# How legal advice can ameliorate the unequal health impact of Covid-19

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## Abstract

The coronavirus 2019 (Covid-19) crisis worsened population health and health inequalities in the UK and caused social and economic upheaval. Austerity-driven policies have already reduced access to legal advice and widened health inequalities. This article examines the theoretical links between legal advice and health inequalities, arguing that legal advice is essential to overcome the effects legal problems have on the social determinants of health. The article further explores how Covid-19, a synergistic pandemic, is working in concert with existing health inequalities in a cyclical reinforcing relationship. This evidence draws on research from a University of Liverpool, Liverpool City Council-funded access to justice project. We found that advice services have adapted rapidly in response to Covid-19, but concerns are raised about how these changes might affect the hardest to serve populations. It has highlighted the risk of exclusion that remote services bring for some groups, and the importance of effective referral mechanisms and co-located advice services.

## 1. Introduction

The coronavirus 2019 (Covid-19) crisis has worsened population health and health inequalities in the UK and caused social and economic upheaval. The social determinants of health (SDoH) are well established: these are individual, economic, environmental and social factors that threaten, promote and protect health, as outlined by Dahlgren and Whitehead.[[2]](#footnote-2) Ten years of austerity-driven policies targeted in large part at cuts to the availability and generosity of welfare benefits have led to rises in poverty, foodbank usage, anxiety and mental health difficulties, precarious work, homelessness and even suicide.[[3]](#footnote-3) As such, the UK has some of the largest health inequalities (differences in health between people and places) in Europe.[[4]](#footnote-4) These existing problems are worsening the impact of Covid-19, unequally, across the country.[[5]](#footnote-5) The inadequacy of the welfare system and impact of income inequalities are well documented elsewhere.[[6]](#footnote-6) Although related, this article instead focuses on drawing the link between access to legal advice and health inequality, a relatively underexplored area of research that is very topical in light of the pandemic.

The role that a lack of access to legal advice can play in exacerbating the SDoH is clear.[[7]](#footnote-7) Job loss, accessing welfare benefits, poverty, insecure housing, debt, family breakdown, et cetera are all SDoH with a legal dimension. For many of these, difficulties with accessing welfare benefits play either a causative or a compounding role. The Covid-19 crisis is increasing the incidence of these social welfare law issues,[[8]](#footnote-8) both income-related and not,[[9]](#footnote-9) at a time of limited access to and availability of free legal advice. In the years preceding Covid-19 there was a dramatic reduction in the availability of free legal advice, particularly from cuts to legal aid,[[10]](#footnote-10) and to local authority budgets. People in need of free advice must now rely on an uneven patchwork from not-for-profit organisations and council services, residual legal aid contracts or pro bono activities.[[11]](#footnote-11) Although there has been some increased funding in response to Covid-19 that the advice sector could access,[[12]](#footnote-12) the sector was in no fit state to respond as robustly as was required by the challenges of 2020. Covid-19 has thus deepened the problems that negatively impact the SDoH while at the same time hampering the legal advice that may ameliorate their long-term consequences.

Colleagues from the School of Law and Social Justice and Department of Public Health, Policy and Systems at the University of Liverpool are leading a Liverpool City Council-funded project, starting in 2020, to understand and increase access to legal advice in the city. The research was widened to include the impact of Covid-19 on access to legal advice, and this article is based on those findings from the first phase of the wider project. They provide new insights into the functioning of the fragmented advice ecosystem, its response to Covid-19, and the potential consequences for the SDoH.

We begin this article by establishing the links between legal advice and health inequalities, arguing that legal advice is essential to overcome the effects that legal problems have on the SDoH. We also explain how Covid-19 is a synergistic pandemic, working in concert with existing health inequalities in a cyclical reinforcing relationship. We then examine what our research findings tell us about what the Covid-19 pandemic has meant for demand for advice services, and how organisations have responded. We consider how this has impacted on organisations’ roles of helping people to identify legal issues, to gain access to free legal advice, and to provide those services. We conclude by discussing what this means for health inequalities.

