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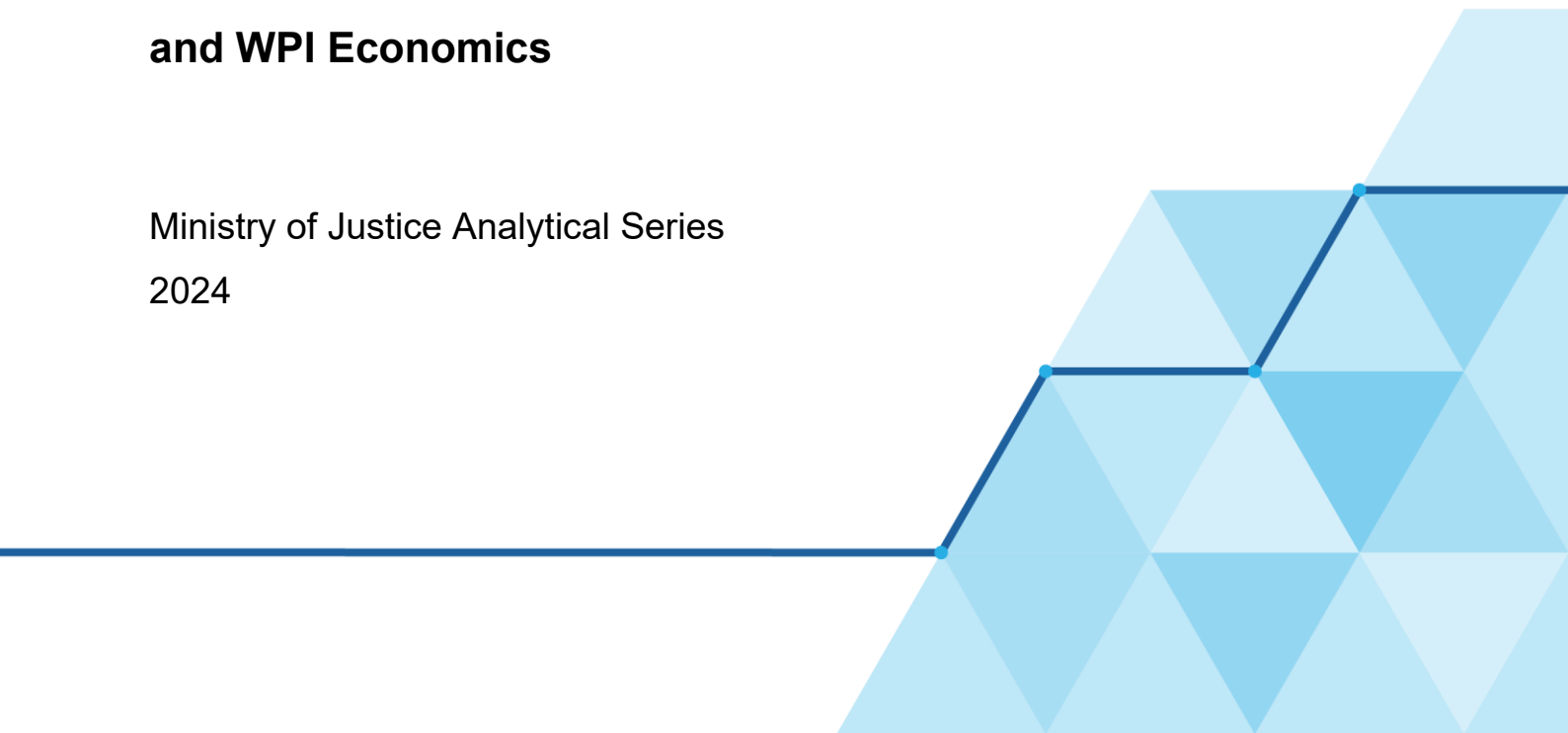
Early Legal Advice Pilot evaluation

Final evaluation 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

The Early Legal Advice Pilot (ELAP) was an HM Treasury Shared Outcome Fund project, exploring the impacts of early legal advice on housing outcomes for individuals and potential downstream cost savings for public services. ELAP sought to progress the evidence base by trialling the novel use of robust quantitative evaluation methods on this issue. Legal aid providers in Manchester and Middlesbrough were contracted to deliver the pilot services, which consisted of up to three hours of legal advice for residents with early-stage legal needs related to housing, debt and welfare benefits.

An extensive Feasibility Study in Spring 2022 assessed the possibility of conducting ELAP as a randomised controlled trial (RCT). An RCT approach was recommended, but the study identified several significant risks, and recommended first conducting a pilot-RCT to test the proposed approach on a smaller scale before moving to a fully powered RCT. This recommendation was accepted. The pilot-RCT ran from November 2022 to March 2023. This report presents the final findings from the pilot-RCT. A separate Value for Money evaluation was also conducted, the full results of which are published in a separate report.

Although the pilot-RCT led to very low uptake and ELAP was stopped before progressing to a full trial, valuable lessons were learned via the project and publishing the results demonstrates the commitment to transparency and building capability in a complex area.

The approach taken aligns with MoJ's Evaluation and Prototyping Strategy and the objectives of the Cabinet Office Evaluation Task Force, which has a remit to improve evaluations across government.

1.1 Key findings

The key challenge during the pilot-RCT was that the approach to identifying potential beneficiaries and inviting them into the service (the 'referral mechanism') did not lead to sufficient numbers of ELAP advice beneficiaries. Despite multiple attempts to adapt the mechanism, only a very small number of participants accessed the service according to

participating advice providers, compared to an expected 70 under the most conservative projections.

