – H.Timpson@ljmu.ac.uk; Ellie McCoy – E.J.McCoy@ljmu.ac.uk;))

Please can you confirm that you agree to complete the Outcomes Tool/Survey

Outcomes questions

Information for volunteer/staff member:

Outcomes questions (rated 1–5) are asked on the initial visit as well as on the follow-up call to be able to look at the distance travelled and support received and how this may improve client outcomes.

There are also specific questions that will be asked at the ‘initial contact’ and ‘follow-up call’, which are detailed below.

The questions below are for you to ask your client.

1. Relationships/connectedness

Note for volunteer / staff member: Thinking back to your conversation with your client, was this mentioned?

Initial contact and follow-up

On a scale of 1–5 how connected do you feel to others at the moment?

1 – Really not great	2 – Not great	3 – OK but could be better	4 – Great	5 – Really great

Initial contact only

Please include additional information on current needs. This could include relationships with family, friendships, communication skills, support for digital exclusion, attending community events, social/support networks, feeling less isolated or lonely, spending quality time with people.

Follow-up call only

Please include additional information on progress and support:

Which services have you engaged with (tick as relevant):

Change Grow Live	Involve North West	Citizen's Advice Wirral	Wirral MIND	Age UK Wirral	Other (please specify)

2. Physical Health

Note for volunteer / staff member: Thinking back to your conversation with your client, was this mentioned?

On a scale of 1–5 how would you rate your physical health at the moment?

1 – Really not great	2 – Not great	3 – OK but could be better	4 – Great	5 – Really great

Initial contact only

Please include additional information on current needs. This could include any physical health conditions/diagnoses, access to healthcare, medications, being registered with a GP or dentist, or needing sexual health support.

Follow-up call only

Please include additional information on progress and support:

Which services have you engaged with (tick as relevant):

Change Grow Live	Involve North West	Citizen's Advice Wirral	Wirral MIND	Age UK Wirral	Other (please specify)

3. Mental Health and Wellbeing

Note for volunteer / staff member: Thinking back to your conversation with your client, was this mentioned?

Initial contact and follow-up

On a scale of 1–5 how do you rate your mental health and wellbeing at the moment?

1 – Really not great	2 – Not great	3 – OK but could be better	4 – Great	5 – Really great

Initial contact only

Please include additional information on current needs. This could include changes in mental health conditions, mood, confidence, and self-esteem; access to support (primary/secondary care, third sector organisations; mental health diagnosis.

Follow-up call only

Please include additional information on progress and support:

Which services have you engaged with (tick as relevant):

Change Grow Live	Involve North West	Citizen's Advice Wirral	Wirral MIND	Age UK Wirral	Other (please specify)

4. Health-related behaviours

Note for volunteer / staff member: Thinking back to your conversation with your client, was this mentioned?

Initial contact and follow-up

On a scale of 1–5 how do you rate your health-related behaviours at the moment?

1 – Really not great	2 – Not great	3 – OK but could be better	4 – Great	5 – Really great

Initial contact only

Please include additional information on current needs. This could include healthy eating, physical activity, alcohol/drug use, being in recovery, smoking cessation.

Follow-up call only

Please include additional information on progress and support:

Which services have you engaged with (tick as relevant):

Change Grow Live	Involve North West	Citizen's Advice Wirral	Wirral MIND	Age UK Wirral	Other (please specify)

5. Money

Note for volunteer / staff member: Thinking back to your conversation with your client, was this mentioned?

Initial contact and follow-up

On a scale of 1–5 how financially stable do you feel at the moment?

1 – Really not great	2 – Not great	3 – OK but could be better	4 – Great	5 – Really great

Initial contact only

Please include additional information on current needs. This could include debt, managing bills, support with benefits, receiving legal support.

Follow-up call only

Please include additional information on progress and support:

Which services have you engaged with (tick as relevant):

Change Grow Live	Involve North West	Citizen's Advice Wirral	Wirral MIND	Age UK Wirral	Other (please specify)

6. Housing

Note for volunteer / staff member: Thinking back to your conversation with your client, was this mentioned?

Initial contact and follow-up

On a scale of 1–5 how would you rate your housing situation at the moment?

1 – Really not great	2 – Not great	3 – OK but could be better	4 – Great	5 – Really great

Initial contact only

Please include additional information on current needs. This could include risk of homelessness, having access to stable accommodation, maintaining accommodation, moving into residential care, quality and safety of housing.

Follow-up call only

Please include additional information on progress and support:

Which services have you engaged with (tick as relevant):

Change Grow Live	Involve North West	Citizen's Advice Wirral	Wirral MIND	Age UK Wirral	Other (please specify)

7. Life Skills

Note for volunteer / staff member: Thinking back to your conversation with your client, was this mentioned?

Initial contact and follow-up

On a scale of 1–5 how would you rate your life skills at the moment?

1 – Really not great	2 – Not great	3 – OK but could be better	4 – Great	5 – Really great

Initial contact only

Please include additional information on current needs. This could include time management, cooking, cleaning, personal care, feeling able to book a medical appointment.

Follow-up call only

Please include additional information on progress and support:

Which services have you engaged with (tick as relevant):

Change Grow Live	Involve North West	Citizen's Advice Wirral	Wirral MIND	Age UK Wirral	Other (please specify)

8. Employment and Education

Note for volunteer / staff member: Thinking back to your conversation with your client, was this mentioned?

Initial contact and follow-up

On a scale of 1–5, how would you rate your current employment (or education) at the moment?

1 – Really not great	2 – Not great	3 – OK but could be better	4 – Great	5 – Really great

Initial contact only

Please include additional information on current needs. This could include being in employment or education or training, developing a CV, applying for jobs, attending interviews, accessing the Job Centre, volunteering, developing work readiness skills.

Follow-up call only

Please include additional information on progress and support:

Which services have you engaged with (tick as relevant):

Change Grow Live	Involve North West	Citizen's Advice Wirral	Wirral MIND	Age UK Wirral	Other (please specify)

9. Engagement with services

Note for volunteer / staff member: Thinking back to your conversation with your client, was this mentioned?

Initial contact and follow-up

On a scale of 1–5, how would you rate your current engagement with services at the moment?

1 – Really not great	2 – Not great	3 – OK but could be better	4 – Great	5 – Really great

Initial contact only

Please include additional information on current needs. This could include engagement with health, wellbeing and social care services, engagement with community groups

Follow-up call only

Please include additional information on progress and support:

Which services have you engaged with (tick as relevant):

Change Grow Live	Involve North West	Citizen's Advice Wirral	Wirral MIND	Age UK Wirral	Other (please specify)

All questions below are to be completed at both initial contact and follow-up call:

- A. What is the issue that matters the most to you today? Tell us why.
- B. Is there any other detail you would like to include about your needs, progress made and support provided through Flourish and partners?
- C. i. Please provide the date that the survey was completed:
 ii. Name of staff member / volunteer completing the survey:
 iii. Is this the initial visit or follow-up phone call with Flourish?

Initial visit (Pre survey)

Follow-up call (Post survey)

Please include the unique ID code/number for your client (this will be their client ID).

Note for volunteer / staff member: Please include the same ID on the initial visit (pre survey) and follow-up call (post survey). This allows the research team to compare answers. Thank you.

Thank your client for taking part and if you or your client have any comments or feedback about the tool / Survey, please contact the research team: Beccy Harrison – R.Harrison@ljmu.ac.uk; Hannah Timpson – H.Timpson@ljmu.ac.uk; Ellie McCoy – E.J.McCoy@ljmu.ac.uk;))