Ministry of Justice

Early Legal Advice Pilot evaluation

Feasibility report

The National Centre for Social Research (NatCen), the Legal Education Foundation, the Centre for Homelessness Impact and WPI Economics

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1. Summary

In 2019, the Ministry of Justice (MoJ) published the Legal Support Action Plan, which set out a number of new proposals drawing on the evidence provided during the Post-Implementation Review of the Legal Aid, Sentencing and Punishment of Offenders Act 2012. The Early Legal Advice Pilot (ELAP) was one of the proposed measures. The primary purpose of ELAP is to pilot access to legal aid funding for social welfare law problems to generate robust evidence on the impact of early legal advice, by evaluating the initiative using high-quality research methods.

Whilst there is a large body of existing evidence which demonstrates the importance of taking early action to resolve legal problems, there is a lack of high-quality quantitative estimates of the impacts on individuals and on costs across government, as it's a challenging context in which to develop this type of evidence. ELAP aims to provide these estimates by testing whether early legal advice in housing, debt and welfare benefits leads to a reduction in negative housing-related outcomes (e.g. loss of home) and results in downstream savings. The pilot will offer up to three hours of free legal advice to residents in Manchester City and Middlesbrough Council areas who have any of these three issues.

An initial study has been conducted by an independent research consortium led by the National Centre for Social Research (NatCen) to assess the feasibility of evaluating ELAP using a robust quantitative design, with particular emphasis on whether a Randomised Controlled Trial (RCT) could be undertaken. This report presents the findings of the feasibility study.

This feasibility work was undertaken in April to June 2022 and included: a document and literature review to understand ELAP and the wider context in which it is situated; in-depth interviews with key stakeholders to seek views on ELAP; systems-mapping to understand existing advice provision in selected areas; a stakeholder workshop and consultation to develop the Theory of Change; scoping of referral mechanisms to determine how to target and recruit ELAP participants; and scoping of potential data sources to understand ELAP's impact and assess value for money.

Recommendations

Recommendations for taking forward the ELAP evaluation are as follows:

What impact evaluation methodology should be used?
Conducting a Randomised Controlled Trial (RCT) to evaluate ELAP is recommended to deliver the robust evidence required, based on current data sources and options. The recommended design is for an initial testing phase or 'pilot-RCT', leading to a full-scale RCT. The RCT design would involve identifying potential pilot participants and requesting they complete an initial survey to determine eligibility and provide baseline data. They would then be randomised into treatment and control groups. Outcomes for both groups will be measured using a follow-up (endline) survey and administrative data. The aim would be for a total of 1,600 participants to complete the endline survey. Based on assumptions around eligibility and survey response rates, this would mean roughly 2,660 participants would be recruited to the trial (1,330 allocated to receive legal advice and 1,330 to the control group) across the duration of ELAP.
What impact evaluation methodology should be used if an RCT is not possible?
If the Randomised Controlled Trial (RCT) fails, a Quasi-Experimental Design (QED) is the recommended contingency, to ensure that evidence on the impact of early legal advice can still be collected. The recommended QED approach would be to collect data from participants who would have been eligible for legal advice, but whose legal problem emerged after the pilot's intervention period, and comparing outcomes back to those participants who did receive it. QED participants would be contacted in the three-month period after the intervention period and invited to complete baseline and endline surveys. This option does also have its limitations to consider. These include: requiring an extended timeline, needing access to Council Tax Arrears data (similarly to the RCT), and risking that the comparison group is subject to different macroeconomic conditions.
What timeframes are required?
Whilst an evaluation is possible within the existing timeframes (August 2022 – March 2023), **a high-quality** evaluation of ELAP requires timeframes for implementation and evaluation reporting to be extended, for two key reasons. **Firstly**, starting with an initial testing phase (a pilot-RCT) is strongly recommended to mitigate some risks to the ELAP intervention and evaluation and allow for the evaluation to be responsive to early findings. It is advised that progression to a full RCT to assess the impact of ELAP **then** takes place after incorporating any lessons from the pilot-RCT. **Secondly**, an extended timeline is recommended for monitoring outcomes and reporting results to ensure an adequate sample size is achieved and to enable the inclusion of administrative data sources to explore longer-term impacts.

How should eligible people be identified and referred into ELAP?
We recommend using lists of residents in Council Tax arrears (CTA), held by Manchester City and Middlesbrough Local Authorities (LAs) to identify potentially eligible ELAP participants. These lists are large enough to meet the needs of the evaluation. Council Tax Arrears is a legal issue itself and might be indicative of wider issues. To identify and refer people into the pilot, residents on these Council Tax Arrears lists would be invited to complete a survey which would determine eligibility for ELAP by identifying whether residents have a legal issue that is in scope.
What should the key outcomes of interest be?
The recommended primary outcome for the ELAP evaluation is financial security, measured as one's subjective feelings of stress and wellbeing about their financial situation as well as perceptions of one's ability to cope with normal monthly living expenses and respond to financial emergencies. Financial security will be an outcome applicable to most clients with civil legal issues and the resolution of legal problems is expected have a positive effect on financial security (e.g., Woodhead et al., 2017; Pleasance and Balmer, 2007). It is also expected to predict housing security which may materialise later in a person's legal journey Recommended secondary outcomes include: the distress caused by the legal issue; the extent to which legal issues are resolved early; and housing security.
How should these outcomes be measured?
Financial security, distress, housing security and the extent to which the client perceives the legal issue to be resolved should all be measured primarily using an endline survey conducted three months after completing the baseline survey. Survey questions should be drawn from established instruments and adapted for use in the UK. Recommended instruments include the InCharge Financial Distress/Financial Well-Being (IFDFW) scale[1] for measuring financial security, ONS-4[2] for distress and Canadian Housing Security Scale (HSS)[3] for housing security. If the evaluation timeline is extended, we recommend assessing longer-term legal and housing outcomes using administrative data from central government-held court records (HMCTS) to assess legal problem resolution and statutory homelessness data from local authorities to assess housing security.
How should the Implementation and Process evaluation (IPE) be conducted?
The recommended design for the IPE is that it is conducted in two phases, a formative and a summative phase. This will enable initial findings from the formative stage to be fed into ongoing improvements to ELAP, and summative findings from longer term delivery to feed into in final analysis and reporting The IPE would involve qualitative interviews and observations with a range of stakeholders and participants. It would also draw on some questions from the baseline and endline surveys, and some monitoring data received from providers. It can be flexibly designed around the final evaluation timeframe and design.

1 The IFDFW scale measures participants' financial state through self-reported distress or wellbeing. See Prawitz et al., 2006. InCharge Financial Distress/Financial Well-Being Scale: Development, Administration, and Score Interpretation

2 Office for National Statistics, 2018. Surveys using our four personal well-being questions

3 Frederick et al., 2014. How Stable Is Stable? Defining and Measuring Housing Stability

How should the Value for Money evaluation be conducted?

The Value for Money (VfM) evaluation will largely depend on access to outcomes data generated by ELAP participant surveys and access to administrative data. The VfM exercise can also be responsive to the final evaluation timeframe and design.

Assuming the necessary data is accessible, different approaches can be taken to valuing the different outcomes. It is advised that proximal outcomes captured through the survey are valued using HM Treasury's "Wellbeing Guidance for Appraisal", which allows valuation of a change in a person's wellbeing, for example arising from an improvement in financial security. Distal outcomes measured using administrative data should be valued using Green Book methodology (HM Treasury 2022), which would enable an understanding of the opportunity cost of implementing early legal advice for public sector organisations, focussing on the value of anticipated reduced engagement with public sector bodies such as courts and housing services.

What are the main ethical recommendations?

The main ethical recommendations for the evaluation include:

- An extended evaluation timeline: conduct a pilot-RCT to confirm the viability and improvements needed for a full-scale experiment, and; extend evaluation timeframes to offer sufficient time for longer-term outcomes.
- An evaluation design considerate of context: aim to ensure that ELAP is evaluated in Middlesbrough, so that the evaluation features a pilot area that is more typical of advice provision across England and Wales. Signposting the control group to the business as usual (BAU) support is also advisable.
- Accessible and compensated data collection: clearly convey the information needed for informed consent to potential pilot participants; take steps to ensure the research is accessible; offer incentive payments to pilot participants for time spent on survey and IPE interviews; and consider payment to advice providers for participation in interviews.

What are the main risks to launching the ELAP service?

There are two main risks to launching the ELAP. Firstly, there is a risk that it is not possible to access Council Tax Arrears (CTA) data, or that access is significantly delayed, meaning that people cannot be referred into the service. Secondly, there is a risk that advice providers choose not to take part in ELAP due to concerns over the design of the intervention, including: the appropriateness of the three-hour limit on advice; the absence of an escape fee; the ethics of randomisation; the volume of clients, which could be too low to be worthwhile for providers, or too high to be deliverable; and the level of funding available to cover participation in the evaluation.

What actions should be taken to mitigate the key risks to launching ELAP?

There are three key areas where MoJ can take action to mitigate key risks to launching ELAP: (1) clarify whether extended timelines to ELAP delivery and evaluation are possible, (2) ensure access to Council Tax arrears (CTA) data which will underpin the referral mechanism and administrative datasets that may allow the monitoring of long-term outcomes, (3) promote active provider participation to ensure providers participate in both the intervention and the evaluation, (4) explore and confirm the possibility of a pilot-RCT.

What are the main risks to evaluating ELAP?

Several important risks to evaluation are identified in Chapter 10. This summary focuses on two key risks:

1. **The nature and size of the Council Tax Arrears (CTA) sample:** the sample may target a population that is not well-suited to ELAP, insofar as they may not have in-scope legal needs that are at a sufficiently early stage; the demand for the ELAP service is unknown, even among the eligible population; the availability and quality of contact details is unknown; and the size and flow of new sample is unknown.
2. **Existing legal advice services in Manchester are relatively strong**, compared to the average across England, the current local free-to-access services in Manchester in many ways go beyond the ELAP service. If it is the case that a large proportion of the control group access these other services, the evaluation might be unlikely to detect any positive impact.

What actions should be taken to mitigate the key risks to evaluating ELAP?

A key recommendation from the feasibility study is to first conduct a pilot-RCT to assess the extent to which these risks are materialising, and to implement changes to the evaluation design in response if necessary. Changes in response to the first of these risks could include changes to the survey fieldwork design to increase response rates, such as increased incentives and reminders. Changes in response to the second of these risks could include increasing the sample size in Manchester in order to detect the smaller effect, or focussing the evaluation solely on Middlesbrough.

2. Introduction

In 2022, the Ministry of Justice (MoJ) commissioned the National Centre for Social Research (NatCen), WPI Economics (WPI), the Centre for Homelessness Impact (CHI) and The Legal Education Foundation (TLEF) to conduct an evaluation of the Early Legal Advice Pilot (ELAP). An overview of consortium roles can be found in Appendix G. This report explores the feasibility of an evaluation of ELAP and sets out recommendations for the optimal evaluation design.

2.1 ELAP and its evaluation

The overarching objective of ELAP and its evaluation is to robustly quantify the impacts of early legal advice on the housing outcomes of individuals facing difficulties with their housing situation, debt and welfare benefits. It seeks to explore whether this support impacts downstream problems such as homelessness and interactions with public services like courts and the tribunal system.

The evaluation therefore intends to integrate three core elements:

- An **impact evaluation** to measure whether early legal advice drives positive outcomes and to what extent
- **Implementation and process evaluation** (IPE) to assess the implementation process, provide a detailed understanding of how ELAP is working on the ground and to gather lessons for wider roll-out
- **Value for Money (VfM) evaluation** to evidence the financial and economic costs and benefits of ELAP

2.2 Feasibility aims and objectives

As a first step, an initial feasibility study was conducted to assess the requirements and recommend the best approach for a robust, practical evaluation design. This report presents the findings from the feasibility study, addressing the following broad objectives:

- Explore the best evaluation methodology to assess the impact of ELAP
- Assess what data is available to enable understanding of the impacts

- Establish how key stakeholders will input into the evaluation and the practical steps for evaluation implementation
- Identify risks associated with the evaluation and how these can be mitigated

It should be noted that this report is not intended to comprehensively detail a final evaluation design, but to set out options and recommendations.

2.3 Approach to the feasibility study

The feasibility stage took place in April and May 2022. The approach and methods used are listed below. Further methodological details can be found in Appendix A.

- A document and literature review to understand the pilot and wider context
- In-depth interviews with key stakeholders to seek views on ELAP
- Systems-mapping to understand existing advice provision in selected areas
- A stakeholder workshop and consultation to develop the Theory of Change
- Scoping of referral mechanisms to determine how to target ELAP participants
- Scoping of potential data sources to understand ELAP outcomes.

This report begins with the context (Chapter 3), the Theory of Change for ELAP (Chapter 4) and a description of existing advice provision in each pilot area (Chapter 5). The report then presents findings on: potential referral mechanisms (Chapter 6); outcomes to be measured (Chapter 7); and impact, IPE and VfM evaluation design (8). The report then discusses ethical considerations (Chapter 9) and key risks (Chapter 10). The report concludes with a summary of key recommendations and suggested timings for the evaluation (Chapter 11).

3. Context for ELAP

3.1 Policy context

The past decade has seen substantial changes in legal aid policy across England and Wales. The most significant of these changes is the introduction of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 ("LASPO") which reformed the scope of the civil legal aid scheme (Ministry of Justice, 2019a). This was accompanied by changes to the eligibility for and fees paid for civil and criminal legal aid.

Introduced during a period of financial downturn, LASPO had the intended aims to ensure legal aid remained sustainable by targeting it at those who needed it most and deliver significant savings for the taxpayer (ibid).

These reforms made significant changes to civil and family legal aid schemes. In targeting resources, funding was withdrawn for legal help in relation to most welfare benefits, debt and housing matters. A means test for financial eligibility and a merits test on the case succeeding and benefitting the individual were introduced. Some areas of housing casework remained within the scope of legal aid, but for those areas not in scope, LASPO allowed for Exceptional Case Funding (ECF). ECF is available to individuals whose cases might not be in scope of legal aid but where failure to grant legal aid funding would breach or risk breaching the individual's rights under the European Convention on Human Rights, or an enforceable retained EU right (Ministry of Justice, 2022a).

While the Government continues to spend, on average, £1.7bn on legal aid (Pursglove, 2022), since the implementation of LASPO in 2013, spending on legal aid services for social welfare law matters has fallen (National Audit Office, 2021). It has been argued that the reduced expenditure on legal aid, combined with the changes to scope of civil legal aid, has resulted in significant changes to the legal aid sector. Figures show a fall in the number of providers (Cartlidge, 2021) resulting in disparity of provision across England and Wales. In addition, case numbers among services offering specialist legal advice have fallen (Citizens Advice, 2014), and non-profit services have either closed or made large-scale changes to their services (Gallagher, 2018).

The changes introduced by the LASPO reforms to focus the scope of civil legal aid on cases considered to be high priority are thought to have posed costs to the justice system, other public services and to individuals in legal need. Post-implementation evidence points to increased demands on the welfare benefit system, costs of temporary and permanent accommodation and to the health service as a result of stress and anxiety (Ministry of Justice, 2019a). In addition, the withdrawal of funding for welfare benefits and debt advice for those involved in repossession proceedings is thought to have contributed to more homelessness in spite of the Housing Possession Court Duty Scheme because legal advice providers have not been able to help resolve underlying issues (Gallagher, 2019).

3.2 ELAP rationale and background

In 2019, the Ministry of Justice (MoJ) published its Post-Implementation Review of LASPO and a Legal Support Action Plan, which assessed the impact of LASPO against the legislation's objectives and put forward plans to encourage early resolution strategies. The review recognised that whilst some of the aims of LASPO had been achieved, the reforms also created "a number of challenges, which must be overcome" (Ministry of Justice, 2019a, p.5). A key challenge identified related to the structure of the reformed civil legal aid scheme. Respondents to the review argued that the reforms had reduced opportunities for early intervention, and limited services' ability to provide holistic support for resolving complex or clustering legal problems.

The Legal Support Action Plan proposed investing in measures to help individuals with multiple and complex needs access the right support to resolve their legal problem, with the aim of identifying effective approaches and building the evidence base for investment (Ministry of Justice, 2019b). The Early Legal Advice Pilot (ELAP) was a key element of this and received £5million of funding from HM Treasury's Shared Outcomes Fund.

Legal advice involves interpreting how the law applies to an individual's problem or set of circumstances (Leckie et al, 2021). Legal advice differs from other forms of advice by needing to "offer services over and above the provision of information only" and "be provided on an independent basis" (ibid, p.14). While there is no agreed definition, early

legal advice has been defined as before the issue escalates to court (Ministry of Justice, 2019a).[4]

ELAP intends to strengthen the evidence base on the value of early advice by robustly evaluating the impact of early legal advice in housing, debt and social welfare law on housing outcomes in order to inform future policy. ELAP will be trialed at an important time with more people expected to encounter the legal system due to the cost-of-living crisis and transition out of the COVID-19 pandemic and related protections (Citizens Advice, 2022).

It is well known that access to justice is a challenging area for conducting experimental or quasi-experimental research (Pleasance, 2008). Since access to justice interventions are embedded in complex social contexts, difficulties such as establishing counterfactuals, tracking user journeys and programme fidelity are common (Shadish, Cook & Campbell, 2002). Although the existing evidence base lacks robust quantitative evidence on the effectiveness of early legal advice, past research points to the benefits of legal advice in housing, debt and social welfare law. For example, descriptive data suggest legal advice on debt can help people feel more knowledgeable, optimistic and focused on priority debts (Haighton et al. 2019; Pleasence & Balmer, 2014).

In addition, a general case exists that the provision of early legal advice is an effective cost-containment mechanism that can prevent disputes from escalating and reduce downstream costs (Bach Commission, 2017). Though generally from lower quality studies (i.e. not designed to show causation), evidence on the impact of welfare services in the UK indicates that advice on welfare law is linked to improved mental and physical health, improved financial security and reduces workload in services (Reece, Sheldon, Dickerson & Pickett, 2022).

Qualitative evidence on the socio-economic impact of unmet legal needs, and quantitative evidence from legal needs surveys shows that early legal advice specifically helps prevent a ‘cycle of decline’ (OECD, 2016). This describes the process through which unresolved legal problems and limited access to the justice system have knock-on effects on an

[4] “Early” in the context of ELAP is not defined as a timeframe as people are eligible for ELAP at any stage of the legal issue before they need representation.

individual's family, income, housing, and health (ibid). Moreover, research on the impact of legal aid cuts on access to justice concludes that early legal advice could increase court efficiency, through reducing the number of cases coming before the courts (The Law Society, 2017). This is particularly relevant in the context of case backlogs created by measures introduced to control the spread of COVID-19.

Quantitative evidence has the potential to show that early legal advice lessens financial burdens on the justice system and other public services. For example, a recent cost benefit analysis found that additional funding for free legal advice could save HM Treasury £814 million over the next year for every 100,000 clients (Leckie, Munro, Pragnell & McWilliams, 2021). However, the economic benefits of interventions such as early legal advice can be difficult to accurately quantify because the benefits of interest tend to be intangible, making it hard to solely attribute to early legal advice (Boardman et al, 2017). Moreover, past studies (for example, see Amnesty International, 2016; Citizens Advice, 2010) on the economic benefits of early legal advice have limitations (such as small sample sizes, non-random approaches or are geographically concentrated), meaning conclusions cannot be applied to a whole population (ibid).

The MoJ aims to address this evidence gap with a robust evaluation of the impact and value for money of ELAP. Since existing data is fragmented and the early legal advice system is complex, the evaluation aims to measure impact by identifying causal estimates using an appropriate counterfactual. This requires an experimental or quasi-experimental design, which are still novel in the field of access to justice research.

4. Theory of Change

This chapter sets out a Theory of Change (ToC) for the Early Legal Advice Pilot (ELAP). The ToC outlines the intervention theory and process by which activities are expected to produce intended outcomes[5] and impacts. For each activity, assumptions and risk factors are also described to map out the potential ways in which ELAP may not achieve its intended outcomes and impacts; and mitigate risk where possible.

The logic for the ToC draws on: the existing logic model produced by MoJ; a review of documentation provided by MoJ, such as the draft specification for providers and guidance documents; interviews with MoJ, Legal Aid Agency (LAA) and provider representative bodies; interviews with providers; and scoping of the policy context. It is recommended that the key assumptions and risks are tested and the ToC updated following key milestones, such as after any initial testing and after a year of delivery.

4.1 Description of the intervention

This section uses the **T**emplate for **I**ntervention **D**escription and **R**eplication (**TIDieR**)[6] approach to describe the ELAP intervention.

1. WHY
The hypothesis for ELAP is that clients receiving early legal advice will be able to resolve their legal issues more quickly and more fully, and be at lower risk of experiencing escalating issues. In particular, the aim is that ELAP improves clients' understanding of their legal issues, reduces the likelihood of negative housing outcomes (such as repossession or eviction), and reduces the likelihood of going to court when it could have been avoided. The intended outcomes of ELAP are discussed in detail in Chapter 7.

[5] This chapter does not cover ELAP outcomes in detail. These are covered in Chapter 6 of this report

[6] **TIDieR** is a checklist and guideline developed to help to improve completeness in the reporting of interventions in research studies. https://training.cochrane.org/resource/template-intervention-description-and-replication-tidier

2. WHAT

Procedures*:* The intervention is for selected legal advice providers to provide up to three hours[7] of advice on housing, debt and welfare benefits and legal issues. It will begin with an initial assessment of the issue, followed by further investigation with ongoing contact and/or triage meetings between the client and provider. The client will receive advice and assistance to help resolve their problem. This could include directing them to the best form of resolution for their situation, negotiating with relevant bodies, providing evidence or documentation, or support preparing for courts or tribunals (although not in a representational or advocational capacity).

Materials*:* Providers will receive briefing from MoJ, and terms set out within the contract and guidance, and funding for up to three hours of advice per participant. Providers will not receive any training from MoJ or LAA.

3. WHO PROVIDES

There are several organisations and groups that are involved in the planning, management and delivery of ELAP. The nature of each of their roles is as follows:

- Ministry of Justice: lead on the strategic policy context and evidence requirements, explore legal and data requirements, engage sector stakeholders, and manage ELAP setup and delivery.
- Legal Aid Agency (LAA): commission and manage the legal aid contracts and collect provider monitoring data.
- Provider representative bodies: consult on the LAA contract.
- City Councils: provide data on local individuals' circumstances, to identify potential ELAP participants and outcomes, e.g. using Council Tax arrears or homelessness data. Other government departments and MoJ agencies might also contribute to identifying ELAP participants through providing and/or linking data.
- Providers: ELAP will be delivered by established providers of legal support in Manchester and Middlesbrough, who hold existing housing and debt legal aid contracts. Specific providers are yet to be confirmed. Potential providers include both for-profit and not-for-profit providers, and vary significantly in size, resources and expertise.

4. HOW

The advice will be provided individually. It can be delivered in-person, via telephone or video call over one or more advice sessions. It could involve email contact between the client and the provider.

5. WHERE

If the advice is provided in-person, this will be at the providers' premises. All clients are required to be habitual residents in Manchester City or Middlesbrough Council areas.

[7] This time limit was set with the view that ELAP would be primarily aimed at individuals with problems that could benefit from early guidance to avoid problem escalation.

6. WHEN and HOW MUCH
Once a potential client receives a referral code, they will need to contact a provider and arrange for an appointment. There will need to be a time limit for this, given that ELAP is not running indefinitely. In total, ELAP funding covers up to three hours of advice services. This could include multiple shorter sessions. The three hours also includes any time the provider spends reading documents, speaking to or negotiating with other organisations, accessing evidence, etc. The intention is that providers do not spend any more than three hours on advice services for each client, and there is no escape fee (a charge for additional work) if providers do exceed the three-hour limit. At the end of the three hours, if the client has an ongoing need for support or advice, the provider will refer the client on to other services, if other services are available.
7. TAILORING
The advice given to clients will be completely personalised and tailored to their specific needs. It will be the responsibility of the providers, who have legal expertise, to determine what these advice needs are. In some cases, a provider may not have the necessary expertise within housing, debt or welfare benefits law. In this situation, they will ideally refer a client to another provider who has the necessary expertise. Providers are contractually obligated to do this if other options available aren't appropriate. However, there may be cases where, in practice, a referral is not possible.