Nonetheless, the pilot-RCT provided valuable learning about intervention design and delivery, and of how to overcome inherent methodological challenges in evaluating Access to Justice interventions in the future. MoJ stakeholders reported that the approach of piloting an RCT offered an efficient way to test and adapt the design of ELAP in a complex policy context. It also generated lessons about the time, resource and engagement needed to proceed with similar schemes more efficiently and effectively.

Key learnings for future policy development and evaluations

Key learning 1: Any future ELAP phases should start by defining the intended user groups for 'early' legal advice, and invest in designing strategies to actively engage these populations.

ELAP aimed to assess the impact of *early* legal advice. The pilot-RCT highlighted the need for clarity on the definition of 'early', as this determines who is eligible for the service, and in turn informs the choice of engagement strategy. If 'early' refers to people with legal problems who are not yet seeking help, future work should focus on how to encourage advice take-up, before the impact of that advice can be assessed. However, if 'early' simply means people with legal needs not currently in scope for legal aid, then those who are already seeking help would be eligible. The challenge of engaging the latter group in the service will be lower, given volumes are higher and some will already be seeking services.

The pilot-RCT also generated lessons for engagement strategies. Firstly, many participants did not realise their needs were *legal* in nature. Although this is a known phenomenon (evidenced in a variety of legal needs research) and was considered in the pilot-RCT design, the results show the offer still needs to be framed differently, or a different approach needs to be taken to explaining to people the legal nature of their problems. For example by using intermediaries, as suggested by stakeholders. Secondly, the pilot-RCT found that people need to feel legal advice has a reasonable chance of making a difference to their problems. And thirdly, the barriers to accessing advice need to be as low as possible.

Key learning 2: Any future pilot design should be co-designed with advice stakeholders.

The value of evaluating existing services should also be considered.

The pilot-RCT also offered lessons on how to develop an advice service that best allows research questions to be answered. There are existing advice services with similar aims and successful referral mechanisms that reach people at relatively early stages, but that face significant challenges meeting the level of demand (Welham & Dugdale, 2022).

Further consideration should be given to evaluating existing advice services that show promise to address questions about the efficacy and value for money of early advice. If a new advice service is required, it should meet these three criteria.

1. It should consider the above challenges regarding encouraging people to access advice.
2. It requires strong support from providers and the wider advice sector.
3. A new advice service should have clear advantages over engaging with pre-existing services.

To develop such a service, it will be important to build further on the initial design and scoping work done by MoJ through close engagement with existing providers and organisations likely to interact with people who could benefit from advice. This could include a process of co-design. It should be initially piloted in areas where the new advice service is genuinely superior or a complimentary addition to existing services. The new advice service would also benefit from early testing phases before proceeding to more ambitious impact evaluation. This testing should include assessing whether it is possible to get sufficient numbers of people to receive the advice.

Key learning 3: Advice services need to be bedded in and operational before a robust evaluation can be designed. An RCT may be possible but RCTs are challenging to deliver in this context and alternative approaches to randomisation may need to be considered.

Learnings 1 and 2 need to be addressed before proceeding to an impact evaluation: an advice service needs to have been identified and initial testing needs to have been successful. Even then, the challenges involved in robust impact evaluation of early legal advice interventions should not be underestimated. Furthermore, the strength of any future value for money evaluation will largely depend on the strength of the impact evaluation.

Ideally, an impact evaluation would involve (ethically) randomising access to the advice service. The randomisation approach needs to be designed around an already successful referral mechanism, which may limit the range of approaches that are possible in practice. The pilot-RCT design randomised on an individual participant basis, but alternative approaches to randomisation could be considered e.g. on a pilot area / provider level.

Key learning 4: Despite the challenges around referral routes, the work undertaken to design the pilot-RCT offers insight into the potential Value for Money (VfM) of ELAP.

Analysis suggests that high Benefit Cost Ratios (BCRs) from early legal advice are plausible. Illustrative modelling calculated a BCR of 4.1 (for every £1 spend on ELAP, £4.1 of public value benefits would be realised), using the best 'informed estimates' of costs and benefits and other modelling assumptions. The BCRs of addressing either a debt, housing or welfare problem on an individual basis are also high. Further detail of these calculations can be found in the Value for Money (VfM) Technical Report, published separately. That report also highlights that it will be important to gather empirical evidence on the effectiveness of early legal advice to advance understanding of VfM.

2. Introduction

2.1 Background to the Early Legal Advice Pilot (ELAP)

In 2019, the Ministry of Justice (MoJ) published the Legal Support Action Plan, which set out several new proposals drawing on the Post-Implementation Review of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO). ELAP was one of the proposed measures to provide quantitative estimates of the impacts of early legal advice in housing, debt and welfare benefits on housing-related outcomes (e.g. loss of home), and on downstream cost savings. To achieve this, the [Early Legal Advice Pilot Scheme Order 2022](#) permitted the Legal Aid Agency to contract legal aid providers in Manchester and Middlesbrough to provide up to three hours of advice to residents with legal needs related to housing, debt and benefits.

The pilot was funded by [HM Treasury's Shared Outcome Fund in 2020](#) to trial the novel use of robust evaluation methods to develop this evidence. The approach aligns with MoJ's Evaluation and Prototyping Strategy,¹ published in 2023, which sets out the importance of prototyping to understand whether interventions work before committing large amounts of resource and public money. This includes building in mechanisms to test and learn as pilots progress and, where necessary, make decisions to stop them in a controlled way. The Strategy supports the objectives of the Cabinet Office Evaluation Task Force, which has a remit to improve evaluation capability and quality across government.

