



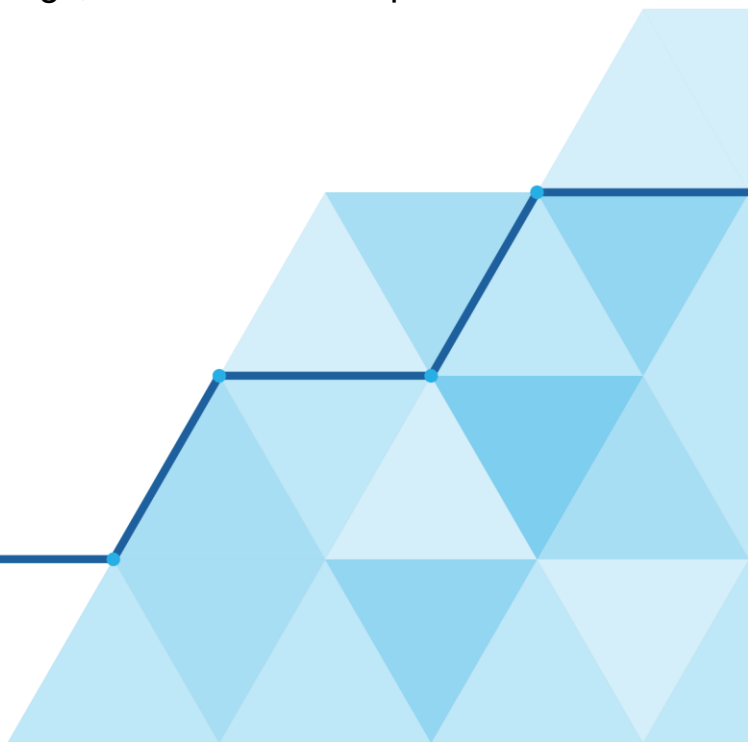
Ministry
of Justice

Summary lessons from MoJ Health-Justice Partnerships research

This paper provides top-level information and key learning points from a multi-year programme of MoJ research on Health-Justice Partnerships (HJPs).

It draws from a set of full publications (available via [.gov.uk](https://www.gov.uk)) written by the independent authors. The full reports are an important resource for those involved in future policy and delivery programmes, providing a detailed account of the projects, the evaluation findings, and the research process and methodology.

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1. What are Health-Justice Partnerships?

- Health Justice Partnerships (HJPs) are a collaboration between healthcare services and advice centres such as Citizens Advice, law centres, or local authorities, usually co-located in primary care settings such as GP practices or hospitals.
- They provide an important function because people with health problems often have linked legal issues (e.g. debt, housing instability, benefits) which may have led to, or be caused by, physical and mental illness.
- When people speak to a doctor or GP these issues often surface and, although it's not strictly their job, medical professionals realise these linked problems need sorting out as well as the health treatment.
- Health workers often end up providing informal advice or making recommendations or referrals about issues which go outside their expertise and take up clinical time.

HJPs seek to help people by embedding legal support within healthcare, reaching those who might fall through the cracks of both systems, reducing 'referral fatigue' (when people get passed between multiple services), and avoiding situations where medical staff need to advise people about non-medical issues. The basic theory for investing in them is that:

- HJPs can ease the burden on GPs, hospitals, and social care, freeing up clinical time and ensuring people receive the right support from the right professional.
- For the Ministry of Justice, these partnerships can mean fewer people reaching crisis point, less demand on courts and legal aid, and more timely resolution of issues that would otherwise escalate.
- For wider services, HJPs can deliver value to the public purse by helping resolve problems with housing, benefits, debts etc, which increase demand on a range of organisations and government services.

2. Why was the research done?

- As a promising initiative, MoJ wanted to investigate HJPs further with a view to understanding how to direct future government support.
- The research was funded via the MoJ Legal Support Programme, a policy area that focusses on early resolution of everyday problems (such as debt, welfare, housing and family issues) before they get worse, derail people's lives, and put significant pressure on advice services and the courts.

The general evidence base for HJPs is strong, with reviews (e.g. Beardon & Genn, 2026¹) highlighting the trusted relationship between patients and medical advisors, and how partnerships increase the likelihood of people accessing legal advice, particularly those on low incomes and most affected by health inequalities.

Various organisations such as the National Institute for Health Research, the King's Fund, and the Local Government Association have also recognised the value of integrated legal-health models in reducing demand on health and social care services, improving population health, and supporting vulnerable groups.