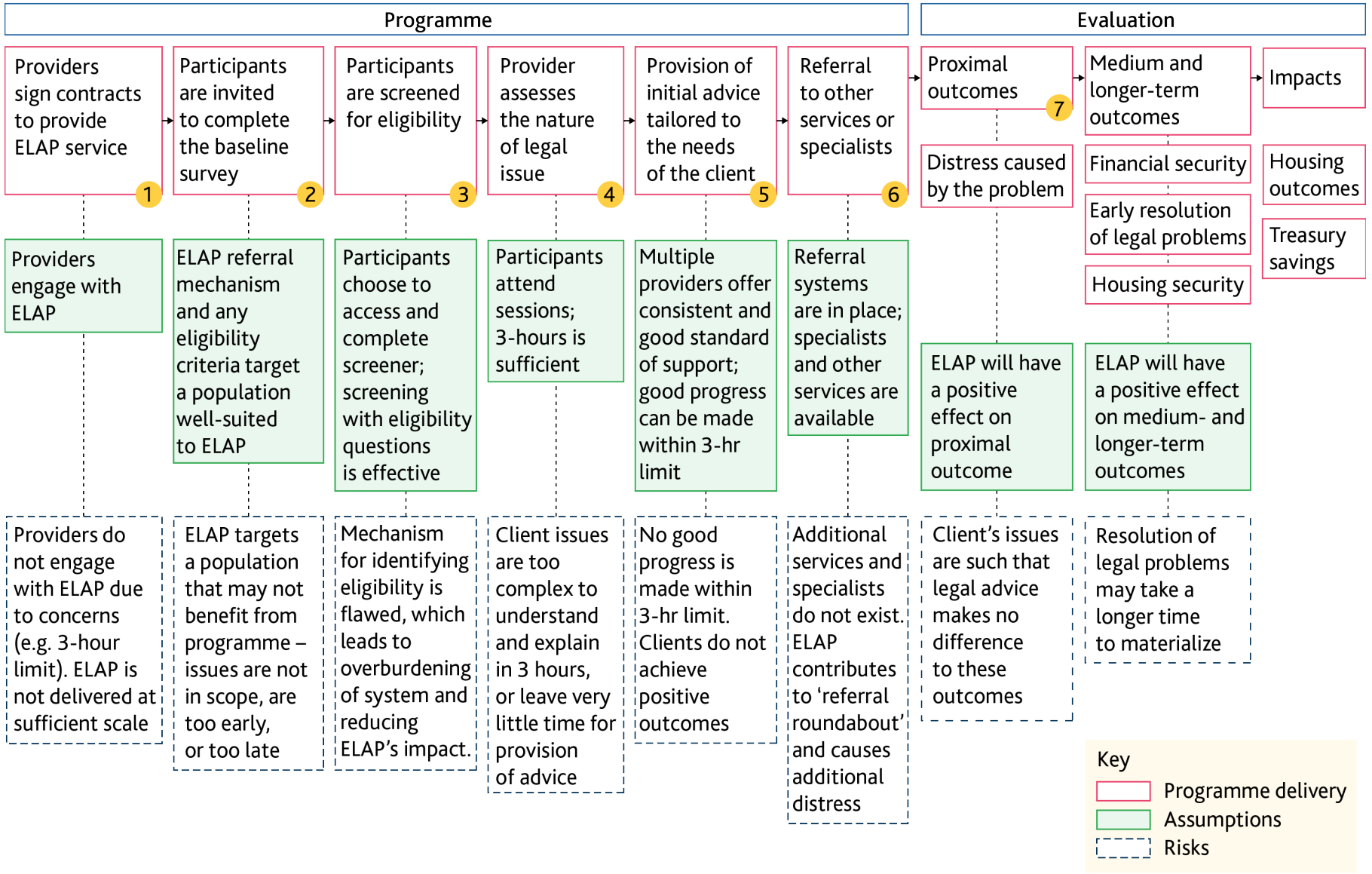
4.2 ELAP Theory of Change

The ToC for ELAP is provided in Figure 1. The purpose of the ToC is to spell out each ELAP activity in detail, how they should bring about changes in outcomes, and assumptions and risk factors potentially affecting outcomes.

Activities are detailed in pink. Assumptions are detailed in green. Any risks that may occur as a result of ELAP are detailed in orange. Finally, intended outcomes and impacts are detailed in blue. For each activity, a set of assumptions, risks and recommendations are discussed, with more detail in the table below.

While the ToC reads in a linear view, the sequencing of steps is for illustrative purposes only. Risks are also summarised in Chapter 10.

Figure 1: ELAP Theory of Change



4.3 ToC assumptions, risks and recommendations

The following table provides additional detail on the assumptions and associated risks relating to ELAP's ToC, as well as recommendations for mitigating risks. The ELAP evaluation will aim to explore whether the evidence supports this ToC.

Activities	Assumptions and Risks
1. Providers sign contracts to provide ELAP services. ELAP services are contracted to current housing and debt legal aid contract holders.	**Risk:** providers choose not to engage due to concerns about ELAP. Concerns include: whether the three hour timeframe is sufficient to affect outcomes of interest; the lack of escape fee if three hours of advice are significantly exceeded; concern ELAP may not resemble future policy options; and, uncertainty about work volumes. **Risk:** providers lack capacity to meet demand. This may be worsened if the cost of living crisis significantly increases demand for providers' business as usual (BAU) services. **Risk**: some providers cease to be eligible to deliver ELAP. Providers have reported struggling to retain and hire staff in recent years. **Recommendation:** MoJ continue to strengthen engagement with providers to understand their concerns, make adaptations where possible, and keep in touch throughout ELAP to understand emerging issues. Encourage providers to engage fully with the IPE so that the evaluation is able to understand any ongoing issues in detail.
2. Potential clients are invited to complete the baseline survey.	**Assumption:** that a referral mechanism of potential ELAP recipients is available and accessible; that people identified through the chosen mechanism are eligible for ELAP; that up to date contact details are available and that people are responsive to the ELAP offer. **Risk:** people in arrears avoid opening official or council branded letters or do not understand or wish to act on the letter if opened. **Risk:** the onus is on eligible people to make contact and complete the screener and survey. **Risk:** if the referral mechanism is inappropriate, ELAP may not achieve a suitable sample of eligible people. See Chapter 5 for more details on the referral mechanism. **Recommendation:** continue to facilitate conversations between relevant stakeholders to understand more about the sample of potential ELAP participants. Design letters in a way that is visually different from council letters, and use other communication modes (emails and texts) where possible. Offer incentives to encourage response.

Activities	Assumptions and Risks
3. Potential clients are screened for eligibility.	**Risk:** any mechanism for screening eligible people may be flawed. It is difficult to design survey questions that can capture / replicate the eligibility decisions that are typically taken by qualified experts (solicitors). Some providers felt that decisions over eligibility should be left to experts. **Risk:** some people who could benefit from early legal advice on the one hand could be excluded; some people could be sent to providers though they do not need early legal advice (either because they do not have an in-scope legal issue, or because their legal issue is too far advanced). This risks wasting providers' time, overburdening the system and may reduce ELAP's impact. **Recommendation:** design screening questions to using verified questions e.g. existing OECD guidance on legal needs survey. Monitor the success of these questions at identifying the appropriate people by speaking to providers and clients as part of the IPE.
4. Provider assesses the nature of the client's legal issue.	**Risk:** depending on case complexity, providers may spend a lot of time understanding and/or explaining the case. This could leave very little time for providing advice and help to progress clients' cases. **Risk:** given ELAP clients may not have self-referred without being approached for the evaluation, they may not have prepared for their advice sessions, and providers may struggle to access all the relevant documentation and information. **Risk:** providers may end up working for free as they have made a commitment to the client and may feel obliged to assist the client even once the three hours of early legal advice has stopped. This is a risk as it puts pressure on already overloaded legal advisers and could lead to provider dropout. **Recommendation:** if possible, consider making the advice duration longer, or providing an escape fee, or issuing clear guidance to providers about what they are required (and not required) to deliver within three hours.

Activities	Assumptions and Risks
5. Provision of initial advice. I.e. helping to address underlying issues, (e.g. unclaimed benefit); explaining how to engage with other bodies, (e.g. creditors); drafting letters on clients' behalf, signposting and/or referring clients to other providers if providers lack necessary expertise in-house (i.e. welfare benefits law).	**Assumption:** if other specialists are needed, this assumes they are available and there is a viable referral process. **Risk:** if all or most of the three hours is used up by understanding and/or explaining the issue, providers may stop providing legal advice before they have meaningfully progressed clients' issues. In practice, a client's issues may take months to resolve, or may get worse after the provider stops providing legal advice. **Risk:** providers may start a legal process in motion that a client is not able to progress independently; leading to more distress and potentially worse outcomes for the client. **Recommendation:** As above
6. Referral to other services or specialists. Clients needing support post-three hours are signposted by providers to other sources of support and advice.	**Risk:** interviews with providers suggested that in most cases there are no alternative sources of help, besides providers already likely to be participating in ELAP. This could create (or add to) the so-called 'referral roundabout'. **Recommendation:** Given that it is unlikely that other services will become available, MoJ could consider increasing the duration of advice, or providing an escape fee so that providers have less need to refer clients on to other sources of support when their ELAP advice is over. We also suggest conducting further work to understand the local advice landscapes.
7. Outcomes. These were chosen to illustrate proximal (approximately 3-6 months after ELAP) and distal (approximately 12-24 months after ELAP) outcomes that ELAP may affect. Outcomes include distress caused by the problem and perception of progress to resolution. Long-term outcomes include financial and housing security; prevention of problem escalation; and financial savings to the legal system. The selection of these outcomes, and the assumptions and risks associated with them, are discussed in detail in Chapter 7.	

5. Local advice landscapes

As mentioned in 3.1, LASPO is argued to have resulted in changes to the civil legal aid sector across England and Wales. There is nonetheless local variation in the extent of advice provision, with many areas offering limited legal aid and non-legal aid services provision while some have more (Ministry of Justice, 2019). ELAP is set up to be trialled in two areas: Manchester and Middlesbrough, in order to understand the delivery of the pilot across different contexts. Manchester City and Middlesbrough council areas were selected based on several factors, including: contrasting levels of civil legal aid provision in housing and debt advice; their geographic and demographic characteristics; and as areas likely to have sufficient volumes of eligible residents based on various metrics indicative of prospective legal need.

The following sections provide more detailed information on the existing, pre-ELAP, business as usual (BAU) advice landscape across Manchester and Middlesbrough collected as part of the feasibility study. The information presented is based on a review of documents, desk research and interviews with legal advice providers conducted in April to May 2022. The feasibility study focussed on those providers who are eligible to deliver ELAP, i.e. organisations who hold the necessary contracts to deliver Housing and Debt legal aid services. A table describing the existing providers, their funding arrangements and the services they offer in detail is provided at Appendix F. Residents of both areas who are eligible for legal aid can also seek legal advice on debt and housing issues from the national Civil Legal Advice service.

Who are the advice providers and how are they funded?

In Manchester there are six organisations with the necessary legal aid contracts: three non-profit organisations and three private law firms. In Manchester, not-for-profit providers are funded through a combination of local authority funding, legal aid, trusts and foundations and fundraising. Private providers are funded through legal aid and private client work. In Middlesbrough, there is only one organisation eligible to deliver ELAP who also undertakes private client work.

What they offer

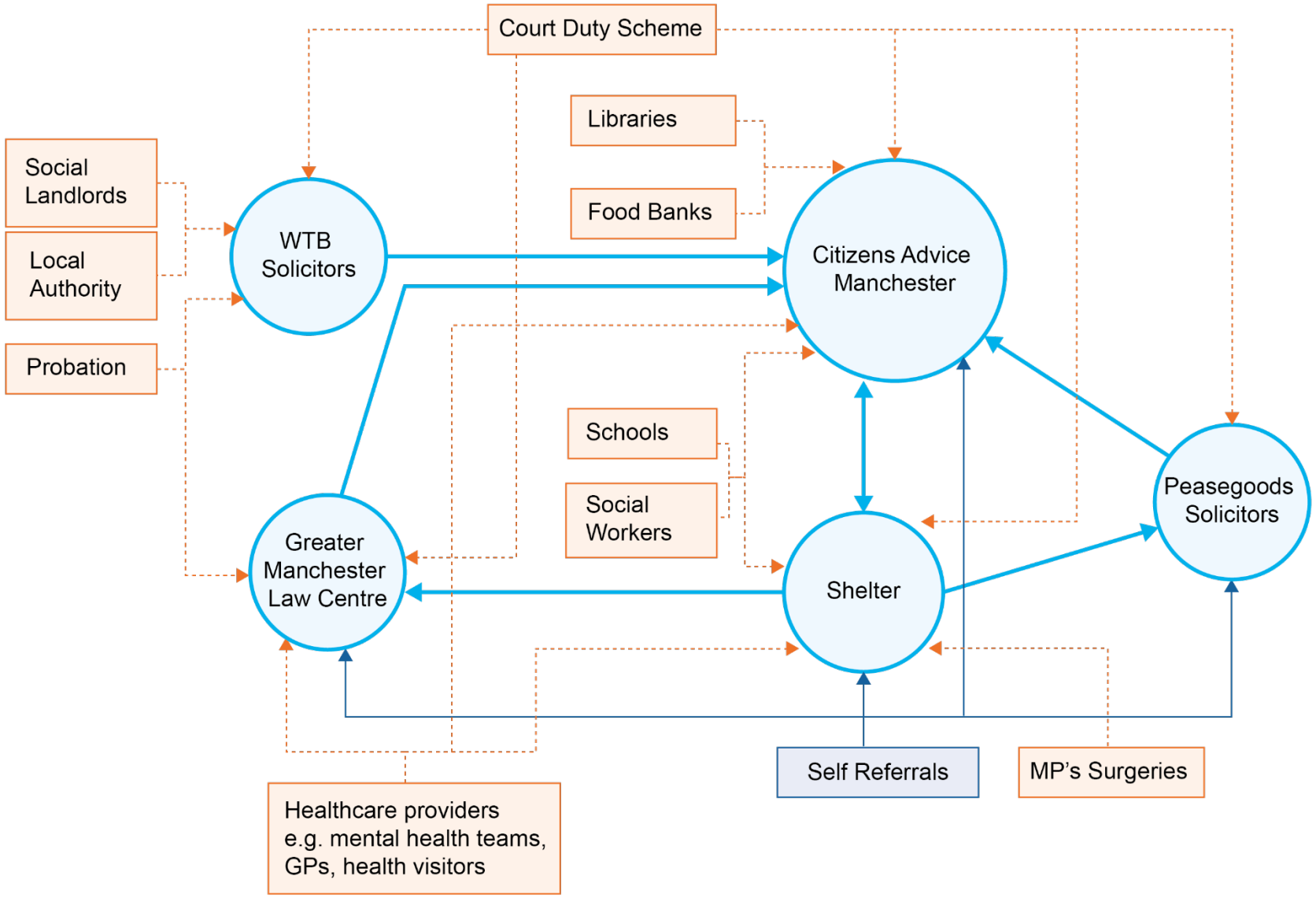
Interviews with stakeholders in Manchester indicated that not-for-profit providers are the largest providers of advice in relation to debt, welfare benefits and housing. Manchester City Council funds the provision of generalist and specialist legal advice through a diverse network of not-for-profit providers. Interviews with providers indicated that the most significant gaps in funding, and therefore provision, relate to advice beyond initial advice e.g. holistic advice, ongoing casework and representation. Whilst private providers do offer advice in relation to housing funded by legal aid, two out of the three private providers interviewed do not deliver services in welfare benefits or debt. Instead, private providers signpost clients with debt and welfare benefits to not-for-profit providers who are funded to deliver these services.

As is demonstrated by the systems map presented below (Figure 2[8]), referral pathways for clients in Manchester are complex. Interviews indicated high levels of signposting and cross-referral between agencies in order to overcome eligibility criteria and meet demand. Eligibility criteria for some local authority funded services delivered by not-for-profits are based on client need, as assessed by referring agencies including primary healthcare providers, social workers, teachers, children's centres or MP's surgeries. Funding from trusts and foundations is often ring-fenced for the delivery of particular types of services or particular client groups, whilst legal aid funded advice is subject to merits and means tests. Interviewees emphasised the need for funding to support holistic service delivery based on client need that is capable of supporting a full range of legal services, from initial advice to representation.

In Middlesbrough, housing advice is delivered by a private provider funded through legal aid. As such, clients must meet merits and means test criteria or pay for services. Two not-for-profit providers (who will not be ELAP providers) offer legal advice in relation to welfare benefits and debt.

[8] A systems map for Middlesbrough will be developed as part of the evaluation

Figure 2: Systems map of referrals in Manchester for legal advice in relation to housing, welfare benefits and debt – based on providers eligible to deliver ELAP



Client volumes

Precise data on client volumes is difficult to access.[9] In Manchester, Manchester City Council funds between 10,000 and 20,000 housing, debt and welfare advice cases per year. The largest not-for- profit provider of advice in Manchester reports receiving between 3,000 and 4,000 calls per month, and then between 600 and 1,500 of these callers are taken on for casework. Private providers did not provide any detail on client volumes, and data on client volumes in Middlesbrough was not available. Further precise information on client volumes should be collected as part of the process evaluation.[10]

Implications for the evaluation

This section demonstrates that existing advice provision varies considerably between Manchester and Middlesbrough, and that Manchester's BAU offer is relatively strong. A key implication is that the evaluation may conceivably find no impact for ELAP in Manchester or even that those who receive advice through ELAP secure less favourable outcomes than those in the control group. This risk is discussed further in Chapters 8 and 10.

[9] This is a consistent challenge when evaluating access to justice interventions

[10] These figures are based on interviews with providers. April-Mary 2022. Percentages are approximate.

6. Referral mechanism and eligibility criteria

6.1 Referral mechanism

This chapter outlines a number of options for referral mechanisms into ELAP that were investigated as part of the feasibility study, and sets out considerations for the eligibility criteria for ELAP. It makes the following recommendation:

How should eligible people be identified and referred into ELAP?
We recommend using lists of residents in Council Tax arrears (CTA), held by Manchester City and Middlesbrough Local Authorities (LAs) to identify potentially eligible ELAP participants. These lists are large enough to meet the needs of the evaluation. Council Tax Arrears is a legal issue itself and might be indicative of wider issues. To identify and refer people into the pilot, residents on these Council Tax Arrears lists would be invited to complete a survey which would determine eligibility for ELAP by identifying whether residents have a legal issue that is in scope.

Description and purpose of referral mechanism

The referral mechanism is the process by which clients are identified and directed to ELAP. A suitable referral mechanism must identify people within the pilot areas with welfare, debt or housing issues that can reasonably be expected to benefit from receiving early legal advice. The referral process is essential to both the programme and evaluation as it is responsible for ensuring an adequate flow of clients with the appropriate type and level of legal needs. The datasets underlying the referral mechanism may also provide data by which outcomes can be measured.

ELAP's referral mechanism must provide a large enough sample (800 assigned to the treatment group and 800 to the control - see Section 7.1 for more detail on sample size) to power the statistical analysis. The referral mechanism must also make sure those who access the programme have legal problems covered by ELAP, can realistically be expected to show changes in key outcomes and are not already receiving more intensive legal support from other services. The referral mechanism must be reliable throughout the programme delivery period as entry to ELAP will be on a rolling basis. This section

discusses the preferred referral mechanism for ELAP and eligibility criteria for the population targeted by it.

Options considered

The following options were considered for the referral mechanism:

- Council Tax arrears (CTA) data
- People affected by benefits caps
- Housing Associations
- Those in receipt of homelessness assistance
- Those served with notices seeking possession
- Self-referrals from job centres, local authority (LA) websites etc.
- Civil Legal Advice (CLA) gateway.

The options were assessed against the considerations outlined in Appendix B. Full details of each option can be found in Appendix C.

Preferred option and recommendation

The preferred referral mechanism is to identify and contact those listed within CTA data from Manchester City and Middlesbrough LAs as this meets all of the key requirements compared to the other options explored. The benefits of this mechanism are (1) it likely provides a large group of eligible participants from a single referral mechanism,[11] (2) everyone in CTA technically has a debt because CTA is a priority debt in itself, however, many people in this group may also have welfare and housing problems, (3) a range of severity in these problems can be expected including those with relatively early legal needs that ELAP may be most relevant to, (4) people in this group are less likely to be receiving more intensive legal support or advice in relation to the other referral options considered, (5) CTA data are, in principle, available from both LAs.

[11] See Guindi and Cook (2021) – Estimates that 7% of English households were behind on their council tax bills in Nov 2020. Also i News: Almost a third of Middlesbrough households face court over council tax debt https://inews.co.uk/news/uk/council-tax-debt-court-summons-middlesbrough-poorest-households-lockdown-649382

CTA data is likely to be available from both Manchester City and Middlesbrough LAs but access would need to be secured and data sharing agreements (DSAs) put in place.[12] The data would be required on a rolling basis throughout the evaluation. It would be advisable to use the same referral mechanism in both areas to reduce sample heterogeneity, given the substantially different landscapes of legal support provision in the two areas.

Recent figures suggest those in CTA are more likely to be renters, parents of young children, ethnic minorities, disabled and have less secure employment (e.g. agency workers and zero-hour contracts) (Guindi and Cook 2021). However, the profile of legal problems faced by people in CTA is unknown. Whilst people identified in CTA datasets will technically be facing a legal issue due to being in CTA, this group may also be facing other types of legal issues too. In order to mitigate the risks that this may bring, it is recommended that the problems beneficiaries present with are monitored during the early months of the trial. This would allow exploration of the profile of people in CTA to check they are a suitable group to offer ELAP to, help develop further eligibility criteria to screen participants who stand to benefit most from ELAP and more accurately estimate the likely percentage of this group who would agree to take part in the study.

6.2 Eligibility criteria

Criteria from the Pilot Scheme Order[13] (Ministry of Justice 2022) sets out that ELAP is open to people who (1) live or habitually reside within the Manchester City Council or Middlesbrough Council, (2) of any level of means (i.e., it is not means tested), and (3) have a housing, welfare, or debt problem (Ministry of Justice 2022). Beyond these criteria, it may be necessary for the evaluation and delivery team to impose additional eligibility criteria to ensure ELAP targets the most appropriate population (i.e. those with problems that ELAP may be able to address). The Scheme Order also states that individuals may receive advice for a “further qualifying issue”. However, it is anticipated that participants would only be invited to ELAP once, to maximise the available funding across the largest number of people, and to ensure the trial is testing the effect of three hours of legal advice.

[12] This is in the case that the lists are transferred to the evaluation team to issue invitation letters to residents but not if LAs issue letters directly.

[13] The Order establishes a scheme to pilot the provision of legal aid for certain civil legal services, to be known as the Early Legal Advice Pilot Scheme (“ELAP scheme”).

While it is recommended that CTA data should be used to identify possible participants, but it is not anticipated that this data will hold all relevant fields on which to screen people for ELAP eligibility (e.g. legal needs). There may be a substantial number of people in the CTA dataset who are not facing any legal issue at all, but may simply be late on a council tax payment. Developing a small set of eligibility questions to screen people into ELAP is therefore advised. The key consideration is: does the person have a legal problem relating to debt, welfare or housing? Legal needs surveys (the MoJ Legal and Problem Resolution Survey or The Law Society and Legal Services Board 2020) may provide a basis on which to develop such questions.