2.2 About the evaluation

The evaluation was conducted by an independent consortium led by the National Centre for Social Research (NatCen).² This evaluation team produced a Feasibility Study, assessing the possibility of evaluating ELAP using a robust quantitative design, focussing on whether a randomised controlled trial (RCT) could be undertaken. The main recommendation of the Feasibility Study was that an RCT was feasible, but there were

¹ <https://www.gov.uk/government/publications/moj-evaluation-and-prototyping-strategy>

² Alongside the Centre for Homelessness Impact, WPI Economics, and the Legal Education Foundation.

significant risks associated with the design, and that ELAP should proceed with a ‘pilot-RCT’, an initial testing phase. This was accepted and the pilot-RCT ran from November 2022 to March 2023. The main aims of the pilot-RCT were to identify:

- **Evidence of feasibility** of delivering ELAP at all and as planned.
- **Evidence of promise** that ELAP may lead to a change in outcomes of interest, including perceptions of impact and evidence of unintended consequences.
- **Readiness for trial:** whether and how ELAP should proceed to a fully powered RCT, capable of estimating whether and how effective and efficient ELAP is.

2.3 Overview of reports

A series of reports have been produced throughout this project and are published alongside the current report. In conjunction, they provide a valuable set of reference material and learning for future access to justice research. These reports include:

- **Feasibility Study (2023).** Undertaken in Spring 2022, this was based on: a document and literature review; in-depth interviews with stakeholders; mapping of existing advice provision in trial areas; a stakeholder Theory of Change workshop and consultation; scoping of potential referral mechanisms; scoping of data sources to assess impact and value for money, and an ethical review. Readers are directed to this report to understand the rationale for the selected evaluation design, including anticipated risks and mitigations.
- **Study Protocol (2023).** This report set out in detail the planned approach to delivering the pilot-RCT at its launch. It included the research questions; the nature of the ELAP intervention; the referral mechanism; the survey design; the implementation and process evaluation design; the value for money assessment approach; ethics; risks; and timings. Readers are directed to this report to learn more about the intended design of this evaluation.
- **Value for Money (VfM) Technical Report (2023).** This report describes the costs and benefits associated with the ELAP programme. It sets out a modelling approach and details modelling assumptions to calculate illustrative ELAP Benefit-Cost Ratios (BCRs); presents illustrative modelled ELAP BCRs; makes conclusions about what policymakers can learn about ELAP VfM; and makes

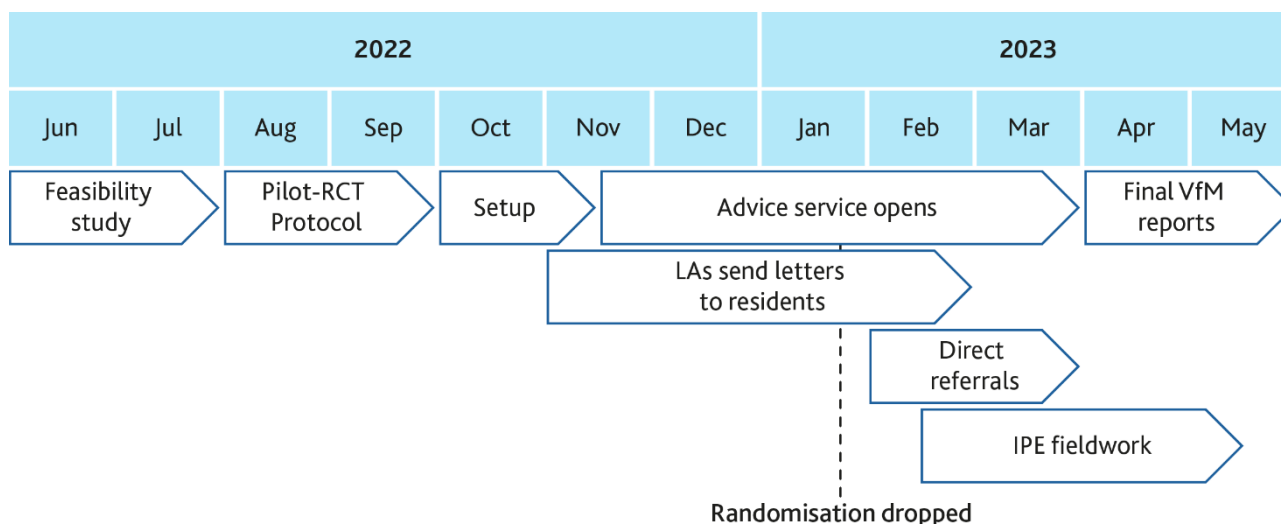
recommendations on how greater insights from an ELAP VfM exercise could be generated.

- **Final evaluation report (2023).** This is the present report, setting out the final findings from the pilot-RCT. It is based on: findings from the Feasibility Study; a survey of residents invited to take part in the pilot-RCT; interviews with participants who were offered ELAP advice but did not access it; and interviews with local stakeholders, including local advice providers and Local Authorities. It also reports on the evaluation team's experiences of delivering the pilot-RCT.

3. Methods

The pilot-RCT methodology changed significantly over the course of the evaluation, in response to emerging challenges and to maximise learning. This section outlines the approaches proposed in the Feasibility Study, and how and why these changed in the pilot-RCT protocol and throughout the evaluation. **Error! Reference source not found.** shows the timing of key events.