However, HJPs come in many forms and this diversity reflects local context and priorities. There is also a practical reality that front line services have limited time and resource to carry out evaluations and share best practice. As such, although the high-level case for HJPs is well evidenced, it has been difficult to make a comparative assessment of which models work best for clients and deliver most value for money.

¹ *The impacts of health justice partnerships: international evidence update 2019–2025*. London: University College London.

3. The research approach

The Ministry of Justice (MoJ) commissioned a multi-year, mixed-methods evaluation to assess the implementation, impact, and value for money of HJPs covering several delivery models and local contexts. It included an initial feasibility study, process and impact evaluations, and an economic analysis of seven hubs located across England.

The impact evaluation involved baseline and follow-up surveys with HJP clients and used Propensity Score Matching (PSM) to compare outcomes with a counterfactual group. PSM is a well-established methodology, commonly used to compare criminal justice outcomes, but it is still very novel and innovative in the Access to Justice context.

In parallel the MoJ also supported a separate evaluation, carried out by academics from Liverpool John Moores University, of the Flourish Wellbeing Hub based in Merseyside's Victoria Central Health Centre. This partners several services to offer holistic support and is notable for its co-location in a central, accessible setting, and for the presence of a dedicated facilitator who manages the day-to-day operation of the hub, including the management of volunteers, and partnership working.

4. The findings

The research has helped shape and improve the services themselves and provided new evidence on outcomes and value for money. It also illustrates the genuine difference HJPs make for people, who are often vulnerable, worried, and facing difficult futures.

4.1 Improved early intervention

The research highlighted how HJPs reach people who wouldn't seek legal support otherwise, particularly those with complicated problems. Advice seeking is well known to be vital as a first step towards resolving problems before they get worse, thus improving outcomes and reducing costs.

Clients can access support in a trusted environment, sometimes at the point of crisis but often before issues escalate. In Flourish, for example, around two and a half thousand clients were seen for pre-booked appointments and group sessions between October 2022 and March 2025. The most common issues were benefits, debt, housing, and mental health. Many clients presented with multiple, inter-related challenges and valued the ability to access a range of services in one place. Baseline and follow-up interviews showed improvements in housing, money, and employment/education situations, with clients reporting greater stability and optimism about their future. As one client put it, "It's a wide range of topics that they can support with... it's quite an eye opener to know what to do". It should however be noted that the sample size for baseline and follow up measure was small and that improvement was not consistent across all support categories. For example, scores for physical health and relationships/connectivity were lower in the follow up than at baseline.

4.2 Improvements in individual outcomes

The research provided evidence about the tangible difference HJPs made to people's lives, leading to greater financial stability, improved housing situations, and – importantly – increased wellbeing and self-esteem.

Quantitative data from the MoJ evaluation provided evidence of the direct benefits for people using HJPs. After three months, 39% of clients reported their issue was resolved. The average financial gain per client was £668 and clients facing financial issues gained an additional £2,332 on average per year. This compared to an average overall running cost of £60 per client (excluding set-up costs).

In Flourish, 7 out of 10 clients reported their finances as 'not great' or 'really not great' at baseline, but follow-up interviews showed positive changes in housing, money, and employment/education outcomes.

Case studies highlighted numerous successful benefits claims, debt management, and improved financial situations. Clients described feeling more in control, less isolated, and more able to manage their health and daily lives. One participant from Flourish said, "I cannot explain enough what a difference that's [increased benefits] made... it's made a vast difference in the way I look at myself".

Clients reported increased confidence, self-esteem, and resilience as a result of engaging with HJPs. The supportive, non-judgemental environment at Flourish was repeatedly highlighted as a key factor in enabling people to seek help and make positive changes. As one client reflected, "They stopped me getting evicted... and now I pay my rent myself...".

4.3 Reduced demand on public services

The evaluations showed how HJPs route people quickly and effectively to the right support, freeing up clinical time and enabling faster problem resolution. The dedicated VfM work was carried out to improve our estimates of benefits beyond the justice system, and precision of the results was dependent on ability to collect robust outcome data which could then be monetised. Impact evaluations are still novel in this area and while the impact work provided valuable findings, it was based on small samples which were difficult to extrapolate with certainty. As such the VfM calculations are not intended to be precise, and they modelled a selection of key benefits. However, they give a good indication that downstream savings are achieved, even under more pessimistic assumptions, and

strengthen our narrative on the benefits of early advice. The VfM work also gives us a helpful framework which can be applied in the future as impact data improves.