Recommendations

Using CTA data for the referral mechanism, along with a set of eligibility screening questions to help target ELAP at relevant beneficiaries, appears to be the only viable option for ensuring a sufficiently large sample of beneficiaries with the appropriate level of need to benefit from ELAP. Accessing CTA data is therefore a key priority for the evaluation. There are key risks around gaining access, the quality and content of the CTA samples and the profile of those in CTA. Full details on risks and mitigations are discussed in detail in Chapter 10.

7. Outcomes

This chapter aims to identify a set of relevant outcomes for the evaluation. It first reviews the outcomes that were considered, then outlines the criteria used for selecting outcomes, before making recommendations for assessing selected outcomes. The key recommendations are as follows:

What should the key outcomes of interest be?
The recommended primary outcome for the evaluation is financial security, **measured** as one's subjective feelings of stress and wellbeing about their financial situation as well as perceptions of one's ability to cope with normal monthly living expenses and respond to financial emergencies (Prawitz et al., 2006: 36). The baseline survey questions should be drawn from established instruments and adapted for use in the UK. Recommended instruments include InCharge Financial Distress/Financial Well-Being (IFDFW) Scale (Prawitz et. al. 2006) for measuring financial security, ONS-4 (Office for National Statistics 2018) for distress and Canadian Housing Security Scale (HSS) (Frederick et. al. 2014) for housing security. If the evaluation timeline is extended, we recommend assessing longer term outcomes with administrative data from central government-held court records (HMCTS) to assess legal problem resolution and statutory homelessness data from LAs to assess housing security. It should be noted that measurement of some key outcomes via administrative data will only be feasible with timely access to those datasets.

7.1 Criteria for choosing outcomes

The criteria for assessing and selecting outcomes were as follows:

- Whether the review of evidence (Appendix E) indicated that ELAP may theoretically impact the outcomes
- The likelihood that change in outcomes might occur over the evaluation timeframe
- Whether outcomes were relevant for both an intervention group receiving ELAP and any control group receiving business as usual support[14]

[14] For example, while case management systems will include useful descriptive data on ELAP participants, this will not be available for control participants.

- The feasibility of collecting data to evidence outcomes via either a survey or by accessing administrative datasets

7.2 Primary outcome

It is considered good practice for trials to have one primary outcome (Education Endowment Foundation, 2018).[15] Key elements of the evaluation design such as sample size will be calculated based on the effect that is expected on this primary outcome. The key considerations applied to the selection of a primary outcome are outlined below. Subsequent sections also consider a range of secondary outcomes for the evaluation to explore.

One of the main objectives of ELAP is to test whether providing early legal advice on debt, housing and welfare benefits could promote the resolution of housing problems and prevent escalation into more serious issues such as eviction, possession or homelessness (see Figure 1: ELAP Theory of Change). However, it will be difficult to measure these outcomes within the evaluation without a longer-term follow-up. Housing problems such as eviction and possession can often take months to proceed to court. Current estimates state that the median average time from claim to repossession has increased to 27.3 weeks (Ministry of Justice 2022a). When someone is evicted they can seek support from their Local Authority, and this could add up to eight weeks to the process. Alongside the timeline for individuals themselves, data on homelessness is collected quarterly by Local Authorities returning data to the Department for Levelling Up, Housing and Communities (MHCLG 2018), and there is a four to five-month delay in the publication of homelessness statistics.

Whilst an assessment of these longer-term outcomes (i.e. eviction and possession) where possible is wanted, the recommended *primary* outcome is **financial security**. Financial security is a construct which represents a continuum extending from negative to positive feelings about, and reactions to, a person's own financial condition. It is typically measured as self-reported "levels of stress and well-being emanating from one's personal financial

[15] EEF 2018, "If a trial collects more than one primary outcome, yet is powered for the measurement of a single outcome and produces 95% confidence intervals for two outcomes, it is equivalent to multiple hypothesis testing, as the probability of at least one type I error increases from 0.05 to somewhere between 0.05 and 0.0975 depending on the extent of correlation between the two outcomes."

condition" (Prawitz et al., 2006: 36). This is a broad measure covering subjective feelings about a person's financial situation as well as perceptions of ability to cope with normal monthly living expenses and respond to financial emergencies. The measure will be applicable to all beneficiaries and has clear links to downstream housing outcomes. Importantly, it is expected that perceived financial security has the potential to show some positive changes after a relatively modest period of time and thus can be measured in an endline survey to allow timely outcome data to be collected and reported (see Appendix E for detail).

7.3 Secondary outcomes

Criteria for choosing secondary outcomes

Based on the literature review and key considerations (see Appendix E), it is recommended that additional outcomes are collected beyond the primary focus on financial security. The secondary outcomes include distress caused by problem, resolution of legal problems and housing security, which are detailed in Table 1:

Table 1: Secondary outcomes

Outcome	Definition	Strengths	Limitations
Distress caused by problem	The extent to which the individual is experiencing distress caused by their legal problem	Relatively more likely to change in the short term. Distress due to a legal problem is linked to downstream outcomes for health and wellbeing.	The conceptual link from distress to longer term-outcomes (e.g. housing) is not well evidenced.
Resolution of legal problems	The extent to which individuals are able to resolve their legal issues with the legal assistance provided	A core target of the intervention.	Resolution does not always mean positive outcomes for individuals or Treasury savings. Perception of problem resolution may be subjective to individuals, and there is a chance that a problem may reoccur. Resolution can take longer to materialise.

Outcome	Definition	Strengths	Limitations
Housing security	The extent to which an individual's access to housing is affordable, of reasonable quality, and secure	Very specific and relevant to ELAP's stated aims of reducing housing costs.	May not be relevant to all welfare and debt cases. May be more relevant to those in rental accommodation vs homeowners. Can take longer to materialise.

Changes to distress caused by the problem are likely to be detected soon after the advice has been administered, while problem resolution and housing security are likely to be more distal outcomes. Timeframes for outcome measurement are outlined in the next section (also see Figure 3).

7.4 Measurement timeframes

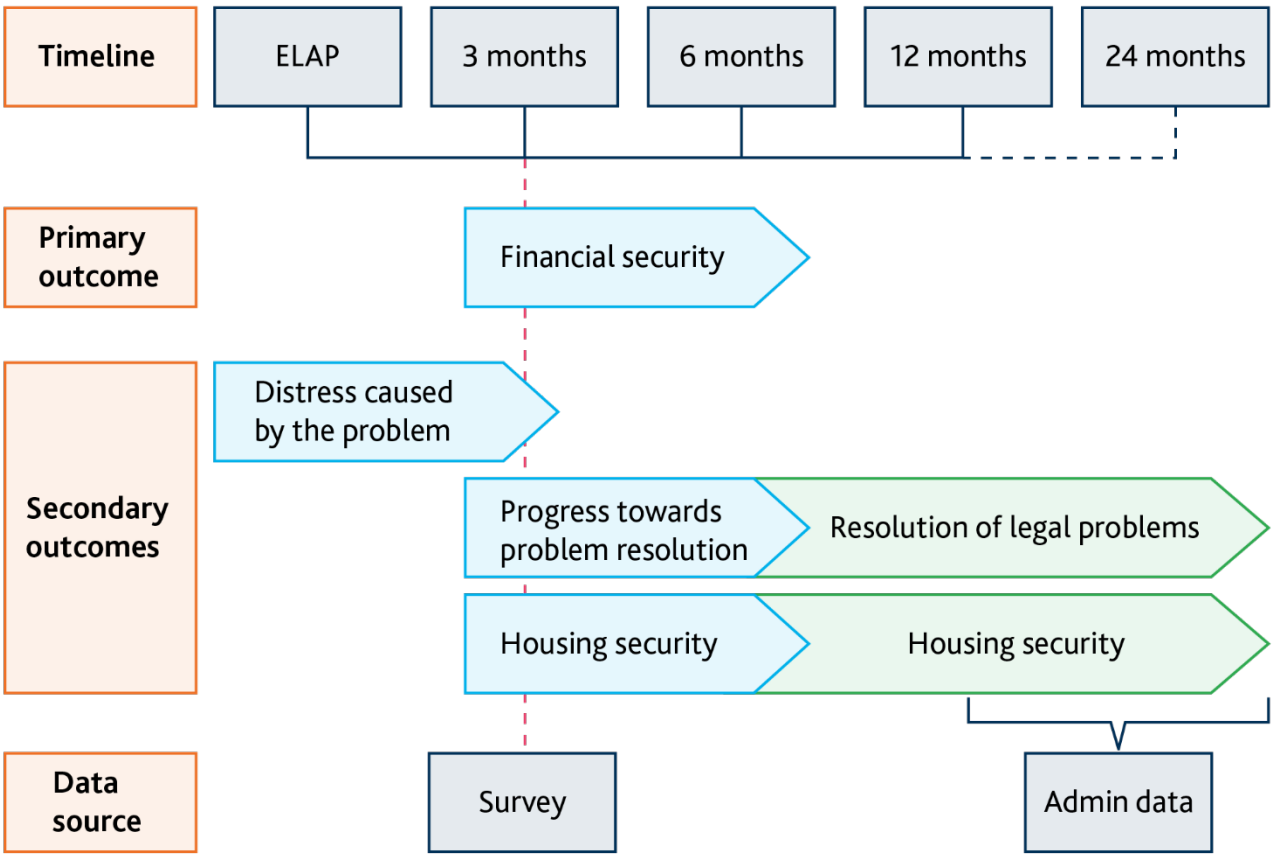
The current schedule for the ELAP evaluation (as per the MoJ ITT) indicates the ELAP intervention will end in February 2023, with a final evaluation report due March 2023. There are likely some immediate outcomes that might be expected to materialise and captured in this timeframe. However, if both the ELAP implementation period and the timeframe for reporting could be extended, the evaluation could assess a fuller range of outcomes, from proximal (those that can be measured in the weeks and months after ELAP is implemented) to distal (medium and longer-term).

Figure 3 draws on the review of evidence (Appendix E) and includes estimates of the timeframe after ELAP implementation that change in outcomes is expected to occur. Access to early legal advice can have a positive effect on the amount of stress, worry and anxiety caused by a legal issue, and this will likely be experienced shortly after receiving the advice (Ministry of Justice, 2019; Ministry of Justice, 2022b). Evidence from randomised controlled trials has also shown that legal advice may also lead to positive effects on perceived financial security in the months after advice is accessed. Later, some people may feel that they are progressing towards resolving their legal issues and perceiving greater housing security (Ministry of Justice, 2022b; Greiner, Pattanayak and Hennessy 2012; Pleasance and Balmer, 2007; Seron, Frankel, Van Ryzin and Kovath, 2001).

Depending on the nature of the legal problem, resolution may be expected to take longer than six months. Therefore, housing security and legal resolution may not emerge until later.

Based on the above, using two core methods of data collection for the evaluation is advised: a three-month endline survey to assess proximal outcomes and administrative data to assess distal outcomes at least six months after ELAP. The endline survey should be drawn from established instruments with some tailoring to fit the context and needs of this evaluation. Examples of instruments include InCharge Financial Distress/Financial Well-Being (IFDFW) Scale to measure financial security, ONS-4 wellbeing questions to measure distress caused by the problem and Canadian Housing Security Scale (HSS) to measure housing security. The use of administrative data is discussed in the next section.

Figure 1: Outcomes and their expected time taken to change



7.5 Using administrative data to assess distal outcomes

This section discusses potential administrative datasets for measuring long-term outcomes relating to financial and housing security and the resolution of legal problems.

The administrative datasets considered were those holding data on: court case outcomes, statutory homelessness, benefits and employment. Table 2 outlines the different datasets holding relevant data on these outcomes, how information recorded in these datasets might be relevant and the potential challenges in accessing them. The two datasets that look most promising in terms of relevance and access are:

- CaseMan[16] (County Court Case Management System), held by HMCTS and includes data on court outcomes, case termination or resolution.
- Homelessness data held by Local Authorities, this includes individual level data on statutory homelessness.
- The evaluation should further explore the possibility of obtaining administrative data to explore some key distal outcomes.

Scoping conversations with HMCTS suggest that data on court cases could be shared for the ELAP evaluation sample. Court cases and their outcomes may provide information that indicates savings to the Treasury (i.e. whether a case ends up in court or not), however, further work is needed to clarify whether data can be used to indicate positive or negative outcomes for the individual.

Data on homelessness (e.g., H-CLIC[17]) are most feasibly obtained from LAs. These data will likely contain indicators of longer-term housing insecurity, such as threatened homelessness and actual homelessness.

HMCTS and H-CLIC data are published quarterly. Exact timing estimates would require further discussions with data holders but to allow sufficient time for outcomes to materialise and data to be shared and analysed, it seems unlikely that results from

[16] CaseMan (County Court Case management system) - data.gov.uk

[17] The Homeless Case Level Information Collection, introduced by the Ministry of Housing Communities and Local Government (MHCLG), collects information on households who have become homeless to better understand aspects such as the reasons of homelessness, individuals' housing history and journey, availability of support, etc.

administrative data could be reported before the end of December 2023 (assuming an ELAP intervention end date of February 2023).

Accessing administrative data

Data access will be critical for the success of the evaluation. It is important to note that administrative data access may require data sharing agreements to be set up between MoJ and data owners. Opt-out consent for data sharing would lead to a much stronger evaluation, as it would likely lead to higher levels of data being available to better power the intervention. However this would need to be established with data holders, some of which have initially indicated a preference for opt-in consent.

There may be efficiencies in arranging access to all Local Authority data sets at the same time (i.e. CTA and homelessness data within one data sharing agreement). However, it should be noted that having access to referral data will be more urgent for ELAP launch.

Table 2: Summary of admin data to be used to measure ELAP outcomes

Dataset	Type of data	Outcome category	Potential outcomes	Limitation	Notes	Access	Importance for measuring outcomes
HMCTS - CaseMan and Possession Claims Online	Case termination/resolution	1) Housing 2) Debt	Case outcome: 1) Whether a case ends up at court 2) Outcome of the case	1) Long period of time it takes for cases to end up in court 2) Even if cases end up in court, a decision might not materialise in time for evaluation 3) Data unexplored and non-mandatory fields incomplete 4) Useful fields as free text and might contain disclosive information	Published on a quarterly basis	Accessible if we get consent from individuals and bespoke DSA	Essential
Tribunal data		1) Welfare				We have been able to obtain information that indicates access will be possible	Essential
DWP - Single Housing Benefits Extract (SHBE)	Housing and welfare benefits	1) Housing 2) Welfare	Benefits: 1) Changes in housing/welfare benefits (Not fully explored due to lack of access)	1) Might result in increased spend in public spending; however it is anticipated that ELAP will achieve a net cost reduction due to solving problems before they escalate.	Data would need to be provided by LAs	Not confirmed if possible to access within timeframe via DWP – DSA required if so	Desirable

Dataset	Type of data	Outcome category	Potential outcomes	Limitation	Notes	Access	Importance for measuring outcomes
DLUHC/BOLD team - The Homelessness Case Level Information Collection (H-CLIC)	Statuary homelessness	1) Housing	Housing security: 1) Threatened with homelessness 2) Homeless	Currently unable to access data so limitations unknown.	Collected on a quarterly basis; DLUCH does not have identifiers for linking	May be accessible via LAs with DSA	Essential – but best accessed from LAs
HMRC	Employment records	1) Welfare	Employment record: 1) Employment status 2) Earnings	Currently unable to access data so limitations unknown.	HMRC routinely shares this data with DWP	May be accessible via DWP (ongoing discussions)	Desirable
Council Tax arrears	Local Authority records	1) Debt	1) Outstanding council tax debt before and after the programme	1) a reduction in CTA resulting from a displacement of debt from CTA into a different category of debt	This data is our preferred sampling frame but may also indicate debt related outcomes	Accessible with DSA	Desirable
Middlesbrough & Manchester Local Authorities	Statuary homelessness, Single Housing Benefits Extract SHBE	1) Housing 2) Welfare	1) Threatened with homelessness 2) Homeless 3) Reason for prevention duty ending 4) Changes in benefits	Currently unable to access data so limitations unknown.	Positive response from Homelessness teams within both LAs	Accessible if DSAs are in place	Essential

8. Evaluation design

The following sections discuss key considerations and proposed designs for the impact evaluation, IPE, VfM and surveys. The key recommendations are as follows:

What impact evaluation methodology should be used?
Conducting a Randomised Controlled Trial (RCT) to evaluate ELAP is recommended to deliver the robust evidence required, based on current data sources and options. The recommended design is for an initial testing phase or 'pilot-RCT', leading to a full-scale RCT. The RCT design would involve identifying potential pilot participants and requesting they complete an initial survey to determine eligibility and provide baseline data. They would then be randomised into treatment and control groups. Outcomes for both groups will be measured using a follow-up (endline) survey and administrative data. The aim would be for a total of 1,600 participants to complete the endline survey. Based on assumptions around eligibility and survey response rates, this would mean roughly 2,660 participants would be recruited to the trial (1,330 allocated to receive legal advice and 1,330 to the control group) across the duration of ELAP.
What impact evaluation methodology should be used if an RCT is not possible?
If the Randomised Controlled Trial (RCT) fails, a Quasi-Experimental Design (QED) is the recommended contingency, to ensure that evidence on the impact of early legal advice can still be collected. The recommended QED approach would be to collect data from participants who would have been eligible for legal advice, but whose legal problem emerged after the pilot's intervention period, and comparing outcomes back to those participants who did receive it. QED participants would be contacted in the three-month period after the intervention period and invited to complete baseline and endline surveys. This option does also have its limitations to consider. These include: requiring an extended timeline, needing access to Council Tax Arrears data (similarly to the RCT), and risking that the comparison group is subject to different macroeconomic conditions.
Why is a pilot-RCT recommended, and what are the implications?
A pilot-RCT is recommended before proceeding to a full RCT because it allows the evaluation to investigate and mitigate some of the risks outlined in this report. The incorporation of a pilot-RCT would require an extension to the ELAP programme delivery and evaluation reporting timeframes. If timeframe extensions are not possible, the evaluation would move straight to the full mainstage RCT, though it should be noted that the risks are higher.

How should the Implementation and Process (IPE) evaluation be conducted?
The IPE would be best conducted in two phases – a formative stage that can feed insights back into programme delivery, and a summative stage. Conducting interviews with all providers is recommended, and selecting four for detailed case studies – three in Manchester and one in Middlesbrough. It will be important to interview a broad range of stakeholders and participants, in addition to drawing on survey and monitoring data. If a pilot-RCT goes ahead, a smaller scale IPE is recommended that focusses on three providers during that phase – with at least one in each trial area.
How should the Value for Money (VfM) evaluation be conducted?
The VfM evaluation will largely depend on data collected and accessed during the impact evaluation. The VfM exercise can also be responsive to the final evaluation timeframe and design. The recommended approach makes use of data collected through both surveys with ELAP participants and administrative data. Assuming the necessary data is accessible, different approaches can be taken to valuing the different outcomes. It is advised that proximal outcomes captured through the survey are valued using HM Treasury's "Wellbeing Guidance for Appraisal" (HM Treasury and Social Impacts Task Force 2021), which allows valuation of a change in a person's wellbeing, for example arising from an improvement in financial security. Distal outcomes measured using administrative data should be valued using Green Book methodology (HM Treasury 2022), which would enable an understanding of the opportunity cost of implementing early legal advice for public sector organisations, focussing on the value of anticipated reduced engagement with public sector bodies such as courts and housing services.
How should the survey be conducted?
Baseline and endline surveys should be used for screening eligible participants and capturing key outcomes. A '**web first**' methodology is recommended for the baseline survey, which avoids relying on telephone interviewers to maximise response. The survey would ensure accessibility by offering the option of booking a telephone interview if preferred. This approach will mean the ELAP population is more comparable to the likely beneficiary population of future policies, and will keep costs down. The target endline sample size is recommended to be 1,600. It is estimated that 20,000-40,000 people total, between the two areas and across the duration of ELAP, will need to be identified and contacted from the Council Tax Arrears data to achieve this. Based on the limited information available, this does not seem unrealistic. For the endline survey, a mixed-method web/telephone approach is recommended to maximise response rates. Fieldwork will take place on a rolling basis, with new sample regularly being pushed into the survey.

8.1 Impact evaluation

8.1.1 Full-scale RCT

This section describes the recommended approach to evaluating ELAP via an RCT.

The feasibility study has identified various risks that are believed to make proceeding immediately to RCT a high-risk approach. Instead, an initial testing phase or 'pilot-RCT'

is advised to inform this design and maximise the chances of a successful mainstage RCT – see further information on how a pilot-RCT would operate in the next section.

Design

The RCT would be most effectively conducted as a two-arm RCT, i.e., it should include one treatment group and one control group, as this maximises statistical power and there is no clear variation of ELAP by which to divide into multiple treatment conditions. The treated group will be referred to ELAP, which consists of up to three hours legal advice. The control group will be signposted to business as usual (BAU) legal advice. Figure 4 shows a summary of the RCT process through recruitment to reporting. The trial is initially scheduled to run from late August 2022 until February 2023 (approx. six months duration), although it should be noted that an extension to this timeline may be possible and is recommended (see Figure 6).

Options for randomisation

RCTs rely on randomly assigning eligible participants to treatment or control groups to provide a robust estimate of causal effect. Random assignment is assumed to generate statistically equivalent groups and thus any observed differences in outcomes can be attributed to the treatment, ELAP in this instance (HM Treasury 2020). There are several options for how randomisation could work, this section briefly considers three options and outlines our preferred option: (1) waitlist design (2) random encouragement design (3) randomise at contact design.

A key benefit of a waitlist design is that participants in the control condition would be able to access ELAP after the treatment group, some weeks or months after the treatment group have done so. This can overcome ethical concerns about withholding support to those who need it and generate buy-in from those in the control group as they stand to receive something in return for their participation in the control group. There are at least two reasons why this is not an optimal choice for ELAP: (1) “early legal advice” requires early intervention rather than intervention after a waiting period so may not be compatible with the ethos of ELAP (2) wait lists remove the possibility of longer-term follow-ups of outcomes as the control group is lost once they experience the treatment. This is particularly problematic for a programme like ELAP where many important outcomes materialise over relatively long timeframes (i.e., 6 to 24 months).

Random encouragement designs can overcome some concerns where providers do not feel comfortable refusing clients' access to a programme. These designs work by randomising a list of people and inviting some to participate in the programme and not inviting others (the control group). This design is problematic for ELAP as much larger samples are needed to power this design as it relies on showing two stages of effect (i.e., from encouragement to ELAP and then from ELAP to outcomes). The design would also be heavily reliant on the effectiveness of the encouragement strategy to be able to show an effect of ELAP itself.

The third option, referred to as 'randomisation at contact', is a relatively standard RCT design. Here, prospective participants are informed that they might be eligible for additional support. Those who make contact are then assessed for eligibility and randomly allocated to treatment or control once they have responded to the invitation and passed eligibility checks. This design has methodological advantages over the previous options such as (1) the ability to follow-up long-term outcomes after the programme has finished (2) more modest sample requirements. There are added benefits to this approach whereby service providers only have contact with people they can actually support (providers will have no need to turn people away).

The main limitations for the 'randomisation at contact' approach are provider concerns around refusing access to the programme to those in the control group, however ELAP providers can offer BAU support if it exists. There is also a risk of higher non-response to the endline survey among the control group (when compared to the waitlist design). Because of the bespoke nature of legal advice, problematic spillover effects are not anticipated for ELAP groups. Compliance can also be supported by a system of participant access codes. On balance, the methodological advantages of this design appear to outweigh the potential limitations or associated risks. This is therefore the recommended option.