Figure 1: Timings of key events



Impact evaluation

The pilot-RCT proposed in the Feasibility Study involved identifying potential pilot participants and requesting they complete an initial survey (online or by phone) to determine eligibility and provide baseline data. They would then be randomised within the survey questionnaire into treatment and control groups. Outcomes would be measured using an endline survey, to be completed by participants three months after receiving the ELAP advice service. This would be complimented with administrative data if possible.

The proposed design involved identifying potential ELAP participants using lists of residents in Council Tax Arrears (CTA), held by Manchester City and Middlesbrough local authorities (LAs). CTA is a legal issue itself and was thought to be associated with wider in-scope legal needs, including debt, housing and welfare benefit issues (see the Feasibility Study for detailed reasoning). The initial intention was that CTA lists would be

provided to the evaluation team, who would then invite residents to complete the survey. However, it was not possible for the evaluation team to access the CTA lists. Instead, LAs sent out the invitation letters directly. In Manchester, ELAP letters were sent out to people together with their first CTA reminder letter. In Middlesbrough, letters were sent as a separate mailing to people who were being served with a CTA liability notice. Further discussion of the referral mechanism, and the implications of this change, can be found in Chapter 6.

During the pilot-RCT, survey response rates were very low (0.4%, amounting to 102 completed surveys by those contacted by letter). By the end of January 2023, two of these survey respondents went on to access the ELAP advice service.³ At this point it was clear that the desired sample sizes would not be reached, so changes were made to the design in an attempt to increase the number of participants who received ELAP advice so a useful implementation and process evaluation could be conducted. Firstly, randomisation was dropped: all participants who completed the survey and satisfied ELAP eligibility criteria were offered access to the advice. Secondly, legal aid providers taking part in the pilot-RCT were asked to refer people directly to the survey if they felt they might be eligible for ELAP. Other local organisations who provided advice or worked with people with similar needs were also asked to refer participants directly to the survey. Given the numbers of participants who received the ELAP advice, it was judged that the endline survey would not add significant value to the evaluation, and a decision was taken not to proceed with it.

Advice providers were required to submit monitoring forms to the Legal Aid Agency (LAA) for each ELAP participant they advised. In interviews with the evaluation team, participating providers reported advising five ELAP participants (four in Middlesbrough and one in Manchester). However, the LAA received forms for just three participants. This discrepancy is likely a result of ELAP being a new service and providers not having an extended period of time, nor high volumes of participants, to familiarise themselves with the processes. This report will assume that five participants received the advice service.

³ As reported by the advice providers participating in the pilot-RCT.

Implementation and process evaluation (IPE)

The Feasibility Study recommended using a range of data sources for the IPE but due to the low take-up of advice, not all were possible. It was possible to interview senior managers at ELAP providers and stakeholders including the LAA, the local authorities, and other local advice providers. A single qualitative interview was conducted with a participant who received the ELAP advice service, and interviews were conducted with participants who completed the baseline survey but did not access the ELAP advice service.

Proposed interviews with frontline provider staff and control group participants and direct observations of advice delivery were no longer possible. In addition, it was not possible to analyse monitoring data from the LAA and endline survey data, which was not collected. Table 6 in Appendix C shows a breakdown of the IPE interviews.

Value for Money (VfM) evaluation

Without quantitative results from the impact evaluation, there were limitations to the VfM evaluation planned at pilot launch. However, it was still possible to build a VfM framework and model structure to offer insights into the size of Benefit Cost Ratios (BCRs) that ELAP might expect under different scenarios of successful interventions. These are designed to help policymakers understand the magnitude of public value that could be created under an ELAP-type programme (should referral routes be effective), and what factors drive the largest costs and biggest benefits. The model was based on data from the baseline survey, cost data obtained from the pilot-RCT, desk-based research, and qualitative research with stakeholders. The VfM framework and model structure are hypothetical but use evidence-based estimation as far as possible.

The results can act as a valuable scoping analysis for a future Benefit Cost Ratio (BCR) estimation, by answering the following revised research questions:

1. **What types of cost and benefit apply to the provision of early legal advice?** Providing an economic analysis framework for any future attempts to impact downstream outcomes from early legal advice in any area.
2. **What success rate would ELAP need to have in order for benefits to outweigh costs?** Demonstrating how effective a broader scheme would need to

be in order to be value for money, in terms of either how much it would need to improve wellbeing or “success rates” of reducing the use of other public resources.

Theory of Change (ToC)

A ToC (see Appendix A) was developed for ELAP as part of the Feasibility Study. This was informed by a review of documents and literature, and interviews and a workshop with stakeholders. The ToC spells out each ELAP activity, detailing how each activity was intended to cause changes in outcomes, and recognising the assumptions and risk factors that could affect the achievement of outcomes. Interested readers are directed to the Feasibility Study report for more information.

4. Local advice landscapes

This chapter provides an overview of the advice landscapes in Manchester and Middlesbrough during the pilot-RCT. Understanding the local landscapes is important for two main reasons: firstly, to consider what services a control group could have had access to; and secondly, because the nature of the local advice landscape is likely to have had affected the referral mechanisms. This chapter is based on desk-based research and interviews with Local Authorities (LAs) and advice providers.

4.1 Advice services in Manchester and Middlesbrough

There were six organisations with relevant legal aid contracts in **Manchester**, with a mix of non-profit and private providers. Two non-profit and one private provider took part in the pilot-RCT. The LA funded generalist and specialist legal advice through a network of non-profit providers. This funded between 10,000 and 20,000 housing, debt and welfare advice cases per year, according to the LA, as of July 2022 (more recent figures were unavailable). The largest non-profit provider reported receiving roughly 50,000 enquires per year, including between 5,000 and 6,000 debt-related cases. Referral pathways in Manchester were complex, with high levels of signposting and cross-referral between agencies to deal with different eligibility criteria across services, and to meet demand. Of the three private providers, two did not deliver services in welfare benefits or debt, and signposted clients with these issues to non-profit providers.