The research highlighted how (by resolving legal and social welfare issues early) HJPs help to reduce the burden on GPs, hospitals, social care, and other public services. The Flourish evaluation showed that GPs and healthcare professionals valued being able to refer patients to the hub, freeing up clinical time and ensuring that people received the right support from the right professional.

More details about methodology are in the full reports, but in summary, the costs of running HJPs - including staff, facilities, and resources - were compared with the financial benefits they deliver, such as increased income for clients, reduced demand on health and social care services, and avoided costs from problems that did not escalate.

Although – as noted above - the VfM Cost/Benefit Ratio estimates will not be precise they indicate a strong return on investment. The benefits include improved population health, reduced pressure on the NHS and social care, and more resilient communities.

5. Practical lessons for setting up and running HJPs

As well as illustrating the benefits HJPs offer citizens, medical staff, and the wider economy, the evaluations identified lots of practical lessons for set-up and ongoing management. For example:

- **Co-location needs to be underpinned with dedicated systems and resource to work properly and deliver benefits.** For example, building a trusted relationship between professionals to ensure good working practices and communication channels are maintained. “Place matters... the whole thing just becomes more efficient, more integrated.”
- **Ongoing community engagement is critical to drive awareness and uptake.** A dedicated facilitator role was central to coordinate activities and drive continuous service improvement.
- **Integrated booking processes are key to efficient referrals and reducing drop-out.** A healthcare professional noted “It’s really easy, I just tell the patient to ask the receptionist for an appointment”. This requires shared IT systems and data sharing agreements backed by sustainable investment and funding.
- **Conversely a lack of integrated IT systems, in particular with existing NHS IT, can become a serious hinderance.** This has a negative impact on the client experience and increases administrative and staff burden. As one HJP lead explained “We don’t want our caseworker spending hours a week in a meeting...,” pointing to the tension between service delivery and administrative demands.

6. Key evaluation lessons

The research provides a comprehensive picture of HJPs in action, and has delivered objective evidence about their impact, practical lessons for running them effectively, and the real difference made for people in difficult situations.

The evaluation trialled more advanced impact methods, including propensity score matching, to compare outcomes for clients who received support with those who did not. Using such methods is valuable because it helps us get closer to understanding the true impact of these services, by making fairer comparisons between groups. This approach allowed the evaluation to show, with greater confidence, that clients who received support were more likely to resolve their issues and achieve financial gains than similar people who did not access the service. However, the evaluation also highlighted practical limitations of these methods, including:

- The study encountered small sample sizes and low response rates, particularly among vulnerable groups, which limited the statistical power of the findings.
- Constructing a robust comparison group proved difficult, as differences in client characteristics and situations meant that, even with propensity score matching, some differences between groups remained.
- The use of open survey links, while intended to improve accessibility, led to some loss of control over responses and risks around data quality and duplication.
- The follow-up period was relatively short (three months), raising a question about the sustainability of observed outcomes or, conversely, capturing improvements that take longer to manifest.

The use of robust methods is still novel for evaluations of this type and improving their application is a long-standing goal for MoJ and more widely. The learning points from this research are a very important stepping stone for continuous improvement and have significant value for others. The comprehensive independent reports provide an honest account of the work carried out and ensure that knowledge is retained.

7. Overall conclusions

The research showed how HJPs have delivered measurable benefits for individuals and the public sector. More than 2,500 people were supported by the Flourish Wellbeing Hub, with 2,410 clients seen for appointments and group sessions, and an additional 184 walk-in clients triaged and referred to wider services. The most common issues addressed were benefits/welfare/debt, homelessness/housing, and mental health, with 55% of clients seeking help for benefits, welfare, or debt, 13% for homelessness or housing, and 12% for mental health concerns.

Quantitative data from the Ministry of Justice evaluation found that, after three months, 39% of clients reported their issue was resolved. Clients facing financial issues gained, on average, an additional £2,332 per year, and the average financial gain per client was £668. These improvements are not just numbers - they translate into greater stability, reduced anxiety, and improved health for individuals and families. The impact is particularly strong for those most affected by health inequalities and who are often missed by traditional services.

Despite the limitations (outlined above) the research shows how HJPs make a real difference for people in difficult situations and can be a cost-effective way to support the justice system and the wider public sector. The VfM work represents a major advance towards monetising the benefits of early advice, providing a framework which can be applied as impact data improves. This goes beyond evaluating HJP services and, by providing a transparent and thorough account of the work, can also be used by other researchers for further independent work.

As noted at the start, this paper is a high-level overview and more detail on the projects, the methods used, the results, and the lessons learned are available in full via the following links at gov.uk.