

Getting past reception: Access and intake systems in Not for Profit legal services providers

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About the Advice Services Alliance

The Advice Services Alliance (ASA) was established in 1980, and is the umbrella organisation for independent advice services in the UK.

ASA's aims are to:-

- champion the development of high quality information, advice and legal services
- ensure that people are not denied access to such services on account of lack of means, discrimination or other disadvantage
- encourage co-operation between organisations providing such services
- provide a forum for the discussion of issues of common interest or concern to advice organisations.

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Disclaimer

Views expressed in this report are those of the author and are not necessarily shared by ASA or its member networks.

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Summary

1 Introduction

- 1.1 People seeking help with civil law problems may encounter a range of barriers. This has been found to be the case whether they approach – or think about approaching, solicitors, Not for Profit (NfP) advice agencies, their local council, or somebody else. When people report problems getting help from NfP agencies, the main barriers identified tend to be physical: limited opening hours, long waiting times, and difficulties getting through on the phone.
- 1.2 It is often acknowledged that such problems arise in large part from demand for NfP agencies' services exceeding their capacity. But interactions between demand, resources, access problems and related factors tend not to be examined in detail. The Advice Services Alliance (ASA) commissioned the research reported on here to enable a better understanding of the issues. In particular, the research examined the various ways in which a range of agencies provided access, how they organised their intake systems, and why they arranged things as they did.

2 Key points

- 2.1 **Accessibility was a major issue for these agencies.** They aimed to help as many people as possible, and nobody liked turning anyone away. But they were also very conscious that often, people *did* face difficulties accessing advice, and openly acknowledged what the main obstacles were. In the main, these were the same ones noted above. Others identified included lack of awareness, complexity of problems, and lack of provision more generally.
- 2.2 **These agencies were not standing still** in terms of how they provided access and organised their intake systems. A majority had made substantial changes in recent times, or were planning to do so. This was to be expected – the research was designed to include such agencies. But it was notable that several had revisited their systems on a number of occasions, trying out different things to see if they could be improved further.
- 2.3 **There was a good deal of soul searching** about the degree to which certain client groups did and did not access agencies' services, as well as the extent to which their set ups provided sufficient access for clients generally. Where gaps were identified, agencies were seeking ways to address them.
- 2.4 **Providing access did not just mean opening the doors at main premises, and answering the phone.** These agencies were heavily involved in outreach work and targeted service provision. They also took referrals from other NfP agencies, and from intermediaries working outside the sector. But providing access via several channels often meant juggling things. The finite nature of resources meant that maintaining access via one channel might sometimes have to be at the expense of another.
- 2.5 **Demand almost invariably exceeded capacity**, often by a long way. This was so in terms of both enquiries generally, and demand for casework. Faced with this, agencies had to prioritise allocation of their resources. This inevitably involved making decisions about which types of cases and clients would be taken on, and which would be taken on only partially or not at all.

- 2.6 **One size did not fit all.** The ways in which access was provided and intake systems were organised, were influenced by demand, resources, client groups served, and priorities, which were often specific to individual agencies.
- 2.7 **Nobody had devised a universal panacea** for providing access. Prioritising resources involved trade offs, and each solution had its upsides and downsides. For example, making sure that more people could be seen at drop in (and that they could be seen more quickly), could mean that it was more difficult to provide full advice interviews at these sessions.
- 2.8 **Winners and losers fluctuated** according to the opportunities provided by funding streams, and the need to refocus activities as these came to an end and/or funders' priorities changed. Several agencies anticipated that who won and who lost out would change again – in ways which ran contrary to their objectives, as they responded to pressures arising from reforms to legal aid.
- 2.9 There were **various tensions**, for example between:
- **accessibility and efficiency** (providing access via outreach, targeted provision, and home visits, might not be cost effective in terms of the numbers of clients who could be helped via these channels);
 - **quantity and quality** (providing a specialist casework service, and fulfilling obligations to existing clients, might mean limiting the numbers of initial enquiries dealt with, and numbers of new clients taken on);
 - **being even handed and helping the most needy** (applying intake systems to whole service provision was difficult; outreach and inward referrals for example, might involve bypassing usual processes. Agencies aimed to do more for clients who were vulnerable in various ways);
 - **providing full access in each instance and more rounded access generally** (doing everything for individual clients might mean limiting the numbers and range of problems which could be dealt with. This was a key factor in encouragement towards self-help, especially in debt cases);
 - **accessibility and safety** (abusive or violent clients were said to be in a very small minority, but addressing the *risk* of violence could impact on provision. In particular, the supply of home visits was dependent upon agencies' assessments of what was needed to ensure the safety of staff);
 - **accessibility and expectations** (there were expectations that agencies could and would help everyone who needed their services – ones which most could not possibly live up to. Agencies were examining their own roles in this. Several had concluded that whilst unpalatable, it was better not to see people who could not be helped to the extent necessary, than start to help them only for their expectations to be dashed later on).
- 2.10 **What agencies could do was ultimately determined by their resources.** At base level, the volume of work which could be done, the staff resources which could be deployed to do it, and the quality of premises from which agencies operated, were dictated by the levels of funding available. The terms of funding set parameters for who could be helped, the circumstances in which they could be helped, and the extent to which they could be helped.

3 Intake systems

- 3.1 Based on the extent to which they involved systematic, preliminary assessments of needs prior to advice being provided, the various arrangements in place in the agencies could be categorised as:
- First come first served;
 - First come first served with filtering and flexibility;
 - 'Triage type' systems;
 - 'Gateway Assessments' in Citizens Advice Bureaux (CABx).
- 3.2 Agencies which operated other than wholly on the basis of first come first served were trying to achieve several things. These included (in no particular order):
- better management of demand;
 - more people being helped, more quickly;
 - effective prioritisation of resources on where they were needed most;
 - advice being given by people with appropriate skills;
 - the needs of particular client groups being met;
 - expectations not being raised inappropriately, by ensuring that people whom agencies could not help, were told sooner rather than later.
- 3.3 Three interdependent factors appeared to influence the shape of intake systems in these agencies:
- *levels of and the flow of demand* appeared key in determining whether agencies operated with filtering and flexibility, or had standardised arrangements for preliminary assessments of needs;
 - *who performed the intake function* (paid reception staff, generalist advisers, and specialist advisers were all involved) shaped the format of processes, and the point at which advice was first made available;
 - *the types of provision which were being prioritised*. Fewer of the specialist agencies and those targeting specific client groups employed systematic preliminary assessments, and when they were used, processes tended to be less tightly defined. In those agencies (including mixed agencies) which provided generalist advice services to the general public, processes tended to be more structured.
- 3.4 The demands made of intake staff were significant. They arose from the volume of enquiries, the often vulnerable nature of clients, the judgments which had to be made, and the expectations which had to be managed. All this meant that good quality intake work could not be done on the cheap.
- 3.5 These agencies had organised access and their intake systems according to estimations of how clients' needs and preferences could best be met in light of available resources, and other pressures. Most felt that their systems fulfilled the purposes for which they had been devised, but enthusiasm for these systems varied. Where enthusiasm was low, this mostly appeared to be tied up with disquiet about lack of capacity to service high levels of unmet needs. The agencies' efforts and experiences in devising their intake systems were perhaps best summed up in the words of one interviewee:

[It would] be interesting to know what other people do, 'cause I did a lot of work trying to find out the best way of managing it; but in the end you're just trying to manage a huge demand – trying to devise a system that will enable people who've got very pressing legal problems to be helped.

4 Some issues for further study from clients' perspectives

- 4.1 To what extent do clients – and in particular potential clients, think the various types of intake systems meet their needs, etc.? These matters did not yet appear to have received the attention they merit. Nor did they appear to be adequately covered by routine mechanisms for obtaining client feedback – which were in any event geared towards those who had received a service.
- 4.2 To what extent are clients really able to cope with self-help approaches? In particular, when they do not come back for further help, is that because they have sunk or swum? These questions appear especially pertinent to debt cases. But given the emphasis found here on encouragement towards self-help generally as one way of prioritising resources, they are also of wider relevance. (Linked to this, is the question of the extent to which agencies are able to accurately identify when encouragement towards self-help is the right approach. Sometimes, agencies themselves expressed uncertainty about their abilities here.)
- 4.3 When initial contact leads to the making of an appointment to receive advice at a later date, what happens to clients in the intervening period? Why do so many fail to show up without telling anyone? Is it simply because problems have blown over, or are they vulnerable and unable to cope? If the latter, what extra support might be needed – and can that be funded?
- 4.4 Obtaining robust evidence regarding these matters – especially where it involves seeking perspectives of people who for one reason or another are not in contact with them, is going to be beyond the capacity of individual agencies. It would therefore require investment by others.

5 The research

- 5.1 Sixteen NfP agencies took part. They included members of advice^{UK}, Age Concern England, Citizens Advice, Law Centres Federation, Shelter and Youth Access. Semi-structured interviews were conducted face to face with holders of managerial positions, between August and November 2007.
- 5.2 The agencies were located in London, the south east, the midlands, and Wales, and between them served a mix of city, urban, suburban, and rural areas. Three targeted their whole service provision towards particular client groups, one each for: young people (aged 11 – 25), older people (over 50), and people with disabilities. The others all served the general public, but usually targeted various elements of provision towards specific client groups.
- 5.3 Two agencies described their work as generalist, seven as specialist, and seven as mixed generalist/specialist. The main subject areas dealt with were welfare benefits, debt, housing, and employment. Three of the agencies dealt with immigration. Twelve had legal aid contracts at the time of interviews.

1 Introduction

The problem: accessibility of legal services providers

- 1.1 There is a significant body of research evidence on public perceptions of legal services providers, and people's experiences of using them for help with civil law problems. A common thread running through the reports of these studies is that people seeking or considering seeking help – whether from solicitors, not for profit (NfP) agencies, their local council, or somebody else, may encounter a range of barriers. These include a possible mismatch between needs and expectations, and the types of help on offer.¹ However, the most consistent findings regarding NfP agencies are those indicating that people often have to negotiate certain hurdles in order to gain access – in particular, restricted opening hours, long waiting times at drop in² and for appointments, and difficulties getting through on the phone.³
- 1.2 The cumulative effect of the findings is such that Moorhead and Sherr refer to *'the traditional view that NfP agencies are usually difficult to access'* (2003: 16). However, the evidence is not *entirely* negative. Moorhead and Sherr report that overall, around one in six or seven of their model clients' contacts with NfP agencies involved 'significant' access problems. But experience differed according to method of initial contact. Whilst only 40% found it easy or fairly easy to contact NfP agencies by phone, over 80% found it easy or fairly easy to do so in person (ibid. 15-16). Moorhead and Sherr also suggest that waiting times to be seen in person – albeit when aggregated to both solicitor and NfP providers, were *'generally quite modest'* (ibid. 19).
- 1.3 There has also been some movement in findings from the Legal Services Research Centre's *English and Welsh Civil and Social Justice Survey*, with a comparison between the 2001 and 2004 surveys suggesting that things may be improving with regard to telephone access (see Pleasence et al, 2004: 62-63; Pleasence, 2006: 98). And in 2004, overall, almost nine out of ten people who unsuccessfully tried to obtain advice said they did at least manage to make contact with whatever person or organisation they sought help from. Pleasence suggests that in part, this reflects *'growth in the capacity of legal helplines and efforts by advice organisations to improve levels of access to advice over the telephone and other forms of advice'* (2006: 98, 161).
- 1.4 Ascertaining the full nature of access problems encountered by participants in these studies is not easy; figures are often aggregated to all providers, whether NfP or not, and disaggregated figures often only mention Citizens Advice Bureaux (CABx). Notwithstanding this, there is recognition within the sector that not all is well.⁴
- 1.5 Several of the studies point to the likely impact on access to NfP providers of demand exceeding capacity.⁵ However, the focus of these studies lies

¹ Genn, 1999: 99-101; Genn et al, 2004: 32-34; Moorhead et al, 2006: 78-81.

² 'Drop in' in this report refers to people being able to call in without any prior arrangement having been made and potentially get advice (though there would usually be a wait involved).

³ Genn, 1999: 76-78; Moorhead et al, 2001: 141-143, 154; Moorhead and Sherr, 2003: 15-19; Pleasence et al, 2004: 63-65; Moorhead et al, 2004: 38, 60.

⁴ Citizens Advice, 2004: 5; MORI, 2004: 27-29.

⁵ Genn, 1999: 103; Moorhead et al, 2001: 143; Pleasence et al, 2004: 65; Pleasence, 2006: 162.

elsewhere. Therefore, they tend not to offer in depth examination of how NfP agencies provide access, or why they do so in the ways in which they do.

The solution? Prioritisation and ‘triage’ of access to advice

- 1.6 When demand exceeds capacity, the only practical response is to prioritise service provision in some way.⁶ In essence, this is what NfP providers (and others) have always done. There are two main elements to this, which are interlinked. Firstly, there is the question of what services to provide, to whom, and by what methods of delivery. Secondly, there is the challenge of how best to manage demand.
- 1.7 There are several ways in which demand might be managed. The approach of many agencies in the NfP sector has been to operate on the basis of ‘first come first served’ – at least at drop in sessions, which are probably the most visible way in which agencies provide access. It is arguable that this has contributed to some of the access problems noted above – particularly waiting times, and it is apparent that a growing number of agencies have been reviewing the desirability of such arrangements.
- 1.8 Having done so, they seem to increasingly be eschewing first come first served in favour of what some – borrowing from terminology employed in the field of medicine, are referring to as ‘triage’ systems.⁷ Other agencies have introduced various filtering mechanisms into set ups which essentially remain based on first come first served. Such developments are not *entirely* new.⁸ But the pace of change appears to be picking up substantially and this, together with there being a lack of publicly available data on the nature of the changes taking place, makes this an area ripe for investigation.

Aims and objectives of the research

- 1.9 Whilst it would be useful to quantify the extent to which NfP agencies operate different types of intake systems, the more pressing need was adjudged to be for qualitative data, which would lead to a better understanding of access problems and responses to them. Therefore, the research sought to:
 - identify how a range of NfP agencies provided access, and how they organised their intake of new clients and enquiries;
 - analyse what factors influenced the ways in which access was provided, and were likely to influence future developments;
 - consider perceived advantages and disadvantages of various intake systems, for both clients and providers; and
 - highlight issues for consideration by providers and others.

Methods

- 1.10 Participants were selected purposively, with the general aim being to achieve, within the resources available, a reasonable degree of diversity according to: type of agency, location, type of geographical area served, main subject

⁶ Assuming, of course, that increasing capacity is not an option.

⁷ Although as noted in Section 4, there seemed to be scope for debate regarding usage of the term.

⁸ In field work conducted in 2002, Moorhead and Sherr briefly noted a handful of NfP agencies adopting a ‘triage’ type approach in respect of initial contact in person (2003: 17).

areas covered, client groups served, and whether operating legal aid contracts. More particularly, agencies were selected so that 'triage type' and other systems for intake of new clients and enquiries could be examined.