In **Middlesbrough** there was just one organisation – a private law firm – with a relevant legal aid contract. This provider took part in the pilot-RCT. There were also a range of non-profit and council-run services delivering advice across housing, debt and welfare benefits. The LA funded four advice organisations to deliver benefit advice as part of a single contract. One non-profit organisation interviewed also received funding from its national office to deliver debt advice. Additionally, due to the cost-of-living crisis, they also received funding from energy network suppliers for their work with vulnerable customers. Again, referral pathways were complex, with organisations referring clients to each other, including between non-profit and private providers.

All stakeholders interviewed reported increased demand for advice services during the cost-of-living crisis, and the Manchester LA had introduced a cost-of-living helpline, offering advice on benefits, debt, rent and food support.

4.2 How did local advice services compare to ELAP?

Comparisons between the ELAP advice service and local services are tentative given that there was very limited delivery of the ELAP advice service. Interviewees felt there were significant levels of unmet demand in both Manchester and Middlesbrough, and that insofar as ELAP could help meet that demand, it was a positive step. However, they felt that the design of existing services had advantages over the ELAP advice service.

Perceived limitations of the ELAP advice service are described below:

1. One view, also supported by wider evidence (e.g. Organ and Sigafoos, 2018), was that since the introduction of LASPO in 2012, solicitors had lost expertise in debt and welfare benefits, and had become less able to provide advice in these areas than other (typically non-profit) services. This was felt to be a particular issue in Middlesbrough, where there were no non-profit providers eligible to deliver the ELAP advice service (ELAP was delivered solely by a private law firm).
2. Other advice providers did not set a hard limit on the duration of advice, whereas ELAP advice was limited to three hours. Providers felt that while some clients needed an hour or less of advice (for simpler issues or those that clients could progress independently with some information), some needed much more (6–10 hours for cases that required some ongoing casework, or required a home visit).
3. Accessing ELAP required clients to complete a questionnaire beforehand in order to collect baseline data for the impact assessment, whereas existing services did not. Although efforts were made to make the questionnaire easy to understand and an appropriate length, one view expressed by advice providers was that it was overly long and complex and did not cater to the needs of those whose first language was not English, who made up a large and increasing proportion of their clients.

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There was evidence that these factors had an impact on the referral mechanisms, contributing to the low uptake of the ELAP advice service. This is discussed in Chapter 6.

5. Pilot design and setup

This chapter provides an overview of the design and setup of ELAP. It provides a summary of the work conducted by the Ministry of Justice (MoJ), and then explores the experiences of MoJ, providers and Local Authorities (LAs) of the design and setup of ELAP. The chapter concludes with lessons for future evaluations.

Overview of the design and setup process

In 2019, the MoJ applied to the Shared Outcomes Fund (SOF) for a programme of work that would use robust quantitative methods to assess early legal advice. The application was approved in 2020. Covid-19 slowed the project start, and a slightly extended firm deadline of March 2023 was agreed.

Prior to commissioning the full feasibility study, initial design and scoping work was conducted by MoJ to assess the basic feasibility of a pilot and to define the broad aims and approach, including which areas of law the pilot could cover and which geographic areas it could be delivered in. The pilot's geographic areas were selected based on analysis of deprivation levels and levels of legal aid provision, as well as whether similar projects were already running (to avoid overlap), ministerial preferences, and whether councils were deemed likely to take part.

As part of considering methodological options, MoJ engaged with Legal Aid providers in the selected areas to assess views on a possible RCT approach and determine whether providers would be willing to take part. At the same time, MoJ engaged with the relevant LAs to assess their interest, and to discuss initial practicalities such as data sharing.

In order for ELAP to be delivered, a Statutory Instrument⁴ (SI) was necessary to amend LASPO. This process includes the drafting of legal instructions and an explanatory memorandum; development of an impact assessment and equality analysis; MoJ Ministerial sign-off and stakeholder consultation; and Parliamentary scrutiny and debate. The SI was ultimately laid in March 2022. The SI aimed to establish the pilot, while leaving

⁴ <https://www.legislation.gov.uk/ukxi/2022/397/introduction/made>

the specifics of how it would be conducted open to be informed by future feasibility work. However, it did necessitate specifying some of the key parameters around the advice intervention itself, including: the legal issues in scope; the three-hour limit on advice;⁵ the fact that the pilot would be limited to advice only and would not cover advocacy; the fees to be paid to participating providers; and the geographic areas.

The independent evaluation team was commissioned in April 2022 and began with a feasibility study. This involved a document and literature review; in-depth interviews with a broad range of stakeholders, including LAs, Legal Aid providers in the selected areas and representative bodies in the Legal Aid sector; and scoping of data sources and potential referral mechanisms. The feasibility study recommended an RCT evaluation design was feasible; however, the study highlighted the associated risks of launching the ELAP advice service, and with evaluating it. These included: whether the evaluation team would be able to access the CTA data within the available timeframe; whether the chosen referral mechanism would be effective; whether the three-hour time limit on advice was appropriate; and whether existing advice services in the pilot areas were stronger than the ELAP advice service, amongst others.

The feasibility study therefore recommended first proceeding with a pilot-RCT instead of a full-scale RCT, and MoJ accepted this recommendation. There were then ongoing conversations between the evaluation team, MoJ, the LAs, and the providers up until the pilot-RCT was launched in November 2022.