Recruitment

Invitations to participate should be sent to households in Council Tax arrears (CTA) in the ELAP areas (see Chapter 5). It is not anticipated that there will be relevant screening variables in the CTA data (e.g., those reliably linked to legal needs). Therefore, participant eligibility will need to be assessed via a small number of questions asking whether people

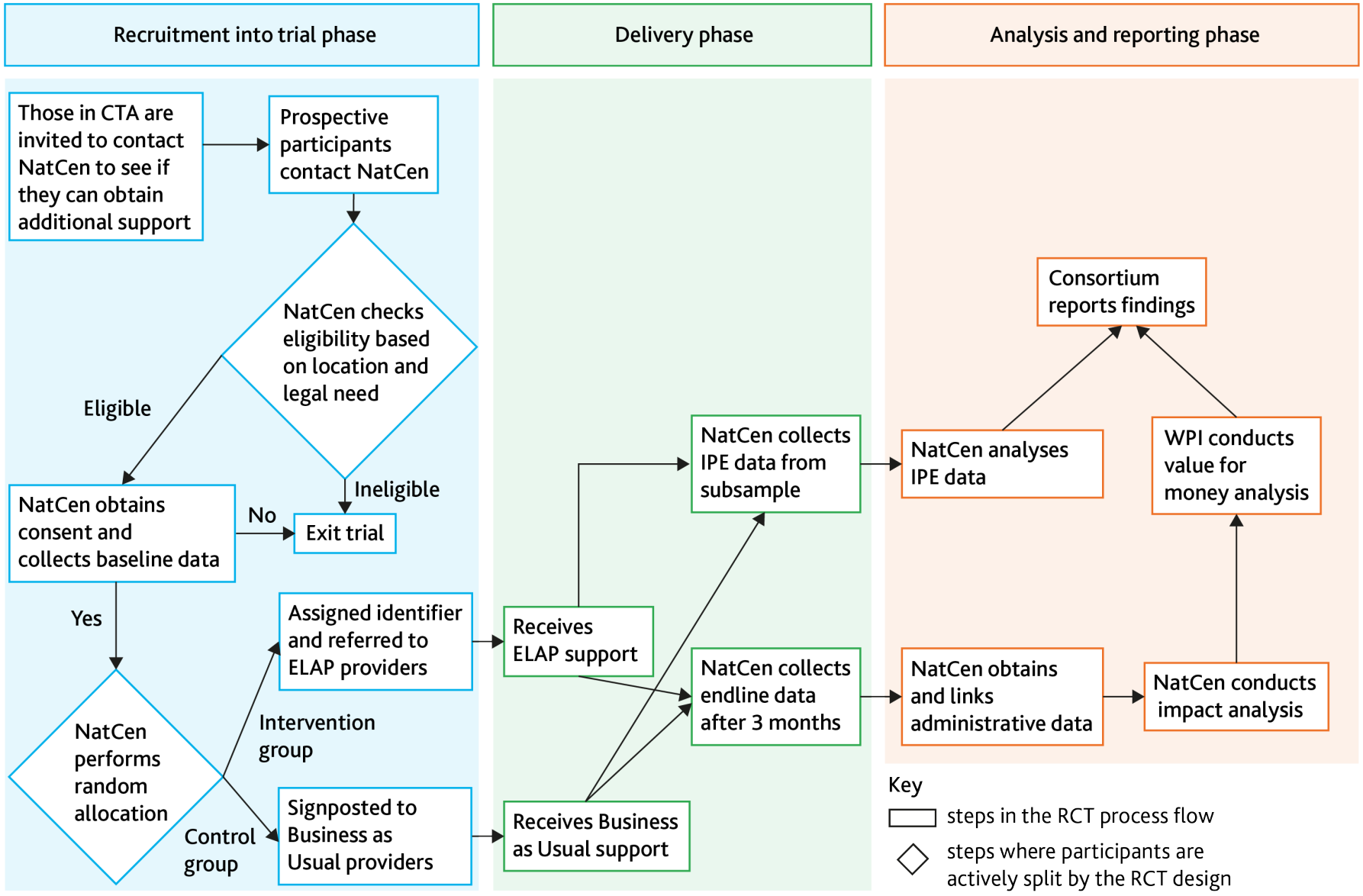
have a legal issue related to welfare, debt or housing (see Chapter 5). Participants will be asked to complete a baseline survey before being randomly allocated to a study arm.

Randomisation process

Randomisation will need to be done on a rolling basis throughout the ELAP implementation period, as participants reply to invitations to take part in the evaluation. The suggested randomisation process is summarised in Figure 4. It is advisable for randomisation to be done via a central online platform, however, to support accessibility we suggest setting up a system that can be accessed in two ways e.g.: (1) potential participants complete the online eligibility form themselves and be allocated to a condition, (2) participants speak to a telephone agent who will ask eligibility questions before using the online system to allocate participants to a condition.

Following the online form, participants would then be informed of the outcome and sent either (1) details of how they will access ELAP (including an assigned participant ID number and a list of ELAP providers), or (2) details of BAU support services. The integrity of the randomisation process should be supported by the evaluator overseeing randomisation and by ensuring ELAP providers can only submit fee claims if they provide an approved participant ID number.

Figure 2: RCT process from invite through to reporting



Outcome data collection

The primary outcome (see Chapter 6) should be financial security assessed via a survey as this allows a relatively short follow-up period and there is no suitable administrative data available for this outcome. The following secondary outcomes should also be assessed via the survey (see Chapter 6 for rationale): (i) self-reported distress caused by the participant's legal problem; (ii) self-reported housing security; (ii) perceived progress towards a resolution of the legal problem.

It should also be possible to collect administrative data on two distal outcomes assessing whether legal problems have progressed to court and whether an individual has been owed a homelessness prevention or a relief duty (i.e. statutory homelessness) (see Chapter 6). This would, however, rely on an extension on the evaluation reporting timetable to at least the end of 2023 (see Figure 6 timeline options). The two main administrative datasets of interest are from HMCTS and Homelessness data from LAs. If this is possible, first, linking the ELAP sample to data from HMCTS is suggested to assess whether an individual's case has proceeded to court by December 2023. Second, the ELAP sample could be linked to LA data to assess whether an individual has been owed a homelessness prevention or relief duty by December 2023.

Sample size calculations

This section discusses sample size calculations for a range of possible study design scenarios. These calculations reveal the smallest difference in outcomes that can be detected by a study, given its methodology and some parameter assumptions. Generally speaking, larger sample sizes allow smaller effect sizes to be identified. A target sample size of 1,600 participants is recommended as a good place to start assuming small to modest effect sizes are plausible (see Table 3). It is also assumed that the sample from both ELAP areas will be combined for analysis to maximise statistical power. Sample size calculations will need to be revisited if this is not possible (e.g. if the control group in Manchester access much higher levels of support compared to Middlesbrough and its appropriate to treat them as separate analyses) with further work required to estimate possible sample sizes and effect sizes in the two areas.

For these calculations, the assumption is that the primary outcome for ELAP is an individual's financial security. The Minimum Detectable Effect Size (MDES) is the smallest

difference in this outcome that the study could detect with a given level of power[18] and statistical confidence. This section presents the MDES in terms of the Cohen's D, which is reported in standard deviations.

At this stage, there is no definitive estimate of the number of people expected to receive legal advice through ELAP, and the maximum feasible caseload that suppliers would be able to accommodate during ELAP is not known. The achieved sample size will be determined by (1) the number of people in Council Tax arrears during ELAP's running period (see Chapter 5), (2) the number of people who engage with the evaluation (e.g., complete surveys). MoJ estimate the maximum number of funded ELAP cases at 3,300, and have indicated that 1,600 participants taking part in ELAP is within the scope of the evaluation. However it is not yet possible to estimate how many people will actually participate in ELAP. A pilot-RCT may help to more accurately assess client demand and provider capacity for ELAP (more detail on a pilot-RCT is given below). At present, these numbers are estimates only and need to be interpreted with caution.

As a starting point, initial recruitment into ELAP can be assumed to generate around 800 participants to receive advice based on the maximum possible figures listed above, and an estimate of a likely number of participants that would be comfortable to achieve. Considering factors such as recruitment, attrition and covariates, power calculations are presented in Table 4 below under three main scenarios:

- **Scenario 1 – simplest setting.** 800 ELAP participants are assumed and vary the size of the comparison group. This scenario does not account for the inclusion of baseline covariates or any attrition.
- **Scenario 2 – varying attrition.** Attrition is a risk for any panel study and refers to the situation where initially recruited participants drop out before the final round of data collection (and therefore cannot be included in the impact analysis). Under scenario 2, it is assumed that 10 per cent, 25 per cent and 40 per cent attrition occurs across both groups, from a starting point of 800 ELAP and 800 comparison group participants.

[18] The power of the study (1-β) represents the probability that the study correctly finds an impact of ELAP, if the programme has indeed had an impact. This can be specified by the researcher and is typically set at 80%. The significance level (σ) denotes the probability of falsely detecting an impact of ELAP, if in fact there was no impact. This is typically set at 5% and is also known as the Type I error rate.

- **Scenario 3 – Adding in baseline covariates.** The addition of baseline covariates to the outcome regression model can lead to gains in power. If covariates are related to the outcome, then their inclusion serves to reduce the residual variance of the regression model, thereby improving statistical power and reducing the MDES (McConnell and Vera-Hernandez 2015).

Table 3: Minimum detectable effect sizes

	Scenario 1: Varying comparison group size			Scenario 2: Varying attrition			Scenario 3: Adding baseline covariates		
Number of ELAP participants	800	800	800	720	600	480	800	800	800
Number of comparison group participants	1200	800	400	720	600	480	800	800	800
Correlation between outcome and covariates	N/A	N/A	N/A	N/A	N/A	N/A	0.1	0.3	0.6
MDES	0.127	0.140	0.171	0.148	0.162	0.181	0.135	0.127	0.090

Notes: Power calculations performed using R. The following assumptions were used: alpha level (α) = 0.05, power = 0.8. The study design assumes an individually randomised study with no stratification or clustering, for simplicity. MDES shown for a two-tailed test.

The effect sizes shown across the different scenarios vary between small and modest in their sizes, even after accounting for attrition, and in most of these scenarios the sample sizes may be sufficient. There are modest gains to be had from including baseline covariates. In sum, a target sample size of 1,600 split equally across treatment and control group, is recommended as a good place to start assuming small to modest effect sizes are plausible. Note, that these assumptions link to two key risks to designing an effective evaluation of ELAP (see Chapter 10): (1) BAU in Manchester may be very strong meaning much smaller effect sizes could be found (2) we do not yet know the demand for ELAP so it is not possible to say if a sample of 1,600 is realistic.

Subgroup analyses

The feasibility study has also considered the impact on statistical power of conducting subgroup analysis: for example, considering the impact of ELAP for Manchester and Middlesbrough in isolation, or examining impact for different population subgroups (for example, younger or older participants, males or females).

For simplicity, it is again assumed a base case of 800 participants in the treatment and comparison group. Note that the MDES shown in Table 4 states the minimum effect size that could be detected for a given subgroup; this is not the same as looking to detect differences between subgroups (e.g. comparing Manchester and Middlesbrough).

Table 4: Minimum detectable effect sizes for subgroup analysis

	2 subgroups	3 subgroups	4 subgroups	5 subgroups
Number of ELAP participants per subgroup	400	266	200	160
Number of comparison group participants per subgroup	400	266	200	160
MDES	0.198	0.243	0.280	0.314

As expected, partitioning the sample into subgroups implies a trade-off for statistical power and causes the MDES to increase. Note that these calculations assume groups of even size, which may be the case for some subgroups – for example, when looking within Manchester and Middlesbrough, or male and female subgroups. However, this is unlikely to be the case for other possible subgroups where the number belonging to the groups is smaller – for example, looking at impacts by ethnicity. In the latter case, the statistical power penalty of looking at minority groups will be costlier – it is likely that these sub-group analyses would be underpowered given the recommended sample size so the interpretation of the results may be limited.

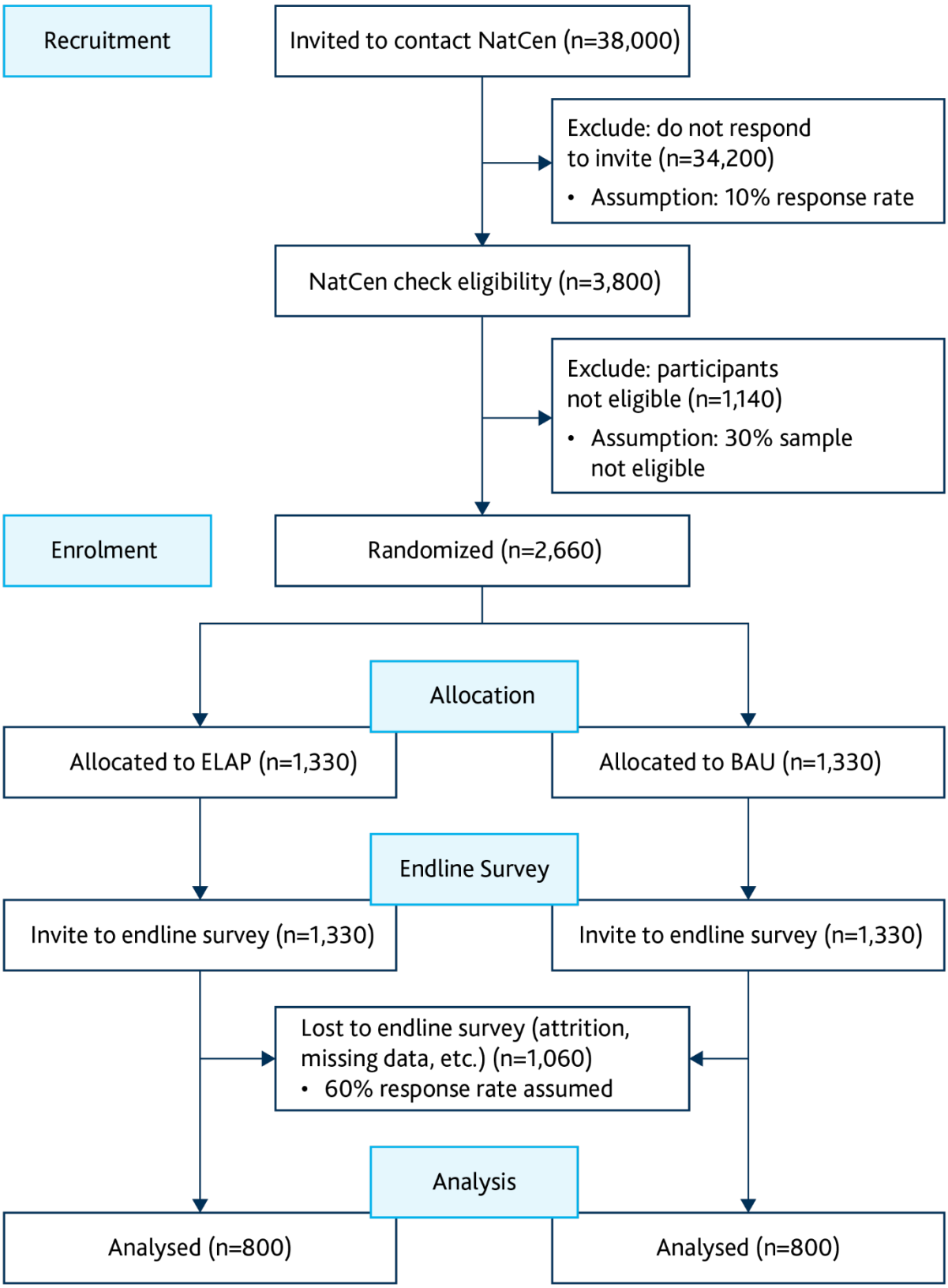
It may be possible to split the two areas and consider them separate trials. For example, if the strong BAU provision in Manchester turns out to be verified during the evaluation, it may be more helpful to focus on the effects of ELAP in Middlesbrough where BAU provision appears much more rudimentary and reflective of the rest of England and Wales. However, this is likely to require larger sample sizes beyond the current provision. It will

therefore be important to plan a responsive RCT that has scope to increase the sample size if required.

Achieving the required sample size

An indicative flow diagram of invitations and response rates is shown below. Aiming for an endline sample size of 1,600 and building in assumptions about response rates and eligibility shows that a large number of invites are likely to be needed – between 20,000 and 40,000. It is assumed that 10-15 per cent of those invited to complete the baseline survey do so, that 70-80 per cent of these are deemed eligible for ELAP, and that 60-70 per cent of those invited to the endline survey complete it. Attrition rates are assumed to be consistent across the treatment and control group. Figure 5 shows an indicative sample flow based on the conservative assumptions. Response rates are further discussed in detail in Section 7.4 on the survey design. Analyses will be conducted on an intention-to-treat basis (McCoy 2017), therefore, it is important to note that high levels of non-attendance in the treatment group could reduce effect sizes and the ability to detect statistically significant effects.

Figure 3: Indicative flow diagram of response and eligibility rates



The control group

The control group will be able to access BAU support and any non-ELAP advice available to them. There will be no restrictions on providers supporting people in their usual way, restricting access would seem unethical and unlikely to be supported by providers.

However, the BAU provision appears very different in the two ELAP sites (see Chapter 3). More specifically, interviews with stakeholders in Manchester indicated that some BAU provision may be very similar (or better than) to ELAP provision (see risk 1a in Chapter 10). Making a number of assumptions about capacity and client behaviour, this could lead to control participants who access BAU in Manchester having similar (or better) outcomes than the ELAP group. The evaluation therefore may essentially be running a non-inferiority trial, that is a trial setting out to prove that ELAP is no worse than the current offer in Manchester which is not the objective of ELAP or required by MoJ.

When comparing two intensive interventions, the expected detectable effect sizes are much smaller, therefore a much larger sample size is needed to make robust conclusions. These risks point to the importance of a pilot-RCT to learn more about the advice accessed by the control group in Manchester, how it compares to ELAP and whether a larger sample size is required. It is also not known if and how ELAP beneficiaries in Manchester will access BAU services, so there are questions of additionality. The extra three hours provided by ELAP may not be adequate to impact outcomes beyond BAU support people may access, or equally, access to BAU may not be as accessible as currently believed. However, at this point it would appear Manchester has a very high level of legal advice provision and it may not provide a generalisable context in which to trial ELAP. There may be a need to build in a possible ‘stop-point’ if Manchester is as problematic as early indications suggest.

Running ELAP in Middlesbrough is an important aspect of this RCT as the lower level local BAU provision enables a more indicative test of the larger effects ELAP may have in many areas of the UK.

Key risks for the RCT design option

The most substantial risks associated with the full-scale RCT approach are (1) data access is not assured (2) the conditions of the comparison group are unknown and BAU may be too strong in Manchester (3) there is an unknown sample size and risk of being underpowered (4) the ability of the referral mechanism to identify a suitable and adequate sample is not proven. Many of these risks and those described in Chapter 10 apply to progressing straight to a full-scale RCT too soon. Beginning with a pilot-RCT would provide time and information to further assess many of these risks (e.g. the larger sample size, generalisability and effect size issues as mentioned above) and put in place mitigations or changes to reduce their impact (described further in following sections).

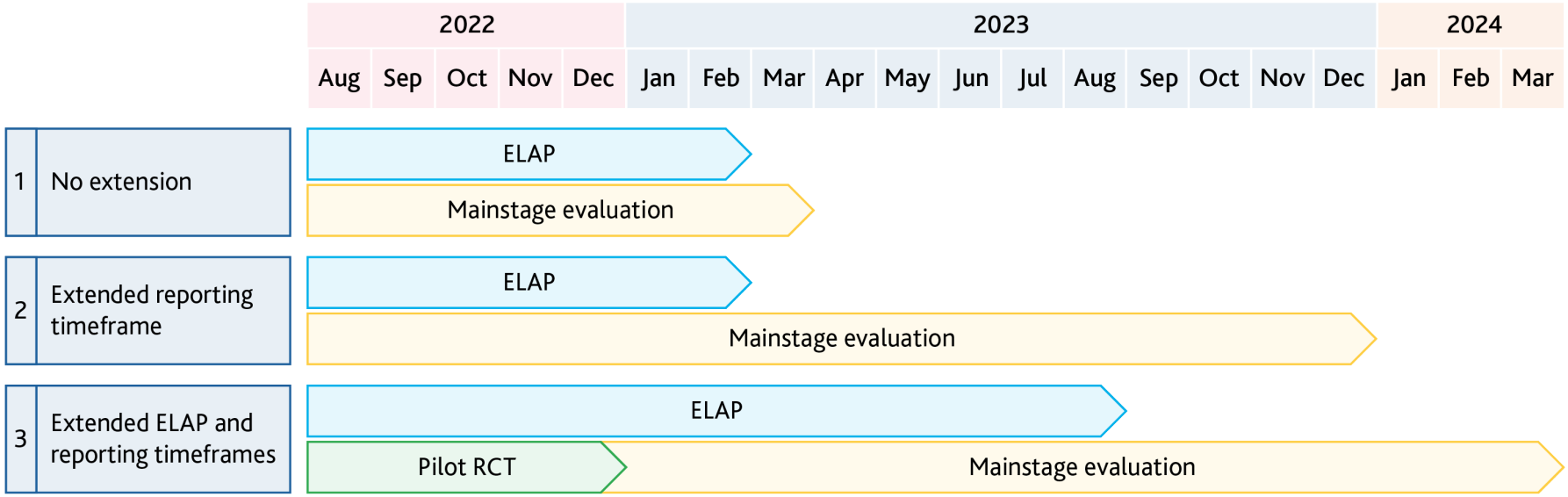
8.1.2 RCT timeline and scope options

As per the MoJ invitation to tender (ITT), ELAP will end in February 2023 and the evaluation reporting deadline is in March 2023. However, it may be possible for key reporting milestones to be postponed and ELAP implementation continued beyond March 2023 (as the statutory instrument for ELAP will expire in March 2024).

An extension to evaluation timeframes is recommended as this could increase the probability that the evaluation has sufficient sample size, time to explore key outcomes and allow the evaluation to use administrative data sources to explore longer-term outcomes as well. An extension to the ELAP implementation period, coupled with an extension to evaluation timeframes would have the added benefit of allowing for a pilot-RCT, which could help mitigate some of the risks highlighted in this feasibility report (see Chapter 9). See Table 5 for a description of the evidence available based on each timeline.

Figure 6 provides an indicative overview of different timeframes, and of how evaluation design might change to reflect revised timeframes for ELAP implementation and evaluation reporting.

Figure 4: Timeframes of ELAP programme and RCT according to varying extension options



Note:

1: No extension: Quantitative data collection on survey outcomes would likely need to end in December 2022, to allow for reporting.

2: Extending the timeframe (indicative timeframe) would allow an extended period of survey data capture, plus potential use of administrative data to explore medium and long-term outcomes.

3: Extending the period of ELAP implementation (until August 2023 for example) would allow for a pilot-RCT, an extended period of survey data capture, plus potential use of administrative data to explore medium and long-term outcomes.

Table 5: Evidence available according to each timeline

Option	Evidence provided	Summary
1. No extension	IPE. Followed by VfM and impact evaluation based on survey data only (limits sample to those participating in ELAP until December 2022).	No delay to results, but sample size at very high risk of being too small and limited realisation of impact.
2. Extended reporting timeframe	IPE. Followed by VfM and impact evaluation based on survey data and longer-term findings using administrative data (from all ELAP participants up to March 2023)	More likely to achieve required sample size and allows the assessment of longer-term outcomes. Other risks not fully assessed so high risk of RCT failure.
3. Extended ELAP & reporting timeframes (recommended option)	Pilot-RCT to report if RCT is viable and mitigate risks. Followed by: IPE, impact evaluation and VfM based on survey data and longer-term findings using administrative data (from all ELAP participants up to August 2023)	Fully assesses risks and provides opportunity for mitigation. Also more likely to achieve required sample size and allows the assessment of longer-term outcomes.

8.1.3 Pilot-RCT

Objectives of a pilot-RCT

A testing phase (pilot-RCT) assesses the on-the-ground delivery of an RCT before full roll-out. The key benefit of a pilot-RCT is that it would allow MoJ to better understand and mitigate some of the most pressing risks associated with moving straight to a mainstage RCT (see “key risks for the RCT design option” section and also Chapter 9 for detailed discussion of risks). The pilot-RCT would occupy the first five months of ELAP and take a mixed-methods approach to address a set of interim (but crucial) research questions, assess whether anticipated risks identified for ELAP and the evaluation materialise, and identify mitigation strategies. If considered feasible, the evaluation would then roll into a full RCT (subject to programme and evaluation timeframes being extended beyond current guidance). The pilot-RCT would involve research with providers and local stakeholders, treatment and control participants, and preliminary analysis of survey data.