- 1.11 Initial selection was based on suggestions by ASA's member networks, and existing knowledge. In total, 38 agencies were contacted with a view to their taking part. Twenty one were willing, 16 did not reply, one declined. Of the 21 who were willing, two were ruled out for logistical reasons. Nineteen completed a preliminary telephone questionnaire, designed to obtain a reasonable picture of agencies' basic set ups, after which 16 were selected to take part. Appendix 2 sets out the matters covered in this questionnaire.
- 1.12 Between August and November 2007, face to face semi-structured interviews were conducted with holders of managerial positions in NfP providers. Most lasted between an hour and a quarter and one and three quarter hours. The shortest was just over an hour and the longest approximately two hours. All were recorded with the readily given consent of the interviewees, and fully transcribed to aid analysis. The topics covered are set out in Appendix 2.
- 1.13 Interviews were supplemented with various documentation. This included annual reports and accounts, assorted statistical information, written policies and procedures in respect of intake of new clients/enquiries, and various forms used during intake processes.

The sample

- 1.14 Of the 16 providers which took part, five were CABx, four were members of advice^{UK}, three were Law Centres, one was a member of Age Concern England, one was a Shelter agency, one was a member of Youth Access, one was non-affiliated.
- 1.15 The agencies were located in London, the south east, the midlands, and Wales. The types of areas predominantly served (as defined by them) were: city (five), urban (three), suburban (one), rural (three), mixed (four).
- 1.16 Three agencies targeted their whole service provision towards particular client groups, one each for: young people (aged 11 – 25), older people (over 50), and people with disabilities. The others all served the general public, but usually targeted various elements of provision towards specific client groups.
- 1.17 Twelve agencies had legal aid contracts at the time of interviews; four did not. Two described their work as generalist, seven as specialist, and seven as mixed generalist/specialist. Across the sample, the main areas dealt with to at least casework level were welfare benefits, debt, housing, and employment.

Main subject areas dealt with to at least casework level, and number of agencies which dealt with each subject area.

Subject area	Number of agencies
Debt	10
Employment	8
Housing	9
Immigration	3
Welfare Benefits	13

Limitations

- 1.18 Qualitative research is concerned with questions such as ‘how’ and ‘why’ – it is not designed to produce results which are statistically representative of any given population. Therefore, it is not claimed that findings reported here can necessarily be generalised to all NfP agencies. However, there is no reason to believe that the types of experiences and perspectives identified by the research are not ones which are shared by others in the sector.

A note on reporting

- 1.19 Some details of agency set ups which were immaterial have been omitted, and unless the context specifically requires it, reporting does not state their type, network membership, or location. The small number of agencies involved makes this necessary to preserve the anonymity of those taking part.
- 1.20 To strike a balance between faithful reporting and ease of reading, interview extracts have been tidied up to omit ‘ums’, ‘ers’, and ‘you knows’. Some editing has also been carried out to improve sentence construction where it was safe to do so without altering the sense of speakers’ original words.

2 Demand, resources and client profiles

Main problems in providing access and meeting demand

- 2.1 Interviewees were asked what they thought were the main problems for clients in accessing their services, and for their agencies in meeting demand. A majority reported problems which largely echoed the findings noted earlier:

Not flexible enough in when we open. Not open at weekends, not in the evenings.

Probably that we close at two. If we were open all day, we probably wouldn't have such a massive influx in the morning.

I think people that need to ring in, for health reasons housebound people I don't think they get a very good service from us.

Obviously telephone is a big one. we did [have a system which produced statistics for call traffic] but they were so demoralising we were dealing with less than one per cent of the attempts

I just think lack of capacity – we don't have enough appointments to offer them, we don't really have enough space, I think, for people who are waiting – so it's not that easy to come in and wait. The telephone lines are often busy – we've tried to improve that by putting on extra staff, but I think it's probably a single word answer, which is 'capacity', the biggest issue.

Insufficient capacity – by far. I mean, if we had more caseworkers, we could run more telephone advice, we could run more drop in advice sessions. I think the real issue is capacity.

- 2.2 Asking people separate questions about access problems and problems in meeting demand proved to be a somewhat artificial exercise; as indicated by the last two extracts above, both were often said to boil down to the single question of agencies' capacity. But several interviewees also pointed to wider factors which contributed to problems with meeting demand:

I think there's a frustration there from what's happened with private practice as well, the amount of solicitors firms pulling out from their LSC [Legal Services Commission] contracts means that quite often we're the only supplier available. And that puts, enormous pressure on us to be able to keep up with demand.

We're the only agency in [area] now that offers [open reception] access, because [agency] used to do it before they closed down; [agency] don't have premises for that; and the only other, advice provision in [area] is targeted So we're the only one where people don't need to fit some other grouping.

The complexity of the sort of typical social welfare law type enquiries, really. you've got a complicated benefits system, and tax credit system And more of our clients are EU citizens, and they don't have an understanding of the system. So you're having to explain to them a lot more, before you can get to first base.

I think a lot's to do with client expectations. For example, every government leaflet: 'Go to your Citizens Advice Bureau.' And I think, if it said on there a little bit more – 'Who might not be able to give you exactly what you want', or, 'Who might be only able to signpost you somewhere else' – 'cause everybody's expecting to come here, and we're the answer to every problem that anybody's ever had. So I think an

explanation of what advice agencies can actually offer to people, in government publications, might be helpful

- 2.3 In contrast, some interviewees said that on the whole, they did not think clients did encounter significant physical barriers in gaining access. But they also said that access depended on people knowing about the availability of advice, or being 'in the loop' with someone else who did:

Clients who know of us, I don't think there is one, hugely. The clients [who] don't know about us, they're the ones who suffer. our access, is almost totally referred by another advice agency, or previous client, or word of mouth from a previous client. If you're not in one of those three groups, you're pretty rare.

- 2.4 Agencies almost invariably said they were consistently operating at or very near to capacity, and most indicated that if they had additional resources, they could easily be used to satisfy unmet demand:

We could probably double most of our teams, and still be meeting really important needs – we wouldn't have people looking for cases

somewhere like [location] we've got one full-time post. We could quite comfortably accommodate three nobody [would] be sitting around twiddling their thumbs.

- 2.5 Several interviewees, particularly from mixed and specialist agencies, said they had to limit the numbers of new enquiries dealt with, for a number of reasons. One was that they lacked the capacity to meet the need for full advice and/or specialist casework which enquiries generated. Another was that staff were a finite resource, and diverting them to dealing with new enquiries would mean that less casework could be undertaken. Linked factors here were the need to maintain the quality of work to which agencies were already committed, and a desire to avoid raising expectations unduly:

if we were to offer telephone advice to 50 people in a week it would also reduce the number of cases we could take on, because the same caseworker would be offering telephone advice.

*I'm kind of constantly saying to people, Look, don't feel obliged to be open 24 hours a day we **have** to do a good job for the clients that we've taken cases on for. And it's horrendous that there are hundreds of clients out there who would benefit from our service that don't get it – but actually, if we don't get right what we are doing, we won't be here to provide a service for anybody.*

The vast majority of people actually have got quite complicated circumstances and a lot of them need cases taking on. And our experience has been that people manage better, although it's pretty grim, if they've never spoken to anybody, 'cause their expectation is, 'Nobody has agreed to take my case on' I suppose it would be fair to say that because demand for our services so greatly exceeds our ability to meet [it], the telephone rationing system – whilst it's pretty appalling, does mean that people understand that they're not our client, until they really are.

There's no point seeing all these people unless you can actually run their cases – and giving them hopes [of] what you're going to do, when in fact you haven't got the time to do it.

- 2.6 Unmet demand for casework services appeared to be a feature across the main subject areas dealt with, but two stood out. All three agencies which dealt with immigration identified it as an area in which demand exceeded

capacity. The other notable area was debt. Several agencies described being ‘swamped’ with debt cases. Responses to that are discussed in Section 6.

Workloads

2.7 Agencies measured the numbers of enquiries received and new clients dealt with in different ways. They also dealt with several combinations of subject areas, and assorted client groups, to various levels. Therefore, no specific comparisons of workloads have been attempted. But some top-level figures for new enquiries received and/or new clients dealt with per annum were:⁹

- In generalist and mixed generalist/specialist agencies: 3,000; 4,000; 9,000; 11,000; 14,000; 20,000 enquiries; over 3,000 new clients.
- In specialist agencies: 8,000 enquiries; 12,000 enquiries; around 4,000 new clients through the door.
- In agencies targeting whole service provision: 1,000 and 3,000 new enquiries; 4,000 new clients.

Client profiles

2.8 Almost all the agencies monitored the profile of their clients, to provide a check on whether their services were being accessed by all sectors of local populations. Several supplied breakdowns for demographic characteristics of their clients.¹⁰ Where available, these tended to indicate that three groups were over represented, relative to local populations:

- Black and Minority Ethnic (BME) clients;
- lone parents;
- people with disabilities.

2.9 Data from several agencies indicated that they were seeing increasing numbers of clients from eastern European countries, arising from expansion of the European Union. However, it seemed that quantifying the rise in such clients was sometimes difficult, and that at least two broad categories were being used to record ethnicity here, i.e. ‘White – other’ and ‘Chinese or other’.

2.10 Interviewees also spoke generally about certain vulnerabilities which featured a lot in their client profiles. Several said that significant numbers of clients had mental health problems. Depression, and clients who had attempted suicide were also mentioned several times in this context, as were people who were in distress more generally due to worrying about their legal problems. Alcohol and drug problems were noted as being widespread by some agencies, in particular where the client groups served included significant proportions of rough sleepers and homeless people. People without English as a first language were also mentioned by several agencies – and were reported to comprise a majority of clients in one agency in a city location.

⁹ Unless otherwise stated, figures here cover initial contact both by phone and in person, and are rounded to the nearest ‘000.

¹⁰ Sometimes these related only to clients whose cases were taken on, as the agencies involved did not ask all comers at reception or on the phone to provide monitoring information.

- 2.11 The main message from the interviews was that dealing with clients with mental health problems and in distress more generally, and those needing interpreters, was something which advisers and reception staff were trained to work around. But it inevitably took longer in individual cases, and thus had a knock on effect on the time available for other clients:

*I did a little check of the last ten benefit cases that had gone way over the average, and seven of them the client didn't have English as a first language, and three of them the clients had **each** had several suicide bids. You **can't** say 'speed up' on that – you just can't do it.*

- 2.12 Interestingly, agencies which reported significant levels of alcohol and drug problems among their clients, tended to say that these usually did not affect clients' ability to give instructions or advisers' ability to advise – largely, it seemed, due to an understanding by clients that in order to get proper help they needed to turn up reasonably sober. However, alcohol and drugs, as well as mental health problems, were identified as factors in clients sometimes being abusive or violent, as described below.

- 2.13 The agencies which targeted their whole service provision provided some additional data. The one serving young people reported that a large majority of their clients were aged 16 – 19. A large majority also lived independently on low incomes, and had some sort of difficult personal circumstances over and above a legal problem (or problems) which needed resolving:

youngsters who are prematurely independent, living on their own before they're 20, 22, 23 – they tend to have had traumatic, difficult expulsions from their family set up. Whether that's because they're asylum seekers, or because they've been looked after, or because the family relationship's broken down, or they've been bereaved So they tend to have clusters of problems, some of which are legal, some of which are emotional, some of which might be medical It's rare to have someone with a very straightforward simple, one little problem and off they trot.

- 2.14 The agency serving older people indicated that their clients included those who could, variously: be worried by, 'official language', have hearing difficulties, get confused on the phone when asked detailed questions, particularly about their finances, and be unable or reluctant to travel far from their homes. This agency also received a lot of enquiries from people with family members who had Alzheimer's disease, enquiries regarding various situations in which there were issues regarding a move to residential care following a period of hospitalisation, and from 'concerned neighbours' regarding older people's ability to manage on their own.

- 2.15 The agency serving people with disabilities said that their clients included a lot of, 'very vulnerable people that are at the end of their tether'. They also pointed out that the definition of disability, 'is so much broader today, so it does include people with long term medical conditions – diabetes, MS, ME, cancer, HIV' but noted that many people with such conditions – as well as people with mental health problems, did not necessarily see themselves as having a disability. This agency, which also had a policy of employing staff and using volunteers who themselves had disabilities, saw an important aspect of their work as being to, 'attract people that wouldn't necessarily find their way into a disability setting'.

- 2.16 Interviewees sometimes reported that certain groups were under represented in their client profiles. Two examples were particular minority ethnic

communities, and older people. However, the group most frequently said to be under represented was young people (generally meaning aged under 25).

- 2.17 In respect of young people, various initiatives had been taken or were under consideration to increase access. They including working with local academics to research young people's views; looking at use of texting, e-mail and dedicated web resources; making links with various youth agencies; recruiting younger volunteers; and several projects involving outreach and targeted provision. Some similar types of initiatives were mentioned in respect of other client groups (for example recruiting trustees of particular ethnicity in an effort to raise awareness) as well as, again, various outreach activities.¹¹

Funding

- 2.18 Sources of funding were diverse, but agencies' top two funders in monetary terms tended to be local government and, where legal aid contracts were held, the Legal Services Commission (LSC). Local authority funding tended to cover either provision of generalist information and advice services, and/or advice and casework in one or more of debt, employment, housing and welfare benefits. LSC contracts covered specialist advice and casework in one or more of debt, employment, housing, immigration and welfare benefits.
- 2.19 The terms of this funding limited access to advice, either by geography or means (usually, recipients of services funded by local authorities had to live, work or study within their boundaries; legal aid clients needed to be financially eligible).¹² LSC funding also restricted provision to services within the scope of legal aid, in terms of problem type, merits (the 'sufficient benefit test'), and the level to which assistance could be provided.
- 2.20 Where agencies had both local authority and/or other core funding, and LSC funding, they could in theory provide a service in each of the main subject areas that they covered, to all local people, as well as to clients from elsewhere if eligible for legal aid. However, for several agencies, provision in one or more main subject area was limited to clients eligible for legal aid.
- 2.21 Most of the agencies had obtained funding from other sources so that they could target provision at specific client groups (or had had such funding in the recent past). This was generally ring fenced and time limited. The range of sources is noted at Appendix 3. The priorities of funders set the parameters of what could be provided here. As one interviewee put it:

They [targeted services] all meet need there's nothing that we're doing that we're only doing because funders want to fund it, but it's true that some work is targeted at particular client groups, because that's the group the fund[ers] are interested in.

- 2.22 The data indicated that the financial situations of several agencies lacked real stability, and in some instances were somewhat precarious. Two envisaged scenarios in which they could have to close in the not too distant future. Two others reported having to make staff redundant within the previous couple of years due to substantial cuts in local authority funding. One of these served an area spanning the boundaries of two authorities, of which one had implemented cuts, and the other had continued funding. The second authority

¹¹ See Section 5 regarding outreach and targeted provision more generally.

¹² Except for, prior to October 2007, short, one off advice under 'Level 1' (see Appendix 5).

was now indicating that its funding would not be renewed unless the other restored *its* funding. The interviewee commented that this had left them in the middle of, *'a political debate between the two councils'*.

- 2.23 This, and an experience of another interviewee who had recently sought funding from more than one local authority, illustrated the importance of councillors' and officers' attitudes towards legal advice work:

One [local authority officer] said to me, we're not in the business of funding people who cause problems 'for us' – as we do.

- 2.24 This was not a uniquely encountered stance, but other agencies reported more detached and supportive attitudes from local authority funders:

every advice service that challenges local authorities all the time is going to have occasions when particular officers' noses have been put out of joint, because of a particular case that's gone to court that they didn't think ought to go to court, and all the rest of it. But, having said that, most of them are very kind of professional about it

- 2.25 Even when local authorities were essentially supportive however, funding cycles and budgetary constraints tended to mean that their continued backing was consistently the subject of some level of doubt. A fairly common scenario within the sample was that service level agreements operated on a three or five year cycle, with strong expectations that they would continue for the whole of the relevant period, but with annual reviews built in. Where this was so, agencies experienced uncertainty on a recurring basis:

[We've] sort of lobbied and campaigned to make sure that we kept the grants, which we have for this year. But it's on a yearly basis, so they'll have to reconsider. But I would hope that, considering they can see the value that we add, that they will find a way – they'll find some coppers down the back of the sofa, sort of thing, to be able to pay from April, but that's not guaranteed.