Local Authority and provider decisions to take part in the pilot

The providers that took part in the pilot and the relevant LAs were interviewed by the independent evaluation team in early 2023, and asked about their reasons for choosing to take part. Both groups gave two main reasons for taking part. Firstly, there was a view that it was ‘morally imperative’ to take part, to provide as much support as possible to residents. There was a hope that ELAP would help meet community needs that were currently unmet due to overwhelming demand and oversubscribed services. Secondly,

⁵ Three hours was selected for the SI as it was estimated to be enough time for providers to triage people and learn about their legal problems, as well as provide legal help. This time was set with the view that the pilot will be primarily aimed at individuals with early-stage problems (which had not yet grown in complexity) who might substantially benefit from limited early guidance to avoid problem escalation.

LAs and providers believed in the value of early intervention and felt that early legal advice would help solve issues before they become more problematic. This would ideally help people before they reached court stage and prevent future costs and resource demands for the LAs and providers.

Local Authority and provider experiences of pilot design and setup process

While LAs and providers found discussions with MoJ to be collaborative and productive, they highlighted three main issues with the design, planning and setup process: (A) the extent to which they felt their views and feedback on design elements were acted on; (B) the nature and timing of communications; and (C) the sequencing of events.

LAs and providers felt that MoJ were receptive and considerate of their views. However, some providers expressed that they would have preferred more active participation, and to have been able to influence the specifics of the design more directly. There was frustration that elements of the design remained which stakeholders had raised concerns about although the pilot-RCT was implemented in part to test those issues (in particular that sending letters to residents in CTA might be ineffective as a referral mechanism, or that the three-hour advice limit may be too low). MoJ did explore the possibility of changes to the intervention, such as the three-hour limit, the fees, and the geographic areas. However, in the absence of strong evidence on better alternatives to some parameters, and some limitations as to what could feasibly be changed due to parameters set out in the SI, MoJ decided to test these risks on the ground, to build the evidence base.

Providers felt that communication could have been more regular, and that the pressures on their time could have been better considered. All stakeholders involved in delivery, including both LAs and providers, were extremely busy throughout the pilot-RCT, and became busier as the cost-of-living crisis progressed. Communications about the pilot were not necessarily at regular intervals and often required a considered response within a specific timeframe. This nature of communications was in part related to the challenge of the limited timeframe available for the pilot-RCT, due to the SOF funding deadline, which meant that setup work needed to happen at pace.

Some stakeholders felt that key events had occurred in the wrong order. For example, the referral mechanism was designed after the contracts and legislation were finalised, but

some providers felt that the referral mechanism was a key aspect of the requirement, so should have been designed first. There was also a view that the provider guidance came late in the process and should have been available much earlier to allow for better informed decisions about participation. The MoJ reported that this was again in part a result of the compressed timeframe available for the pilot-RCT, due to the SOF funding deadline, requiring some processes to occur concurrently. It was also attributed to the complexity of the requirements for setting up a new pilot and an RCT design, such as the process and timeline needed for laying an SI.

Lessons for future evaluation design and setup

Based on the above considerations, there are four key lessons for the design and setup of future evaluations.

Complexity

For MoJ, the experience of setting up and implementing ELAP highlighted the complexity associated with a project of this nature. As discussed, ELAP was implemented after significant scoping, consultation, time and resource investment. Resource investment included dedicated MoJ resource, the commissioning of an independent feasibility study and specialist technical advice. A key overall lesson highlighted by MoJ was that novel pilot projects requiring a new intervention, a complex referral and implementation process, and a gold standard evaluation methodology, are highly challenging in practice.

Timeframes

The timeframes for the programme included a two-year design and scoping stage (prolonged due to Covid-19), a four-month evaluation feasibility stage, three months for protocol and programme set-up, five months of advice delivery, and five months for evaluation reporting. Future projects with similar aims to ELAP would benefit from longer timeframes for evaluation design and setup and should consider how to optimise the sequencing of key design decisions over the course of the programme in consultation with key stakeholders. This would bring several advantages: it would allow for more extensive consultation and engagement (see below); it would accommodate the timescales for achieving data sharing agreements with LAs; and it would allow for all key elements of the design to be fully worked through and agreed with stakeholders before being included in a Statutory Instrument. More broadly, the Legal Aid sector and the wider advice sector are

extremely complicated and varied, and sufficient time is needed to fully understand the nuances of local contexts.

Engagement with the Legal Aid sector and the possibility of co-design

Despite the engagement work that was done during the development of ELAP, there was a widely held view among stakeholders that future research projects in this space should build on more extensive engagement with local stakeholders. In particular, there was a suggestion to use a co-design process to develop the advice service. A co-design process would involve repeated and extensive engagement with a broad range of stakeholders, all of whom would dedicate capacity to meaningfully contribute to all of the key parameters of the intervention design. It was also suggested that new interventions should make greater use of already well-established systems.

More generally, the pilot-RCT showed that future evaluations need to plan and agree on regular communications with potential and participating providers, to keep them informed of progress and maintain their confidence, throughout the planning and setup process.

Engagement with a broader range of local stakeholders

Lastly, as discussed in further detail in Chapter 6, the referral mechanism for the pilot-RCT was adapted after low uptake through the Council Tax Arrears (CTA) letters. The main change made was that referrals were accepted through legal providers or through other local networks and organisations. Prior to this, promotion of the ELAP advice service was limited to CTA letters to maintain the fidelity of randomisation. For example, to prevent individuals from being referred and randomised more than once, and to enable the research team to manage participant volumes to avoid over-burdening provider organisations. However, at this late stage there was limited opportunity to promote the pilot among local organisations and stakeholders found that there was low awareness of the pilot among their wider networks. Stakeholders commented on the need for much stronger and extensive communication and awareness raising activities locally if future interventions are going to rely on local referrals, including other voluntary and not-for-profit organisations, schools, GP practices, and others.

