Health Professionals as Rights Advisers:

Rights Advice and Primary Healthcare Services

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ABSTRACT

Background: Evidence of associations between social problems and morbidity supports a broad approach to service provision in general practice. Some social problems linked with morbidity involve people's rights. They can be mitigated through the provision of advice about people's rights. Without advice, people are often in a poor position to make informed decisions about how to best address such problems.

Objectives: This study explores the current scale of involvement by doctors and other health professionals in the provision of advice about problems involving rights.

Methods: The study is based on an in-depth random national survey of 5,015 adults. The survey explored people's experience of and the strategies employed to resolve problems involving rights. It documented the extent to which people sought advice from doctors and other health professionals about such problems.

Results: Health professionals provided advice in relation to 6 per cent of problems about which advice was obtained. The figure was 2 per cent even when problems centring upon, or reported to have led to, ill-health were discounted. Some respondents characterised the advice offered by health professionals as 'legal', and one respondent reported being advised to commence legal proceedings.

Conclusions: Questions are raised about the skills, awareness and training of professionals who provide rights advice, about the role of rights advice in primary healthcare settings and about arrangements for the provision of advice to patients facing problems involving legal rights. It is suggested that the provision of outreach rights advice services in general practice settings, particularly in fields such as welfare law, represents a constructive measure that can be expected to promote both justice and health outcomes.

Health Professionals as rights advisers: rights advice and primary healthcare services

Introduction

The provision of advice and assistance that goes beyond the biomedical is unexceptional in general practice. While many general practitioners eschew the 'social work' of biopsychosocial approaches to patient care, such an approach has been advanced for many years by the Royal College of General Practitioners[1-4]. A broad approach to general practice is also supported by a sizeable body of research pointing to associations between social problems and morbidity. As a consequence, as Greasley and Small[5] have observed, a 'key message' of recent health policy recommendations has been that partnerships between health and social services are necessary to ensure a 'seamless service for patients'[6].

Some social problems linked with morbidity involve people's rights[7] . They can be mitigated through the provision of advice about people's rights. Without advice, people are often in a poor position to make informed decisions about how to best address such problems. Homelessness, poor quality housing, discrimination, debt, domestic abuse, problems accompanying relationship breakdown, problems with employment and problems with welfare benefits all provide examples.[8-15]

There is demand for the provision of some types of rights advice, particularly welfare rights advice, in general practice settings.[5,16] Rights advice services have consequently been located in some primary healthcare settings.[5,17-20] This appears to have become increasingly common in recent years. During their relatively brief existences, for example, some local Community Legal Service Partnerships and Health Action Zones worked to integrate rights advice and primary healthcare service

delivery. Leicester Community Legal Services Partnership and Leicester City Council, for example, secured funding from the Leicester Health Action Zone to provide welfare benefits advice in a general practice setting[19]. Other examples of similar initiatives have included projects in South London, Barnsley, Chiltern, Hull, Nottingham, Oxford and Powys.[21-22] More generally, Citizens Advice Bureaux now provide outreach information or advice services in 1,054 health settings.[23] Furthermore, some general practitioners have even been reported to occasionally 'prescribe' rights advice rather than conventional medication.[24]

One question that arises from the above is to what extent do health professionals currently provide advice or other assistance in relation to problems involving legal rights? If patients routinely discuss such matters with health professionals, because either sees them as a component of ill-health, this raises issues surrounding competence, efficiency and responsibility. Provided that sufficient benefits could be realised, it may be that an appropriate response would be to promote a more formal advice presence within primary healthcare settings; particularly general practitioner surgeries.

In this paper we set out new empirical findings, which indicate the scale of current involvement by doctors and other health professionals in the provision of advice about problems involving rights.

Methods

The English and Welsh Civil and Social Justice Survey

The findings set out in this paper are drawn from the 2004 English and Welsh Civil and Social Justice Survey (CSJS). The 2004 CSJS provides detailed information on

people's experiences of problems involving legal rights and the strategies they employ to resolve them.[29] 5,015 adults over 18 years of age within 3,832 residential households, spread across 250 postcode sectors of England and Wales, were interviewed face-to-face in their own homes for the survey. The household response rate was 79 per cent and the cumulative eligible adult response rate was 57 per cent.[25]

Table 1. Discrete problem types reported in the survey, and percentage/number of respondents reporting one or more problem of each type