- 2.26 In one instance, relatively small but nevertheless important amounts (equal to a little over 10% of annual grant income) had to be the subject of full applications each year. The interviewee's pithy remark on this situation was, *'Do I sound fed up with that?'*

- 2.27 Several agencies reported current uncertainties regarding renewal of project funding, in particular arising from reorganisation of public bodies, and changes in priorities and targets set by central government for various funding streams. Surprisingly muted protests were voiced about this, and the impression gained was that it was something agencies were simply used to. However, one interviewee noted that a problem with project work was that unless continuation funding could be obtained, it meant clients could find that, *'one year they can get advice any time, next year there's nothing'*.

Staffing

- 2.28 The agencies tended to employ relatively few paid advisers. In two thirds of them, full time equivalent (FTE) numbers were either five or fewer, or between six and ten. Five had more than ten FTE advisers. Paid advisers tended to be specialist caseworkers and solicitors, but in some agencies they included generalist advisers. In specialist and mixed specialist/generalist agencies, reception staff also tended to be paid employees. Some agencies

reported difficulties in recruiting experienced advisers, which had led them to offer positions as trainee advisers to existing reception and other staff.

- 2.29 A couple of agencies had one or two volunteers with particular skills and experience undertaking specialist casework. But most of those doing this work said that its complexity, the time which needed to be devoted to training and supervision, and the potential for exploitation of people, meant that using volunteers here was a game not worth the candle.
- 2.30 Almost half the agencies did rely heavily on the contribution of non legally qualified volunteers to provide their generalist advice services. The numbers of volunteers involved here ranged from around 15 upwards. In some agencies numbers were much higher, particularly when volunteers involved in reception, administration and other roles were included. The value of this work was considerable. One agency said that the annual contribution of their volunteers in terms of time, amounted to the equivalent of over 20 FTE advisers. Another estimated that the annual salary costs of replacing their volunteer advisers alone, with paid staff would be over £160,000.
- 2.31 Interviewees often spontaneously described their staff, both paid and volunteer, in terms such as '*passionate*' and '*committed*'. Several spoke highly about levels of staff commitment:
- there's no way you could do this job in 35 hours a week [the contracted hours] if you're an adviser I think people probably do at least 40 to 45 hours, on average..... Some people probably do more than that that's probably not an unreasonable amount of time as far a solicitor is concerned. But I suppose the difference is, we don't get the bonuses, we don't get to be a partner in a firm, earn loads of money, and – you know what I mean? So the financial rewards aren't quite there, so we have to do it for love, and belief in the service*
- [on volunteers] we've got the lifers, who are the early retired, individuals who will plod on regardless throughout the summer, absolutely fantastic. And then we have our student volunteers, and bless them, they've turned up trumps – the[y] are going on working through the summer. We thought we'd lose them all and they[d] bugger off out of it, but a lot of them have carried on*
- 2.32 A majority of interviewees suggested that staff absences – scheduled or not, were part and parcel of working life, and did not – at present, significantly impact on service provision. However, several drew distinctions between the frequency with which problems were encountered, and the impact when they were. For example, one agency with very few paid employees reported very low levels of sick leave but added that, '*you only need one adviser to be off on sick leave or go on holiday, and the whole thing is turned upside down.*'
- 2.33 Sometimes, agencies had only one specialist adviser working in certain categories of law. When these advisers were on leave, cover was limited to dealing with any emergencies which arose, and standard appointments could not be booked in. In terms of access for new clients, in one agency which operated a drop in service, it also meant that people might attend during advertised hours expecting to see somebody on the day, but be either told that they needed to wait until the adviser's return, or signposted elsewhere.
- 2.34 Where project funding only covered a single post, annual leave and other staff absences were also sometimes identified as having had a substantial adverse impact on outreach and targeted service provision. The absence of a

single post holder was not only an issue on the advice side; one agency said that when their reception worker was off it was, 'a complete nightmare'.

- 2.35 Several agencies reported having members of staff on long term sick leave, and in one, an adviser's long term absence had meant some hard choices had to be made, leading to the suspension of telephone advice sessions in one subject category. The reasoning behind this was that:

the thing we could drop without being negligent is telephone advice. So it's not great, but better that we don't advise somebody at all than that we take on their case and then do it badly. And because we've got quite a lot of outreach, it is quite often possible for someone to get advice through the outreach project.

- 2.36 Despite the high levels of commitment from volunteer advisers, more than one agency reported that there had in the recent past been occasions when absences meant either that they had been unable to open their doors for drop in sessions, or that they had had to close early.
- 2.37 Sometimes agencies which relied heavily on volunteers reported specific difficulties during the summer months, when those with school age children had to take time out to care for them. Two interviewees estimated that during the school holidays they lost almost 40% and around 50% of their volunteers respectively for this reason. This was an annual occurrence, and thus something which could to an extent be planned for. However, dealing with such absences still required a lot of juggling, and it seemed impossible to avoid there being an adverse impact on at least some area of service provision. For example, one agency had reduced the level of service at outreach to assisted information, in order to keep drop in sessions at their main premises and follow up work going.
- 2.38 Some agencies which had legal aid contracts were concerned that the impact of staff absences, and in particular long term or frequent sick leave, would assume much greater importance following the legal aid reforms introduced in October 2007 (see Section 8). They felt that absences would become, 'something we all have to address or we're never going to hit these targets, and we're not going to survive if we don't, are we.'

Premises and health and safety

- 2.39 Some of the agencies explained how the nature of their premises influenced service provision. The clearest example of this was the experience of one which had had to move from premises which became unaffordable due to cuts in funding. The layout of the new building did not work very well in terms of access, and lack of appropriate space meant that drop in sessions could no longer be provided. The agency had therefore moved to an appointments based system, coupled with telephone advice.
- 2.40 Agencies sometimes pointed to issues arising from operating from shared premises. For example, in one, the provision of evening appointments depended on being able to make sure that care taking staff would still be in the building. In another, evening working was out of the question:

*Absolutely not, [the building's owners are] adamant that you can't work beyond five o'clock here – it's a nightmare. You **have** to leave. The receptionist stands over you until you're out.*

- 2.41 As any organisation which invites people onto its premises needs to be, agencies were acutely aware of health and safety issues in their dealings with clients. All had policies requiring a minimum number of staff to be on the premises when their doors were open, and in or near to reception areas and interview rooms when clients were present. Most commonly this was two, but sometimes it was considered necessary to set the number at three or four.
- 2.42 Physical lay out of interview rooms was also reported to be important – one interviewee noted that, *'it's all very well having a confidential room to take your client into, but that leaves the adviser very vulnerable'*. Locating interview rooms where other staff could easily hear raised voices and/or be summoned if need be, positioning of desks so that advisers were nearest the door, and installation of panic buttons, were among the measures which most of the agencies had considered necessary for the protection of staff.
- 2.43 More than one interviewee suggested that worries about staff safety were sometimes, *'more about things that might happen than things that have happened'*. However, it was clear that on occasion, things *did* happen which justifiably caused concern.

Abusive or violent clients

- 2.44 A number of interviewees felt that, in the words of one, *'by and large, clients are getting angrier'*. Various reasons were advanced for this. One was *'drink and drugs'*. One was clients being in distress and/or suffering from mental health problems. Another was a sense of frustration when they found it difficult to get help in resolving their problems:

people come in with often very difficult problems, and they get frustrated because there are very few people around now who do social welfare law, or do legal aid, and if they're told for example, 'Well, sorry, we haven't got any appointments at the moment, you'll have to come back, or you can ring us', they can get quite difficult.

- 2.45 Some interviewees suggested that their staff were not on the receiving end of abuse to the extent that people working in certain public sector organisations might be, and some said that potentially difficult situations could usually be diffused with the right approach:

most people know we're not the decision makers – and so we get a lot less hassle than, the housing department would get, or the social security would get, 'cause they know we're going to help them if we can; and so there's a different attitude to us.

I would say that the more experienced a person on reception is, the less we experience it, and it's partly about people having the skills and confidence to manage expectations and kind of get that right

- 2.46 Notwithstanding this, it was clear that clients' behaviour did sometimes involve abuse and/or threats, and occasionally actual violence. Around half of the interviewees recalled such incidents in the fairly recent past:

it was somebody who came in, and they were racially abusive to one of our volunteers, and then, they disappeared

we've had sexist, racist abuse thrown at staff You get people coming in drunk – you know, your usual. I mean, the area's full of all sorts of individuals. So you can never predict what's going to get thrown at you, really.

I have been threatened, never actually been attacked, because when he threw the filing cabinet I managed to duck And also, when he threw the fire extinguisher I managed to duck.

One of them threatened to kill me, which I wasn't very happy about – but he was drunk

we had some nice person who threatened to firebomb us. He was very drunk. He did apologise on the Monday, but couldn't remember anything about it, anyway.

2.47 Most interviewees said they resorted to calling the police infrequently, and several had not done so in recent times. At face value, it seemed that this was because the need arose infrequently. But in some cases, it appeared due as much to a reluctance to do so, and a willingness to deal with difficult situations in house. For example, one interviewee who said, 'we try not to' involve the police also reported, 'a few near misses [in] the old building, which was all open, I often had to try and persuade drunk or abusive people to go, or try and deal with them.' Another reported that, 'we've got certain clients that we won't have in the building, but [receptionist] will go and talk to them outside in the car park'. The impression was also gained that in one or two interviews, the seriousness of incidents was rather played down – most people, perhaps, would consider the throwing of heavy inanimate objects at someone to amount to an attack rather than a threat.

2.48 As noted above, some links were made between mental health problems and abusive or violent behaviour, and there were also examples of agencies dealing with such issues in house:

We have had a particular client that we used to deal with on a regular basis that did have severe mental health issues, that was very violent. So we had to make sure that there were precautions – panic buttons around, people in the office, that sort of thing – to deal with it. But over time, he sort of mellowed, if you like, and we were able to deal with him without those precautions. I think, to all intents and purposes, he presented as being violent; but actually, when you actually understood him, it was his sheer frustration that he wasn't able to express himself And that's what I'm saying – you need to spend time with your client to find out what is the root cause here.

2.49 Most interviewees said that having put appropriate measures in place, clients' actual behaviour did not have a significant impact on their day to day work. However, dealing with the risk of violence did have an impact. One agency reported sometimes having to close their reception when unable to muster the staff required to stay open. Similar considerations applied to outreach and, as discussed in Section 5, affected the provision of home visits. More generally, as one interviewee noted, dealing with abuse, even when, 'not threatening in the sense of you call the police out' could take up, 'quite a lot of time we could've spent with another client'. Also, where serious incidents did occur, they had an impact on staff, and dealing with them took up time.

3 Making initial contact

- 3.1 The main ways in which people first contacted agencies were nearly always by attending in person at their main premises or by phone.¹³ The extent to which the relative importance of these channels reflected client preferences, or was a product of what was available in individual agencies, was not entirely clear. Where sessions offering advice and information on a drop in basis were advertised, the majority of new clients were said to make initial contact in person. But where reception facilities were available and not drop in, splits between initial contact in person and on the phone appeared fairly even.
- 3.2 Some agencies suggested that inability to get through on the phone could foster, *'the perception that you have to come in to get advice'*, leading to a bias in favour of attendance in person. At base level, such difficulties could be put down to resources. But it seemed that a historical tendency to prioritise clients attending in person, could also be a factor. One interviewee referred to an, *'ethos that somebody walking in through the door took precedence because they'd made the effort to come'*. Another suggested that advisers found the phone, *'easier to ignore'* than a full waiting room.¹⁴

Face to face access at main premises

- 3.3 Between them, the CABx operated from ten permanent offices. Half of these opened on a drop in basis every week day, but the others did so for only three or (more commonly) four days. One was also open on Saturdays. Opening hours for new enquires ranged from ten to 30 hours per week, with the majority being in the region of 20 hours. Individual sessions ranged from 2.5 to six hours in duration. They tended to be scheduled at some point between 10 a.m. and 4 p.m., although two offices offered early evening opening one day per week. Attendance by prior appointment was also possible both within and outside the hours noted above – although there was relatively little provision for appointments outside of traditional 'office hours'.
- 3.4 Eight of the specialist and mixed agencies opened their doors for between 24 and 37.5 hours per week, spread over four or five days – i.e. around six or seven hours a day. These hours were for a reception service, and attendance by prior appointment. One of these agencies also advertised the availability of evening appointments, and in at least one other, caseworkers had discretion to offer them. Only four of these agencies advertised drop in sessions. In two, these sessions were run only once a week. In another, they were run four mornings per week. Only in one of these agencies did hours for drop in match reception hours. A fifth agency provided a reception service which included substantial elements of drop in (described further in Section 4).
- 3.5 Of the remaining three agencies, two did not provide drop in services, and reported very limited use of reception facilities. The third advertised two drop in sessions per week but not a general reception service. In all three, attendance by prior appointment during 'office hours' could be arranged.

¹³ In two agencies significant proportions of initial contacts were by referring agencies.

¹⁴ On this point, one agency which was aiming to substantially improve their phone access said that they hoped to, *'educate people [in]to thinking that drop in isn't always necessary, that they can, with our increased capacity, contact us by phone.'*

- 3.6 One agency had recently been able to extend their hours for face to face advice due to increased funding, and another was experimenting with increased drop in within existing opening hours. Otherwise, it seemed that agencies saw little scope for extending face to face access at main premises.

Pros and cons of drop in

- 3.7 Drop in sessions, when operated on a first come first served basis, are often portrayed as offering a poor experience for clients. Several interviewees concurred with this. As illustrated in the extracts below, two main problems were identified here. Firstly, clients attended with no guarantee of seeing an adviser on the day, and if they failed to do so, they might have to start all over again at the next opportunity. Access could therefore depend on what one interviewee described as, '*survival of the fittest*'. Secondly, rigid application of first come first served could mean all clients who were not high up the queue had to wait a long time to be seen – maybe for little benefit.

*clients would've been coming two, three, four times, then they'd sit in the waiting room while the other clients were having the full blown interviews, and I'd only got one adviser on, and the clients would then wait for three hours, and then they'd see the adviser, and they'd say, 'Well, this is far too complex, we can't deal with it now' it was just a **nightmare**.*

it was first come first served. So even if you only needed someone to witness a statement or something you would sit there for two hours, getting more and more irate. While somebody who had complicated things, needed loads of time, was seen first. And we would literally have not enough chairs, and people would be standing up, and it would just make for a really tense and unpleasant atmosphere.

- 3.8 Most of the agencies which operated drop ins reported that they would often be met with queues as soon as their doors opened, and there were indications from some that people sometimes went unseen at their drop in sessions. It was notable that this was still the case among some agencies which had given up first come first served, as well as those which had not.
- 3.9 It is however important to note that the worst problems were identified as stemming from application of the first come first served principle, rather than drop in *per se*. Some interviewees stressed the value of drop in sessions, even if they did involve some waiting. The last extract below illustrates the need to test preconceptions about drop in, and to isolate the pros and cons.