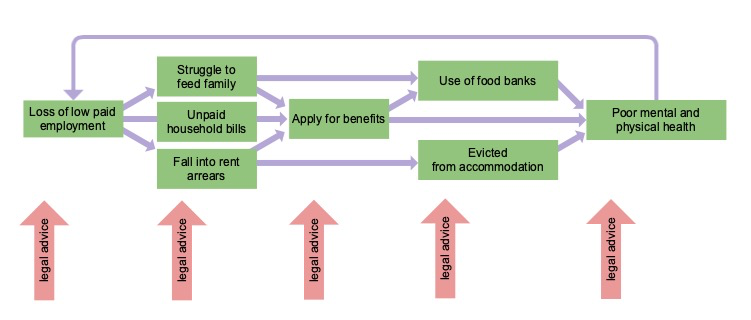
2. Legal dimensions of the social determinants of health and the synergistic pandemic

Differences in health exist across all regions, between different groups of people. For example, in the UK there is a well-established north-south divide, where people in the North are found to be less healthy than their counterparts in the South, across all social groups and sexes.[[13]](#footnote-13) In 2018-19 in Liverpool there were 1,300 more deaths, 13,300 more working age people living with a disability or a long-term health condition and 20,000 more people with mental health difficulties, compared to the rest of England.[[14]](#footnote-14) These health inequalities are entrenched and persistent. Perhaps most notable is the observed change in life expectancy at birth, which has not only stalled since 2010, but has reversed for women in the most disadvantaged communities.[[15]](#footnote-15)

These health inequalities are caused by differences in access to resources needed for good health. Evidence from the European Health Equity Status Report attributed five key factors that drive health inequalities between regions: income security and social protection (i.e. affordability of goods and services essential to living a dignified, decent and independent life); living conditions (including housing deprivation, fuel deprivation, access to green space, crime, overcrowding, air quality and food deprivation); social and human capital (differences in educational outcomes, lack of trust and political voice); health services (i.e. quality of services, affordability and unmet need); and employment and working conditions (employment status and excessive hours).

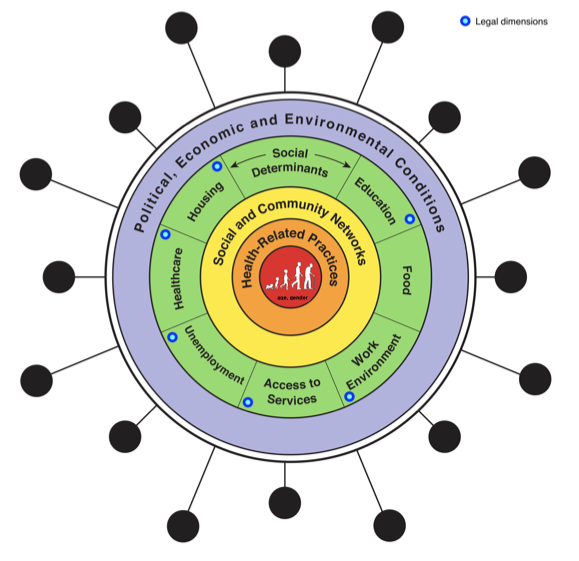
There are legal dimensions to problems in all these SDoH. In social welfare law, these legal problems relate to housing disrepair and eviction, employment conditions, welfare benefits needed to reduce poverty, domestic abuse, access to education and health services and so on. Issues with accessing welfare benefits for many are a key driver of negative impacts on the SDoH. These legal problems ‘are experienced in the seamless mesh of people’s day-to-day lives [and] a number of health and social problems can develop as a consequence.’[[16]](#footnote-16) Furthermore, legal problems ‘appear to be integral aspects of patterns of disadvantage, alternatively described as social exclusion’.[[17]](#footnote-17) Not only do large numbers of people have legal problems as part of their everyday lives that are closely associated with the drivers of health inequality, these problems often begin and end with health issues. Figure 1 gives an example of one possible pathway through legal problems causing cyclical health problems. The figure demonstrates how access to legal advice can lessen the impact on health and thus health inequalities by disrupting a negative cycle where problems in one SDoH lead to further problems in others, creating a cumulative clustered effect to these legal problems. Problems related to welfare benefits are often an important part of this negative cycle. As an example of this mechanism, in Figure 1 timely employment advice might prevent a situation where an employee is forced to accept unsafe or unfair working conditions, or is wrongfully terminated, disrupting the rest of the cycle. These problems can be part of the everyday grind of a life that fluctuates towards and away from destitution.