6. Referral mechanisms

This section outlines the ELAP referral mechanism that was initially planned and launched, and updates made to the mechanism during the pilot-RCT. It sets out the profile of participants who engaged with the pilot, and provides an analysis of the effectiveness of the different mechanisms. The chapter draws on survey data, interviews with people who completed the baseline survey but who did not go on to access the advice, legal advice providers and other local advice organisations.

6.1 Referral mechanisms and rationale

Approach at launch

Following an assessment of possible referral mechanisms in the Feasibility Study, the pilot-RCT launched using records held by LAs of residents in Council Tax Arrears (CTA) as the way of referring participants into the pilot. Ideally data agreements would have been put in place (as proposed in the Feasibility Study) to allow the research team to send letters to residents. This was investigated and attempted but due to the additional burden it would place on staff in the LAs and the short timeline available to set up data sharing for the evaluation it was not possible to establish them. This meant LAs sent invitation letters directly, on a rolling basis (the way the letters were sent out in the two pilot areas is detailed in Section 3: Methods). The letters provided a survey access code, explained that residents would be randomly allocated into either the treatment or control group after completing the survey, and offered a £15 shopping voucher as a thank you.

Changes to the referral mechanism

In the period from November 2022 to January 2023, 20,415 letters were sent (see Table 1 in Appendix B). It became clear that the response rate to the survey was lower than anticipated (0.4%, compared to a lowest anticipated response rate scenario of 1%) and the subsequent take-up of the ELAP advice service amongst the treatment group was near zero. Several changes to the referral mechanism were made in response, which are discussed below.

1. CTA invitation letters without randomisation

The evaluation team and MoJ agreed to remove randomisation from the pilot, to offer the ELAP advice service to all eligible participants completing the survey. This was an attempt to maximise the number of beneficiaries accessing the ELAP advice service within the remaining timeframe of the pilot. The LAs were notified of this change and updated letters were sent out. A total of 6,276 invitation letters without randomisation were sent between February and March 2023. Forty-one participants previously allocated to the control group were contacted via telephone to let them know that they were now eligible to receive the advice.

2i. Referrals made directly from providers

To further increase up take it was decided to pilot an approach where ELAP providers could refer eligible people directly to ELAP, starting in February 2023. This involved providers sharing the survey link with potential beneficiaries. At the end of the survey, the participant was given a code to make an appointment with the provider.

2ii. Referrals made through wider networks

Local organisations likely to be in contact with eligible residents were asked to signpost people to the ELAP advice service from February 2023. This involved sharing some information about ELAP and the survey link to assess eligibility. Contacts for these wider networks came from stakeholders interviewed as part of the feasibility study and those recommended from the two LAs. This included a cost-of-living advice line, housing services, health services, church groups and community organisations.

6.2 Profile of participants targeted through referral mechanisms

Participation in the baseline survey was lower than anticipated with 104 completions. Despite the efforts to invite people to take part, **Error! Reference source not found.** the referral mechanisms used did not succeed in encouraging people to participate in the pilot-RCT period. Table 2 in Appendix B shows the overall number of people referred into ELAP through each of the different referral mechanisms. This section describes the profile of people who were successfully referred into ELAP and completed the baseline

questionnaire, although it should be noted that only four⁶ of these people went on to access the ELAP advice service. Reasons for this low take up of advice are explored later in this chapter.

Most people (93) who completed the survey were referred via CTA letters, although only three people from this group went on to access the ELAP advice service. Completion of the survey amongst this group is therefore likely to have been driven by the incentive. Evidence from interviews with people who completed the survey but did not access the advice supports this (discussed further in section 6.4 **Error! Reference source not found.**).

Profile of survey respondents

Demographics

Over half of survey respondents were female (57%), and respondents were distributed across all age bands. The majority (82%) were from a white ethnic background. Just under 1 in 10 (9%) were from an Asian or Asian British background and 7% were from a mixed ethnic background. The remaining 6% were from a Black or Black British, Arab or other ethnic minority backgrounds.⁷ Approximately two thirds of those who completed the survey were based in Middlesbrough suggesting that the referral mechanisms were more effective in this location (invite letters were sent at a later stage where people had been served a Liability Order). Table 3 in Appendix B shows more detail on the demographic profile of participants.

Legal need

Only eight people who completed the survey via the CTA referral mechanism were screened out due to not having an in-scope legal issue. This suggests that although survey response and take up was very low, those who did respond to the survey were suitable potential beneficiaries of ELAP.

Almost all survey respondents reported having a debt issue and, unsurprisingly, three quarters reported being in Council Tax Arrears. Around half had issues paying gas or

⁶ Provider interviews as part of the evaluation indicated that five people received ELAP advice in total, but one of these participants did not complete the baseline survey.

⁷ These ethnic background categories are grouped to avoid statistical disclosure.

electricity bills and over a third had issues paying water bills and rent. Around half of respondents had an issue to do with housing (e.g. problems with a landlord to do with poor maintenance; potentially being evicted or facing possession of your home) and over a third had an issue with welfare benefits (e.g. having a decision made against you that was incorrect; having difficulties understanding or completing an application). Table 4, Figure 4, Figure 5 and Figure 6 in Appendix B show further detail on the legal needs of participants.