We've always had a drop in for homeless people, because obviously, trying to make appointments would be ridiculous, and obviously there is an emergency element to their situation

there's also the expectation that some people, I mean, not everybody, that you come in and see somebody straight away – the solicitors are sitting there with nothing to do, waiting to see you, and people can find that frustrating – I think that's why drop ins are quite popular, because people like the idea that they can just come in, even if they do have to wait two hours, and see somebody.

Were there any firm results from that? [a survey question asking whether clients preferred pre-booked appointments or drop in]

*There were. Bizarrely, people like drop in! It's **not** the answer I wanted.*

Did they say how long they were prepared to wait [for] drop in?

I think they thought they were seen fairly quickly anyway, so it was obviously not too long for them.

Telephone access

- 3.10 In the CABx, advertised hours for new enquiries by phone sometimes matched those for drop in sessions; sometimes they were shorter; and sometimes they were longer (amounting in one case to the equivalent of a full traditional working week, with lines open beyond 6 p.m. on several days).
- 3.11 In eight of the specialist and mixed agencies, phones were answered during general reception hours. Three of these agencies also advertised dedicated times for phone advice in their main subject areas. These tended be of two, or two and a half hours duration, once or twice a week for each area. The agencies involved here were among those which did not provide drop in, or which did so only on a very limited basis. These phone advice sessions therefore represented a key means of initial access to them.
- 3.12 The remaining three agencies invited new enquiries by phone for three or four hours at a time, four or five days a week – meaning that phones were officially answered either before or after lunchtime.
- 3.13 Several agencies were satisfied that they were reasonably accessible by phone. But as noted earlier, a number identified this as a key area of difficulty for clients. There were some specific indications of the extent of problems here. Monitoring figures supplied by one agency showed that over a recent three month period, almost 30% of attempted calls were made outside the advertised hours for phone access. Within advertised hours, the proportions of calls not connected ranged from about one in six to more than one in three – although performance here had improved substantially towards the end of the period. Another agency, in which the availability of somebody to answer the phone was said to be, *'hit and miss'* most days, reported several hundred unsuccessful attempted calls per week. Also, one of the specialist agencies reported that demand for telephone advice in three of their four main subject areas was, *'greatly in excess of what we can provide'*.
- 3.14 Some agencies had taken or were planning remedial action to provide more accessible and consistent phone access. In particular, two were overhauling their systems. One of these was planning to introduce a single number, staffed from a central location, which would cover all the agency's offices. It was envisaged that this would involve a 'triage' type operation which, together with improved internal systems, would allow staff fielding new enquiries to tell callers the best location from which to get advice. In the other agency – a CAB, the hours during which new phone enquiries could be received were to be more than doubled. Some extra funding had been obtained for this, but the main way in which it was to be made possible was by pooling resources with nearby Bureaux. Phone access to all those involved would be via a single number, with the Bureaux taking it in turns to staff the lines.
- 3.15 Several agencies were also aiming to increase use of the phone, either as the method of first contact, and/or in the provision of advice more generally. Perceived advantages here were that many clients were comfortable using the phone when seeking advice, and for them it was a more convenient and preferred method of contact – particularly where they found attending in person difficult or not an option. It was also considered more efficient from the point of view of agencies, in that if systems were robust, both initial enquiries and provision of advice in more straightforward cases could be dealt with more quickly, thus allowing more people to be helped. However, resources

again came into play here. One agency which wanted to make the phone the first point of contact as a matter of routine, contemplated that doing so would necessitate giving up drop in sessions, in order to free up the staff needed to ensure phones would be answered promptly and consistently.

- 3.16 Notwithstanding such plans, there was also acknowledgment that the phone did not represent a good method of contact for all clients. There were particular concerns about people whose first language was not English, and people with hearing problems. There were also suggestions that those who were comfortable using the phone tended to be more articulate than others. Therefore, several interviewees stressed that the phone ought not to be the *only* way in which initial contact could be made. In addition, the agency serving young people said that their clients tended to prefer to meet face to face when making contact for the first time. They often found it difficult to articulate their problems when dealing with strangers, and it was hard to establish the trust needed for them to do so if initial contact was by phone.

Use of e-mail

- 3.17 Most of the agencies reported very low use of e-mail in their intake of new clients and enquiries. A few actively discouraged it. In those which did report slightly higher levels of usage, e-mail still lagged way behind attendance in person and the phone as a method of first contact. Several agencies had made straightforward looking enquiry forms available on their websites, and some were also planning to expand the use of e-mail as a way of increasing access. But at the time of the interviews, it seemed that most in the sample did not feel they were geared up to field e-mail enquiries in any great volume.
- 3.18 One agency, whilst conscious of the potential value in providing access to advice, felt that it was difficult to integrate receipt of enquiries via e-mail into their overall intake systems on an equitable basis:

sometimes we'll get an e-mail from a client that can't use the telephone for example, by virtue of a disability; and clearly we don't say, 'You've got to use our telephone advice service' because clearly they will never get a service at all. But we try not to allow clients who contact us by e-mail just because they can't get through on the phone, to get super preferential treatment. But it is very difficult

- 3.19 As noted in Section 2, increased use of e-mail and dedicated web resources were among measures under consideration by agencies which had identified a need to improve access for young people. In view of this, it was notable that the agency exclusively serving young people said that they did not give much advice by e-mail – and that as with the phone, their clients tended not to like e-mail as a method of initial contact. The largely late teenage and vulnerable profile of their client group may have been a factor in this. But it suggested a need to critically examine any beliefs that because young people may tend to be 'techno-savvy', such savvy extends to seeking help with legal problems, and that use of IT will therefore necessarily provide a good way in for them.¹⁵

¹⁵ The LSRC's 2004 survey found that 18-24 year olds were more likely than older age groups to make initial contact with advisers in person, and less likely to do so by phone. Also, that high levels of internet access did not lead to high usage of it to find information to try to resolve legal problems. 'Socially isolated' 18-24 year olds – defined as those living in households not containing any adults over 24, also reported much lower levels of access to the internet than others in their age group. See Balmer et al, 2007: 10-11.

4 Intake systems

4.1 The various arrangements in place in the agencies could be categorised as:¹⁶

- First come first served;
- First come first served with filtering and flexibility;
- 'Triage type' systems;
- 'Gateway Assessments' in CABx.

First come first served

4.2 Three agencies (one targeting whole service provision, and two specialist) operated wholly on a first come first served basis. In the former, initial contact was almost always via what was described as a helpline. In the latter two, provision mainly involved a mixture of drop in and appointments based advice, with some advice being given over the phone on an ad hoc basis.

Who initially dealt with enquiries?

4.3 The helpline in the agency targeting whole service provision was staffed by generalist advisers. In the other two agencies, except for drop ins which were staffed by specialist advisers, initial enquiries would be dealt with by paid reception staff.

What formats did this take?

4.4 None of these agencies conducted preliminary assessments or sorting of new enquiries, or had uniform processes or target times for dealing with them.

Was advice given on initial contact?

4.5 Advice would be given on first contact via the helpline in the agency targeting whole service provision, and at drop in by specialist advisers in the other agencies, but not by reception staff.

Main factors in these systems being adopted

4.6 In one of these agencies, the main rationale given for not introducing any preliminary assessment of new enquiries, was to provide equality of access:

we're providing an information and advice service for [client group] in [area]. So that means you want to be able to provide information and advice to all [client group]. So there's no differentiation there, in terms of, people ringing with a query, and you want to be able to deal with it.

4.7 Another agency, in which homeless people comprised a significant proportion of the client base, saw drop in on a first come first served basis as the only realistic way of providing access to these clients.

¹⁶ These categories reflect how initial enquiries were dealt with at drop in and on reception at main premises, and on the phone. Systems for dealing with intake via referrals and at outreach were too varied to bring into the equation. The divisions do not depend on how agencies said that they would respond to emergencies, or when people could not cope with usual processes due to e.g. disability or language issues (see further below).

- 4.8 Though one of these agencies was said to be operating at, *'pretty near capacity'*, and another reported that it could be, *'a real struggle'* to keep up with demand, in all three the *flow* of demand had not been identified as giving rise to a need for preliminary assessments or other filtering arrangements.
- 4.9 However, whilst all three of these agencies were likely to continue operating on the basis of first come first served for the foreseeable future, two were contemplating changes which would involve adding elements of filtering (one to better manage drop in sessions, one to improve their phone service).

Advantages and disadvantages of these systems

- 4.10 The main advantage of this approach for clients, seemed to be that – if they could phone, or attend drop in, at the right time, initial advice at least could be had on first contact. A main disadvantage appeared to be that getting advice at drop in could involve a wait whilst other people were seen. There was also a risk of not being seen at all, which did sometimes materialise.

First come first served with filtering and flexibility

- 4.11 Four agencies (three specialist, and the agency serving young people) operated primarily on a first come first served basis. Their systems did however involve some sort of assessment on first contact, and/or filtering of certain needs for advice. They also operated flexibly, in ways unique to each agency. All provided general reception and phone access. Beyond this, the access they provided could variously be described as:

- a largely appointments based advice service;
- a reception service which included substantial elements of drop in;
- a predominantly drop in based service;
- a mix of drop in and dedicated telephone advice sessions.

Who initially dealt with enquiries?

- 4.12 In two of these agencies, new enquiries were initially dealt with by paid, trained reception staff, who were not employed as advisers. In the other two, they were dealt with by duty specialist advisers, on a rota basis.

What formats did this take?

- 4.13 None of these agencies had set processes or target times which applied to dealing with all new enquiries. Three of them eschewed the use of flow charts and checklists. They expected intake staff to rely on their own training and experience to decide how to deal with new enquiries, with reference being made to colleagues on the advice side in case of doubt.
- 4.14 In the fourth agency, specialist advisers fielded new enquiries, and they had complete discretion regarding matters within their own area(s) of expertise. But where other subject areas were involved, they had no real discretion. There were checklists for types of enquiries within each subject area which automatically merited booking an appointment. If a person's enquiry was not on one of these lists, they would be asked to come back or phone again the next time a relevant subject specialist would be on duty.

Was advice given on initial contact?

- 4.15 Where initial contact was with specialist advisers, then where enquiries fell within their area(s) of expertise, they routinely gave advice there and then. Reception staff in one of the other agencies gave some advice in respect of more straightforward queries (and had been sent on training courses, to ensure that their general knowledge of relevant subject areas was up to date). Reception staff in the fourth agency were instructed not to give advice.

What filtering and flexibility was involved?

- 4.16 In one agency, if reception staff had not been able to identify the nature of a problem, people would be diverted to a short diagnostic interview with a specialist adviser. Enquiries in one of the subject areas dealt with were referred to an adviser before any appointments were made. In addition, if advisers overheard somebody in reception talking about a problem which they thought could be dealt with by way of a quick bit of advice, and they had a few minutes spare, they would go out and speak to them there and then.
- 4.17 In another agency, the main filtering was to determine which of the various drop in sessions on offer people should be directed to, and/or whether they should be offered an appointment instead. In respect of one of the subject areas dealt with, which was covered by a single adviser, there was no drop in as such, but the adviser would see people without appointments if they could.
- 4.18 In the two agencies in which initial contact was with specialist advisers, the main flexibility was their discretion to do as little or as much as they saw fit at the point of first contact. Even if an enquiry would ordinarily lead to an appointment, it would still if possible be dealt with there and then.
- 4.19 In the agency serving young people, though advice was advertised as being available at specific times, advisers would wherever possible respond to enquiries from young people outside of these hours. This would include the giving of substantive initial advice.

Main factors in these systems being adopted

- 4.20 Reasons for introducing these elements of filtering and flexibility included:
- to increase the proportion of clients for whom matters could be resolved – or for whom substantive progress could at least be made by providing initial advice, on first contact;
 - by doing so, to conserve appointments for when they were really needed, and clients could benefit from them (and in turn, to reduce waiting times for appointments, and therefore levels of ‘no shows’¹⁷);
 - to avoid raising clients’ expectations unnecessarily, by letting people know sooner rather than later if the agency could not itself help them, or thought there was nothing which could be done.
- 4.21 The agency serving young people cited the main reason for their approach as being to ensure that their system fitted the needs of their client group:

¹⁷ See Section 5.

It's irritating because you keep being interrupted. But, it means that people get some sort of response when they need it – rather than being told, 'come back on Thursday'. Which, they won't probably. Our clients won't. Which is partly why they don't use Citizens Advice Bureaux and other kinds of advice projects.

- 4.22 As with those in the previous category, the flow of demand experienced by these agencies did not appear to be such that systematic preliminary assessments were necessary. On this, the agency serving young people felt that the way in which demand was experienced made their flexible approach feasible – and also that their approach influenced the flow of demand:

We don't have that problem here [long queues and overcrowded waiting rooms] partly because we don't have, hoards of people descending on us at certain times. And partly because we don't have the closed door in between times. If [you] literally keep the door closed to the public unless they've got appointments, apart from those few hours when you're open you funnel your demand into those couple of hours don't you. Whereas by having the door open all the time, it spreads it out.

Advantages and disadvantages of these systems

- 4.23 Where initial enquiries were dealt with by specialist advisers, a clear advantage for clients who made contact when the 'right' person was on duty, was that they had immediate access to at least initial advice from a subject specialist. A disadvantage, was that if a duty adviser decided to spend a long time with one person, the next in line with a query which fell within their remit would need to wait until the adviser became free again. People whose problems were outwith the expertise of duty advisers, appeared to fare no better or worse in terms of being able to access advice on initial contact, than if they approached agencies which operated other systems.
- 4.24 These agencies generally felt that their systems achieved their objectives noted above. One summed up the advantages and disadvantage as being:

*The advantage is quality. That you can get a proper filter of the issues. We're not dealing with people who we're wasting their time as much as ours. And we then identify the ones that need longer periods of advice, and we can devote that energy to them. We don't have clients, sat around in the hope of getting something, and it turns out that we don't kind of deliver for them, or they don't need [us]. So it's much better focus, it's much better quality. **Disadvantage** is always the time it takes to then get an appointment, if that's what people need.*

'Triage type' systems¹⁸

- 4.25 Four agencies (one targeting whole service provision, one mixed/specialist, and two specialist) described their intake systems as 'triage' systems, involving preliminary assessments prior to any advice being given. The main ways in which these agencies provided access to advice were:
- in one, most clients made initial contact by phone. Face to face advice was appointments based, with no drop in;

¹⁸ Systems reported on here are referred to as 'triage type' because the agencies involved described them as such. But inverted commas are used because there seemed to be scope for debate as to whether they involved triage in the traditional sense of the term. However, lack of space precludes full discussion of this point.

- three of the agencies provided general reception and phone access. Face to face advice was almost all appointments based (one of these agencies also offered limited drop in). All three ran a limited number of sessions offering phone advice in their main areas of work.¹⁹

Who initially dealt with enquiries?

- 4.26 In one agency, initial enquiries were dealt with by volunteers who were trained in the process, but were not fully trained advisers. In the other three, paid, trained reception staff performed the ‘triage’ function.

What formats did this take?

- 4.27 None of these agencies had target times for initial assessments. In the agency targeting whole service provision, intake staff had no real discretion. They worked to a script, and unless all that was needed was straightforward information or a signposting, referred enquiries to a supervisor to allocate clients to receive generalist or specialist advice. Intake staff therefore could not book people in for appointments.
- 4.28 In one of the other agencies, reception staff were supplied with quite detailed written instructions and checklists. They were also guided by a flow chart in determining outcomes of assessments. In all three of these other agencies, reception staff were expected to exercise their own judgments in the allocation of appointments. This included assessing whether people’s problems and their abilities meant that they could instead be signposted to one of the designated phone advice sessions. In each agency, reception staff could refer to advisers or supervisors if in doubt.