Figure 1. One possible pathway to poor health outcomes as a result of problems with a legal dimension.



We are now seeing inequalities in Covid-19 health impacts: infection transmission, severity, hospitalisation and death are experienced more severely in more deprived areas.[[18]](#footnote-18) Figure 2 outlines the key SDoH from Whitehead and Dahlgren in 1991, as adapted by Bambra et al,[[19]](#footnote-19) to explain how the Covid-19 pandemic has amplified existing health inequalities. Each layer represents different types of determinants, from macro structural factors such as the political, socioeconomic, cultural and environmental conditions (outside layer) to the mid structural social determinants, which includes living and working conditions, followed by social and community networks, individual lifestyle factors (i.e. actions taken by a person such as food, drinking and smoking habits). At the centre are fixed factors like age, and sex. Bambra and colleagues highlight that Covid-19 is a co-occurring, ’synergistic pandemic‘ that not only interacts with but exacerbates pre-existing health and social conditions. We have further adapted their model to illustrate that almost all SDoH have a clear legal dimension.

Figure 2. The synergistic pandemic of Covid-19 and the social determinants of health with legal dimensions (adapted from Bambra, et al. 2020 and Dahlgren and Whitehead 1991)[[20]](#footnote-20)



As both Figures 1 and 2 show, the SDoH are closely linked to life events that could be otherwise characterised as social welfare law problems.[[21]](#footnote-21) This argument fits within what the OECD calls ‘the everyday legal problems paradigm of access to justice’.[[22]](#footnote-22) Numerous studies worldwide have established that civil legal problems are very common in everyday life.[[23]](#footnote-23) The OECD notes that, “[l]egal rights, responsibilities and protections provide frameworks for behaviour” across multiple spheres of life.[[24]](#footnote-24) Civil legal problems are disproportionately experienced by people on low income or experiencing other disadvantage, and the consequences of legal problems are more severe for them.[[25]](#footnote-25) A study of civil legal needs in a mid-sized American city found that low-income people were about 30% more likely to experience a civil legal problem, and that the most frequent consequence of their civil justice problem was negative health impacts.[[26]](#footnote-26) Previous high levels of health inequalities therefore have a synergistic effect, worsening the impact of the Covid-19 pandemic in more deprived areas.

We have established here how legal advice can operate at key points to disrupt the cycle of negative impacts of legal problems within the SDoH, leading to better health outcomes. We will next use the evidence from our study to analyse how the advice ecosystem has attempted to adapt in response to the Covid-19 crisis, how successful this has been, and then conclude with what the consequences of this might be for health inequalities.

## 3. Methodology

In the first phase of the on-going access to advice project, between April and June 2020, we conducted 30 interviews, with 40 interviewees. Participants work for organisations based in Liverpool that signpost or refer to advice organisations, or give some level of legal information or free legal advice. The majority of interviews were conducted online and lasted between 45 minutes and an hour. Interviews were recorded and transcribed verbatim. Interviewees were either managers, supervisors or lead caseworkers. Some organisations chose more than one person to participate in an interview. The project was approved by the University of Liverpool Research Ethics Committee.

The participants represented 30 of the 89 identified charity and voluntary sector (CVS) organisations that publicise an offer of free legal information or advice in Liverpool. Although there are other sources of free legal advice, such as private law firms with legal aid contracts and the Council’s Benefit Maximisation team, the objective of the research was to understand the network from the perspective of the CVS organisations. The organisations work in all areas of social welfare law – housing, welfare benefits, immigration and asylum, debt, employment, family – and vary in size and breadth of work. Some are branches of national organisations, while others are local organisations, with corresponding differences in their resilience to crisis.