There would be three main objectives for the pilot-RCT, Appendix D lists more detailed research questions:

- Assess the feasibility of the intervention, i.e. whether ELAP can be delivered as planned.
- Examine the evidence of promise, i.e. perceptions of ELAP's impact and any evidence of unintended consequences.
- Assess readiness for trial and feasibility of a mainstage RCT, i.e. whether and how ELAP should proceed to RCT.

Pilot-RCT design, research methods and data collection activities

Since the pilot-RCT aims to test the feasibility of a full-scale RCT, it would draw on very similar methods to those used in the full-scale RCT. The main differences would be the IPE component being on a smaller scale and the research questions would be focused on feasibility rather than impact. Thus, during the pilot-RCT the evaluation would involve: conducting interviews with providers, participants, and local stakeholders (see Appendix D for a breakdown of planned interviews); observing advice delivery sessions; testing the referral mechanism and randomisation processes; collecting survey data from participants via baseline and endline surveys and examining providers' management information data. The-pilot-RCT is intended to capture early delivery and the experiences of stakeholders, while supporting and not precluding the development of the mainstage evaluation.

The pilot-RCT would not delay the ELAP implementation, meaning it can be delivered by MoJ and providers as planned (currently expected to be August 2022). Instead, the evaluation team advises that the ELAP programme delivery period be extended to accommodate the pilot-RCT (see Figure 6) which would run for five months. Five months is required to allow the evaluation to capture some endline data and at least three months is required between baseline and endline. Such an extension would require at least five extra months added to ELAP programme delivery period, but a longer extension would be beneficial to the evaluation. A mainstage RCT could follow immediately after the pilot-RCT, subject to any changes in delivery required. If the pilot-RCT does not indicate that substantial changes to ELAP delivery or evaluation are required, the quantitative data collected during the pilot-RCT could be added to that collected during a later mainstage RCT, thus increasing the sample size.

While all ELAP providers would take part in the pilot-RCT, the IPE would focus on a smaller number of providers to understand them in more depth. The processes of recruitment, referrals and randomisation would follow those used in a mainstage RCT (see below) with no restrictions on providers seeing ELAP clients.

Learning from the pilot-RCT

The pilot-RCT would be designed to be responsive to early findings and updated assessments of risks. Early review of the pilot-RCT will enable an assessment of initial progress with programme implementation, data collection and levels of demand for ELAP. Insights at the end of the pilot-RCT (five months after ELAP launch) would inform recommendations for if and how a full RCT could be conducted, including any changes to programme delivery if applicable.

8.1.4 Quasi-Experimental Design

This section describes a quasi-experimental design (QED) as an alternative to the RCT outlined above. QEDs seek to establish a counterfactual (i.e., what would have happened to the treatment group in the absence of the programme) without randomisation, by using statistical techniques to identify a group of non-participants who are sufficiently comparable to the intervention group. Overall, a QED option stronger than the RCT option described above has not been identified for ELAP in this feasibility study. It is therefore suggested that a QED option would serve as a back-up approach, to ensure ELAP can be evaluated in the event that an RCT fails. However, a QED is unlikely to be viable without an extended timeline to conduct additional data collection.

Selecting an appropriate QED option for ELAP presents multiple challenges, including:

1. The desired outcomes identified in this feasibility report are primarily measures that can only be collected via surveys (e.g., financial security).

2. Most QEDs using out-of-area (not in the ELAP LAs) samples require a large counterfactual pool for matching. To get a large enough survey sample from out-of-area LAs will require significant investment and significant access to samples in multiple LAs who are not part of the programme and so would not have any residents receiving ELAP.

3. Using non-survey measures for the chosen outcomes is less desirable, would entail a lengthy and potentially infeasible data access process, and will in most cases also require access to data from out-of-area LAs.

Thus, an appropriate QED approach for ELAP would need to (a) use in-area samples, and (b) facilitate endline outcome data collection through surveys. This points to a QED approach that samples counterfactuals who vary temporally (e.g., from an earlier or later time when ELAP is not running) from participants involved in ELAP. This would involve identifying participants who meet eligibility criteria for ELAP except that their problem emerged at a different point in time (e.g., outside of the proposed ELAP implementation phase), and hence they were ineligible. The recommended QED option is to exploit temporal differences by collecting data from participants who would have been eligible for ELAP but their problem emerged after the intervention period. This can be considered a form of modified interrupted time series (Thyer 2012).

Design

Using this approach, CTA data would be used to contact participants in the three-month period after the intervention (e.g., March – May 2023 assuming the evaluation is working to ELAP's original timeline) who would have otherwise been eligible for ELAP. These participants would complete a survey including the outcome measures, at baseline and at endline three months later (e.g., taking fieldwork to the end of August 2023). The pre-post change in outcomes could be compared to that of the treatment group, using regression analysis. The advantage of this approach is that it enables the collection of prospective baseline and endline outcome data, controlling for baseline imbalance and improving power-per-unit-of-analysis. It also does not depend on administrative data.

Limitations for the QED option

However, the QED option would require a timetable extension of approximately nine months in total (potentially more if survey recruitment is slow), for the additional three months of recruitment to the baseline, followed by the endline survey and analysis (estimated reporting in November 2023 on the original timeline or September 2024 with an extended delivery timeline). Additionally, as the current QED relies on the same CTA data as the RCT does, the QED has some shared risk with the RCT, as mentioned above.

It should also be noted that it is possible that the post-ELAP-period sample will experience different macro-conditions than the treated participants (e.g., economic conditions, policy changes) – a risk for this evaluation design. Furthermore, there are also substantial cost implications for surveying the control groups – a required element for this design.

As a result, the QED option is not recommended as the primary approach but is best placed as a backup design if an RCT does not prove feasible or randomisation fails. After the QED option, the remaining options would consist of pre-post analysis and a theory-based evaluation.

8.2 Implementation and process evaluation

This section contains recommendations for running an Implementation and Process Evaluation (IPE) alongside the impact evaluation. An IPE would assess the implementation of the intervention, providing a detailed understanding of how ELAP is being delivered on the ground, and identifying the key barriers and enablers for successful outcomes (Oakley, Strange et. al. 2006). It would monitor whether the intervention is being delivered as intended, the level of demand for the intervention, whether the randomisation is successful, and whether there are any unintended consequences from receiving the intervention. Crucially, it will provide lessons for rolling out the intervention in other areas, if this happens, by identifying factors in Manchester and Middlesbrough that contribute to the success or otherwise of ELAP.

The recommended IPE design assumes that the impact evaluation follows an RCT design. It is flexible as to the possible length of ELAP implementation and evaluation reporting timelines. It should be noted that the recommended pilot-RCT also includes some IPE activities (see Pilot-RCT). If the final evaluation design includes a pilot-RCT, the IPE work described here would follow the pilot-RCT. If there is no pilot-RCT, the IPE work described here should commence at the start of ELAP implementation.

7.2.1 Aims

IPEs typically aim to understand levels of **compliance** and **fidelity**. For ELAP, compliance is how much advice is provided to clients, and fidelity is the content and quality of the advice sessions. Additionally, the IPE should seek to understand **business as usual** (BAU) in ELAP areas, at both baseline and endline. The IPE should monitor whether there

is change over time in the nature and extent of BAU legal advice in ELAP areas, to understand whether this could have impacted the evaluation findings.

The design of the IPE should draw on the **Theory of Change** (ToC). In the case of a null or negative result in the impact evaluation, the IPE will help to identify the reason: a failure in the theory of how the intervention is supposed to lead to the outcomes; a failure in the implementation of the intervention; or a failure in the methodology of the impact evaluation.

8.2.2 Research questions

Table 6 lists the primary and secondary research questions recommended for the IPE:

Table 6: IPE research questions

Primary questions	Secondary questions
RQ1. How was ELAP implemented?	a. How much advice did the treatment group receive? (Compliance) b. What was the form, content, and quality of this advice? (Fidelity) c. What resources and infrastructure were used to support service delivery, and were these sufficient? d. What were the barriers and enablers to service delivery? e. How did service delivery vary between areas, providers, and types of legal issue? f. How did service delivery change over the duration of ELAP, and why? g. Who did / did not access the advice and why? Did ELAP reach the intended audience? (Reach) h. What motivated providers to participate in ELAP? To what extent does the ELAP funding mechanism support a broader range of providers to provide early legal advice?
RQ2. What explains the outcomes of ELAP?	a. What were treatment group participants' experiences of the advice? How did experiences vary across groups, such as those with protected characteristics? b. What were the barriers and enablers to people utilising the service, and how likely would they be to use the service again? c. What were the key factors that determined whether treatment and control group participants were able to progress or resolve their legal issue? d. To what extent did variability in the delivery of the intervention moderate outcomes for treatment group participants? e. Did the intervention have any unintended consequences?

Primary questions	Secondary questions
RQ3. What was business as usual (BAU) legal advice in the ELAP areas?	a. What was BAU for legal advice for ELAP areas and the providers over the duration of ELAP? b. How does this BAU compare to the intervention? c. Where does ELAP fit within the wider context of BAU support? d. To what extent did treatment and control participants access BAU legal advice during ELAP? e. Did BAU change over the duration of ELAP, and if so, why?

8.2.3 Methodology

Process evaluation of complex interventions require a combination of quantitative and qualitative methods, and their relative importance may vary according to the status of the evidence base or stage of the evaluation process (Moore, Audrey et. al. 2015). It is intended that the IPE makes use of a range of data sources, including qualitative depth interviews, direct observations of advice delivery, survey data, and monitoring data. Table 7 shows which research questions each of these data sources will be used to address.

Table 7: IPE data sources and research questions

Data source	Research questions addressed
Qualitative depth interviews with stakeholders	RQ1, RQ3
Qualitative depth interviews with treatment and control participants (and non-participants)	RQ1, RQ2, RQ3
Direct observations of service delivery	RQ1, RQ2, RQ3
Survey data	RQ1g, RQ2, RQ3c
Monitoring data	RQ1(a, b, e and f)

The recommended design of qualitative fieldwork (interviews and observations) is that it takes place in two distinct stages: a formative stage that begins around one quarter of the way through the duration of service delivery, and a summative stage that begins around three-quarters of the way through the duration of service delivery. Insights from the formative stage will generate continuous operational and efficiency improvements, including identification of any barriers to successful implementation. Conducting fieldwork in two stages will enable identification of change over time.

Qualitative fieldwork with providers and treatment group participants should take a case study approach to understand operations in more detail. It would be valuable to interview

senior managers at all providers, but then we suggest selecting four providers – three in Manchester, and one in Middlesbrough – and sampling a broader range of interviewees within these. Within Manchester at least one not-for-profit provider, at least one for-profit provider, and at least one provider that currently delivers the council-funded advice contract (see Section 3.3) are suggested. This will enable a deeper insight into the functioning of the ELAP service on the ground, allowing comparisons between the experiences of different interviewee groups, and between different providers.

Qualitative depth interviews

The primary data source for the IPE should be qualitative depth interviews with a wide range of groups:

- **MoJ/LAA manager(s).** These interviews will answer RQ1 at a high level and will illuminate the resources and infrastructure used to support delivery, the variation between areas, and how service design and delivery change (if at all) throughout ELAP.
- **Local authorities (LAs).** These interviews will provide some limited information relating to RQ1 (since the role of LAs is unlikely to extend beyond providing sample or sending invitation letters). They will also provide useful information for RQ3, helping to build up a more detailed picture of BAU, and how BAU changes over time.
- **Topic area specialists.** Specialist advice is likely to be needed when accessing and interpreting the administrative data on courts, tribunals and homelessness. Interviewing specialists at the later stages of the evaluation would assist with this. For example, an organisation such as the Housing Law Practitioners Association may be able to help understand which types of issues end up in courts and tribunals, for which reasons.
- **Legal Aid Agency (LAA) contract manager.** There is one contract manager for the single provider in Middlesbrough, and multiple contract managers for the providers in Manchester. These interviews will help address RQ1 and RQ3.
- **Providers.** Depending on the size of the providers and the number of individuals involved in delivering ELAP, interviews with managers (the director, or the person responsible for overseeing the whole of ELAP delivery at the provider), supervisors (those responsible for overseeing and supporting those staff who are directly delivering the advice sessions), and the delivery staff will provide different perspectives on RQ1 and RQ3.

- **Treated participants.** Interviews with participants who received the ELAP service will be critical, helping to understand how the service is delivered (RQs 1a and 1b), how it leads to outcomes (RQ2), and what other support is being accessed (RQ3c).
- **Control group participants.** These interviews will enable understanding about the kinds of issues experienced by those in-scope for the ELAP service (RQ1g), the key factors that determine whether someone is able to progress or resolve their legal issue (RQ2b), and the extent to which the control group accesses other forms of support and advice (RQ3c).
- **Treatment group non-participants.** Interviewing people who completed the baseline survey, were randomised into the treatment group, but did not make use of the ELAP service will help to illuminate the reasons people do and do not make use of the service (RQ1g), and what other sources of support and advice they access (RQ3c). If it goes ahead, the pilot-RCT would additionally aim to interview people who were invited to take part in the baseline survey but chose not to: this will help to refine the referral mechanism and the survey communications. This group is likely to be hard to recruit – whilst its recommended that all qualitative participants be offered incentives, more generous incentives could be considered for this group.

Table 8 shows the recommended number of interviews with each of these groups at each stage of the IPE.

Table 8: Breakdown of qualitative depth interviews by group and stage

Group	Formative	Summative
Local authorities	1-2 per area	1-2 per area
MoJ/LAA manager	1	1
Topic area specialists	0	4
LAA contract manager	2 Manc, 1 Midds	2 Manc, 1 Midds
Treated participants	10 per provider (40 total)	10 per provider (40 total)
Control group participants	12 Manc, 6 Midds	12 Manc, 6 Midds
Offered treatment, did not accept	3 Manc, 2 Midds	3 Manc, 2 Midds
All providers – senior manager	Up to 8 Manc, 1 Midds	Up to 8 Manc, 1 Midds
Case study providers – Supervisors	1-2 per provider (4-6 total)	1-2 per provider (4-6 total)

Group	Formative	Summative
Case study providers – Delivery staff	2-3 per provider (8-10 total)	2-3 per provider (8-10 total)
Total	**87-91**	**91-95**

Interviews with treatment and control group participants will be sampled from the survey respondents, who will be identified from Council Tax arrears data. This will enable use of answers to survey questions to define quotas:

- At the formative stage, suggest sampling is based on socio-demographic characteristics and the nature of the legal issue that the participant has.
- At the summative stage, suggest sampling participants who have completed the endline survey. This will enable the evaluation to sample participants based on their outcomes – the extent to which they perceive their legal issue to have been resolved. Additionally, some formative stage participants will be followed up at the summative stage to understand the key factors shaping their outcomes.

Observations

Observations enable a more direct means of understanding how the advice is being delivered on the ground that is not mediated by the views and opinions of delivery staff and participants. It's suggested that the IPE involve conducting one day of observation per provider at both formative and summative stages. This should be combined with the day of face-to-face interviewing: when researchers are not interviewing, they will be observing advice sessions. This will help to minimise the burden on the providers.

Observing advice sessions will help to address all key research questions listed above. The evaluation could also consider observing non-ELAP advice sessions to develop a better understanding of BAU.

Qualitative analysis

The recommended approach to qualitative data management is to use NatCen's Framework approach to facilitate case-and-theme-based analysis of the transcribed interview data and observation notes. This will involve constructing analytical frameworks for different participant groups as a basis for organising the data from interviews and observations. The design of the analytical frameworks will be informed by the research

questions and interview/ observation themes and relevant theoretical or behavioural frameworks. Data from each interaction will then be summarised within the framework, so the data are ordered systematically and grounded in participants' accounts.

The Framework method is embedded in NVivo 12 software which enables the summarised data from the research to be linked to the verbatim transcript. The approach would involve working through the managed data to carry out case-and-theme-based analysis, drawing out the range of experiences and views, identifying similarities and differences and interrogating the data to seek to explain emergent patterns, typologies and findings.

Baseline and endline survey

The recommended impact evaluation design involves a baseline and endline survey of both treatment and control groups (more detail in Section 7.4, Table 9). A few short questions relating to the IPE would be added to these surveys. To increase the chances of survey completion, this will need to be as few questions as possible. Table 9 provides an overview of the relevant survey sections.

Table 9: Survey questions that will be used as part of the IPE

Questions	IPE Research Questions	Baseline	Endline
The nature of the legal issue that the participant is seeking advice for	1g	Yes	No
Whether the participant received any legal advice other than ELAP, the nature of that support and advice, and how they learned about the availability of that support and advice	3c	Yes	Yes
Experiences of, and satisfaction with, the ELAP service	2	No	Yes (treatment group only)

Data would be analysed descriptively (frequencies and cross-tabulations) and synthesised with the findings from the other strands of data collection.

LAA monitoring data

Providers will be required to complete an LAA monitoring form for every ELAP client, which will include information on the nature of the legal problem, advice given and participants' demographic characteristics. The evaluation should seek to use this to

understand the *reach* of ELAP: who is referred into ELAP, and what kinds of legal problems do they have (RQ1g)? The evaluation will likely need to collect additional light touch monitoring data from providers in order to help answer RQ1a, b, e, and f.

8.3 Value for Money (VfM) evaluation

Aim of the evaluation

The VfM evaluation will assess the Benefit Cost Ratio (BCR) of ELAP. The result of this exercise will inform a conclusion about how early legal advice contributes to an effective use of public resources.

Recommended approach

It is recommended that the VfM evaluation uses two approaches for the two types of outcome that will be measured through ELAP.

The first would evaluate the VfM associated with proximal outcomes. This would be done by measuring the wellbeing impact from participating in ELAP, then converting this impact into a monetary value. Measuring the wellbeing impact requires appropriate questions in the baseline and endline surveys described in Chapter 6 (to note, the surveys are expected to use the IFDFW Scale). The conversion to monetary values will utilise HM Treasury's supplementary Green Book guidance on wellbeing appraisal as the basis for calculations. More specifically, Subjective Wellbeing valuation would be used, an approach that values a change in a person's wellbeing when a change of state has occurred, i.e. an increase in financial security.

The second would evaluate the VfM associated with distal outcomes. This would use Green Book methodology to understand the opportunity cost of implementing early legal advice for public sector bodies (using, if possible, the admin data collection that is described in Chapter 6). It would focus on the costs and benefits of an anticipated reduction in demand for public services as a result of the intervention (such as reduced interaction with courts and housing services).

In both cases, a comprehensive literature review should be undertaken to identify the values that can be attributed to such outcome changes. A sample of literature has already been reviewed to inform this feasibility study, finding some precedent for these types of

valuations. For instance, the Financial Conduct Authority commissioned a study into the wellbeing effects of debt and debt-related factors, using the subjective wellbeing valuation "three-stage method", and found that the wellbeing cost to a person of falling into debt arrears is £6,746 (Simetrica Jacobs, 2020). Another example is the Greater Manchester Combined Authority Unit Cost Database that presents estimates of the costs to local authorities of repossession and eviction, alongside the costs of several other homelessness interventions (Greater Manchester Combined Authority, 2019).

The sample literature review has uncovered some limitations to the existing evidence on values to attribute to outcome changes. First, some cost estimates are based upon analysis that is several years old and are in need of updating (a limitation that can be addressed to some extent through the semi-structured interviews referenced below). Second, the impact of income on wellbeing is relatively well evidenced, but the impact of debt and arrears on wellbeing is less well developed. This means there are fewer previous findings to compare and contrast with the analysis of the ELAP survey data that will be collected.

In addition to a literature review, semi-structured interviews should be conducted with relevant stakeholders to ensure that the full range of costs and benefits are understood. An example might be discussing with HMCTS the costs and savings arising from a court appearance being avoided.

In addition to the monetisable benefits calculated there would be an exploration of non-monetisable benefits of ELAP. For instance, through a literature review assessing the evidence on the downstream consequences of increased financial security and recognising those that cannot be valued with confidence. An increase in employee productivity is likely one such example (Prawitz et. al., 2006). There are expected to be several categories of these non-monetisable benefits, including the impact on welfare benefit receipt / eligibility, the financial implications for landlords, and the productivity of the court system. Given the complexity of the area, it is expected that these non-monetisable benefits will be a key part of the VfM analysis, and will be collated and evidenced through desk research and semi-structured interviews.

Data required

The key information needed to make a VfM evaluation for ELAP feasible have been discussed to a large extent in the preceding chapters. In summary, surveys to measure proximal outcomes and access to admin data to measure distal outcomes will be the key data collection methods.

Within these two data collection methods, there are three broad types of essential information required to credibly perform a VfM evaluation:

- **Measurable "Business As Usual" (BAU) conditions.** To understand how early legal advice changes the financial and housing outcomes of ELAP recipients, a comparison needs to be made with the financial and housing outcomes of non-recipients (those in the control group). There can be no VfM assessment of how to use public resources effectively if only looking at the outcomes of one group. As already noted, there is a lack of clarity around BAU in Manchester, where some existing legal advice provision could overlap with the advice offered through ELAP (we have highlighted the issues that this raises in Chapter 3). This means that more data is needed to understand the BAU experience in Manchester. Without it, the VfM has no baseline from which to make a comparison. There is no existing early legal advice provision in Middlesbrough that could overlap with ELAP and hence no lack of clarity around BAU.
- **Measurable costs to provide early legal advice**. A BCR calculation has to include what costs are incurred to derive the benefit. This includes the costs for both treatment and control groups. For instance, estimates of the cost of existing early legal advice on offer in Manchester as part of BAU and any costs incurred by the providers of ELAP would be necessary for a BCR calculation. However, it should be noted that proxy values for the costs of delivering could be used and so it is unlikely there would be no basis at all for measurement.
- **A comprehensive framework of the outcomes that could arise.** Initial scoping for the VfM assessment focused on two types of outcome for those who could potentially benefit from early legal advice. First, potential housing outcomes were assessed. Sources used to identify these outcomes include the data collection on statutory Prevention and Relief duties recorded by local authorities (Department for Levelling Up, Housing and Communities, official statistics, 2018 – 2022) and other estimates of the costs of engaging with housing services (including Scanlon, K and Whitehead, 2019

and Pleace, N, 2015). Second, potential outcomes in relation to the court system were assessed. Key sources were those that explained the interaction with the justice system following the escalations of a housing problem. Sources included Government information on possession proceedings, analysis undertaken by the Law Society on the cost of court proceedings, and Ministry of Justice Mortgage and Landlord Possession Statistics.

- **Measurable outcomes under ELAP treatment and control**. As noted above, there are two types of outcome that a VfM evaluation can use to make comparisons between BAU and ELAP – those proximal outcomes that arise within six months of treatment and those distal outcomes after 12 months or more (discussed in detail in Chapter 6). These outcomes will be measured using different sources of data and will measure different things. Being able to attribute a value to proximal and distal outcomes with confidence is dependent upon the confidence in calculations of how outcomes – such as financial and housing security - vary between control and treatment group.

Minimum and maximum VfM evaluations

Based upon the design of ELAP set out in this document, it is feasible to get at least some of the above information to complete a VfM evaluation. But there are different degrees of comprehensiveness, depending on how ELAP can proceed.

The table below sets out what the minimum and maximum would look like for a VfM evaluation – with the minimum being survey results with no admin data, and the maximum being survey results and admin data. To note, that this minimum and maximum could occur in either pilot area or both at the same time.