Was advice given on initial contact?

- 4.29 If people attended at drop in (where available) or got through on the phone during one of the designated sessions, without having previously approached the agency, then first contact would involve at least initial advice. That would be provided by subject specialists who staffed these sessions. Outside of these scenarios, initial contact would normally not involve advice; none of the staff who conducted assessments in these agencies were allowed to give it.²⁰

Main factors in these systems being adopted

- 4.30 The main reasons cited for introducing these ‘triage type’ systems were:
- to ensure that advice was only given by people with appropriate skills;
 - to ensure that when people could be helped, they got through to the right person (some of these agencies had quite complex set ups);
 - to manage high levels of demand, in terms of both the numbers of enquiries, and for specialist advice and casework (agencies could only take on a certain proportion of the casework generated by enquiries).

¹⁹ These drop in and phone advice sessions operated on a first come first served basis. But these agencies have been included in this category because overall, access depended on prior assessments.

²⁰ Although as noted in Section 8, one agency envisaged that they would do so in the future.

- 4.31 As in the agencies in the previous category, the aims here included conserving appointments, and avoiding raising clients' expectations unnecessarily. They also included ensuring that so far as possible, the time of specialists working under legal aid contracts was spent doing work which would count towards targets. Likely eligibility for legal aid was therefore a consideration when booking appointments.

Advantages and disadvantages of these systems

- 4.32 The agencies here felt that on the whole, their systems achieved the objectives of ensuring that advice was given by people with appropriate skills, and that when people could be helped, they got through to the right person. However, the limited provision for phone advice, and near absence of drop in sessions in these agencies, meant that access did very much depend on the skills of reception staff in 'triaging' enquiries appropriately. As one interviewee put it, *'anybody can walk in through the door now, and they can see someone on reception – now, they might not get **past** reception'*.
- 4.33 A key advantage of the phone sessions was that they provided immediate access to specialist advice. But their limited frequency and duration meant that advisers could only deal with so many calls, and demand tended to exceed capacity. As these sessions operated on a first come first served basis, people might therefore experience familiar problems in gaining access:

It can be extraordinarily frustrating for people who feel they've done what they were asked – they came in, they spoke to reception, they were told to ring telephone advice; then they ring telephone advice, and they weren't in the first six, and now they've missed their chance for that week.

- 4.34 Interviewees from these agencies were less than ecstatic about their systems. But such feelings were mostly tied up with disquiet about their lack of capacity to service high levels of unmet needs. The prevailing view appeared to be that there was little way round this:

I think it does, in a way, block accessibility to services. I think it's very intrusive – I think that we have to ask an awful lot of personal questions and at the end of that, we may have to turn round and say, 'I'm very sorry but we're unable to help you'

it's sort of a 'can do' system, I suppose, really. in the end you're just trying to manage a huge demand – trying to devise a system that will enable people who've got, very pressing sort of legal problems to be helped.

I think we are conscious that however we ration the system, some very deserving clients aren't going to get the help they need, 'cause there just isn't enough out there.

'Gateway Assessments' in Citizens Advice Bureaux

- 4.35 The CABx all operated intake systems which approximated to the Gateway Assessment approach being developed by Citizens Advice (summarised at Appendix 4). It should however be stressed that these Bureaux were early adopters, and there were some local variations on the model advocated by Citizens Advice. Therefore, findings presented here may or may not prove to epitomize the operation of this approach as it is rolled out in the future.

- 4.36 Main access to advice in these CABx was provided via a mix of drop in, appointments and, to varying degrees, the phone. Two of the Bureaux said that at least 90% of new clients made initial contact in person.

Who initially dealt with enquiries?

- 4.37 Initial enquiries were usually dealt with by volunteer (and sometimes paid) generalist advisers. They were trained in the conduct of assessments, but were not necessarily among the most experienced advisers. Two Bureaux had experimented with using, respectively, trainee advisers and volunteers trained in assessments but not fully in advice work. In most of the Bureaux more than one person would be conducting assessments at any one time.

What formats did this take?

- 4.38 The precise nature of these assessments varied. But they were essentially all information gathering exercises, with interviewers adopting a directive approach to determine what type of help was needed and should be provided. As one interviewee commented, this technique was very different to the traditional CABx approach to client interviewing:

*It's **very** drilled down, and taking control of the interview from the start. [the Citizens Advice] interviewing technique for many, many years was about making the person feel at ease, and you've got to build a rapport, and you've got to have a confidence Think, well, just chuck all that out the window now!*

- 4.39 The target time for these assessments was usually around ten minutes, with some leeway. But the target for phone assessments in one Bureau was a maximum of five minutes, the reason being that, 'we want to push it through, because between [hours] we want to be able to get all the calls through'.
- 4.40 There was heavy reliance on the use of, variously, scripts or guidelines (to keep assessment interviews focussed) and checklists (to ensure that key information was collected). The next step following the assessment was also largely pre-determined according to either a flow chart or management instructions, with reference being made to supervisors in cases of emergency or doubt. A defining feature of these assessments in the majority of the Bureaux was therefore the limited discretion allowed to the people conducting them. But there was some variation here. In one Bureau, interviewers had in every case to present the information gathered to a supervisor before letting clients go anywhere, 'and say, 'This is what the client says – what should we do?' In contrast, in another Bureau, supervision of phone assessments was usually retrospective – this appeared to be due partly to the impracticalities of breaking off to check action to be taken during what were very short calls.
- 4.41 For people attending drop ins, waiting times for assessments varied, depending on their place in the queue and whether they had been at the Bureau when the doors opened, or arrived later on. But interviewees reported that waiting times could be fairly long; at least 30 to 45 minutes in one Bureau for those not in the top half of the queue, and an average of 40 to 55 minutes in another. In a third, the wait over the summer months when (as noted in Section 2) volunteers were in short supply, had regularly been up to an hour.

Was advice given on initial contact?

- 4.42 In line with the approach recommended by Citizens Advice, a key instruction in most of the Bureaux was that assessment interviews should not involve the giving of advice. One did say that advice could be given regarding, 'simple things', but it seemed that little would in fact be given.
- 4.43 These assessments did involve the giving of non tailored information. The proportion of enquiries resolved by the end of assessment interviews by either the provision of information, and/or signposting or referral, appeared quite high. In one Bureau it was said to be 40% to 50% overall, and in another, it had in recent months been at least 20%, peaking at around 50%.
- 4.44 Where a need for advice was identified, then where possible clients would progress from their assessment interview directly to a full interview with a generalist adviser, within the same session. But it was by no means certain that full advice interviews would take place the same day. In two Bureaux, the default position was that except for emergencies, or where slots had been freed up by 'no shows', full advice interviews would not be the same day. In another, the availability of advice would often dwindle as sessions progressed. The position on the phones appeared to be similar, in that assessment interviewers would rarely transfer calls directly to other advisers; instead, advice would have to wait for a return call or an appointment.

Main factors in these systems being adopted

- 4.45 The main reasons cited for having adopted the Gateway approach were:
- to better manage demand;
 - to allow people to be helped more quickly;
 - to enable more people to be helped;
 - to prioritise allocation of advice and casework resources; and
 - to ensure that people whom Bureaux could not help, found that out sooner rather than later.
- 4.46 There were also clear signs of agreement with the Citizens Advice message that Bureaux, 'should not attempt to be all things to all people':

before it was about managing the demand that we'd got it was the tradition that as CAB we have to deal with it, because they've come to us whereas now, obviously, we're checking are others more appropriate – does the client have the skills themselves to follow this up.

Advantages and disadvantages of these systems

- 4.47 Interviewees from the CABx were generally enthusiastic about the new approaches they had adopted, and there was a distinct lack of nostalgia expressed for first come first served. In two Bureaux, in which change had included devoting more resources to ensuring phone lines were properly staffed during relevant hours, the main advantage for people making contact by phone, was identified as being, 'the fact that it's being answered'. But this was also attributed in part to their new assessment processes.
- 4.48 Most often, however – and this might to some extent have been a product of the way in which some interviews were focussed, the main benefits were

portrayed as better management of demand at drop in. In particular, several interviewees said that people who needed either information or signposting were getting those things more quickly. Also, several said that people were now much less likely to leave without having been seen. One reported that in the past, they had sometimes had to close early due to waiting rooms being full and there being no real prospect of seeing anyone else who turned up, but that they had not had to do so since introducing their new system. There were also indications from some that more people were being seen overall.

- 4.49 However, where identified needs for advice could not be met the same day, something which had been lost was the advantages for people at the top of the queue, who under first come first served might reasonably have expected to receive advice there and then after a tolerable wait. This led one interviewee to be quite cautious about the advantages of their new system:

Are clients overall being seen much more quickly, do you think, under this process, in terms of getting some substantive advice?

*well, yes **and** no. I mean, they are seen more consistently. I think, this way – people are being seen on the day, if they walk in to the centre, they are being seen, but they might not have the appointment that resolves it until the following week, even. So I think, yes, people are being **seen** quicker, because they **will** be seen.*

- 4.50 Against this, a physical return would usually now involve a pre-booked appointment rather than taking one's chances at the next drop in, and in fact might not be necessary. All the Bureaux mentioned the possibility of 'call backs', i.e. advisers could contact clients and advise them by phone instead. One reported that most generalist follow up work was conducted by phone, and others said that they were encouraging increased use of call backs.
- 4.51 It was clear that in those Bureaux where substantive advice could not usually be had the same day, there were problems juggling resources. Introduction of the new processes meant that there were now three activities which needed covering: assessment interviews, full advice interviews generated by assessments, and seeing clients for pre-booked appointments. The last of these understandably took priority, leaving the other two in competition with each other. On very busy days, and/or when advisers were in short supply, people arriving later in the day – when the pressure was on to get everybody at least *seen*, were therefore much less likely to get substantive advice:

And [t]hen, further on down the day, they [supervisors] might say, Right, we need to take two people off full advice now, so we can't really book any more people in for a full advice interview, because we want to keep the assessment open.

- 4.52 One other drawback of the new systems was identified as being the demands placed on other staff, both admin and, particularly, supervisors. It may have been that – as suggested by Citizens Advice, the need for the high levels of supervision reported here would reduce as assessment processes bedded down, and interviewers gained in competence and confidence. But that appeared unlikely in one Bureau which clearly viewed the assessor's role as limited to finding out what clients wanted, and it being for supervisors to consider what they needed, and what could be provided.

Issues common to all the types of intake systems

Effects of funding, problem type and clients' characteristics

- 4.53 All the systems were designed to establish in the first instance, a) whether people contacting agencies were among those whom they were funded to help, and b) whether problems were of a type which they were funded to deal with. The limitations of the various combinations of funding streams usually meant that at this point, agencies had to decline to help some people.
- 4.54 Where the first contact was at advice interviews or equivalents, it would be for advisers to assess things and act accordingly. Otherwise, intake staff were trained to ascertain basic levels of seriousness and complexity of problems in order to allocate appointments, or identify alternative courses of action. This often included assessing the extent to which people were able and willing to take action themselves if provided with information or a signposting. It also involved identifying risk factors, particularly in terms of any urgency involved, and whether clients were vulnerable due to e.g. literacy or language barriers, age or disability. All the agencies said that if such factors were present they would – resources permitting, prioritise and/or adapt responses accordingly:²¹

we have specified in our intake procedures that if somebody has got a relatively simple thing, but they've for example got a learning disability, or mental health problem, or something like that, we might end up making them an appointment, even though with someone else you could actually quite easily deal with it on the reception.

if the client does not have English as a first language, or they've got bags and bags of stuff, and you know it's just going to be hideously complex you do the human, kind thing and we say to them, 'Right, let's just book you in for an appointment'. If it is an emergency, they will be seen that day

Sometimes it's very obvious, a client's English skills aren't sufficient for them to use a telephone, or they've got a disability or communication problem where it's obvious that they are going to get no help at all out of a phone call or they've got no phone then we will aim to see if we can give them advice [there and then].

Outcomes of intake processes

- 4.55 In addition to the above factors, outcomes of initial assessments and next steps depended on the ways in which individual agencies provided access, and their capacity at the time. But they all involved one (or possibly more) of:
- the provision of information;
 - signposting or referral to an external organisation;
 - internal referral for a full advice interview with a generalist adviser (or perhaps form filling for disability benefits claims);
 - internal referral for an appointment with a specialist adviser;
 - signposting to the next available drop in or phone advice session;
 - internal referral to a *pro bono* clinic.

²¹ In addition, in the agency serving people with disabilities, initial contacts were said to take longer than in other agencies – half an hour on average. This was attributed to the vulnerable nature of many in the client group, meaning that it took, '*time and skill to extract the particular information*' needed from them.

Factors affecting the types of intake system adopted

- 4.56 Two things stood out here as influencing the shape of intake systems:
- *levels of and the flow of demand* appeared a key factor in determining the extent to which agencies operated with filtering or flexibility, or had formalised arrangements for preliminary assessments of needs;
 - *who performed the intake function* shaped the format of processes, and the point at which advice was first made available.
- 4.57 These factors were interdependent. For example, agencies in which initial assessments were conducted by staff on the advice side but who were generalist advisers or not fully trained in advice work, had limited their discretion partly because they were generalists who might encounter a wide range of enquiries whilst working at a rapid pace. But the flow of demand in these agencies also *tended* to be such that their systems had to be designed to achieve a rapid turnover. This required shortened, focussed processes, which militated against the provision of advice. Often, it was precisely because advice was not to be given, that it was felt appropriate to use less experienced staff to conduct assessments.²²
- 4.58 The other main factor in these agencies – again interdependent with the two above, appeared to be *the types of provision which were being prioritised*. Fewer of the specialist agencies and those targeting specific client groups employed systematic preliminary assessments, and when they were used, processes tended to be less tightly defined. In those agencies (including mixed agencies) which provided generalist advice services to the general public, processes tended to be more structured.

The demanding nature of assessment and intake work

- 4.59 The demands made of intake staff (and supervisors) were significant in several ways. These arose from, variously, the sheer volume of work, the often vulnerable nature of the clients served, dealing with difficult people, and the judgments which had to be made about whether, and if so how, people could be helped. Intake staff were to a large degree the public face of agencies, and a key aspect of their role involved managing expectations. This included expectations regarding what they themselves could do to help:

the public face of the organisation is that you're meant to be providing access to everyone, but if you're telling people that 'I'm afraid we can't help you', it's about how you navigate and explain that. People aren't really interested in the minutiae of funding arrangements, and why LSC funding doesn't permit them to see you, basically, so you have to equip the staff to be able to navigate their way around difficulties

[receptionist] is very clear that she/he is not an adviser, and doesn't give advice. And people do try to push her/him – and she/he says, 'No – no, I'm a receptionist!'

²² It was also suggested that conducting these kinds of assessments required a certain aptitude, which could mean that more skilled and experienced staff were sometimes less suited to it. One interviewee reported that some people who had dropped out of the running to become assessment interviewers were, *'experienced, established advisers who wanted to give the answer. for some people there was no job satisfaction in just being a fact-finder.'*

- 4.60 Several interviewees stressed that all this meant that good quality intake work could not be done on the cheap. This was illustrated by the experience of one agency, in which a member of their reception staff had left because they felt the demands of the role went too far beyond those of a receptionist.