Problem Type	Example	%	N
Consumer	Faulty goods/services (e.g. building work)	10.0	503
Neighbours	Anti-social behaviour	6.6	329
Money/debt	Mis-selling of financial products, disputed bills	5.6	279
Employment	Termination/terms of employment	5.2	260
Negligent accidents	Road accidents, workplace accidents	4.9	244
Housing (renting)	Repairs to property/unfit housing, lease terms	2.7	137
Housing (owning)	Boundaries/rights of way, planning permission	2.4	121
Discrimination	Disability discrimination, race discrimination	2.2	111
Divorce	-	2.1	106
Welfare benefits	Entitlement to/quantification of benefits	1.9	98
Relationship breakdown	Residence/care of children, division of assets	1.7	84
Clinical negligence	Negligent medical or dental treatment	1.6	79
Children	School exclusion, choice of school	1.5	75
Housing (homelessness)	Experience/threat of homelessness	1.2	61
Domestic violence	Violence against respondent/children	0.8	42
Unfair police treatment	Assault/unreasonable detention by police	0.8	40
Immigration	Obtaining authority to remain in the UK	0.3	16
Mental Health	Conditions of/care after hospital discharge	0.2	11

All respondents completed a screening interview, where they were asked if they had experienced a problem since January 2001 that had been difficult to solve in each of eighteen distinct problem categories. Problem types are listed in Table 1, along with examples of constituent sub-categories and the proportion of respondents reporting having experienced one or more problem of each type. Following the method adopted by,[26] problems were not described as involving legal rights, but were

carefully set out to represent problems that do. Each problem type, though representing a problem of 'everyday life'[27], is one to which the framework of civil law applies.

For the two most recent problems identified in each category, respondents were also asked about the consequences of problems and the source of any advice obtained.

If a respondent had experienced at least one problem, they progressed to a follow-up interview, which addressed further aspects of one problem. The follow-up interview contained questions about the subject matter and nature of advice received.

Analysis

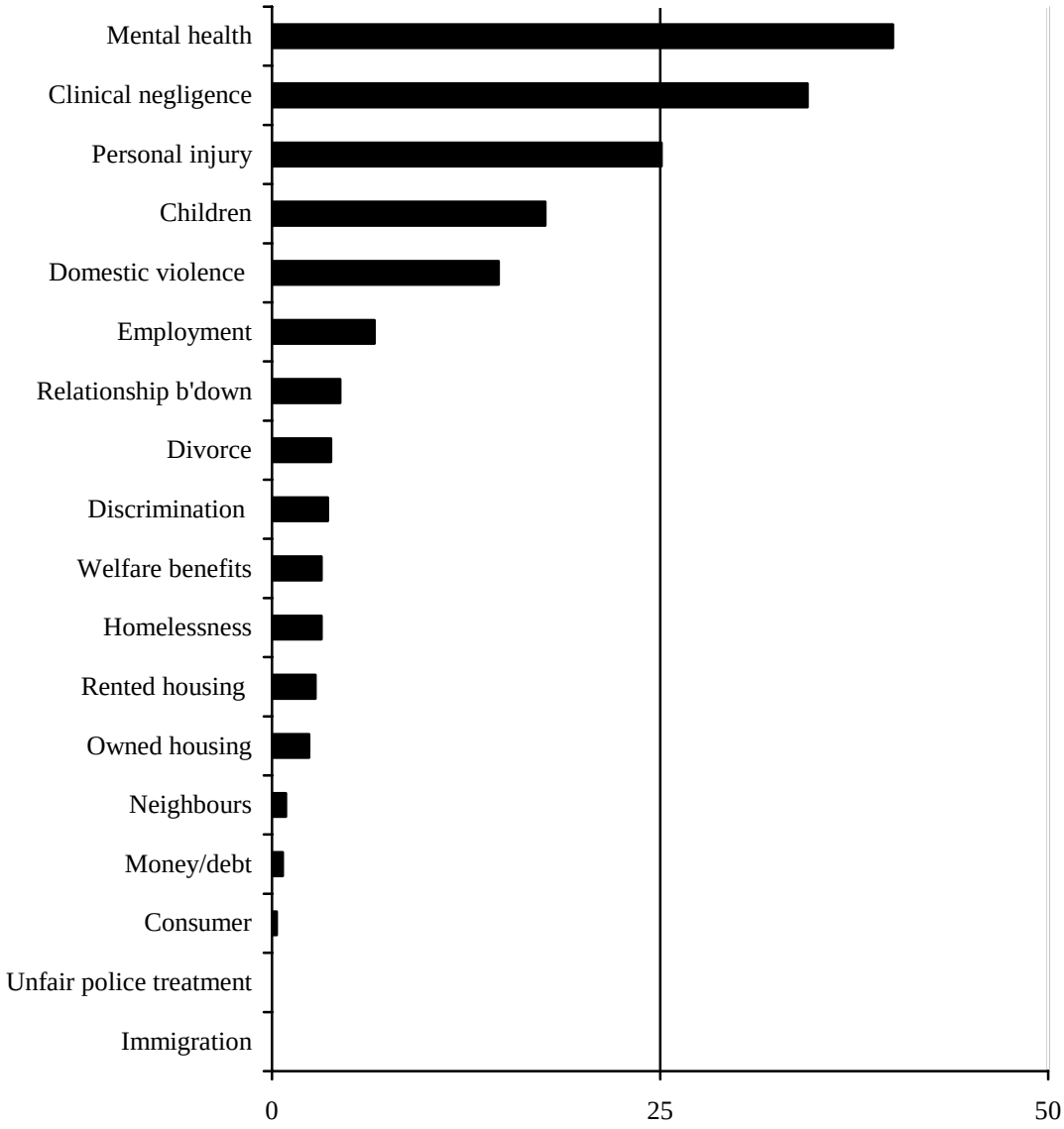
Our analysis involved simple quantification of the use of doctors and other health professionals as advisers, as compared to other advisers and across different problem types. By removing health related problems and those with stated health consequences, the extent to which health professionals were used as advisers was assessed, for those problems with no obvious immediate health dimension, The reasons for using health professionals as advisers and the substance of advice given were also explored in a similar fashion. In all cases, analysis took the form of simple description of answers to relevant survey questions, since the aim of the paper was to describe the use of health professionals as advisers, rather than to test formal hypotheses.