For some of these organisations, such as CAB, Law Centres or Shelter, advice services are the core of their work. Other organisations provide free legal information or advice as a supplement to their core support services. These might be focussed on a specific issue, such as homelessness or domestic abuse, or be targeted based, for example, on ethnicity or health condition. The level of information and advice depends largely on available funding streams, and some of organisations act mainly as a referral gateway to the advice network. However, the distinction is fluid as organisational focus shifts with available funding. Even organisations that mainly provide advice are unlikely to provide it in all areas, and therefore may also refer to other organisations.

Liverpool is well placed well placed as a location to research the link between health and wider inequalities and access to advice. It is the third most deprived local authority in England in the Indices of Multiple Deprivation, and also third highest for levels of health deprivation.[[27]](#footnote-27) LCC is at the forefront of placing access to advice at the heart of its anti-poverty strategy. Liverpool also has one of the biggest health justice projects, the Advice on Prescription Project. The investigators have well-established links in Liverpool and are building on previous studies.

Having begun fieldwork in early 2020, the Covid-19 pandemic forced project reorganisation. Many organisations had been initially contacted prior to the lockdown, and interviews were delayed until after the initial lockdown period while many organisations, like the research team, were transitioning to home working. At that point, organisations told us that that they had capacity to take part in the study because they had a lull in client demand. They therefore had a window of time when it was convenient to participate in the research. This experience was common across the organisations we interviewed.

In the semi-structured interviews, we explored the work of each organisation; what they understand by information and advice; the availability and capacity of services; the networks they are part of and what they understand by referrals and signposting. We added a section about how the Covid-19 crisis had affected services and the ability of clients to access them. Interview data was analysed collaboratively using a thematic analysis to develop common themes.[[28]](#footnote-28) This article focuses on themes that relate to the Covid-19 crisis.

## 4. Analysing the Legal Advice Ecosystem and Response to Covid-19

In this final section, we use our research findings to explain the Liverpool advice ecosystem, and examine the impact of Covid-19 on the access to and availability of free legal advice.

### A. Covid-19 impact on demand for legal advice

As we demonstrated in Section 2, without adequate access to legal advice the initial impact of Covid-19 on the SDoH will have much stronger long term consequences. Demand for free legal advice already outstripped the limited supply before the Covid-19 pandemic. 94% of the organisations that responded to a 2016 study of the Liverpool advice sector reported unmet need for advice services.[[29]](#footnote-29)

“from a capacity point of view, obviously we’ve only got so many advisers. ... there’s been times in the past when our waiting rooms have been so full that it’s [a] health and safety issue.” (Interview O1)

Cuts to legal aid and local authority budgets had sharply reduced the supply of legal advice in recent years.[[30]](#footnote-30) Today legal aid has become a relatively small part of the funding for the organisations that make up Liverpool’s advice network. Funding now comes from local authorities, the National Health Service (NHS), Big Lottery, charitable foundations, Department for Work and Pensions (DWP), legal aid, utility companies and a myriad of other sources.[[31]](#footnote-31) Participants perceive this fragmented funding environment as having a negative impact on collaboration and integration. As one advice service manager said:

“We found ourselves in competition with our own colleagues and with organisations that we’ve previously worked with, and that is really heart breaking … But I think on the top of it, what we then lose sight of is the humanity and we lose sight of the person, and the individual.” (Interview Q1)

Participants characterised this drive towards competition between organisations as a waste of already scarce resources, and problematic for the delivery of effective client-focussed outcomes. A national survey in 2019 concluded that for 31% of individuals with a contentious legal issuetheir need for legal advice was unmet*.*[[32]](#footnote-32)

Against this existing backdrop of high demand and limited supply of free legal advice, participant advice agencies reported a short, temporary drop in demand at the start of the pandemic.[[33]](#footnote-33) This was due to the enforced closure of offices and face-to-face services, which reduced access to the advice network, and a pause in the official mechanisms that brought clients to their services, such as welfare benefit decisions, evictions, and debt collection.