The dynamic nature of intake systems

- 4.61 Though some agencies' systems had been in place for a long time, a majority had been introduced quite recently (often during the previous year or two). This was to be expected – the research was designed to include agencies which had introduced changes. Sometimes, change had been a necessary response to cuts in funding – and sometimes it arose from the opportunities provided by new funding. Some agencies had brought in new systems at the same time as other organisational changes. But often, new intake systems had been introduced in the absence of such stimuli, and the motivation had simply been dissatisfaction with the access which had been provided under previous systems. Several agencies had revisited their systems on a number of occasions, either to iron out teething problems with new approaches, and/or to try out different things to see if they could be improved further:

In the past, I don't think we were very available. [When] I took over as manager we looked at access to the service, and we tried a number of different things, and we seem to have settled into something now that works for us and works for the clients, 'cause it's actually making it so that the clients can come in and see somebody.

We've reviewed it a couple of times since we introduced it, 'cause you're always thinking, Well, if we did it this way, might it help, or this way?

5 A fuller picture of access

Pro bono clinics

- 5.1 Several of the agencies had arrangements with solicitors' firms which staffed one or more regular *pro bono* clinics. These were held outside normal hours, either in early evening, or on a week day afternoon, when agencies were otherwise closed to new clients. The frequency of these clinics varied, from once a fortnight to several times a week. They usually operated by prior appointment, and offered one off advice, but not representation. Their main purpose was to provide free access to advice from lawyers in subject areas (e.g. family, employment, consumer/small claims, personal injury) in respect of which agencies received large numbers of enquiries but did not have expertise to deal with them, and/or legal aid was difficult to obtain.

Access to online and other resources

- 5.2 Several agencies provided free access to online information resources, and facilities to print out materials. Those that did so usually also aimed to provide someone to help people find their way around websites if they needed it. Such help did not seem to always be available, but some agencies were looking at ways of making sure it could be, as well as at extending the hours during which these resources were made available. One agency also provided access to free phone calls if e.g. people wanted to contact their creditors or the Job Centre, or helplines such as Consumer Direct or Community Legal Advice.²³ Another envisaged doing so in the future. Such resources were reported as becoming increasingly popular – although one agency reported having experienced some abuse of their facilities, meaning that usage had to be monitored quite carefully.

Out of hours access

- 5.3 Generally speaking, it was not possible to access advice from the agencies outside of advertised opening hours. Several mentioned taking referrals from intermediaries. But only the agency serving young people reported routinely accepting new enquiries directly from clients outside of advertised hours.
- 5.4 A couple of agencies reported sometimes being prepared to see people who called in person outside of advertised hours, either because it made sense, and/or in emergencies. This appeared to be very much on an ad hoc basis:

there's often people hanging around outside. Quite often I'll check what they want, because there's no point in them waiting for half an hour 'til we open, only to go, 'Oh, we don't do welfare rights advice – here's the details of [provider]'

people do sometimes answer the door. in the main, I think that somebody that's got a dire emergency on that day that clearly has built up over previous weeks, you would be thinking, Well, sorry, we can't put ourselves out for that; but somebody who's got something that's, like, dire, and happened to them that day, we'd be trying [to help], even if it was [just] to bring somebody in and just kind of help calm the situation

²³ Formerly Community Legal Service Direct.

- 5.5 As with use of e-mail, agencies sometimes pointed to a concern that access should be provided on an equal basis, as a reason for not accepting enquiries outside of normal hours when they lacked the resources to do so routinely:

we bent the rules for one person; somebody else who happened to live in the same road was turned down, and there was quite a hullabaloo about it and we got told off, well and truly. So I've had to make a decision: no outside [hours] work at all.

Home visits

- 5.6 All the agencies provided home visits in certain circumstances. In one, this was a core part of the service, and in two others they were mainly provided using specific project funding. The other agencies were fairly evenly split between those who said they undertook home visits as and when clients needed them, and those who tried to avoid them wherever possible. For some in this latter group, their reluctance appeared to stem, in part, from doubts about the extent to which home visits were really necessary. For example, one commented that, *'some people, I think, want you to do a home visit, when actually in fact they don't need a home visit – they just want one'*.

- 5.7 Interestingly, the agency which exclusively served people with disabilities expressed a not dissimilar view, though for different reasons:

we're all about empowering disabled people to make some choices themselves, and to be independent. So what we say is, if you can get to the doctor, and you can get to the dentist, and you can do your shopping, then you can come in and see us.²⁴

- 5.8 More often, agencies without dedicated staff to undertake home visits cited a combination of health and safety concerns, and resource issues, as a key factor limiting the extent to which they could be made available. A number felt that unless a client was already known to them, or a risk assessment could be carried out in advance, a home visit ought only to be made to a new client if advisers were accompanied. Some examples were given of 'back up' being provided by referring agencies, or in-house by trainee advisers. But in one specialist agency with a small workforce, few non advisers and no volunteers, it was felt that home visits to new clients could rarely be justified:

we can't do a risk assessment, so we have to send two people; you have to allow an hour for it, you have to allow 'em half an hour to get there and back, you've just wasted four hours of adviser time just not cost effective.

- 5.9 In contrast, some other agencies – particularly (but not only) those in which home visits were targeted at older people, appeared more sanguine, and only insisted that advisers be accompanied if a specific risk had been identified. Also, some would – very reluctantly, sanction unaccompanied visits to new clients as a last resort. However, even where the time of only one adviser was involved, balancing resources could still be an issue. One interviewee reported that in rural areas, where a single adviser was available to cover both outreach and home visits, a 20 mile round trip to provide a home visit created, *'a huge amount of disruption'* and could involve closing an outreach session, *'to accommodate one client.'*

²⁴ This agency did however have an arrangement with their local Dial-a-Ride service, which provided transport for clients, and this appeared to mitigate the effects of what at first sight might appear to be a somewhat unhelpful stance.

Outreach and targeting of service provision

- 5.10 All but one of the agencies ran at least one form of outreach and/or targeted provision.²⁵ A majority ran two or more (in some cases a lot more). These activities were designed to enhance access in two main ways. Firstly, by taking services for clients generally, into locations more accessible to them (particularly in terms of transport). Secondly, by targeting provision at specific client groups which otherwise might not access legal advice services, by going out to venues which they already used, and/or making links via other organisations. Some of these services were run on a drop in basis; others were appointment only; sometimes they offered a combination of the two.²⁶
- 5.11 In addition, several of the agencies provided advisers to take part in county court duty schemes. These provided last minute advice and advocacy for tenants and homeowners attending housing possession hearings without representation. Several such schemes involved formal joint working arrangements between NfP agencies, and/or between NfP agencies and others – as did many of the outreach/targeted activities noted at Appendix 3.
- 5.12 Notwithstanding the often short term and fluid nature of project funding, agencies were generally keen to stress the benefits to clients of outreach. Several issues were however identified as having a bearing on whether it succeeded, and some potential drawbacks were also indicated.
- 5.13 One point was that developing outreach services targeted at particular client groups required careful research and planning; who should benefit, and how access should be provided, needed to be clear. This was illustrated by the experience of one agency, which had secured funding to provide a service to ‘the BME community’. The initial intention had been to have a peripatetic adviser visit a number of organisations on a rota basis. However, it became clear that it would be impossible within the resources available to get round all local BME organisations on an equitable basis; also, that for some communities, cultural issues might mean that separate access would need to be available to women if they were to use services. It had therefore been necessary to re-focus the project, to provide advice from a couple of key locations.
- 5.14 Outreach was said to work best from sites where there was already something else going on which would bring people in. But several agencies reported that levels of demand could be low or would fluctuate. As one put it, *‘whilst it’s good to be available to people in the outreach surgeries, you don’t see as many people as you would like to see to make them worthwhile.’*
- 5.15 Therefore, another consideration was the extent to which outreach might not be cost effective in terms of footfall. Though it could be tempting to cut back provision at certain times, doing so carried the risk that people would become confused as to whether advice was available, and general awareness would reduce, thus leading to a downward spiral. Maintaining the credibility of efforts to make access easier therefore entailed bearing the expense of riding out quiet periods. One way in which agencies sometimes tried to mitigate the effects of this was by directing people from their main offices to outreach.

²⁵ One had previously run outreach sessions, but no longer had sufficient resources to do so.

²⁶ The various combinations of activities and subject areas are not described here to avoid identification of agencies, but types of provision are noted at Appendix 3.

Whilst this was usually because it would allow them to be seen more quickly and conveniently, one agency also said, *'we do try and fill outreach up as much as we can, because there's no point in sitting for two hours in a draughty library, 'cause you can't get on with any other work'*.

- 5.16 Other, linked issues, were intake systems for outreach, and the levels of service which ought to be available. Several agencies reported differences in arrangements, both between their various projects, and between these projects and intake systems at their main premises. Such differences tended to involve the former being more flexible, and there being greater scope for advice to be provided on initial contact. One interviewee appeared uncomfortable about this, describing the availability of immediate advice at outreach as an, *'anomaly'*. But given that these services were designed to make for easier access, and were in large part targeted towards vulnerable client groups, it is arguable that such differences were justified.²⁷

Signposting and referrals²⁸

- 5.17 Agencies reported a good deal of referral activity. In several this included receiving regular referrals from other NfP agencies. But more often it involved intermediaries from other disciplines assisting clients to access advice, and was linked to the targeting of client groups. Two of the agencies which targeted their whole service provision estimated that substantial proportions of new clients – around half in one and up to a quarter in the other, first made contact via referrals. Several other agencies had made links so that various professionals could make direct contact to arrange for clients to be advised.
- 5.18 This often involved referrers having direct phone numbers and/or e-mail addresses – and thus being able to get through outside of advertised hours for access. Usually, agencies would then contact the potential new clients, and if appropriate arrange to see them. Sometimes, this involved conducting an assessment similar to that which the agency's intake staff undertook for all new enquiries. But more often, usual arrangements for intake were relaxed. There were also some arrangements in place whereby intermediaries could book in appointments at outreach sessions without checking with agencies beforehand. In one agency with dedicated funding to undertake home visits, certain referrers could also book clients in for a home visit.
- 5.19 Directing people to other providers appeared to be a regular activity among all agencies in the sample. Agencies said they would most commonly signpost rather than make referrals. But this might involve more than just the giving of contact details. One interviewee said that when signposting to solicitors for e.g. family law matters they would ideally want people to also be given some information, *'because I think people get much better value for money out of the time with the solicitor if they know the sorts of things that they ought to*

²⁷ Recent research on money advice outreach suggests that substantial proportions of clients using such services may prefer to receive advice straight away (Buck et al, 2007: 132-133).

²⁸ The agencies tended to use signposting to mean supplying contact details for one or more alternative providers which people might choose to contact, and referral to mean making contact with other providers on their behalf. Both of these took place before any work had been done other than establishing the nature of problems and whether agencies could deal with them. Referral was also used to mean passing clients between providers where some work had been done, but the first agency had reached the limits of what they could do, or was dealing with one problem for a client but could not deal with another for them.

ask, and the sorts of things that they might get told'. Another agency supplied a pack on family law matters and issues relevant to relationship breakdown, such as entitlements to benefits, along with details of local solicitors.

- 5.20 Agencies said that whether they signposted or referred depended on their assessments of people's abilities. Sometimes they indicated that if people appeared particularly vulnerable, they would go to some lengths to try to facilitate a referral to another provider rather than just signpost:

*if [a] 15 year old, arrives in reception, can't go home, hasn't got anywhere else, the reception worker will sometimes phone round **all** the firms that we've got contacts with And we'll leave the[m] in reception for three hours while we phone round, because that's the only way they're going to get help. So we do **try** and be quite proactive about people getting a realistic opportunity of getting advice.*

- 5.21 Several agencies identified one or more types of cases in respect of which they quite frequently found it difficult to signpost and/or make referrals. In particular, employment, housing, and immigration were mentioned here, with problems arising from a lack of alternative providers with legal aid contracts, and/or there being nowhere to send people who were not eligible for legal aid, but who could not afford to pay a solicitor. One agency reported a lack of alternative specialist welfare benefits provision for people in this position. In several instances, the problem was not that there was no specialist provision at all, but that alternative providers were often in the same boat, in that they lacked spare capacity to see people. One specialist agency also noted a combination of problems regarding generalist provision:

people are very reluctant to let us try and refer them to the CAB – the CAB access times are so limited; so that causes problems. So we have to try other agencies. So, unfortunately the geography of [this area] is, if people are in the north, they're very loath to travel to the south And people in the south are very loath to travel to the north. so if they don't want to go to the CAB, there's very little else around here that we can refer them to.

- 5.22 When faced with difficulties signposting, agencies often said that they would fall back on giving out contact details for Community Legal Advice (then known as CLS Direct). Some however had mixed feelings about this:

Having CLS Direct has brought something to the table but I think, maybe, the expectations that the LSC place on it are a bit too high. As a full caseworking service, I think it falls short. I think it's very, very difficult, and I don't think in any way, shape or form should we try to replace the face to face advice that's out there.

Waiting times for appointments

- 5.23 In the main, waiting times for standard appointments were routinely in the region of a week to two weeks; sometimes three or four weeks. An isolated example of extreme delay was a ten week waiting list in one agency for full debt advice; this was attributed to staff vacancies currently being unfilled.
- 5.24 In some mixed and specialist agencies, staffing levels meant that waiting times were longer for particular subject areas. For example, one reported standard waiting times in one subject of a week to ten days, but clients might wait three or four weeks to see the only adviser who dealt with another subject. Perhaps not surprisingly, in mixed agencies clients might wait longer to see a specialist than for generalist advice. But sometimes, delays were

more likely in respect of lower level work, because it was felt that certain matters could wait longer. A three or four week wait for form filling for Disability Living Allowance (DLA) or Attendance Allowance (AA) was reported by some agencies as acceptable. This was partly because deadlines tended not to be involved, and partly because it allowed clients time to gather the medical information needed to put claims together.

- 5.25 Sometimes, a longer wait for an appointment might be because agencies experienced very high levels of demand for help with certain types of problems, and found it necessary to limit the proportion of slots taken up with these – otherwise, their ability to help people with a wider range of problems would be unduly affected. Issues mentioned here included form filling for DLA or AA; also, tax credit overpayments, applications to obtain British nationality by naturalisation, and debt.
- 5.26 There was evidence that waiting lists for standard appointments might be kept reasonably short somewhat artificially, in that several agencies would only open up their appointment slots for bookings for one or two weeks at a time. Where this was so, people seeking appointments towards the end of one week might have to be told to try again the following week, when a further tranche of slots would be released. The main reason given for such policies was a correlation, identified by most interviewees, between how far ahead appointments were booked, and the incidence of ‘no shows’ – i.e. clients not turning up, without having notified the agency in advance. Most agencies said that if people were given an appointment no more than a week or two away, the likelihood of them becoming a no show was much reduced.