Results

Health professionals as advisers

Respondents obtained advice or information 'to help resolve' 1,389 (52 per cent) of 2,693 problems identified through the 2004 survey. Doctors and other health professionals made up 7½ per cent of those people from whom respondents sought advice, and provided help in relation to 6 per cent of all problems.

Figure 1. Percentage of problems involving rights about which respondents obtained advice from doctors or other health professionals



When compared to other sources of advice, only solicitors (16 per cent of problems) and local authorities (11 per cent of problems) provided advice for a markedly higher proportion of problems. Health professionals were comparable to Citizen's Advice Bureaux (7 per cent) and the police (7 per cent) and provided advice more often than, for example, trade unions (4 per cent), employers (3 per cent), insurance companies (3 per cent) and other advice agencies (2 per cent). Interestingly, the percentage of advisers who were health professionals increased later in sequences of advisers. So, health professionals made up 7 per cent of those from whom advice was first sought, rising to 11 per cent for second, 18 per cent for third and 21 per cent for fourth advisers, where they were the single most common adviser. Figure 1 shows the extent to which respondents obtained advice from health professionals, split by problem type.

Beyond problems with health consequences

As can be seen in Figure 1, doctors and other health professionals were most clearly associated with advice or assistance about problems centred upon illness or injury: mental health, personal injury, clinical negligence and domestic abuse. However, advice or information was also obtained frequently from them in connection with problems not centred upon illness or injury. If personal injury, clinical negligence, domestic abuse and mental health related problems are excluded from the data, then 2,353 problems remain. Advice was obtained in connection with 1,200 of these. On 65 occasions, advice was obtained from a health professional. This represents 5 per cent of problems where advice was obtained.

Of course, problems beyond clinical negligence, personal injury, domestic abuse and mental health may have a health dimension. This was captured in the 2004

survey through questions about the health consequences of problems. Just over one-third of problems were reported to have led to physical or stress related ill-health.

If personal injury, clinical negligence, domestic abuse and mental health problems, along with problems reported to have led to ill-health, are excluded from the data, 1,696 problems remain. Advice was obtained in connection with 760 of these. On 17 occasions this was from a health professional. This represents 2 per cent of problems where advice was obtained.

The 17 problems for which health professionals provided advice concerned children (n = 7), employment (n = 3), owned housing (n = 2), welfare benefits (n = 2), as well as rented housing, money/debt and relationship breakdown (all one case).

Why seek advice from health professionals?

The vast majority of those seeking advice from a doctor or other health professional did so because they felt it was obvious to do so (around three-quarters of all cases). This was comparable to some other types of adviser, such as the police, local authorities and employers. This finding is likely to reflect very high awareness of the location of health professionals, with percentages feeling 'it was obvious' far lower for services where awareness is lower (e.g. Citizens Advice Bureaux or other advice agencies). The finding is also likely to reflect the health dimension of problems involving rights (whether inherent or consequent). Nevertheless, if personal injury, clinical negligence, domestic abuse and mental health problems, along with problems that were reported to have led to ill-health, are excluded from the data, there remains a majority of respondents who explained that it was 'obvious' to seek advice from a health professional. Numbers were small though (five of eight responses). Other

reasons offered included previous experience of a similar situation and the suggestion of friends, relatives or work colleagues.

Substance of advice

Follow-up interview data from the 2004 CSJS suggests that, while advice is sought from health professionals about problems involving rights, specific advice about people's rights was much less frequently provided. Asked about the subject matter of advice given to them by health professionals, just 6 per cent described it as being 'legal'. General advice about what to do next was much more common, accounting for around 50 per cent of responses. This often involved a recommendation that advice be sought from elsewhere (21 per cent). Respondents were also frequently advised to try to resolve problems with the other party to a dispute (16 per cent). Thirty-seven per cent of recommendations were reported to be specifically health related. Unsurprisingly, these invariably related to problems that had a direct bearing upon health.