Table 10: Minimum and maximum VfM evaluations

Minimum VfM evaluation – access to survey data, but no access to admin data	**Maximum VfM evaluation – access to survey data and access to admin data**
• An evaluation of the value of subjective wellbeing effects resulting from early legal advice. • Some inference of other benefits where possible from available evidence, with some illustrative quantification. • A longer list of non-monetisable benefits that cannot be valued.	• An evaluation of the value of subjective wellbeing effects resulting from early legal advice. • An evaluation of the BCR of ELAP using measured unit costs associated with public service demand. • A list of non-monetisable benefits that cannot be valued.

Efforts to get to this maximum would mean greater progress towards a key aim of ELAP – strengthening the evidence base on the value for early legal advice. However, the timings of the pilot mean that administrative data is highly unlikely to be accessible, and the minimum VfM evaluation is the only available option.

8.4 Survey methodology

The survey of treatment and control group participants will form a crucial component of the recommended evaluation. In addition to providing key outcome measures (see Chapter 6), the baseline survey will function as the route into the intervention for all participants. It is critical that the survey methodology is fully considered and optimised.

The final survey design will depend on decisions made about the final evaluation design. For the recommended RCT approach, unknowns currently primarily relate to the nature of the referral mechanism, and in particular, the extent, content and structure of the Council Tax arrears data that would be provided by Local Authorities. The key uncertainties have been covered in Chapter 5 on the referral mechanism, and key risks are discussed in Chapter 9. Despite these risks and uncertainties, this section provides a broad overview of a likely survey design.

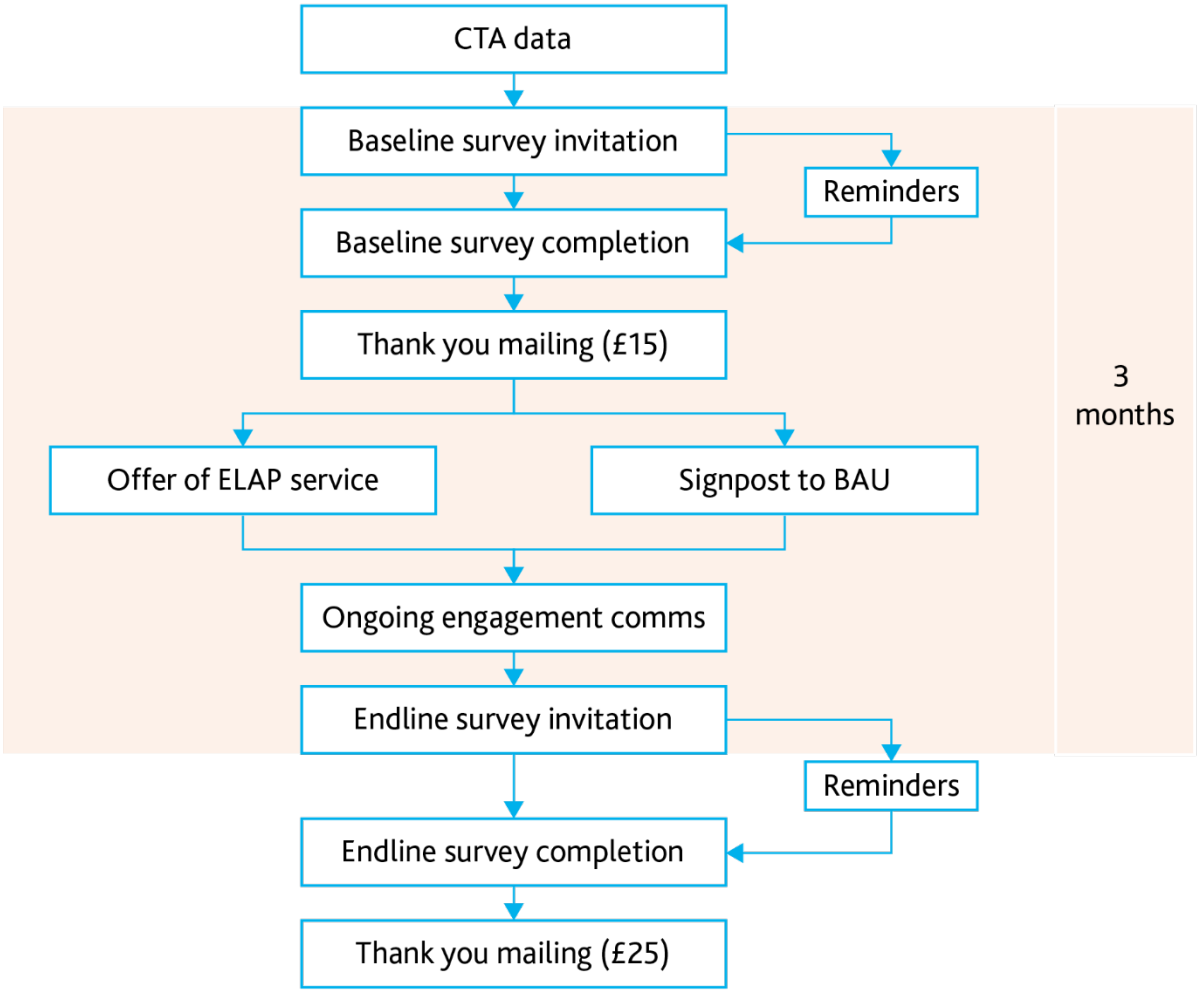
8.4.1 Fieldwork design

It is suggested that fieldwork have a 'rolling' design, meaning that new sample is added on a semi-regular basis (e.g. weekly or every two weeks), and individual participants progress through the process independently. As survey fieldwork progresses, different participants will be at different stages at the same time. The ultimate timeframe for the survey will depend on duration of the ELAP programme and the duration of the evaluation.

The following diagram (Figure 7) sets out the recommended overall fieldwork design of the survey. It shows the process for a single participant. Residents sampled from the CTA data will be invited to complete the baseline survey, and sent reminders to encourage them to do so. At the end of the baseline survey, participants will be told whether they have been randomised into the treatment or control groups. Both groups will be sent a thank-you mailing containing a £15 voucher. In the intervening months between the baseline and the endline, a mailing will be sent to keep participants engaged, and to offer them the opportunity to update their contact details if necessary. Three months after the

baseline survey invitation, participants will be invited to the endline survey, and will receive reminders. All participants completing the endline survey will receive a thank-you mailing which will contain a £25 voucher.

Figure 5: Indicative survey fieldwork design



There is a decision to be made about the timing for the endline survey invitation: either it is sent a fixed period of time after the baseline survey invitation; or it is sent a fixed period of time after the ELAP advice is delivered. The latter would help to ensure consistency in the measurement of outcomes. However, there are significant challenges involved: the evaluation team would need administrative data on which participants have accessed ELAP; and to ensure that the average duration between baseline and endline survey completion is the same for both treatment and control groups. For these reasons the former option is preferable: sending the endline invitation a fixed period of time after the baseline invitation.

To achieve 1,600 endline survey responses (as mentioned in Section 7.1), the number of CTA records needed range from c.20,000 over the duration of ELAP to c.40,000. This would correspond to 4-8 per cent of the adult population in Manchester and Middlesbrough. Based on the limited available information on the proportion of adults in arrears, we believe this is not unrealistic. This information is discussed in Appendix C.

8.4.2 Response rates and survey modes

The recommended strategy for the baseline survey is that of a 'web first' approach, meaning that respondents are invited to take part online, with an option to book a telephone interview if they would prefer. There would not be any attempt by telephone interviewers to remind people who have not completed the survey, to encourage response. There are several reasons for this:

- This design more closely replicates a "real-world" referral process. Were ELAP delivered outside of an evaluation context, it would most likely rely on self-referral and some process of eligibility screening. There would not be any attempt to identify and chase potential beneficiaries. The conclusions from the evaluation would therefore be more readily transferable to a real-world context.
- The population who receives ELAP are more likely to need it and benefit from it, since they have not been overly encouraged.
- Response rates are only important when there is a concern about non-response bias – i.e. differential rates of non-response between different groups. Since the baseline survey will occur prior to randomisation, there is no possibility of non-response bias between treatment and control groups.
- This approach lends itself well to LAs sending out the invitation letters themselves, if this turns out to be less burdensome for them than providing the CTA sample.
- By not using telephone interviewers to remind people to complete the baseline survey, the design saves costs, which can be redirected to the endline survey, where the response rate is more important.

Based on NatCen's extensive experience of conducting web-first surveys, provisional estimates for a response rate are of 10-15 per cent. Web-first surveys can achieve response rates of 20-30%, but given the nature of the population – people in financial difficulty who may be time-poor, averse to opening letters and emails, and distrusting of

perceived authority figures – proceeding with a lower initial estimate is advisable. Response rates in the pilot-RCT would help to refine these estimates, and enable the evaluation team to adjust the design if necessary. For example, the approach could reconsider telephone reminders for the baseline, or additional reminders, or increased incentives. It is important to note, however, that any such attempts to boost the response would be a further departure from 'real-world' referral process, and would add to the cost of the baseline survey.

For the endline survey, response rates are very important, for two main reasons. Firstly, the lower the response rate, the less statistical power there will be to detect impact. Secondly, lower response rates typically lead to higher non-response bias, and non-response bias at the endline survey could affect the evaluation findings.

By taking a less expensive web first approach to the baseline survey, resources can be redirected to the endline survey to maximise response. The baseline survey will collect contact details from participants which can be used to contact non-respondents to the endline survey by phone or other modes. We estimate a 60-70 per cent response rate for the endline survey might be achieved. This is based on NatCen's experience of conducting similar surveys, such as the NatCen Panel, which has a good range of contact details, telephone interviewers reminding participants, and a generous incentive for completion. It is recommended that participants in both the treatment and control groups be given a voucher to thank them for completing the baseline survey (£15) and the endline survey (£25). There are two main reasons for using a financial incentives in this way:

- Providing an incentive ensures that those who are randomised into the treatment group are not being exploited and having their time wasted. There is therefore an ethical justification for the use of incentives.
- Without financial incentives, it will be very difficult to ensure adequate response rates. At the endline survey in particular, without an incentive there is little reason for the control group to participate.

Incentives amounts of £15 and £25 are appropriate based on previous survey research conducted by CHI with similar populations (Hume 2022, Randell 2022)

8.4.3 Questionnaire content

It is advisable for the baseline and endline questionnaires to largely overlap, with some differences, as shown in Table 11, in order to ensure that outcomes are measured consistently. Some parts of the questionnaire will be based on existing well-validated measures, whereas others will be new or adapted.

Ideally, all newly written questions would be cognitively tested. If this is not possible due to time constraints before ELAP launch, cognitively testing the two sets of questions that will be added for the endline survey – questions on perceived problem resolution, and questions about satisfaction with the ELAP service – would suffice.

Table 11: Recommended baseline and endline survey questionnaire content

Section	Sub-section	Baseline	Endline	Details
Screener		Yes	No	Will confirm whether they have an in-scope legal issue (using established "legal needs" questions). From the participant's perspective the screener and the remainder of the questions are part of a single survey.
Outcomes	1. Financial security	Yes	Yes	Measure participants' perceived financial security with IFDFW Scale adapted for use in the UK
	2. Distress caused by the problem	Yes	Yes	Measure participants' distress caused by the problem through ONS-4 wellbeing questions
	3. Housing security	Yes	Yes	Measure participants' sense of housing security with Canadian Housing Security Scale (HSS) adapted for use in the UK
	4. Perceived problem resolution	No	Yes	Measure participants' perception of whether their legal problem has been resolved and by how far
IPE	Accessing sources of support and advice	Yes	Yes	Whether participants have accessed sources of support and advice, and how participants were made aware of these sources of support and advice. NB. Participants may not be able to differentiate between ELAP and other sources of advice, so it may

Section	Sub-section	Baseline	Endline	Details
				be necessary to cross-check against administrative data.
	Satisfaction with service	No	Treatment group only	Could include: how easy to access; perceptions of the advisor; perceptions of the advice itself; whether felt that 3 hours was enough; why participant chose to accept the offer of advice.
Demographics	Gender	Yes	No	
	Age	Yes	No	
	Ethnicity	Yes	No	
	Employment status	Yes	Yes	
	Income / benefit receipt	Yes	Yes	This could be individual or household income. We may want to be able to calculate equivalised household income.
	Disability	Yes	Yes	
	Household structure	Yes	Yes	We may also want to collect employment status for other adults in the household.
	Housing tenure	Yes	Yes	
Contact details		Yes	Yes	

9. Ethical considerations

This chapter outlines the key ethical considerations for the recommended impact evaluation design for ELAP: an RCT, preceded by a pilot-RCT study. Key recommendations are set out below.

What are the recommendations for running an RCT ethically?
• Conducting a pilot-RCT to confirm the viability and improvements needed for a full-scale experiment • Ensuring that ELAP is evaluated in Middlesbrough, so that the evaluation features a pilot area that is more typical of advice provision across England and Wales • Extending evaluation timeframes to offer sufficient time for longer-term outcomes • Clearly conveying the information needed for informed consent to potential participants, taking steps to ensure the research is accessible • Offering payment to pilot participants for their time on survey and IPE interviews, and considering payment to advice providers for participation in IPE interviews • Making efforts to address providers' ethical concerns, including signposting the control group to existing local support.

The ethical issues considered by the evaluation team, and informed by advice from the NatCen Research Ethics Committee, are described below.

Is an RCT the best way of acquiring the necessary evidence? A comprehensive and independent feasibility study has been conducted to establish the best of a range of potential evaluation methodologies. The feasibility study has concluded that an RCT is more viable than a Quasi-Experimental Design (QED), due to the lack of suitable administrative data that would be required for a QED. However, conducting a pilot-RCT before proceeding to a full-scale experiment offers the most ethical way of spending available funds, particularly in light of the risks identified in during the feasibility study (see Chapter 10). A pilot-RCT would confirm the viability of a full-scale RCT and enable necessary improvements to be made before proceeding to a full trial.

Is there genuine uncertainty about which of the trial arms is most likely to benefit participants (otherwise known as the principle of equipoise)? It is relatively well understood that early advice can lead to cost savings and benefits for individuals, and some work has been done to look at wider economic savings from Legal Aid. However,

there has not yet been a rigorous evaluation of the causal impact of early legal advice on key short- and longer-term outcomes of interest, which will form the evidence base needed for the case for further investment.

Has sufficient preliminary and empirical work been done and is the intervention or programme sufficiently mature? Is any piloting work planned? ELAP is at a relatively early stage of development. There are unknowns around how the programme will work and whether the arrangements will be effective. For example, the feasibility work had limited information on the legal needs of the target population and about how well the referral mechanism will work as a source of eligible participants (i.e. will the referral mechanism identify participants that have legal needs that could be resolved by ELAP?). Likewise, stakeholders have highlighted concerns that the design of the intervention, for example the three-hour cap on funded advice, may not be sufficient. It is therefore recommended that a pilot-RCT is run before transitioning to a full-scale experiment in order that the learning generated can be used to develop programme design. Should a pilot-RCT not be possible, it is important that a responsive evaluation design (see Chapter 10) is adopted to ensure the risks identified through the feasibility study are monitored closely and adjustments made accordingly.

Will the trial be aimed at people who are particularly vulnerable, or unable to give informed consent (e.g. very elderly, offenders, people with mental or physical disabilities, people are homeless, people with substance misuse)? The intervention is aimed at residents of Manchester and Middlesbrough (age 18+), who have a legal problem relating to housing, welfare benefits and debt that has not reached the court or tribunal system. Council Tax arrears (CTAs) lists will be used as a sample frame in the two areas. Evidence suggests that those in CTAs are more likely to be renters, parents of young children, ethnic minorities, disabled people and people in less secure employment. The intervention is therefore likely to target a diverse group in terms of their legal need and personal characteristics, some of whom are likely to be particularly vulnerable. While the trial is not expected to include anyone who cannot give informed consent, it will be important to ensure that all advance communications clearly convey the information needed for informed consent, including that participants will be randomised into treatment

or control groups; the signposting of BAU and wider support services; what participation in evaluation data collection activities will involve and disclosure of harm policies.

Is it fair that some people get the treatment and others do not? What strategies can be put in place around this? ELAP funding is limited and timebound so not everyone who has a legal need can receive it. Randomisation will offer good causal estimates and is an ethical and fair way to allocate limited funding and resource. Randomising at the point of contact (as opposed to using a waitlist or full encouragement design) will offer more statistical power and the ability to follow up longer-term outcomes. In addition, the evaluation is seeking to provide robust causal estimates to ultimately support the improvement of future national provision of legal advice.

Since those who are randomised into the control group will have been identified as being in legal need, it is important that they are signposted to BAU support in both areas, so that they are not denied any support at a time of need. This could take the form of a list of organisations offering free and paid for legal advice in each area as well as national sources of support. In Manchester, the list will name organisations delivering the BAU free local authority funded early legal advice. In Middlesbrough, this will include the private provider funded through legal aid as well as other local providers such as Citizens Advice and Middlesbrough Council Welfare Rights Unit, who are not funded through legal aid.

What are stakeholders' attitudes to randomisation? What are the risks associated with any concerns? Some stakeholders have raised concerns with a) the evaluation using an experimental design, therefore denying support to those who need it and b) turning people away from ELAP support at a time of need. There is a risk that some providers will decline to take part if ELAP involves an RCT. Providers' concerns may be allayed by MoJ providing the rationale for an RCT, an overview of the randomisation process (i.e. that randomisation will not be done by providers) and reassurance that the control group will be signposted to BAU support. It is important that efforts are made to address providers' ethical concerns to enable their participation as far as possible.

How will informed consent be achieved among trial participants, including control group participants, regarding participating in the trial? Residents of Manchester and Middlesbrough who are invited to participate in the trial will receive a letter inviting them to

participate with a link to further information on the NatCen study webpage. As discussed earlier, it is important that all communications, whether written or verbal, clearly explain that they are being invited to participate in a trial as well as the voluntary nature of participation. This will ensure no one will participate unknowingly or without informed consent.

What will you do to make sure that all people in your research population can take part in the trial? Residents will be offered a weblink and telephone number to enter the programme to enable vulnerable groups who are not willing or able to use online modes to speak to an interviewer on the phone and express an interest in participating. Questions on legal need will be informed by the Legal Needs Survey to ensure questions use everyday language that can be understood by residents and that people with genuine legal problems are not excluded because they do not recognise their issues as legal problems.

What is the basis for any inducements (money or gifts), being offered to participants? We advise paying incentives to respondents of both survey waves and in-depth interviews both to attract and retain participants to the study and as a token of gratitude. Participants will be completing the baseline survey before knowing whether they will be randomised into the treatment or control groups. In the absence of incentives, half of participants would complete the survey in the hope that they are randomised into the treatment group, but would instead be assigned to the control group and receive nothing directly (although will be signposted to other services). Providing an incentive ensures that these participants are compensated for their time and efforts. This is particularly important given that this is likely to be a group of relatively vulnerable and time-poor people.

For IPE participants, interviews will ask for up to an hour of their time. Providing an incentive sends a signal to participants that their first-hand experience, and their time, are valued by the researchers (Green, 2022). In addition to trial participants, demands on advice provider time will increase both due to the impact of ELAP on client volumes and the wider cost of living crisis, and providers have expressed concern about their ability to meet the demand for resource. Since participation in the evaluation (and the IPE in particular) will add to demands on provider time, MoJ may wish to consider reimbursement in the form of honorarium payments.

Does the design of the evaluation offer a fair chance for outcomes to materialise and to be measured? As discussed in Chapter 6, outcomes to be assessed cover the impact of advice on individual recipients' distress caused by the problem, financial and housing stability outcomes and perceived problem resolution. The impact on public services like the courts and tribunals system will also be assessed. The original evaluation timeframes may not offer sufficient time for outcomes to materialise and therefore may not provide a fair estimate of impact or value for money. An extension to ELAP delivery and evaluation timings would increase the chances that outcomes materialise and can be measured.

It should also be noted that the two trial areas offer very different contexts relating to the provision of early legal advice. In Manchester, the business as usual (BAU) offer appears to match or exceed the service that will be funded through ELAP, while provision in Middlesbrough is much more limited and better reflects advice provision in the rest of England and Wales. Given that it is possible that the BAU offer in Manchester may be of greater benefit to participants than the ELAP offer (discussed further in Chapter 10, risk 1a) but is less typical of advice provision in the rest of England and Wales, it is important that ELAP is evaluated in Middlesbrough to offer a fairer and more generalisable assessment of the impact of ELAP.

How will GDPR and consent be considered? Informed consent will be fully considered throughout the evaluation and key principles for handling data in line with GDPR will be followed. Appendix H GDPR and consent contains further details.

10. Evaluation and intervention risks

The table below sets out the key risks identified for ELAP, for both the intervention and the evaluation. The risks are arranged into five groups:

1. **Risks to launching ELAP.** Amongst these, access to Council Tax arrears (CTA) data is critical, and has the potential to significantly delay or even prevent the launch of ELAP as currently designed.
2. **Risks to implementing ELAP which could be assessed by a pilot-RCT.** There are critical risks here relating to the nature and size of the CTA data and the population of people included on those lists.
3. **Risks to the ELAP service achieving positive outcomes for clients.** In particular, there is a critical risk that three hours of advice is insufficient to make meaningful progress on clients' issues.
4. **Risks to achieving robust, meaningful and useful evaluation findings.** Critical risks here include the possible strength of BAU provision in Manchester, the possibility that ELAP does not resemble future policy options, and the timeframes for the intervention and evaluation.
5. **Contextual risks,** including the cost of living crisis and COVID-19.

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
1. Risks to launching ELAP					
1a	It may take several months to arrange **data sharing** with Local Authorities (LAs) for the referral mechanism (Council Tax arrears	This would delay or prevent the launch of the intervention.	This would delay or prevent the launch of the evaluation.	**Likelihood:** **High** **Impact:** **High**	Engage directly with the relevant teams at LAs and explore options for expediting the data sharing process. Specify the ideal structure and content for sample files, and provide prompt responses to all requests for information

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
	data). In the worst case scenario, LAs may not be able or willing to provide this data at all.				about information security and data protection processes. It is advised that local authority data is shared with MoJ and that MoJ then provide all data to the evaluation team, and that DSAs are set between MoJ and LAs to this effect. Alternatively, (not first preference) arrange for LAs to send out ELAP invitations, if this is deemed less burdensome. (Delays the need for data sharing)
1b	**Providers may not participate in ELAP** due to concerns about the ELAP intervention and evaluation, including: that the three-hour limit is too low; that there is no escape fee; that access to the service will be randomised; that client volumes will be too low/high; that ELAP funding does not cover the workload required.	If providers do not participate then fewer clients will receive the ELAP service.	If fewer clients receive the ELAP service then the evaluation may not be sufficiently statistically powered to detect impact and will limit the extent to which the evaluation can explore variation between providers.	**Likelihood:** Medium **Impact:** Medium	Facilitate sessions with providers to discuss randomisation. Provide reassurance that the Control group will be directed to other services. Issue clear guidance to providers about what they are required (and not required) to deliver within three hours. Review possibility of adjusting ELAP parameters, i.e. duration of advice, or providing escape fees,
2. Risks to the implementation and the evaluation of ELAP that would be assessed by a pilot-RCT					
2a	The **referral mechanism** (CTA lists) may target a	If the incidence of in-scope legal	If very few clients are referred into ELAP, the	**Likelihood:** Medium	Design screening questions that will run on the baseline survey, which will identify

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
	population that is not well-suited to ELAP. They may not have in-scope legal issues, or their legal issues may be further advanced than intended.	need is very low in this population, very few clients will be referred into the ELAP service. If the legal issues experienced by this population are more serious than intended, then three hours of advice will not be appropriate, and positive outcomes will be unlikely. Very low numbers of clients, or a high volume of clients with very serious needs, could lead to provider noncompliance or dropout.	evaluation will not be sufficiently statistically powered to detect impact.	**Impact:** High	participants who do not have in-scope legal needs and screen them out. The survey may also be able to identify participants whose issues are too far advanced, and screen them out too. However, it is important to acknowledge that screening in this way will never be perfect. Screening will help ensure that the clients referred to ELAP are appropriate but will not help with low/high volumes. Investigate any existing knowledge or research on the profile of people in Council Tax arrears in Manchester and Middlesbrough. Continue to facilitate conversations between the research team and relevant stakeholders in LAs. However, the only means of determining the nature and extent of legal need among this population with a high degree of confidence is to run a **pilot-RCT**.
2b	The **level of demand** for the ELAP service, even among people with in-scope legal needs, is unknown. Relatedly, the precise capacity of providers is unknown.	The number of clients receiving the ELAP service could be very low. This could lead to provider dropout.	If very few clients receive the ELAP service, the evaluation will not be sufficiently statistically powered to detect impact.	**Likelihood:** Medium **Impact:** Medium	Draft participant communications in a way that makes clear the potential value of the ELAP service. A **pilot-RCT** would enable sufficient timeframes for assessing the level of demand and to adjust the design if necessary.