“I think the stay on possession proceedings for us has had a big impact in terms of people not coming to seek advice as much during that period, and ... in the access to justice meetings we hear that echoed across partners … that there has been a real drop in demand in advice, and I think like everybody else our worry is all that’s doing is building up a tidal wave that when the stay on possessions is lifted … it’s going to be a lot more difficult for us to be able to provide advice for them in terms of both capacity and options that are available … because you know potentially they could be a lot further into arrears by that point in time.” (Interview W1)

Participants reported that after this initial dip, demand for legal advice had risen beyond the high levels pre-Covid-19. Data from Citizens Advice Liverpool (CAL), for example, shows that calls to its helpline fall from 2137 in February to 1449 in April 2020 and then almost doubled by July to 2845.[[34]](#footnote-34) CAL adapted services, used paid staff to make up for the drop-in volunteer numbers and as a result significantly increased the number of calls answered. The surge in demand though meant the average *percentage* of calls answered dropped from 65% of calls early in the Covid-19 crisis to 42% of calls in July 2020, despite the extra resources allocated to the phone line and the increased total of calls answered. This leaves over half of callers unable to access advice services. Other reports have confirmed this initial fall and then rise in demand for legal advice during the first months of the pandemic,[[35]](#footnote-35) and it is reflected in national data. For example, across England and Wales Citizens Advice has seen a 50% rise in demand for employment advice compared to last year.[[36]](#footnote-36)

Participants expected demand for legal advice to continue to increase because of the social and economic upheaval of Covid-19. The rise in unemployment – a record of 370,000 redundancies in the 3 months to October 2020[[37]](#footnote-37) – and the 121% increase in the number of people in receipt of working age benefits from March to August 2020,[[38]](#footnote-38) are just two indicators of the upheaval. Participants expected that the unemployment rates would continue to rise, further driving up demand for employment advice:

“Once the furlough payments run out, they’re going to be getting rid of a lot of staff so people are going to need employment advice.” (Interview Z1)

This will also reduce the ability of people to pay for legal advice at the same time that the number of social welfare law issues increases. Participants expected that when debt collection, housing evictions and the welfare safety net return to pre-Covid-19 operation and levels, the increase in demand will hit organisations hard. As one manager of an organisation that provides welfare rights and debt advice said:

“The list [of postponed issues] is endless. It's scary … How do we scale up to meet the demands of this, you know, COVID tsunami for welfare rights and money advice? Because it's coming and we are really, really going to struggle.” (Interview A2)

If the unmet need for legal advice during the coming months is not reduced, so as to reduce the impact on the SDoH, it will magnify the long-term socio-economic consequences and health inequalities caused by Covid-19.[[39]](#footnote-39)

### B. Legal Advice Ecosystem

For the reasons indicated above, people now rely on a residual patchwork of free legal advice provision delivered by organisations that vary considerably in their aims, size, areas of law, level of advice, and client profile. One of the objectives of the research was to increase understanding of the functioning of this network of organisations that support people in the process of resolving legal issues.[[40]](#footnote-40) There are three elements of the process to resolving people’s legal problems where the advice ecosystem can work holistically in “the everyday legal problems paradigm of access to justice”.[[41]](#footnote-41) When trying to solve a legal issue, people first need to identify that they have a legal issue. Organisations can consider the client’s whole picture and help people identify other issues where legal advice would help, beyond the client’s presenting problem:

“In the process of dealing with that debt, they’ll say, I have got [this] much money coming in, and we’ll say wait a minute, that’s not right. You should be entitled to benefits. And then you know, we could identify a benefit issue … There are 6 of you living in one room, we identify a housing issue.” (Interview O1).

“A lot of the debt work that we do is in respect of Housing, where people have been issued with notices of intention of seeking possession and those types of issues.” (Interview F1)

It is recognised that a large number of people are likely to try to resolve an issue themselves before or after getting information about available services, and self-refer to advice once they realise that legal advice could be useful.[[42]](#footnote-42) At this point, an organisation that does not provide the appropriate services can provide the second element of help by providing an effective referral to the type and appropriate level of advice in the continuum of legal need.[[43]](#footnote-43) Finally, the legal advice itself is needed.

This approach acknowledges that legal and non-legal issues cause and are caused by each other and impact on the SDoH, and that a diverse advice network helps people deal with the clusters of issues in their everyday lives.[[44]](#footnote-44) This will inform how best to respond to the Covid-19 impact on SDoH with a legal dimension. The next section discusses the impacts of Covid-19 on both phases of the advice process.