Despite it being unclear upon what basis the advice was offered, on 9 per cent of occasions health professionals advised that nothing could be done to resolve problems. In contrast, on one occasion a health professional suggested that formal legal proceedings be commenced, and on one other occasion that mediation should be attempted.

Where referrals were made for further advice (22 cases, where follow-up information was collected), they were to a wide range of places. Four referrals were to other health professionals, three to solicitors, three to local authority advice services or other departments, two to insurance companies and one each to a trade union, the

police, employer, politician, and social worker. The remaining five referrals were to 'other' types of adviser.

When asked what health professionals did for respondents by way of active assistance, it was suggested that on 12 per cent of occasions they contacted the other party to a dispute on the respondent's behalf. A few health professionals (3 per cent) were even reported to have conducted negotiations with the other party. Other assistance was provided through preparation of paperwork, instructing respondents on what to write or say on the telephone, helping respondents to contact another adviser, or actually contacting another adviser for them.

Discussion

The evidence of the 2004 English and Welsh Civil and Social Justice Survey indicates that health professionals provide substantial assistance to people facing problems involving rights. This accords with recent evidence from Northern Ireland, indicating that people seek advice from doctors and other health professionals in relation to around 16 per cent of problems.[28] Only solicitors and local authorities provide advice markedly more often than health professionals. Health professionals even provide advice for around 2 per cent of problems (for which advice is obtained) with no obvious medical dimension.

Some assistance provided by doctors and other health professionals is undoubtedly biomedical, but much of it would appear to be broader in character. Also, in addition to the provision of general non-medical guidance and referrals for non-medical advice, some of the assistance provided appears to be trans-professional, in that it involves the provision of overtly legal advice. However, self-report accounts of

the substance of expert services received can sometimes be unreliable, so the picture may not be exactly as painted.

In any event, these findings raise interesting policy questions. Although a proportion of health professionals in England and Wales have received training in identifying and responding to, for example, domestic violence and debt problems (British Medical Association 1998, Social Exclusion Unit 2004), the general competence of health professionals to provide more than a signposting or referral service in relation to technical matters outside of their professional sphere must be doubted. Moreover, there is evidence that, as well as the questionable economics of devoting (expensive) time to basic social and rights advice, a substantial proportion of general practitioners are reluctant, and do not see it as their role, to provide such advice.[3] That is not, though, to say that it is not important that advice should be provided through some means, or that advice from elsewhere cannot play an important role in promoting public health; for a start, through freeing up time for health professionals to deal with immediate medical concerns.

The provision of an increasing number of 'outreach' rights advice services in primary healthcare settings provides a constructive mechanism to impart advice on health related problems involving rights. The evidence linking social and health problems suggests that the provision of in-house advice services could be expected to lead to better health as well as justice outcomes.

From a health perspective, provided clearer evidence of individual health benefits can be generated[20] and the costs and benefits established, an expansion of in-house rights advice services could represent one means for the Department of Health to address health inequalities. It would also meet the goal of ensuring a 'seamless service for patients'.[6]

From a justice perspective, our findings suggest that rights advice services in primary healthcare settings are likely to extend the reach of good quality advice. Many people do not think to obtain advice, or are unsure where to go to when faced with social problems involving their rights.[29] Placing rights advice services in settings that people are familiar and confident with, and already use for advice seeking purposes, can only improve access to justice. In-house advice services in healthcare settings also circumvent the important obstacle to advice that is presented by ineffective referrals. Referrals, by health professionals, to in-house services are quick, easy and can additionally benefit from personal recommendation and introduction. The success of referrals from doctors to in-house advice services is apparent from experience both in the United Kingdom[5] and overseas.[30] The fact that 21 per cent of health professionals who offered any type of advice to respondents suggested that they seek further advice elsewhere indicates that the benefits in this regard could be quite substantial.

In-house advice on welfare rights also appears to be a priority for some patient groups, and demand for, for example, housing advice[5] and family law related advice (Figure 1) appears to be significant. However, even were in-house services to be limited to welfare rights related advice, given that existing advice services are usually operated as outreach services from more general advice organisations (such as Citizens Advice Bureaux, Law Centres or solicitors' firms) and link into wider advice networks (such as the Community Legal Service), they could, anyway, be expected to provide reasonable referral services for other forms of advice.

Finally, further expansion of rights advice in healthcare settings would tie-in with the recognition of the Department for Constitutional Affairs that greater cross-

sector collaboration is important to the realisation of improved civil and social justice.[31]

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