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
2c	The availability of contact details in the **sample** provided by LAs (CTA data) is unknown and may vary by area. It is not yet known what structure the sample will have, what information it will contain about potential participants, what contact details it will contain, and the accuracy of those contact details. It is also not known whether this sample can be provided on a rolling basis. Whilst this is not essential, it would be preferable, to ensure that sample remains up to date throughout the evaluation.	If substantial cleaning and processing of the sample is required, this could delay the start of the baseline survey, and hence the start of the intervention. If there are few contact details, or these are of low quality, this will lead to low footfall into the ELAP service.	If the survey response rate is low, the evaluation will not be sufficiently statistically powered to detect impact. If the sample contains few or no additional details about participants (such as demographics) then it will not be possible to apply statistical weighting to the survey data.	**Likelihood:** Medium **Impact:** Medium	Working with the LAs to specify an ideal structure and content for the sample files to MoJ and LAs. Continue to facilitate conversations between the research team and relevant stakeholders in LAs. Facilitate provision of 'dummy sample' as soon as possible. A **pilot-RCT** would enable an assessment of the quality of the contact details provided.
2d	The **survey response rate** may be low, and **attrition** may be high. This could occur due to a number of factors, including: inaccurate contact details; participants choosing not to open or read letters,	This would lead to low numbers of participants being referred into the ELAP service. If levels are low, providers may drop out.	The evaluation may not be sufficiently statistically powered to detect impact. This risk could affect the Value for Money evaluation as it	**Likelihood:** Medium **Impact:** Medium	Design participant communications in line with best practice for maximising response, and ensure the language used to describe the intervention is easy to understand. Make incentive payments available for completion of the survey.

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
	especially relating to Council Tax arrears; participants not seeing themselves as in need of legal advice; participants being too busy or stressed.		depends on evidence relating to impact.		A **pilot-RCT** would enable an assessment of the level of response, and to understand reasons for not taking part, or for dropping out.
2e	The **CTA sample may not be big enough** to get enough participants into ELAP. With optimistic response rate and eligibility assumptions, we estimate requiring c.20,000 people to appear on the lists over the duration of ELAP, or roughly 4% of the adult population of the trial areas. With conservative assumptions, this would be c.40,000, or 8%. Based on our scoping work, this is not unrealistic.	NA	If the sample is not big enough, it will not be possible to get sufficient numbers of people into ELAP for the evaluation to be sufficiently statistically powered.	**Likelihood:** **Low** **Impact:** **High**	If a pilot-RCT goes ahead, we will be able to assess the likely total size of the sample, and the response and eligibility rates. If these are too low, we can tweak the survey design in several ways: we can send more reminders, offer more generous incentives, or chase non-respondents by telephone. Continue to facilitate conversations between the research team and relevant stakeholders in LAs.
2f	**High levels of non-attendance to ELAP appointments in the treatment group**	This would mean low numbers receiving the ELAP service. If levels are low,	This could reduce effect sizes and the ability to detect statistically significant effects in the impact evaluation.	**Likelihood:** **Medium** **Impact:** **Medium**	Design participant communications to ensure it is clear to participants that they must make contact with the providers.

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
		providers may drop out.			A pilot-RCT would help to understand the level of attendance at ELAP appointments.
3. Risks to the ELAP service achieving positive outcomes for clients					
3a	The **amount of time provided for advice** – three hours – may be too short. Depending on the complexity of the cases referred into ELAP, providers may spend all or most of this time simply understanding and/or explaining the case. There may not be sufficient time to refer clients to other specialists, and for those specialists to understand the case.	Providers may not be able to meaningfully progress the case within the available time or provide enough advice to clients for them to meaningfully progress the case themselves – meaning ELAP may not affect outcomes of interest. Providers may start processes in motion that clients are unable to progress alone, which could lead to more distress and worse outcomes than if clients had not received the advice at all.	If providers consistently exceed the three-hour limit then the evaluation will no longer be measuring the effect of three hours of legal advice.	**Likelihood: High** **Impact: High**	It is important that the evaluation is able to measure the *actual* amount of time that providers spend on clients in the form of additional monitoring information completed by providers. Consider making the advice duration longer, or providing an escape fee, or issuing clear guidance to providers about what they are required (and not required) to deliver within three hours. A **pilot-RCT** would allow us to investigate fully whether three hours is perceived to be adequate.

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
3b	**Providers may not have sufficient expertise** in welfare benefits. Providers are currently permitted to provide welfare benefits advice under ELAP even if they do not hold a welfare benefit legal aid contract, meaning that quality of this advice cannot be assured. There is no provider with a welfare benefit legal aid contract in Middlesbrough.	There is good reason to believe that a significant proportion of clients will have needs relating to welfare benefits. If the advice is unable to address these needs then this reduces the likelihood of the intervention achieving positive outcomes for some.	If many or most providers are not providing welfare benefit advice to ELAP clients who need it, then the evaluation would not be evaluating the holistic service that is intended to.	**Likelihood:** Medium **Impact:** Medium	Consider additional resources for training and hiring staff to provide welfare benefits advice.
3c	There are **no or few other services** (besides those already likely to be taking part in ELAP) that providers can refer clients to when three hours have been used, despite the contract requiring providers to refer clients on to other services if necessary.	ELAP may contribute to the 'referral roundabout', leading to greater anxiety and distress for clients, and wasting their time.		**Likelihood:** Medium **Impact:** Low	Given that it is unlikely that other services will become available, MoJ could consider increasing the duration of advice, or providing an escape fee so that providers have less need to refer clients on to other sources of support when their ELAP advice is over.
4. Risks to achieving robust, meaningful and useful evaluation findings					
4a	**Business as usual** (BAU) legal advice	Two of the proposed	It's possible that a significant proportion of	**Likelihood:** High	A **pilot-RCT** would enable an assessment of the extent to which both treatment and

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
	services in Manchester appear particularly strong. There is a city-wide contract to deliver a broad range of advice services, which in many ways goes beyond what will be provided under ELAP. This is unusual nationally. Middlesbrough is likely to be more representative of the legal advice landscape more broadly.	providers for ELAP also provide advice services under the MCC contract. These providers may approach ELAP as an extension of their existing service, using the same staff, approaches and systems. Clients who access these providers under ELAP may receive much more than three hours of legal advice.	control group participants could access BAU in Manchester. If many of the control group access legal advice, comparisons between treatment and control group could be significantly compromised. This may mean the evaluation would be unlikely to detect any positive impact from receiving the ELAP service. This issue could also significantly compromise the VfM evaluation.	**Impact:** **High**	control groups access BAU services in Manchester, and exactly what they receive. The evaluation could treat Manchester as Middlesbrough as two separate trials. However, this would likely require substantial increases in the sample size, which would necessitate revisions to the evaluation design and timeframes. The evaluation could be adapted to draw solely on data from Middlesbrough for estimates of change to key outcomes. However, there would be risks associated with this. The sample size would be considerably lower, although extending timeframes may offset this. In addition, the design would rely heavily upon Middlesbrough Council's participation.
4b	The **ELAP service may not necessarily resemble future policy options** in several ways: it involves actively recommending advice services to people who are not necessarily independently seeking	NA	The conclusions from the evaluation may not be generalisable to the population that early legal advice will target in future – this may limit relevance for future policy.	**Likelihood:** **Medium** **Impact:** **High**	It is simply important to be aware of this risk. MoJ could consider changes to the design of the ELAP service to make it better resemble future policy options, but this would likely have significant implications for the evaluation.

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
	them; it is not means and merits tested; it is targeted at a single population group.				
4c	The **duration of ELAP and the evaluation** may be too short.	NA	Some key outcomes (especially distal measures which rely on court and homelessness datasets) may take a long time to materialise, or for data to be made available. If the evaluation concludes before these outcomes materialise, or before data is available, it will not be able to detect change on these outcomes. A short timeline for ELAP and the evaluation may mean insufficient numbers of people receive ELAP for it to be sufficiently statistically powered to detect impact.	**Likelihood:** Medium **Impact:** High	Extensions to the evaluation reporting timeline would enable the collection of administrative data at a later date. An extension to the reporting timeline would boost chances that change in key outcomes may occur and that the evaluation is sufficiently statistically powered to detect impact. Extension of the ELAP timeframe would enable a more robust evaluation.
4d	**Providers may not comply with**	NA	If a large number of beneficiaries in the	**Likelihood:** Medium	Aim to collect data on receipt of early legal advice in both treatment and control

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
	randomisation and may provide ELAP (or similar) services to people who have been assigned to the control group but who present to providers asking for help.		control group access legal advice, comparisons between treatment and control group could be significantly compromised. This may mean the evaluation would be unlikely to detect any positive impact from receiving the ELAP service.	**Impact:** Medium	group. Require providers to share the participant IDs of everyone they provide ELAP for. This would facilitate a compliance analysis in which receipt of legal advice is taken into account. Run sessions with providers to discuss randomisation, its importance, and how it would work. Consider providing guidance to providers on what to do if people present to provider asking for ELAP without a referral code.
4e	It may be difficult or impossible to **access administrative outcomes data**, such as court data or homelessness data. Data owners may not be willing or able to share key outcomes data, or access could take a long time.	NA	The evaluation would be unable to detect change on these outcomes. In turn, this would significantly hinder the Value for Money evaluation.	**Likelihood:** Medium **Impact:** Medium	The evaluation team has conducted a comprehensive data review at feasibility stage to outline the most viable options. Exploring short-term outcomes via the survey partly mitigates the implications of this risk. Continue to engage directly with data holders to gain access. Extend the evaluation reporting timeline to allow this data to be collected.
4f	It may be challenging to **recruit participants for the IPE**, including providers, treatment and control group participants, and treatment group non-	NA	Qualitative depth interviews and direct observations are the primary data for the IPE. Without a reasonable rate of	**Likelihood:** Medium **Impact:** Low	For stakeholders, offer multiple slots, and offer to split the interviews over multiple sessions.

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
	participants. Providers and treatment group participants may be unwilling to give consent to observation.		consent, we will be unable to conduct the IPE fully. We may talk to an unrepresentative group of providers and participants.		For participants, offer a £40 incentive. Develop informative and reassuring communications. Brief providers that participation in the IPE is part of their duty under ELAP. Consider whether to reimburse this time.
5. Contextual risks					
5a	The **cost of living crisis** could lead to a significant increase in the number of people needing legal advice.	This could lead to a significant increase in the demand for providers' BAU services, which may lead to them de-prioritising ELAP work. It could lead to a significant increase in the number of people in CTA, which would increase the number of people issued into the baseline survey without adding additional sampling or screening criteria.	The implications of this would depend on the final evaluation design. If a more rigorous design is not possible, any positive change in outcomes may be masked by a general worsening in people's circumstances over the course of the evaluation.	**Likelihood:** Medium **Impact:** Medium	If necessary, draw random subsamples within CTA lists, so that the number of people invited into the baseline survey remains manageable. Ensure that providers make use of communication channels to provide advance notice of significant increases in BAU caseload.

No.	Risk	Implications for intervention	Implications for evaluation	Likelihood & Impact	Recommended mitigating actions
5b	**COVID-19** may disrupt ELAP delivery or evaluation data collection.	Providers may be unable to deliver advice face-to-face.	Researchers may be unable to interview face-to-face, or to conduct in-person observations of advice sessions	**Likelihood:** Low **Impact:** Medium	Research interviews, and potentially observations too, can be conducted online. Ensure that providers are able to conduct advice sessions virtually.

Planning for a responsive evaluation

The ELAP programme and evaluation include several risks, some of which could potentially have high impact for the evaluation and policy context. It is recommended that risks are monitored carefully throughout the evaluation timeline and to assess whether possible risks are materialising and whether the evaluation needs to adapt to them, potentially changing the evaluation design if necessary:

1. Shortly (one or two months) after ELAP initiation, a review to assess programme implementation, data collection and early indications on the level of demand for ELAP.
2. A few months into ELAP implementation, a review to further assess programme implementation, data collection and level of demand for ELAP. If consensus is reached for the evaluation to incorporate a pilot-RCT, this would come at the end of the pilot-RCT.

11. Conclusions and recommendations

This chapter outlines the conclusions arising from the feasibility stage and recommendations for evaluating ELAP. The chapter starts by discussing key considerations for the evaluation and how they link to the timeframe for ELAP implementation and evaluation reporting. It then sets out the recommended evaluation design and how this might vary according to finalised timeframes. Finally, it summarises key actions to support the ELAP evaluation.

11.1 Key considerations for the evaluation

This feasibility report identifies several key risks for the evaluation**,** some of which could be mitigated by an extension to ELAP's implementation period and the timeframe for evaluation reporting.

Risks

There are a number of key risks for the evaluation, which are summarised in Chapter 9 of this report. Some risks apply to both ELAP areas (Manchester City and Middlesbrough council areas), while some are more pronounced for either Manchester or Middlesbrough. The recommended evaluation design aims to take account of these risks and mitigate these as far as possible. It will be important to be responsive to any emergent findings about whether prospective risks materialise over the course of the evaluation.

A key evaluation risk to monitor is the level of existing local advice provision. In Manchester, various providers deliver legal advice on housing, debt and welfare benefits, supported by funding from the local authority, legal aid and income from fundraising and trusts and foundations. Provision in Middlesbrough is much more limited, with significantly fewer providers. In Manchester, several key providers reported that their BAU offer matches or exceeds the service that will be funded through ELAP. These providers expressed concerns that the three hours of advice funded through ELAP might not match local need - which relates to funding for holistic advice, ongoing casework and representation. If these concerns are borne out, the evaluation may conceivably find no

impact for ELAP or even that those who receive advice through ELAP secure less favourable outcomes than those in the control group (discussed in Chapter 10).

Timeframes

The final evaluation design will depend, in large part, on the timeframes for ELAP implementation and for evaluation reporting. The risks of an overly short timeline are discussed in Chapter 9.

This feasibility study indicates that the best possible evaluation of ELAP requires timeframes for ELAP implementation and for evaluation reporting to be extended.

An extended **evaluation reporting** timeframe (i.e. key findings reported after March 2023) would allow for a stronger evaluation in several ways:

- It increases the probability that the evaluation has a sufficient sample size and timeframe to explore key outcomes.
- It may allow the evaluation to use administrative data sources to explore longer-term outcomes.

An extended **ELAP implementation** timeframe (extended to at least August 2023) would allow for a stronger evaluation in several ways:

- It facilitates the inclusion of a testing phase (pilot-RCT) in the overall evaluation design. This would help mitigate some of the risks to ELAP intervention and evaluation and allow for the evaluation to be responsive to early findings.
- It increases the probability that the evaluation has a sufficient sample size and timeframe to explore key outcomes
- It may allow the evaluation to use administrative data sources to explore longer-term outcomes

11.2 Recommended evaluation design

Recommendations

This feasibility report makes the following recommendations regarding the evaluation design:

- An RCT may be feasible and is the preferred approach to exploring change in outcomes of interest. A target sample of 1,600 participants (800 per arm) is recommended.
- Incorporating a testing phase (pilot-RCT) into the evaluation would be highly advisable. This would require an extension to ELAP implementation and evaluation reporting timeframes.
- Council Tax arrears lists from both Manchester and Middlesbrough LAs are recommended as the referral mechanism – the process by which participants are identified and directed to ELAP.
- Several outcomes have been identified as useful for assessing the impact of ELAP. Financial security is identified as the primary outcome measure, with a three-month endline survey recommended as the principal source of this data, as well as for other secondary outcomes. Longer term outcomes can be assessed with administrative data from central government-held court records and local authority homelessness teams.
- The Implementation and Process Evaluation (IPE) should be flexibly designed around the final evaluation timeframe and design.
- The Value for Money (VfM) evaluation should be able to deliver a Cost Benefit Ratio for ELAP, but it will largely depend on access to outcomes data generated by the recommended survey and access to administrative data. Within this limitation, the VfM evaluation can also be responsive to the final evaluation timeframe and design.

Design options

Ultimately, the final evaluation design depends on the timeframe for ELAP implementation and for evaluation reporting.

- **Assuming an extended ELAP and evaluation timeframe.** The preferred design includes a testing phase (pilot-RCT) designed to explore and mitigate key risks. Depending on the findings of this stage, the evaluation would proceed to full RCT with associated IPE.
- **Assuming timeframe is retained as per original MoJ ITT.** If ELAP implementation cannot be extended, the preferred design involves proceeding straight to RCT, with associated IPE.

A responsive evaluation

Regardless of evaluation timeframe and final evaluation design, the evaluation will need to be responsive to ELAP delivery and any emergent risks – with regular review of early findings and implications for the evaluation design (see Chapter 9). If early indications from the evaluation indicate that an RCT is not feasible, the recommended backup option will be to pursue the quasi-experimental design (QED) set out in section 6.5.

11.3 Key risks and recommended mitigations to address for ELAP set up

The evaluation of ELAP should seek to manage risks in several crucial ways.

1. **Timeframe**: to enable timely launch and evaluation design set up, it is recommended that extensions to ELAP implementation and evaluation reporting timeframes are confirmed as soon as possible.

2. **Administrative data access**: it is advisable for arrangements for accessing administrative data to commence as soon as possible. In particular:
    a. Council Tax arrears (CTA): access to CTA data in ELAP areas is needed in order to launch the programme the ELAP intervention and evaluation and will then be needed on an ongoing basis (see also Chapter 5).
    b. Additional administrative datasets: access to administrative datasets needs to be established in order to explore longer-term (distal) outcomes (see also Chapter 6).

3. **Promoting active provider participation**: it is critical to ensure providers participate in the both the intervention and the evaluation.
    a. To ensure provider participation in the intervention, ELAP programme leads should consider making some changes to the design to address providers' concerns, such as: increasing the duration of advice that is funded beyond three hours; providing an escape fee; or providing clear guidance on what exactly providers are expected to do and achieve within the three-hour limit. Sessions with providers to discuss concerns around randomisation should also be considered.

b. To ensure provider participation in the evaluation (and the IPE in particular), ELAP programme communications need to emphasise the importance of providers participating. Although providers have been willing to be interviewed for the feasibility study, the demands on their time will increase. Additional reimbursement for time spent on evaluation activities could also be considered.

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Chapter 3 ELAP context

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Appendix A
Glossary of key terms

Term	Meaning
Access to Justice Foundation	A national charity set up by the legal profession focused on funding and supporting access to justice
Attrition	A gradual reduction in the number of study participants over time
Benefit Cost Ratio (BCR)	A profitability indicator used in cost-benefit analysis to determine the viability of cash flows generated from an asset or project
Business as usual (BAU)	The ordinary operations of a company or organisation
Centre for Homeless Impact (CHI)	An organisation which exists to improve the lives of people experiencing homelessness through better use of data and evidence
Citizens Advice (CA)	A network of 316 independent charities throughout the United Kingdom that give free, confidential information and advice to assist people with money, legal, consumer and other problems
Cohen's D	A statistic which describes the magnitude of the difference between two means
Community Justice Fund	A joint initiative focused on supporting the provision of specialist social welfare legal advice across the UK
Compliance	The extent to which the intervention is delivered to the target participants
Council tax arrears (CTA)	Council tax debt, which is a 'priority debt', meaning it needs to be paid before other debts like credit cards
Counterfactual	Relating to or expressing what has not happened or is not the case i.e., what would have happened to the treatment group in the absence of the programme
Covariates	An independent variable that can influence the outcome of a given statistical trial, but which is not of direct interest
Early Legal Advice Pilot (ELAP)	A pilot designed to test the hypothesis that early legal advice relating to housing, debt and welfare matters minimises negative housing-related outcomes (e.g. loss of home) and results in measurable downstream savings across government
Empirical studies	Where conclusions of a study are strictly drawn from concretely empirical evidence

Term	Meaning
Escape fee	A fee which is paid for a case which exceeds the fixed fee threshold and is then paid in full on the basis of an hourly rate as set out in the Civil Legal Aid (Remuneration) Regulations 2013
European Convention on Human Rights	An international convention to protect human rights and political freedoms in Europe
Exceptional Case Funding (ECF)	Funding that can be made available in cases outside the scope of legal aid where, without it, there would be a breach, or the risk of a breach, of an individual's rights
Fidelity	The degree to which an intervention is delivered as intended
His Majesty's Courts and Tribunals Service (HMCTS)	An executive agency of the Ministry of Justice responsible for the administration of the courts of England and Wales, the Probate Service and tribunals in England and Wales and non-devolved tribunals in Scotland and Northern Ireland
His Majesty's Revenue and Customs (HMRC)	A non-ministerial department of the United Kingdom Government responsible for the collection of taxes, the payment of some forms of state support, the administration of other regulatory regimes including the national minimum wage and the issuance of national insurance numbers
HM Treasury Green Book	Guidance issued by HM Treasury on how to appraise policies, programmes and projects
Homelessness Case Level Information Classification (H-CLIC)	The new statutory homelessness case level data collection that replaces the P1E to monitor the Homeless Reduction Act 2017
Housing Law Practitioners Association	An association set up to provide a forum for practitioners working in the housing field to share knowledge and information
Housing Possession Court Duty Scheme	A scheme which provides last-minute legal support to people facing eviction or repossession
Impact evaluation	Provides information about the impacts produced by an intervention
Implementation and Process Evaluation (IPE)	Considers whether the key components of an intervention's logic model, including its resources, activities, and population reach, are practical and achievable
Law Centre	A specific type of not-for-profit legal practice in the United Kingdom which provides legal aid to people otherwise not able to access commercial legal support
Legal Aid Agency (LAA)	An executive agency, sponsored by the Ministry of Justice, which provides civil and criminal legal aid and advice in England and Wales to help people deal with their legal problems

Term	Meaning
Legal Aid, Sentencing and Punishment of Offenders (LASPO)	A statute of the Parliament of the United Kingdom during the coalition government, creating reforms to the justice system. It reformed the scope, eligibility and fees relevant to the legal aid scheme
Legal Support Action Plan	An action plan to deliver better support to people experiencing legal problems
Legal Support for Litigants in Person (LSLIP) grant	A 2-year grant programme launched in April 2020, with the aim of funding a range of earlier intervention services for litigants in person
Logic Model	Hypothesized descriptions of the chain of causes and effects leading to an outcome of interest
Manchester City Council (MCC)	The local government authority for Manchester, a city and metropolitan borough in Greater Manchester, England
Middlesbrough Council	A unitary authority based in Middlesbrough in North Yorkshire, England
Minimum Detectable Effect Size (MDES)	The minimum difference between groups that yields a statistically significant result
Ministry of Justice (MoJ)	A ministerial department of the United Kingdom Government with the priorities of reducing re-offending and protecting the public, providing access to justice, increasing confidence in the justice system, and upholding people's civil liberties
Money and Pensions Service	A service whose statutory objective is to develop and co-ordinate a national strategy to improve people's financial capabilities
National Lottery Community Fund	A non-departmental public body responsible for distributing funds raised by the National Lottery for "good causes"
Non-inferiority trial	A trial which tests if your intervention is not inferior to a comparison group
Pilot-RCT	A smaller scale trial which explores the design, implementation and outcomes of proposed randomised controlled trial (RCT) as a means of increasing the likelihood of a successful future full-scale RCT
Principle of equipoise	An argument for assessing an intervention via a RCT because it is not yet known if it has an effect
Pro-bono	Denoting work undertaken without charge, especially legal work for a client with a low income
Quasi-Experimental Design (QED)	An empirical interventional study used to estimate the causal impact of an intervention on target population without random assignment

Term	Meaning
Randomisation	The process of randomly allocating participants to arms of an RCT
Randomised Controlled Trial (RCT)	A type of impact evaluation which uses randomised access to social programmes as a means of limiting bias and generating an internally valid impact estimate
Referral mechanism	The process by which clients are identified and directed to the Early Legal Advice Pilot (ELAP)
Shelter	A registered charity that campaigns for tenant rights in Great Britain. It gives advice, information and advocacy to people and lobbies government and local authorities for new laws and policies
Single Housing Benefits Extract (SHBE)	An administrative DWP (Department for Work and Pensions) dataset for Housing Benefits, containing individual level claims data on all Housing Benefits claimants
Systems-mapping	The creation of visual depictions intended to provide a simplified conceptual understanding of a complex system
Template for Intervention Description and Replication (TIDieR)	A checklist and guideline developed to help to improve completeness in the reporting of interventions in research studies
The Legal Education Foundation (TLEF)	A charity dedicated to the advancement and support of legal education in the United Kingdom
Theory of Change (ToC)	Outlines the intervention theory and process by which activities are expected to produce intended outcomes and impacts
Value for Money (VfM) evaluation	A term used in different ways, including as a synonym for cost-effectiveness, and as systematic approach to considering these issues throughout planning and implementation, not only in evaluation

Appendix B
Feasibility methodology

This section outlines the research methodology used for conducting the feasibility study, which consisted of:

- A document and literature review to understand the pilot and wider context
- In-depth interviews with key stakeholders to seek views on ELAP and inform research on the wider context and systems mapping work
- A stakeholder workshop and consultation to develop the Theory of Change
- Scoping of referral mechanisms to determine how to target ELAP participants
- Scoping of potential data sources to understand ELAP outcomes.