### C. Response to Covid-19 from the advice sector – digitalisation and remote services

For all organisations interviewed, the Covid-19 pandemic has changed how clients access advice services, and how organisations provide advice. The most immediate impact was the closure of offices and suspension of face-to-face services. Organisations had to furlough staff and volunteer numbers dropped, which further hit service capacity. Considerable and successful efforts have gone in to developing new ways of working, and of communicating with clients. Participants reported an increasing use of telephone, email and other digital tools, such as Zoom and WhatsApp, to provide remote services. There is limited research on the impact of digitalisation of advice services.[[45]](#footnote-45) Studies examining the shift to telephone-only legal aid services post- LASPO indicated that a shift to remote services could make it difficult to identify and address multiple legal issues and indicated concern about the loss of face-to-face advice interviews for particularly vulnerable people, such as those with mental health difficulties or that are homeless.[[46]](#footnote-46) Participants in our study also expressed concern about vulnerable groups and the large numbers of people trying to navigate an increasingly digital welfare system:

“A lot of our clients fit into the vulnerable category … I think the concerns that the advice workers have is that these people are not getting a service from us or anyone else because of the nature of their emergency and the way the benefit system is gradually being transferred to a digital system. So, it’s not taken into account the fact that a lot of vulnerable people in our society are excluded from digital.” (Interview F1)

Participants also cited disabled people and older people as particularly difficult populations to serve via remote services:

“We’ve had lots of issues with people who are either deaf or blind as well … Covid has a massive impact, if they haven’t got the technology and are older it’s had a massive impact on them being able to access anything” (Interview P2)

Disabled people, as well as those with mental health difficulties, are also likely to have considerable exposure to negative impacts on the SDoH. Disabled people make up a majority of the working age benefit claimants in the UK,[[47]](#footnote-47) tend to be out of work for longer, more likely to be in debt, and have significantly less savings and assets than non-disabled people.[[48]](#footnote-48)

There are fears that Covid-19 will exacerbate the digital divide in society caused by a lack of digital skills or connectivity.[[49]](#footnote-49) The number of non-internet users is declining, but an ONS report estimated that in 2018 8% of the UK population were still internet non-users, which equates to 4.3 million people.[[50]](#footnote-50) Covid-19 has heightened the difficulties of accessing advice for these non-users because of the closure of almost all offices where people could ‘drop in’ for advice or have face-to-face interviews, and of places that had freely available online facilities, such as libraries and online learning centres:

“The impact of Covid right across the board is the inability to sit in a room and give advice face to face. So, I had a Zoom surgery the other day. It excludes people a Zoom surgery … there will be a lot of people that can’t get online … it’s inequality again isn’t it? And that’s a huge concern, people are already struggling to access justice, now they can’t come in and knock on the door once in a while.” (Interview P1)

Face-to-face interviews are seen as a better means to explore clusters of legal and non-legal problems that people commonly have. When discussing online debt advice, this participant emphasised the perceived benefit of face-to-face services:

“We are seeing so many people shift to phone-based and online mechanisms as a way of creating efficiency, allowing choice … We would strongly advocate face–to-face debt advice … because most of the time still people won’t tell you about the marriage breakdown, their recovery from addiction, the problems they have been having with their children, so there is a big unpacking before you end up, ‘ok, tell us about your finances and what you want me to do with that’.” (Interview B1)

Remote services, such as increased capacity of phone lines, can effectively provide advice for a large portion of the population. Switching to remote services though has a downside. They will reduce the ability to provide advice to particularly vulnerable people, where the impact on SDoH will be greatest, and reduce the ability to address clusters of problems.