No shows

- 5.27 Two agencies reported very low levels of no shows. One of these conducted the vast majority of appointments by way of home visits. The other booked in very few face to face appointments, citing a custom of conducting follow up work generated from drop in sessions mainly by phone or in writing. The other agencies were split fairly evenly between those for which no shows were a noticeable but not major issue, and those who said they were a significant problem. This latter group gave estimates ranging from around one in ten to up to a third of appointments not being kept by clients, without prior notice.
- 5.28 Most interviewees found it difficult to single out particular problem areas for no shows. Sometimes it was said that people desperate for advice hedged their bets by booking appointments with more than one agency, and attended the earliest appointment they could get, without bothering to cancel the other(s). Several suggested no shows might generally be due to problems having blown over and/or fallen down clients’ lists of priorities in the intervening period since making an appointment. Others suggested that those with ‘chaotic lifestyles’ (involving drink or drug problems, and/or homelessness), and clients with various mental health problems, could find it difficult to keep to appointments. The agency which exclusively served young people also pointed to their clients often being ‘flaky’ in this regard.
- 5.29 There were some differences regarding the impact of no shows. In one agency, appointments were booked back to back, and it was estimated that the time allocated to those which were missed was equivalent to around half a day per week of a specialist adviser’s time. The interviewee commented:

a 45 minute appointment – say, 10 till 10.45 – it's 10.15 before you'd be confident that they're not here In the half an hour 'til you've got another client coming in, it's very difficult to actually generate any real work if somebody said, 'All of your Monday morning appointments aren't going to turn up, get on with other work' – great. But that isn't how it works

- 5.30 Another noted the effect of no shows on their predominantly volunteer staff:

*they prepared for something, they're volunteering, they're giving their time, and that's an hour wasted, and **then** that's when they think, 'Well, I could've been seeing someone else, or doing a drop in'.*

- 5.31 Several agencies said that when clients failed to show up for appointments, advisers invariably *could* find something else productive to do – in the words of one, *'There's plenty for people to be getting on with if somebody doesn't turn up!'* But more importantly, most pointed out that clients who failed to keep appointments would have taken up slots which others in equal – or perhaps greater, need, could have had. Whilst a no show might often mean that a new client coming in with an emergency could be seen instead, it was not always possible to utilise unexpectedly available slots in this way.

- 5.32 Several agencies had taken measures to try to tackle these difficulties. Most often, this involved phoning (and sometimes texting) clients to remind them of appointments, and refusing to book further appointments if two had been missed without apparent good reason (in which case people would be told they could instead attend drop in or outreach sessions where available). Two agencies had also provided separate lines for clients to phone in cancellations. However, some agencies said they lacked the admin support needed to contact all clients in advance of appointments, and others sometimes found it difficult to be very hard on people:

there's always discretion, there's lots of people not speaking very good English, and maybe not fully understanding everything that's been explained, or, the child's sick, or something like that, so you can't be too rigid about it

- 5.33 One agency said they would try to find out why people had not turned up for appointments. As with other aspects of service provision, the level of activity here varied according to clients' circumstances:

we would normally chase up a bit. We would be more proactive if we thought that the reason was that the client's situation had dramatically deteriorated

6 The extent of help

Encouragement towards self-help

- 6.1 Research findings sometimes point to a mismatch between people's needs and expectations, and the types of help on offer. Difficulties here tend to be portrayed as arising from too strong an ethos among NfP agencies, of empowering people to manage problems themselves, leading to inappropriate diversions to self-help.²⁹ Whatever the rights or wrongs of such an ethos *per se*, it was notable that during the 16 interviews, the word 'empower' was used only once.
- 6.2 Encouragement towards self-help was often highlighted as an important possible outcome of intake systems, and was also a feature of approaches to service provision more generally. But rather than advancing any philosophical basis for this, interviewees emphasised three things here. One was the need to be quite hard nosed in identifying situations in which people were able and willing to manage problems themselves, to conserve resources for those who were not. Another was that agencies would try to do more for people who appeared unlikely to be able to cope with a self-help approach. Thirdly, it was stressed that self-help strategies operated on the basis that people would be assisted along the way, and could come back if things got too difficult:

*the assessment is basically to identify what the client's come about, and to find out what capacity **they** have to actually deal with the problem themselves. Because if the client is quite capable of dealing with their own situation with a piece of information, then that's it, we don't need to apply any further resources.*

I suppose there's an element of the capacity of the client, where, you think in a thousand years, this guy's never going to be able to manage this on his own, so I may as well do it for him. Which is sort of, one, providing a good service to them, and two, saving you the inevitable consequence of, you've assumed they can manage it; they make it even worse; you've helped 'em make it worse; and then you have even more work to sort it out. May as well get in there, and get in amongst it.

If we think they need advice, they need some assistance – they could probably go away and deal with different stages of this themselves, but with us kind of behind them, then we do that, and certainly the employment team do that quite a bit. If the client is particularly vulnerable, so, like [outlines facts of specific case] you're not going to suggest that the employee goes back and deals with that themselves.

- 6.3 Another issue which arose in the context of self-help was the parameters of what agencies could do for individual clients, given the levels and terms of their funding. One interviewee, asked whether they could be confident that clients with particular vulnerabilities got to wherever they were signposted, acknowledged that it was a case of, '*Probably not, because by the time they get here, and are talking about an appeal, they probably haven't got the energy to fight any more*'. This interviewee went on to say that, '*What they want is a caseworker to hold their hand, and actually take them to wherever we say that they might find helpful*'. This was something which the agency

²⁹ See Genn's first *Paths to Justice* study, which suggested that too often, people were left to their own devices, when they, '*did not want to be empowered*' but, '*wanted to be saved*' (1999: 100). This theme has since been taken up by others. See e.g. Genn et al (2004: 32); Moorhead et al (2006: 78-81, 94).

was not funded to do – although it was in the process of making links with another organisation which could help provide such support.

- 6.4 On a related note, another interviewee said that it was even harder to obtain funding for advocacy than it was to get funding for their advice and information work:

At least I can say to you, for example, this year, we've done X number of claims already we've raised £[sum], because of that. In advocacy, I can tell you, we had X number of clients – and I can give you little examples of what that kind of work is. But that's not as interesting to funders as, X claims, £[sum]. Advocacy is an incredibly under-funded remit; and yet it's vital for a lot of people, who don't have the support of family or friends behind them.

Debt and self-help

- 6.5 One area which stood out, both in terms of the amount of encouragement towards self-help going on, and this being about prioritising resources, was debt. As noted earlier, several agencies reported experiencing very high levels of demand for debt work which they could not meet. This had led them to develop self-help packs and other resources for dealing with such problems.
- 6.6 The functions of these resources varied. In two agencies, they were to do with managing demands on debt workers. In one of these, the aim was to encourage people to generally do more themselves; in situations identified as suitable, clients would receive initial advice, and an adviser would explain how to use the pack. In the other, the contents of the pack were largely limited to the tools necessary to draw up a statement of financial affairs. It was supplied to clients on first contact, before they received advice – the purpose being to help get their cases into some sort of shape before advisers took them on (if they did take them on). The default position was that it was then up to clients to make contact again if they still wanted help.
- 6.7 In a third agency, holding letters for creditors were supplied to give clients some breathing space while they waited for an appointment for casework. In another, generalist agency, the move towards self-help arose from a push to reduce the proportion of whole agency resources taken up with dealing with debt cases, so that a wider range of problems could be dealt with:

*everybody was becoming, by default, a debt caseworker, because, we just did everything and **hugely** time consuming in terms particularly of the admin side, as well. And we decided that, particularly within this new way of working, you can't have those debt clients who are coming back for appointments on a regular basis, because they're tying up appointment slots. I think it's definitely freed up resources there are **still** the debt cases and there always will be, but they're not a disproportionate amount.*

- 6.8 Agencies which supplied self-help resources for debt clients stressed that they were used in non emergency and less risky situations – for example, where priority debts were not involved, where bankruptcy was not likely, and for clients who appeared able and were willing to manage things themselves. Also, that they were designed to be used in conjunction with advice.
- 6.9 One agency reported positive informal feedback on use of their packs:

we've actually had people come back and say how good it's been. I think the major advantage for them is, they've come in on the day, they've left with that and they've got on with it, they haven't had to wait three weeks, on our waiting list or anybody else's waiting list, before anything happens. To them it's an immediate solution.

- 6.10 However, others worried about the extent to which they could be confident that encouragement towards self-help in these cases (and clients' acquiescence in this) was correct, and the consequences if it was not:

*what we don't know, obviously, and I'm not quite sure how we are going to monitor it [is] when we give people debt packs and they don't come back to us, how are they managing? We have no way of knowing whether they **are** coping on their own.*

people could just slip through the net if the client doesn't return the debt pack, they just disappear – they evaporate. Some time later because they needed more help than we gave them, they'll bounce back up as a far more complex case

Dealing comprehensively with needs

- 6.11 A significant issue discussed in the research literature and elsewhere, is the clustering of multiple legal problems, and the role of providers in dealing with them. A recent study briefly notes the relevance of intake processes in NfP agencies in this regard, and suggests that 'triage type' systems may not be conducive towards multiple needs for help being identified.³⁰ The research therefore sought to investigate this. It is however important to draw distinctions here between the identification of needs during initial intake processes, and during the course of full advice interviews (whether conducted at drop in, on the phone, or by appointment).
- 6.12 During initial intake processes, there was a clear tendency to focus on presenting issues, as articulated by clients, in order to decide on the routing of enquiries:

I think that the training now is, the holistic approach to things is, it's going to have to change, because the demands are getting more and more and more, and just to focus on what the client wants that day, and the sheets that we're trying to put together ask that specific question: 'What does the client want today?'

*If it's the kind of, the very very initial sort of phone call or first contact, you're trying to find out how serious it is, that's the first thing you're trying to find out, 'Do I need to do this **now**, or can it wait?'*

- 6.13 Where intake staff identified a need for advice which agencies could meet, it fell to advisers, when they saw clients later, to make a more comprehensive assessment of needs. If intake staff identified multiple problems, the outcome of initial contact might involve multiple routing, including booking of appointments with more than one adviser in-house, and/or an appointment plus a signposting. But the more likely scenario appeared to be that intake staff would identify a lead problem or element, and arrange for people to see an adviser who seemed best placed to deal with that. Again, it would then be up to that adviser to make sure the other elements or problems got dealt with.

³⁰ Moorhead et al, 2006: 41.

- 6.14 Though the focus of the research here was on intake systems, the indications were that if people got to a full advice interview or appointment, they had a fair chance of having multiple needs for legal help identified and dealt with:³¹

if you're actually in your appointment time with them, where they've got an hour basically, then you're going to explore the whole situation. Because often, one thing will impact on another, and the thing they come in about isn't always the thing that's the real issue. So someone might come in saying, 'I'm homeless' but in actual fact they're a looked after child and they should be being accommodated or whatever. They don't necessarily know that. But we would know that, once we know the story.

in fact we've got one at the moment, because we have two members of staff who don't advise on employment, who've both picked up [on] employment issues

- 6.15 However, there were a couple of situations in which lack of forethought and communication had meant multiple needs had not been picked up on. In fairness to the agencies involved, these were cited as examples of teething troubles in the implementation of new systems, and both had taken steps to prevent further occurrences. But they served to illustrate some of the problems which could arise in systems involving rapid assessments on intake.
- 6.16 In one agency, intake staff had on occasion assumed that advisers conducting full interviews would pick up on any other issues, and therefore that they did not need to do so themselves. The advisers had in turn assumed that because no other problems had been flagged up, there were none which needed exploring at full interviews. In another agency, difficulties had arisen from undue haste to send clients to debt advisers.

we've encountered a few hiccups, one of which was people with debts being referred straight through [to debt advisers], and in fact it was a housing debt and they should've gone [to a housing adviser] And another thing was, where we were picking up a client had got debts, but they might have another issue, and we were kind of not giving that as much attention as we probably should've done, or didn't probe as much about the second issue, because we thought, 'Oh, it's a debt case, send it to the debt advisers'.

- 6.17 At this point, a further distinction needs to be drawn, because of course not everybody got through to a full advice interview or appointment. Where presenting enquiries were ones which could, in the judgment of intake staff, be dealt with by the provision of information or signposting, it seemed that there would be little if any scope for a full assessment of needs. To a large extent, this also seemed inevitable. After all, it is not realistic to expect busy agencies juggling finite resources to respond to clear requests for information, by subjecting people to a detailed grilling about their circumstances on the off chance that they may have other, unstated needs. Also, it is easy to imagine enquirers being flummoxed by such a response. Nevertheless, the general focus on presenting problems did show up the importance of having safeguards in place, to ensure that warning signs of other needs would be recognised. For this reason, the default position in some agencies was that unless it was, 'screamingly obvious' that needs could be met with information, people should be referred for full advice interviews or their equivalents.

³¹ It should however be acknowledged that when discussing multiple needs, the research focussed on the types of social welfare law problems which would most obviously be on NfP agencies' radar. Whether advice interviews would pick up on non presenting problems to do with e.g. relationships/children, personal injury, or consumer rights, was not established.

7 Clients' perspectives

Managing expectations

- 7.1 As indicated at various points during preceding sections, the need to manage clients' expectations was identified as an issue by a number of interviewees. However, whilst expectations were often mentioned in the context of a need to dampen them down or avoid raising them inappropriately, the other side of the coin was the need to tackle lack of awareness and low expectations among some groups. This was a key rationale for probably the majority of the outreach work and targeted provision noted in Section 5. It was also an essential aspect of the work of the agencies targeting whole service provision.
- 7.2 More specifically, several interviewees pointed to the need to manage expectations when operating assessment systems at advertised drop ins. The main issue here, from the point of view of people seeking help, seemed to be the need to explain clearly on their arrival (and ideally before) what would happen at these sessions, i.e., that they, and everybody else attending that day, would be going through the same initial process which might (a) involve waiting for a fair while for a short amount of an adviser's time; (b) lead to one of several outcomes including (where relevant) the possibility that they may then have to go away and come back again to get substantive advice.
- 7.3 Failure to communicate this at the outset had on occasion generated complaints. Some people had felt, '*cheated*', particularly if they had waited a fairly long time; having done so, their expectations had been that when they got to speak to someone, they would get some advice there and then.³² Other complaints could arise when, following their assessment interview, people had not understood that someone else had received a full advice interview ahead of them, because their needs had been assessed as different or more urgent. And on a similar note, it was also reported that where other clients were attending for pre-booked appointments during the same hours and so walked straight through, people attending for drop in might think they were jumping the queue. Again, it was suggested that people ought to be warned on arrival that they might see that happening.

Client feedback

- 7.4 On a more positive note, it was reported by one agency that – again once the purpose was explained to them, their clients had been surprisingly amenable to the structure of assessment interviews and, '*didn't seem to mind*' a, '*very blunt style of questioning*'. The agency quoted here had also conducted a survey specifically to find out what clients thought of their assessment process, and reported that this had shown high levels of satisfaction.³³
- 7.5 None of the other agencies in the sample reported having themselves undertaken any detailed survey or other work with clients to find out what they thought specifically about their intake systems. Sometimes, particular reasons were given for this. One agency said it was, '*because we've been chopping*

³² Which did not seem unreasonable, particularly if people had previous experience of drop ins in these agencies when they had operated on the basis of first come first served.

³³ Unfortunately due to logistical problems it was not possible to obtain full details of this survey, therefore the agency's interpretation of the results could not be objectively assessed.

and changing it. Another, in which there had been other significant change issues to deal with recently, said that there had been, *'too much going on to do anything in terms of satisfaction surveys'*. Most often, however, it seemed that specific feedback had not been sought because agencies relied on their standard client surveys which covered service provision generally, to find out what clients thought, together with ad hoc feedback and complaints.