A document and literature review

A rapid document review was undertaken to inform the feasibility report. The majority of documents included in the review were provided by MoJ and a small number were recommended from the stakeholder interviews. A total of 29 documents were included in the Rapid Document Review. These documents included publicly available project documents, internal project documents, briefings, context and literature to do with ELAP. A number of other documents covering empirical research on different legal advice interventions were not included in the rapid document review, due to not containing specific information about ELAP, but were reviewed separately to inform the feasibility report.

An extraction template was developed and took the form of a matrix with a row for each document and columns for themes and research questions. The columns were based on the key research questions, and followed the themes developed for the topic guide used in the stakeholder interviews. Each document was read through and key information was extracted and placed into the relevant columns, allowing information from the documents to be systematically mapped onto themes from the research questions.

In-depth interviews with key stakeholders

At the feasibility stage of the research, a sample of 30 stakeholders from 18 organisations, was provided by the MoJ. Stakeholders were initially contacted by the MoJ with information on the research before booking in for an interview with a NatCen interviewer. 15 qualitative interviews were carried out with 17 stakeholder organisations, with one interview conducted as a paired interview. Interviews were conducted with

- Five representative bodies. Representative bodies are organisations who represent solicitors as a group and work to influence policy as well as raise day-to-day issues providers face with the MoJ and LAA.
- Seven providers. Providers are those who provide legal aid to those who cannot afford legal representation. Three were not for profit providers and four were private providers.
- Two local authorities, Middlesbrough and Manchester where ELAP will be trialled.
- The MoJ, the government department responsible for ELAP and legal aid policy.
- Two Legal Aid Agency staff, including a local contract manager. The LAA is the main point of contact for providers with contracts with the LAA, and ensures providers are in line with their contracts for Middlesbrough.

All interviews were conducted using Microsoft Teams or over the phone and lasted from 20 to 90 minutes. Some participants also provided information via email after the interviews.

Topic guides for these interviews were developed in collaboration with the wider consortium and with the MoJ in order to address the research questions. These were then reflected on and refined as each interview took place.

The interviews were transcribed verbatim, and then charted and analysed using the Framework approach (Ritchie et al., 2014). The Framework approach uses a ‘matrix’ to conduct case-and-theme-based analysis by identifying key topics emerging from the data and summarising data from each participant under each topic. This generates rich insights by systematically and comprehensively mapping the data.

Ritchie, J et al. (2014) *Qualitative Research in Practice*; London: Sage.

Process of scoping referral mechanisms

A range of organisations were contacted to establish whether it would be feasible for them to refer participants to the ELAP program, or for the evaluation to use data they hold for this purpose. Information about the different options was collected through meetings and interviews with key stakeholders, as well as desk-based reviews of survey data, research papers and articles, helping us to estimate the number and profile of people that might be included in each mechanism explored. Broadly, our criteria for evaluating referral mechanisms related to adequate population size, a relevant profile of legal problems, and confidence in achieving reliable access to the sample. Table 12 provides a more detailed list of considerations and rationales.

Table 12: Referral mechanism considerations

Consideration	Rationale	Preference
The profile/ categories/ types of legal issues	There is no simple and accurate way of identifying all people in need of support with welfare, debt and housing issue. Different sources of referral will lead to different profiles of issues.	To identify people with legal problems related to the ELAP target areas of **welfare, debt and housing** in line with MoJ guidance.
The severity of legal issues	Each referral option will have implications for the severity of legal problems people are facing.	To identify people at an **early** stage in development of their legal issue, before the problem escalates.
Additionality (existing levels of support being received)	We anticipate that the 3 hours of support will have greater impact on those receiving no/little other support. Individuals with high legal need are more likely to end up with critical housing matters eligible for legally aided help which is far more extensive than the support offered by ELAP.	To identify people with early legal problems **receiving no/little other support.**
Size of the sampling frame / volume of referrals	The sampling frame needs to be large to direct enough referrals into ELAP to satisfy statistical power requirements (see section 7.1).	We cannot expect all eligible people to pursue access to ELAP when offered, thus a **very large** sampling frame is required.
Data/sample access	The referral mechanism must be reliable throughout the duration of programme to support the required sample size requirements.	**Access** to the sampling frame dataset, ideally shared with the evaluators on a rolling basis.

Consideration	Rationale	Preference
Comparability across ELAP areas	To ensure the intervention is operating on similar populations across the sites.	The **same** referral mechanism is preferred for both ELAP areas.
Data processing	The evaluation will have rolling recruitment across approximately 9 months,[19] ensuring simple data processing will be important for timely and accurate recruitment.	A **single** source of referrals is preferred to reduce errors (e.g. one person being invited multiple times) and maintain timely invites to ELAP.

[19] 9 month programme period depends on timeline to be confirmed by MoJ

Appendix C
Referral mechanism options

Referral mechanism	Indicative evidence on population sizes	Profile of participant	Access
Council tax arrears data (CTA) [Recommended option for referral mechanism]	Estimates of the number of people behind on their council tax payments in November 2020 were 30,161 in Manchester; 7,463 in Middlesbrough.[20] A substantial number are also estimated to have been contacted by bailiffs. This is a large sampling frame.	CTAs are a legal issue themselves, however the profile of related issues is unknown at this stage. We anticipate a substantial group will require early advice for debt and welfare benefit issues and are unlikely to be receiving more intensive legal support already.	Data is held by local authorities in both ELAP areas. Data sharing agreements need to be discussed to secure access.
People affected by benefits caps or receiving benefits	There are currently 932 capped households in Middlesbrough, 2747 in Manchester.[21] However new benefits caps are very rare therefore this sampling frame is too small.	This group are unlikely to be receiving more intensive legal support.	We pursued access to this data via DWP, but faced barriers. Access may be possible through local authorities.
Housing associations (multiple HAs across ELAP areas)	A fairly substantial population. 2021/22 estimates are 1133 people in HAs in rent arrears in Middlesbrough; 3850	This group could need early advice if rent arrears are detected early. They are likely already receiving involved case support from their housing association	Gathering and managing data from multiple organisations will be difficult, potentially reducing the ability to make timely referrals into ELAP.

[20] Estimates from Citizens Advice (Unavoidable debt.pdf (citizensadvice.org.uk)) showed that 7% of English households were behind on their council tax bills in Nov 2020. Estimates in the table assume this % to be equal across Middlesbrough and Manchester. Reports that over 30% of households in Middlesbrough received court summons for council tax arrears in financial year Apr 2020/2021 - Almost a third of Middlesbrough households face court over council tax debt (inews.co.uk).

[21] Stat-Xplore collects data on 'Capped Households to Date'.

Referral mechanism	Indicative evidence on population sizes	Profile of participant	Access
	people in HAs in rent arrears.[22] This sampling frame is medium sized.		
Those in receipt of homelessness assistance	Estimates of those owed a prevention duty in Q4 2021: 553 in Manchester; 152 in Middlesbrough. Owed a relief duty in Q4 2021: 939 in Manchester; 176 in Middlesbrough. This is small sampling frame.	This group are likely to be receiving some relevant support to prevent or relieve their homelessness.	Local Authorities have indicated that this may be more difficult to share than council tax data.
Those served with Notices of Seeking Possession	Unlikely to provide a large enough sample size.	This group are likely to be in crisis and already receiving other forms of advice and support, including legal aid.	It is unknown how often data can be delivered, and access is dependent on getting consent from participants and a bespoke DSA.
Self-referrals from Jobcentres, LA websites etc	Unknown, no way of assessing without a trial.	Housing, debt and welfare advice, likely to be a mixture of crisis and early advice, but many are not likely to be receiving advice from other sources.	Partnerships would need to be set up with local job centres, or would require large advertising campaign. This may not be feasible within current evaluation setup.
CLA gateway	A very small sampling frame, unlikely to provide a large enough sample size. Estimate of around 15 to 20 per month in the Manchester/ Middlesbrough area (from discussions with LAA staff).	This group are likely to already be quite far along in their legal journey and to be receiving advice from other sources.	Access unlikely as substantial changes to the CLA gateway contract would be required.

[22] The English Housing Survey 2021/22 states 2.3 million households are renting from Housing Associations. 7.4% (see Household Annex) of households in housing associations in England are in rent arrears. In Middlesbrough, 15,314 households are renting from housing associations. In Manchester, 52,023 are renting from housing associations (see Dwellings stock data). Extrapolating from these data we estimate, of those living in housing associations, 1,133 people are in rent arrears in Middlesbrough and 3,850 are in rent arrears in Manchester

Appendix D
A pilot-RCT

Table 13 sets out provisional research questions (RQs) addressed by the pilot-RCT study and data collection methods used to address them.

Table 13: Pilot-RCT Research questions

Domain		Research question	Data source/Methodology
Evidence of feasibility: evidence relating to intervention delivery	1.	Is ELAP delivered as intended?	Interviews with LAs, and interviews and observations with providers, treatment group
	2.	Is there variation in delivery across Local Authorities (LAs) and providers?	
	3.	What are the facilitators/barriers to successful delivery of ELAP?	
	4.	What is the level of attendance at ELAP sessions and engagement with communications?	Management information and interviews with treatment and control groups
	5.	Can adequate and appropriate referrals to ELAP be made?	Randomisation data and baseline survey
Evidence of promise: evidence relating to programme mechanisms and outcomes	6.	Is ELAP perceived positively by those delivering or receiving it? E.g. how well is it received, what are the reasons people drop out?	Interviews and observations with providers and treatment group; survey data
	7.	Is ELAP perceived to affect beneficiary outcomes, and what are these outcomes?	
	8.	Is there evidence to support the ELAP theory of change? What changes, if any, are needed to the intervention theory of change?	
	9.	Are there any perceived unintended adverse effects?	

Domain		Research question	Data source/Methodology
Readiness for trial: evidence relating to the readiness of ELAP for an RCT	10.	What changes, if any, are needed to ELAP materials, procedures or delivery?	Interviews with LAs and providers
	11.	Can ELAP be delivered consistently across Local Authorities and providers?	
	12.	How does support given by ELAP compare to BAU in Manchester in particular, but also Middlesbrough?	Interviews with providers; interviews with treatment and control groups, non-completes and dropouts; endline survey data
	13	What support do (control) participants receiving business as usual support get in practice?	
	14.	Have appropriate and acceptable primary and secondary outcome measures been identified?	Interviews with treatment & control groups; survey data
	15.	Are the outcome measures suitable for testing on a large scale?	
	16.	What are the practical implications of the chosen outcome measures, in terms of costs and resourcing?	Survey
	17.	Can ELAP be delivered at sufficient scale for an RCT? What are the implications of ELAP reach for sample size and power?	Interviews with LAs and providers; referral, randomisation and baseline data
	18.	What is the likely level of attrition and what strategies might help minimise this?	Management information; interviews with non-completes and dropouts; randomisation and baseline data
	19.	Is randomisation acceptable to providers and participants and is there any evidence of noncompliance in random allocation?	Management information; interviews with treatment & control groups

Table 14 sets out a suggested interview sample for a pilot-RCT.

Table 14: Breakdown of planned interviews for the pilot-RCT

Group	Manchester – Private provider	Manchester – NFP provider	Middlesbrough	Total
Local authority	1		1	2
LAA contract manager	1		1	2
Provider (manager)	1	1	1	3
Provider (delivery)	Up to 2	Up to 2	Up to 2	3-6
Treated participants	4	4	4	12
Control group participants	4	4	4	12
Non-completes (received invite, did not complete baseline survey)	2		2	4
Drop-outs (offered treatment, did not accept)	2		2	4
Total interviews	**26-28**		**16-17**	**42-45**
Observation days	1	1	1	3

Appendix E

Review of evidence on outcomes related to the provision of early legal advice

When investigating suitable outcomes for the ELAP evaluation, we drew on a number of sources including the MoJ ELAP Logic Model, policy documents, empirical studies and stakeholder interviews. This section presents existing evidence on the outcomes of early legal advice.

The MoJ's initial ELAP logic model in January 2022 [internal] anticipated initial (proximal) and longer-term (distal) outcomes. By improving knowledge and confidence around legal problems, it is believed that early legal advice will increase clients' satisfaction with the outcome realised, reduce stress and conflict, improve mental health and wellbeing indicators and empower individuals to resolve their problems earlier (Ministry of Justice, 2019; Ministry of Justice, 2022a).

There is some empirical evidence to support the assumption that early advice can reduce distress caused by the legal problem and improve feelings of financial security. Findings are consistent with a model where early perceptions of improved finances and wellbeing may manifest in the short term, but changes to actual finances may take longer timeframes.

A quasi-experimental study investigating the effect of welfare and debt advice services in UK healthcare settings found that those receiving advice reported significantly reduced levels of financial strain at a 3-month follow-up survey than the control group. While there were no overall differences in self-reported wellbeing between the advice and control group, those who received a positive outcome from advice demonstrated significantly improved wellbeing scores compared with controls (Woodhead, Khondoker, Lomas and Raine, 2017).

In England and Wales, an RCT of a debt advice intervention (Pleasance and Balmer, 2007) found that those in the intervention group were significantly more likely to feel that their financial situation had "got better" compared to the control group. However, no

significant differences in the number of people reporting that they were no longer facing debt issues were found across the intervention and control group at the 20-week follow-up. Whilst actual financial circumstances had not changed during this period, there did appear to be a difference in how the two groups perceived their financial situation.

Much of the policy literature focuses on the earlier resolution of problems as a key outcome of early legal advice. The literature suggests that preventing problems from escalating can lead to positive psychological benefits for the individual as well as cost savings for the Treasury (Brown, 2017; Ministry of Justice, 2019). For example, qualitative evidence has indicated that early intervention prevents the “cascading of problems” through the legal system (James and Forbess, 2011). An interim review for the Legal Support for Litigants in Person (LSLIP) (Welham and Dugdale 2022) also provided evidence that the programme increased access to advice, brought improvements to client legal capability and led to earlier problem resolution. These indicative findings were drawn from data collected pre and post intervention, but data was not collected on a counterfactual group to establish causation.

Housing outcomes feature in the MoJ Logic Model (2022), and there is empirical evidence that legal advice can have a positive effect on housing outcomes. An RCT carried out by Seron, Frankel, Van Ryzin and Kovath (2001) in New York showed that the provision of legal representation produced significantly more favourable judgements in housing court for low-income tenants, and reduced the number of days in court. An RCT carried out in Massachusetts found that around two thirds of the occupants in the group receiving more substantial advice versus around one third of the occupants in the control group retained possession of their homes at the end of litigation (Greiner, Pattanayak and Hennessy 2012). These are good indications that legal advice can have causal impacts on more serious levels of housing problems, though the effect of early advice is not known, and research does not appear to cover the UK context.

In summary, the reviewed evidence and literature indicates that addressing legal problems with early advice may lead to positive outcomes in the proximal domains of legal understanding, psychological distress, and feelings of financial security. It is also plausible that early advice leads to earlier and more satisfactory legal outcomes for individuals. While there is not yet any notable causal evidence, conceptually, earlier resolution of legal

problems is believed to prevent escalation of financial difficulties that can lead to housing insecurity and loss. We note that while the evidence reviewed above suggests early legal advice may reduce distress and financial strain, and that legal support can improve housing outcomes, there is not as clear a link nor much empirical evidence to demonstrate that *early* advice will necessarily translate into an impact on housing outcomes.

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Appendix F
Advice Providers in Manchester and Middlesbrough

The table below sets out details of advice providers in Manchester and Middlesbrough.

Table 15: Advice provision in Manchester and Middlesbrough

City	Provider		How providers are funded	What they offer	Who can and can't access their support
Manchester	1	Greater Manchester Law Centre	Legal aid contracts Access to Justice Foundation Community Justice Fund Forever Manchester Law Centres Network The Legal Education Foundation Manchester Metropolitan University	Support in debt, housing and welfare benefits, at lower volumes than CA Manchester and Shelter. A combination of signposting and casework.	Services provided on basis of need, subject to funder's requirements. Clients must be eligible for legal aid for legal aid funded advice. Some funding from trusts / foundations s ringfenced for particular legal issues (e.g., employment administered by Access to Justice Foundation).
	2	WTB Solicitors	Legal aid contracts Private client work	Advice in housing, immigration, mental capacity, family law commercial property, conveyancing and wills, probate and estate administration. Do not offer welfare benefits or debt advice.	Services only available to those who are eligible for legal aid, can afford to pay or have access to legal expenses insurance.

City	Provider		How providers are funded	What they offer	Who can and can't access their support
	3	Citizens Advice Manchester	Manchester City Council Legal aid contracts Money and Pensions Service (debt service)	Largest provider of advice in relation to debt, welfare benefits and housing in Manchester. Generalist and specialist legal advice across a range of areas including employment, community care, family crisis and immigration. A combination of signposting and casework.	Generalist advice services can be accessed by anyone through various self-referral mechanisms (e.g., helpline, website, webchat service or email). Internal referrals from generalist to specialist advice team on basis of need. Referrals can be made by partner agencies through the "Refer Net' system.
	4	Peasegoods	Legal aid contracts Private client work	Legal advice in housing, personal injury, wills and probate, power of attorney, employment and conveyancing. Do not offer welfare benefits or debt advice.	Offers a drop-in advice service for housing disrepair matters. Beyond this, clients must be eligible for legal aid or able to pay to receive advice.
	5	Shelter Manchester	Legal aid contract for housing Manchester Targeted Advice Fund Fundraising	Specialist housing advice and representation, ringfenced for Manchester residents. MCC funding for housing and limited debt and welfare benefits advice. A combination of signposting and casework.	Clients must be eligible for legal aid for legal aid funded advice. Manchester Targeted Advice: contract, individuals must be referred by primary healthcare providers, social workers, teachers, children's centres or MP's surgeries. To be eligible for referral, individuals must meet a need threshold, assessed by the individual or organisation who makes the referral.

City	Provider		How providers are funded	What they offer	Who can and can't access their support
	6	Alison Law	Legal aid contracts Private client work	Advice and representation in public law, crime, housing, debt and immigration. A variety of services for private clients and businesses including civil and commercial litigation, commercial leases, employment, family, intellectual property, international disputes, personal injury and tax. Do not provide welfare benefits advice.	N/A
	7	Cheetham Hill Advice Centre	Manchester City Council National Lottery Community Fund Henry Smith Charity	Delivers advice as part of a partnership with Shelter and CA Manchester but does not hold a legal aid contract.	N/A
Middlesbrough	1	Watson Woodhouse	Legal aid contracts Private client work	Advice in relation to crime, housing, debt, family and mental health law. Do not offer pro-bono advice beyond providing free initial consultations at advice clinics.	Only clients who are eligible for legal aid or able to pay can access advice. Referrals come from the Housing Possession Court Duty Scheme, social landlords, Darlington local authority, CA, the Civil Legal Aid helpline, Shelter, support workers and word of mouth.
	2	Citizens Advice Middlesbrough	Middlesbrough Council	Advice in housing, employment, welfare benefits, debt and consumer law.	Individuals can self-refer provided their issue relates to housing, employment, welfare benefits, debt or consumer law.

City	Provider		How providers are funded	What they offer	Who can and can't access their support
	3	Middlesbrough Council Welfare Rights Unit	Middlesbrough Council	Advice in welfare benefits and tax credits.	Eligibility criteria not publicly available.

Appendix G
The evaluation team

The evaluation team consists of a consortium between the National Centre for Social Research (NatCen), WPI Economics (WPI), the Centre for Homelessness Impact (CHI), and The Legal Education Foundation (TLEF). Table 16 provides an overview of the specific responsibilities of each consortium member.

Table 16: The consortium breakdown of responsibilities

Consortium member	Role	Main responsibility
NatCen	Lead contractor	Ultimate responsibility for delivery of the feasibility phase
WPI	Partner	Value for money evaluation design
CHI	Partner	Technical advisor for the impact evaluation design
TLEF	Partner	Participatory systems mapping lead

Appendix H
GDPR and consent

GDPR and consent

The evaluation team understands that for the ELAP evaluation, 'Public Task' will be used as the legal basis for processing. MoJ would be the data controller and the evaluation team would be data processors. A privacy notice for the national evaluation will be published to inform participants of their data subject rights. The information and consent forms will be co-produced with sites to ensure they are clear and demonstrate the desire to be transparent and encourage fully informed consent. All participants – ELAP recipients, interviewees etc – will be given assurance that no information which could be used to identify them will be made available without their agreement to anyone outside MoJ or the evaluation team.

It is important that the evaluation can explore the demand for legal advice and the characteristics of the population in need. As a result, the evaluation may need to collect 'Special Category Data'[23] – personal data that needs more protection because it is sensitive.

The UK GDPR defines 'special category data' as:

- Personal data revealing racial or ethnic origin
- Personal data revealing political opinions
- Personal data revealing religious or philosophical beliefs
- Personal data revealing trade union membership
- Genetic data
- Biometric data (where used for identification purposes)
- Data concerning health
- Data concerning a person's sex life
- Data concerning a person's sexual orientation.

[23] Special category data | ICO

Of these categories, the ELAP evaluation would need to collect data on racial or ethnic origin and health (for example disability) in order to understand the population in need and the demand/ impact of the service.

The evaluation team understands that for the ELAP evaluation, the legal basis for collecting and processing special category data would be 'Reasons of substantial public interest'.

As discussed in section 7.2, providers will be required to complete an LAA monitoring form for every ELAP client, which will include information on the nature of the legal problem, advice given and participants' demographic characteristics. The LAA have advised that a specific reason is required for them to share information on the content of advisory sessions (e.g. what legal problem someone sought, whether they were referred to another service) with the evaluators. It is a criminal offence to share this as set out in LASPO section 34 (paragraphs 1-2). However, it is the evaluation team's understanding that should there be a justified reason for needing to share this information, and should it be possible to demonstrate that it is required to enable the Lord Chancellor to perform their functions, an exemption under LASPO section 35, paragraph 1 would be possible. If this is this is the case, it could be argued that acquiring this information as part of evaluating ELAP and understanding its benefits in order to develop a new programme that can be rolled out nationally can be considered part of the Lord Chancellor's functions.