### D. Response to Covid-19 from the advice network – starting the advice process

The removal of face-to-face services has limited the means by which people start the journey towards resolving issues and getting access to advice services. The closure of physical offices and the shift to telephone or digital provision has had a generalised impact on clients that previously might have accessed advice services co-located in, or via referral from, places that provide mainly non-advice services. These include foodbanks, support for homeless people, GP surgeries and hospitals, support for people suffering from domestic abuse, community and faith centres, and so on. A number of these organisations also provide advice services, most commonly welfare rights or debt advice. Whether they provide advice or not, they are an important part of the network because they help identify when legal advice could be beneficial and then signpost or refer people, or work with a co-located service to facilitate a more holistic approach to the problems in people’s everyday lives. Our research identified referrals as an important function of the advice network, and part of the project funding has developed a new referral process in Liverpool. Understanding the benefits of effective referrals and co-location of services needs more exploration.[[51]](#footnote-51) Co-location of advice and health services is seen by health professionals as particularly beneficial from a health/patient perspective.[[52]](#footnote-52) Co-location has also been recognised as a key factor in preventing the causes of destitution, many of which are also SDoH.[[53]](#footnote-53) We nevertheless need a deeper understanding of this pathway from a legal advice perspective. This is important for the strategic development of advice service networks that address the legal dimension of SDoH.

Research shows that integrating advice services in primary, secondary and tertiary health settings reduces demand on the NHS, leads to fewer repeat appointments, fewer prescriptions, and promotes better physical and mental health.[[54]](#footnote-54) This allows medical staff more time to focus on the patient’s health care needs, with a consequential positive impact on the workload of healthcare staff. It also benefits clients as their legal issues are dealt with by persons specifically trained to address and support them, and to recognise additional issues with a legal dimension. Participant organisations that were co-located within health service settings acknowledged the importance of this visibility – both to health professionals and to the people that may need this support:

“One of the reasons we [the advice organisation] were called in by the CCG [Clinical Commissioning Group] was to reduce the number of nonclinical presentations. … a widely spread view is that up to 20% of presentations to GPs often are for non-medical purposes.” (Interview 03)

“Because we are in [a health setting] … which we’ve been for 20 odd years… we are able to meet people in the [health setting] as they are coming out of clinics. So we’re there at their point of need.” (Interview C1)

As a result of lockdown and moving services online, for a short period GP surgeries were no longer referring to welfare support services. Some organisations addressed this gap for potential clients by approaching GP surgeries for lists of particularly vulnerable individuals (e.g. shielding groups) for them to contact. This allowed them to overcome some of the immediate drop-in client support and enable issues to be identified and progressed. Numerous other non-health organisations also saw Covid-19 impact the gateway to advice to address the SDoH.

Participant organisations that served asylum seekers talked about the difficulties for them to access immigration or asylum advice, particularly when English is a person’s second language:

“The biggest thing now, at the moment is the asylum seekers that have just disappeared, and they are not making [those] calls … because of the circumstances with the Coronavirus.” (Interview S1)

Previously asylum seekers would have commonly accessed services through going to a physical drop-in support session, perhaps at a community or faith centre. Participants reported providing these services as an outlet for general social interaction if people wanted, but that language support is available and staff or volunteers have information about how to get legal advice when they become aware that it is needed. Closure of these physical centres due to Covid-19 reduces the likelihood of incidental identification of SDoH with a legal dimension. Even if someone has identified that they need legal advice, using a telephone to explain often complex issues is far more challenging when English is your second language, and can act as a barrier to accessing advice.

Foodbanks also recognise the role of legal advice in helping reduce food poverty and ill health. They have remained open but Covid-19 has driven up demand and conditioned the ability to engage with people using the foodbank. One participant explained that they train volunteers to open conversation with service users with the aim of identifying where other services, including advice services, could be beneficial to resolving the life issues that had brought them to the foodbank. They reported that regrettably the steady rise in demand pre-Covid-19 had already meant a reduction in the time available to train volunteers and to carry out this role.[[55]](#footnote-55) Covid-19 further increased demand for the foodbank, reducing even more the time available to identify and support wider issues, and the contact restrictions made it harder to engage with service users. One response of this organisation has been to find funding, albeit short term and linked to the Covid-19 crisis, to deliver welfare rights advice, but this does not replace the role of helping people identify when a SDoH could be improved through legal advice. The Covid-19 crisis is likely to have left more people unable to find support to address the underlying issues that have led to the use of foodbanks.