- 7.6 Several agencies said that when conducting these surveys, they relied on the guidance and model questionnaire supplied by the LSC.³⁴ One interviewee admitted that this exercise was a fairly perfunctory one:

I don't really know, to be honest, as to the numbers that are sent out and the numbers that we get in response – it's not something we've ever had the time to, direct the resources to, so we just do what we have to do, basically, for the LSC. we would like to be able to have more, user involvement, all that sort of thing, but, we're just so focused on legal aid, we just don't have time to breathe, sometimes, it feels.

- 7.7 In fact, this LSC questionnaire appeared of limited use for obtaining clients' perspectives on the advantages and disadvantages to them of various intake systems. Apart from a catch all, *'Do you have any further comments or suggestions that may help us to improve our level of service?'* the only clearly pertinent question was one asking, *'Please tell us how you heard about our organisation and whether it was easy or difficult to make initial contact'*. In addition, the questionnaire was designed for clients who had received a service, and so would not capture the perspectives of people who had not been able to gain access to advice in the first place.

- 7.8 General feedback elicited by this and other means, suggested high levels of satisfaction with the help provided, and that adverse comments arose mainly when help was difficult to get, or could not be provided. For example:

the feedback we get from clients is, nearly all of them rate their caseworker extraordinarily highly, and that they feel very strongly that they've got a personal relationship with their caseworker, and that that person really, really, really wants to help

where there is adverse comment, it's nearly always about, 'Well, it took me a long time to get through, I had to hold on the phone', or something like that, because demand is so great. There's a much greater level of satisfaction, generally, of people in terms of access, if people can have an appointment – although again, you see, you get complaints, if people say, [that when they attended the appointment] 'Well, the adviser told me there was no merit and couldn't take my case on.'

- 7.9 There were some limited data from two agencies which had taken part in exercises commissioned by others. Though again it was not possible to objectively assess the results from these exercises, there were some brief indications that when contacting agencies, people's expectations may be that they would get at least some initial advice immediately, and that people were more likely to be satisfied if their query could be resolved on initial contact.

³⁴ See: http://www.legalservices.gov.uk/civil/forms/specialist_quality_mark.asp

8 Impact of legal aid reforms

8.1 The interviews were conducted against a backdrop of impending substantial reforms to legal aid. Although not a primary focus of the research, agencies with contracts were therefore asked how they thought these would impact on access. There were many aspects to the reforms. But the measures identified as of most immediate relevance, in terms of implications for access were:

- introduction of fixed fees for casework;
- replacement of contracted hours with allocation of ‘New Matter Starts’;
- new contractual provisions governing case mixes;
- removal of the ability to do ‘Level 1’ work.³⁵

8.2 All of the agencies said that they remained committed in principle to legal aid work, and almost all had clear intentions that they would still be doing it in a year or two. But there was a good deal of trepidation, and various measures were envisaged in order to cope with the effects of the reforms. What people say they are going to do and what they actually do may of course be different things. But it seemed that several of these measures would skew access to advice generally, as well as intake processes.

8.3 Some agencies felt that they would be forced to proactively target and cherry pick cases which could properly be completed quickly.³⁶ It was suggested that this would lead to matters being taken on as cases which previously would have not been prioritised for the attention of specialist advisers, at the expense of more needy clients:

*we may need to start really proactively targeting Actually, what we need is more [type of work] probably, to make fixed fees work for us. The only way we can do that, though, is by ditching a lot of our existing clients, because we've still only got the same number of caseworkers, and if they are seeing [N] times as many clients, they **have** to see clients who are [much less] complicated [than] our current client group*

8.4 It was also suggested that the need to keep a watch on notional case costs could lead to the types of cases taken on varying from one period to the next:

we have to be seen to be delivering a certain split of work. So if you had too many [case type 1], for instance, that might not be quite right; whereas if I've reached the number of [case type 2] I can do that month, I might have to say no.

And if a perfectly good [case type 1] comes your way?

And I've got my quota for that month, I might have to say no.

Theoretically, the contract says you're supposed to just take on whatever mix of cases comes your way.

Yes, I know, but I don't think that that, in reality, is what's going to happen.

8.5 There were several agencies in which a good deal of their work in certain subject areas naturally comprised short cases. Sometimes the feeling here was along the lines of, ‘*the fixed fee's great, 'cause it's [more] where before we were getting [less] so, it's a significant advantage*’. But there was also some belief that this might be, ‘*too good to be true*’ and that measures

³⁵ For readers unfamiliar with legal aid funding in civil cases, some explanation of these measures and the jargon is provided at Appendix 5.

³⁶ Though no one put forward scenarios in which they would aim to do anything less than a proper job in more complex cases.

designed to prevent 'profiteering' from a focus on short cases would lead to the LSC taking a close interest in agencies' work. One interviewee therefore identified a need to target some more complex cases – but not ones which were *too* complex, i.e. in which notional costs would significantly exceed the fixed fee but not be high enough to make them exceptional cases.

- 8.6 Most agencies reported that the way legal aid operated at the time, did not especially affect the ways in which they organised their intake systems.³⁷ Some thought this would continue to be the case, and others were adopting a 'wait and see' approach. But some were planning various changes. For example, in one, the expectation was that resources at drop in sessions would in the future be focussed even more on getting assessment interviews done, to ensure that enough clients eligible for legal aid got through the door. Though this was also couched in terms of making sure that the most, '*poor and disadvantaged*' could be served, it seemed that this would inevitably have to be at the expense of the wider availability of advice on the day:

What we may be doing in the future, [is] saying that we're only going to put one adviser onto full advice, because we know we cannot close assessment if we're to keep the [legal aid] cases coming in.

- 8.7 Ironically given the increasing emphasis on phone advice noted in Section 3, several agencies anticipated changes which would mean more people needed to attend in person to get advice. Much of the phone advice in specialist agencies, whether via dedicated sessions, or on an ad hoc basis, had been allocated to legal aid contracts under Level 1. With this no longer possible, these agencies would now want to see people in person for two reasons. Firstly, to check financial eligibility and evidence of means before giving advice. Secondly, to sign up eligible clients, in order to convert matters which would previously have been allocated to Level 1, into the short cases needed to meet targets for numbers of New Matter Starts. For one agency, this would mean stopping their telephone advice sessions, and instead allocating people who appeared eligible for legal aid but who would previously have been signposted to telephone advice, to short appointments. This was expected to have a detrimental effect on the agency's reception area:

we will just be churning clients through the building, which will put a strain on the reception service and we don't physically have the space for clients to wait. Lots of our clients bring their kids, a family member to interpret for them, or just for support, or because it's their partner, and it affects them both. And actually, physically, there will be real problems for us in how we deliver the new service at the moment, we've got the ability to prioritise the type of service to the particular needs of the particular client – and we won't be able to do that any more.

- 8.8 In another agency in which alternative funding was not available, it was anticipated that the removal of Level 1 would mean they would have to stop phone advice sessions – and the limited amount of drop in they provided, because many of the clients helped by these methods were probably not eligible for legal aid. To try to fill the gap which would be left, reception staff had been trained up to provide brief generalist advice to non eligible clients, in addition to performing their basic 'triage' function. It was acknowledged that this would substantially increase the demands made of these staff.

³⁷ Although in two agencies, it was clear that it did.

Appendix 1: References

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Appendix 2: Topics covered in the research

The matters covered by the preliminary questionnaire with providers were:

- network membership;
- whether services provided were mainly specialist or generalist in nature;
- whether the geographical area served was primarily city, urban, rural etc.;
- the main categories and volumes of enquiries and cases dealt with;
- whether service provision was targeted at particular client groups;
- basic details regarding sources and levels of funding;
- details of how, broadly speaking, new clients accessed services.

The topics covered in interviews were:

- any necessary clarification of matters covered by the preliminary questionnaire;
- further details of funding sources (duration; stability, whether ring-fenced; other conditions and targets);
- staffing levels, including use of volunteers;
- opening hours for both face to face and telephone contact;
- extent to which advice was provided face to face; by telephone; by e mail;
- organisation of face to face and telephone advice (i.e. by way of drop in; appointments; general and/or dedicated sessions for telephone advice);
- provision of outreach services, and home visits;
- categorisation of intake systems;
- descriptive accounts of intake systems (who fielded enquiries and their role, training and supervision; format and duration of first interactions between agencies and clients; stage at which advice was first given; range of outcomes of first interactions; whether agencies' systems differed according to whether first contact was face to face or by telephone, via referral or at outreach);
- factors influencing why agencies organised their intake systems in the ways in which they did (e.g. general ethos; levels/conditions of funding; staffing levels and expertise available; levels of demand; client groups served);
- extent to which trajectories of enquiries were influenced by problem type (e.g. subject area; scope of legal aid; level of seriousness; level of urgency);
- extent to which trajectories of enquiries were influenced by client characteristics (e.g. perceived abilities; wishes; whether financially eligible for legal aid);
- extent to which intake systems were able to deal with clients who presented with (or who had, but did not present with) multiple problems;
- extent to which intake systems provided equality of access;
- nature of signposting and/or referrals, including any difficulties;
- perceived advantages and disadvantages, for both clients and agencies, of various intake systems;
- perceptions of main problems for clients in accessing services, and for agencies in meeting demand;
- any feedback from clients regarding their experience of intake processes;
- impact on service provision of matters such as missed appointments; staff absences; and health and safety issues, including abusive or violent clients;
- planned and likely future developments, including, where operating legal aid contracts, agency views on likely impact of reforms.

Appendix 3: Project funding, outreach and targeted provision

Sources of project funding included (but were not limited to):

- the Financial Inclusion Fund;
- direct funding by various government bodies, such as the Welsh Assembly Government, and Department for Work and Pensions;
- various programmes funded by central government, such as Neighbourhood Renewal, New Deal for Communities, Sure Start;
- The European Social Fund;
- The Big Lottery Fund;
- various charitable trusts;
- various organisations involved in health services provision, including Primary Care Trusts, and Macmillan Cancer Support;
- various social landlords;
- probation services;
- some private sector organisations.

Types of outreach and targeted provision included (but were not limited to):

More accessible locations for clients generally

- community centres (including centres on deprived estates)
- council offices
- GP surgeries
- libraries
- other NfP advice agencies.

Targeting of specific client groups (and locations/sources of clients)

- BME communities (Race Equality Council, links with various organisations serving particular communities)
- cancer patients (in hospitals, and attending outpatient appointments)
- families with young children (social services, Sure Start etc.)
- homeless people and rough sleepers (day centres)
- offenders on probation (probation offices)
- older people (health centres, day centres; benefit take up campaigns)
- people with disabilities (via links with various disability organisations and other agencies)
- people with mental health problems (hospitals, day centres etc.)
- prisoners
- refugees (via links with various community organisations)
- students (educational establishments)
- tenants of social landlords (housing offices)
- victims of domestic violence ('one stop shop')
- victims of race hate crime (Race Equality Council)
- young people (Connexions, other youth agencies).

Appendix 4: A brief outline of ‘Gateway Assessments’³⁸

Citizens Advice have for the last couple of years been working on an Access Strategy. A key strand of this is the creation of a ‘Gateway Assessment’ approach to service delivery, which they aim to roll out across the CABx network. The aims of this approach have been stated as being to ensure that:

- demand can be managed more effectively;
- clients in greatest need receive the most appropriate service;
- a greater number of clients can be dealt with.

Central to the approach, is the point that people’s needs vary. Citizens Advice group people and their needs into four main categories:

- those who can resolve their own problems with the aid of self-help information, provided this is of good quality and, where need be, support is provided in locating it;
- those who can resolve their own problems with the aid of self help information but who will need key elements of the information identified for them;
- those who can resolve their own problems following detailed advice or a brief intervention on their behalf;
- those who are in greatest need and require a skilled adviser to act on their behalf.

The approach also acknowledges that individual Bureaux, *‘cannot and should not attempt to be all things to all people and that there are other agencies, including dedicated CAB services, which are better equipped to deal with particular problems or groups of people.’*

In practice, the approach should mean that – generally speaking, every new client with a new enquiry goes through a ‘Gateway Assessment Interview’ before substantive advice is given. Based on lessons from specific pilots, and experiences of a number of Bureaux which have ploughed their own furrows, Citizens Advice has concluded that assessment interviews should:

- be short (around six to ten minutes);
- be conducted by interviewers trained in assessment techniques (and also fully trained in, though they need not necessarily be very experienced in, generalist advice work);
- explore the client’s problem, identify any particular risks, and assess the client’s ability to manage the problem themselves, in order to determine the appropriate next step;
- not involve the giving of substantive advice (though they may properly include the provision of assisted information).

The last point above is linked to the first. To work, the assessment process needs to be kept short. But where enquiries are sufficiently complex to make advice necessary (as opposed to just information) short interviews are likely to elicit only a partial understanding of clients’ problems. Not surprisingly, experience has indicated that advice based on partial understanding can often be lacking in completeness and accuracy. Hence the conclusion that advice should not be given in these interviews.

³⁸ This information is based on materials kindly supplied by Citizens Advice. For details of the Access Strategy, see http://www.citizensadvice.org.uk/index/aboutus/were_changing.htm.

Appendix 5: Legal aid reforms

Prior to October 2007, NfP agencies were allowed to deliver up to 10% of their contracted hours by way of Level 1 work. This allowed them to provide short, one off advice, lasting up to 20 minutes, without checking financial eligibility for legal aid. They could continue on this basis for a further 15 minutes if that would allow matters to be resolved there and then. This was a concession which had only been allowed to NfP agencies, and it was removed in October to put them on an equal footing with solicitors' firms.

Fixed fees mean that providers are now paid a standard fee for each 'New Matter Start', regardless of the amount of work involved (a 'Matter' is a case involving advice and assistance, but not legal representation in proceedings). Different fees apply in each subject category. The intention is that fixed fees should operate on the basis of 'swings and roundabouts'. To mitigate the potential for losses on the roundabouts being too heavy, there is an escape clause for 'exceptional cases', defined as those in which profit costs, if calculated at hourly rates, would hit three times the fixed fee. Subject to the LSC's assessment of such costs, hourly rates are payable for these cases.

The number of New Matter Starts allocated to individual agencies has (roughly speaking) been calculated by dividing the amount previously earned from each subject category, by the fixed fee for that category. From April 2008, agencies will have to use up at least 85% of their New Matter Starts. This, and the fact that many agencies have tended to spend more time on individual cases than the fixed fees allow for, means that they may now be expected to do many more cases to bring in the same amount of money.

All this means that there are now economic pressures on agencies (and other providers) to adopt two main strategies. One is to go after straightforward cases which can properly be completed quickly, and avoid those which are complex and so take longer. The other is to take on all types of cases but do as little as possible on the complex ones, or do them properly but only up to a certain point. Either strategy would particularly affect clients with cases where doing a proper job would involve a significant amount of work over and above the value of the fixed fee, but not quite enough to make them 'exceptional'.

The LSC has introduced several measures designed to counter these pressures. One is a prohibition on targeting, or 'cherry picking' of less complex cases. Another is a clause stating that conduct of individual cases must not be influenced by the fact that payment will be by way of fixed fees. In addition, there is a requirement that the total amounts which providers claim by way of fixed fees may not exceed the total costs of work actually done (based on notional hourly rates) by a certain percentage (initially set at 20%). So, if providers appear to be spending too much time on the swings, and not taking their turn on the roundabouts, the LSC may step in.

Even if the types of strategies outlined above are not adopted, there is still pressure to do as many legal aid cases as possible, to hit the required thresholds for numbers of New Matter Starts.