One reason why these points of access to the advice sector are important is that people often do not identify life issues or events as being legal in nature, or that legal advice could help their situation.[[56]](#footnote-56) They also often access these services at a crisis point when they most need advice. Commonly in the process of someone trying to resolve an immediate concern, such as a health issue or a lack of food, the service provider contacted is able to identify the need for legal advice and initiate the referral. It is often only through conversation with, for example, a support worker, GP or foodbank volunteer, that someone becomes aware that legal advice could help them, or is available to them. The worker recognises that advice can help wider life issues through reducing poverty and improving health outcomes, and refer the person to the relevant service. This wide range of organisations acting as gateways increases access to advice services because of the trust people have in those centres, and because they reduce the stigma attached to seeking free legal advice.[[57]](#footnote-57) The work of these organisations thus helps to develop and support clients’ legal capability, which is vital to managing socio-economic risks. The number of clients starting their route to resolving an issue in this way is likely to reflect the substantial deficit of legal knowledge in England and Wales.[[58]](#footnote-58)

The advice sector in Liverpool has adapted swiftly to the Covid-19 crisis and extended remote opportunities for people to access advice services to cope with the surge in demand. Our participants, though, have highlighted the importance of understanding how different groups access and use advice services when designing them, and the importance of collaboration with a diverse range of organisations, in health and other sectors, to maximise access to legal advice in Liverpool.

The distinction between different roles of organisations can be fluid and does not always hold true over time, primarily due to funding and demand. One participant organisation, for example, works out of hospitals to support people with a brain injury in all aspects of their life. The degree to which they can provide advice internally varies. Their funding for giving employment advice ended in March 2021, just as the demand started to increase. This is indicative of the challenge of collaboration in the sector and the highly fragmented funding for legal advice.

Integrated health and legal advice services are an important part of Liverpool’s advice network. The value of these services in reducing health inequalities is increasingly recognised. For example, the report into the role of advice service in health outcomes following the Low Commission stated:

“There is demonstrable evidence that when advice and health sectors work more closely and strategically to meet advice needs this contributes to reducing health inequalities. Direct commissioning … targets the most vulnerable within settings which they trust and where their specific health needs are understood.”[[59]](#footnote-59)

This evidence comes from a number of projects that have delivered advice in health settings, often focussed on welfare rights advice,[[60]](#footnote-60) but there are numerous gaps with no strategic approach to commissioning, delivering and evaluating health justice services.[[61]](#footnote-61) It is important to emphasise that it is not only health justice projects that have a positive impact on SDoH through contributing to collaboration between the legal advice network and other non-legal services. To understand how the advice network and cross sector collaboration might develop, more research is required in to the different roles organisations play within the advice network, especially in relation to barriers for particularly vulnerable people.[[62]](#footnote-62)

## 5. Conclusion

The SDoH are strongly linked to civil legal problems, and many people require free legal advice to help them resolve these issues and prevent the compounding of negative consequences that unresolved legal issues cause. The experiences of study participants reinforce the need for joined-up legal and non-legal services to ameliorate the negative effects of the SDoH on health and wellbeing. They have also emphasised the unmet need for free legal advice, leading to concerns that these important drivers of population ill health will not be adequately addressed. This is of even greater concern as a result of the Covid-19 pandemic’s worsening of the already difficult, austerity-driven situation for many people.

Although the characteristics of Liverpool made it a particularly apt location for our study, the lessons of our findings extend across the UK. Public services and civil society were already cut to the bone prior to Covid-19, and this has hampered their ability to respond effectively to the pandemic. The UK has some of the largest health inequality in Europe, and areas with greater health needs will feel the impact of Covid-19 unequally. The UK is also characterised by high levels of material inequality, not restricted to Liverpool, and the negative effects this has on the SDoH will be felt elsewhere as well.

Advice services have adapted rapidly in response to Covid-19, but concerns are raised about how these changes might affect the hardest to serve populations. Further understanding is needed of the social, health and economic impacts of these changes, and of an insufficient supply of free advice. The diverse organisations in the advice networks in the UK will benefit from strong collaboration, through effective referrals or co-location of services, to overcome problems of legal capability and ensure that there is a person-focussed approach to legal advice. Without this, the short-term negative impacts of Covid-19 on SDoH will become long term, synergistic impacts on people’s lives, and worsen health inequalities.

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