Scores on outcome measures at baseline

Data was collected from survey respondents as a baseline for several outcome measures. This included ELAP's primary outcome of financial security, measured using the InCharge Financial Distress/Financial Well-Being (IFDFW) scale (Prawitz et. al. 2006). Secondary outcome measures of housing security (Canadian Housing Security Scale (HSS) (Frederick et. al. 2014)) and wellbeing using ONS-4 wellbeing measures (ONS 2018) were also collected. The Feasibility Study provides more details on these outcome measures.

The distribution of the primary outcome (IFDFW scale) at baseline suggests that survey respondents were generally skewed toward lower levels of financial security. Respondents had a mean score of 3.22 and a standard deviation of 1.87, where possible scores on this measure range from 1 to 10 with high scores indicating higher security (Figure 7 in Appendix B shows the distribution of scores on the IFDFW scale). This can be described as between 'very high financial distress/very poor financial wellbeing' (score of 3) and 'high financial distress/ poor financial wellbeing' (score of 4) (Prawitz et al 2006). Table 7 in Appendix B shows the normative descriptive terminology for interpreting the IDFFW scores. This is consistent with respondents being suitable candidates for intervention via a programme such as ELAP.

6.3 Reasons for low engagement with referral mechanisms

Council Tax Arrears (CTA) letters

CTA letters were the main referral mechanism tested during the pilot. The evidence suggests that being in CTA is a good indicator of having in-scope legal needs. The majority (96/104) of participants who completed the baseline survey reported an in-scope legal need. This is only a small proportion of the overall number of residents invited by letter to participate (c.27,000), and eligible residents may have been much more likely to

complete the survey than ineligible ones. However, these figures nonetheless strongly indicate that a high proportion of the sample would have been eligible had they completed the survey.

Despite this, the evidence suggested there were several reasons that the CTA letters may not have been an effective way of referring people into the pilot advice service:

1. There may be significant groups of eligible people who are not included in the CTA data. One advice provider mentioned that some groups of people who could have benefited from ELAP (for example those on low incomes and welfare benefits) may be eligible for council tax exemptions and would therefore be less likely to appear on CTA lists.
2. People may have been put off by the letter coming from the LAs (their creditors) and in envelopes alongside reminders of tax owed, or Liability Orders. Several advice providers interviewed expressed concern that people with legal issues do not open or answer letters from LAs, and that putting the invitations in letters alongside council tax reminders or liability order could be off-putting. There was a view that people would be wary about a service that they do not know much about, and that offers of advice are more effective when they come from a source that is perceived as trustworthy and having the resident's interest at heart.
3. Findings from legal needs research point to a lack of recognition of problems as legal in nature, which can act as a barrier to accessing advice (e.g. Legal Services Board, Law Society, 2020). This may have been the case here, and the letters may not have made this sufficiently clear. When interviewed at the end of the pilot, some providers felt that the letters did not contain enough detail about the service being offered. The initial target audience for ELAP was residents not already seeking help, many of whom may have been unaware that they had a legal need. One legal provider interviewed also suggested that some people may be in CTA because they forgot to pay their council tax bill or temporarily prioritised other payments. This group would not necessarily feel like they would benefit from legal advice.

These findings are consistent with other research on the challenges of engaging people with early legal needs. Previous research has highlighted barriers for a variety of reasons e.g. lack of trust; inaccessibility of information; failure to cater for the needs of vulnerable consumers and consumers not identifying a service need, therefore not realising they could seek legal advice (Legal Services Board, 2016). Specifically in relation to debt, feelings of shame and embarrassment have also been identified as barriers (Bodsworth, 2013).

Research suggests that careful attention needs to be paid to communications (from creditors) to prevent an increase in avoidance in dealing with problem debt (Custers and Stephen, 2019). Other well-established services often involve in-person and continued engagement. For example, 'active engagement' is one of seven principles of Housing First, an intervention designed to reach and assist people with high levels of multiple needs, acknowledging the relationship building necessary before the main intervention can be delivered (see for example MHCLG 2020). Partnership programmes have also been established to identify legal need and provide legal assistance to people via healthcare settings, as a means of providing an effective gateway to legal services (Beardon & Glenn, 2018; Curran, 2017; Drozdal et al, 2019).

Direct referrals

The change to including direct referrals (and removal of randomisation) meant that people who were already seeking help, either directly with the legal providers or through other local networks and organisations, could also be referred to ELAP. This was expected to increase uptake of the ELAP advice service, as research suggests that trusted intermediaries are important in relation to encouraging the uptake of legal services (e.g. Cohl et al, 2018). However, in practice, the response achieved from direct referrals over the short period was also very low.

It is difficult to know how widely the ELAP survey link was shared amongst the networks. One organisation reported that they were coming into contact with a lower number of eligible people than they had expected. There was also evidence of organisations who had agreed to help refer clients into ELAP choosing to refer clients into alternative existing services instead. For example, one local advice provider felt they themselves were better placed to deliver debt and welfare benefits advice than the solicitors funded by ELAP

were. They did however feel able to refer clients with housing problems into ELAP. There was also concern that clients referred into ELAP would simply return to local advice providers after the three hours had ended.

There was a view amongst providers that it takes time to build up a new referral network. The pilot ran the direct referrals route for a very short time (approximately five weeks) so this was not a robust test of whether such networks could be effective over longer periods. Providers felt it takes more time for a service to 'bed-in' and become better known or trusted amongst referrers.

It is also worth noting that providers and other organisations were not funded to assist with referrals or support the evaluation (beyond fees paid to providers for each client).

Survey requirement

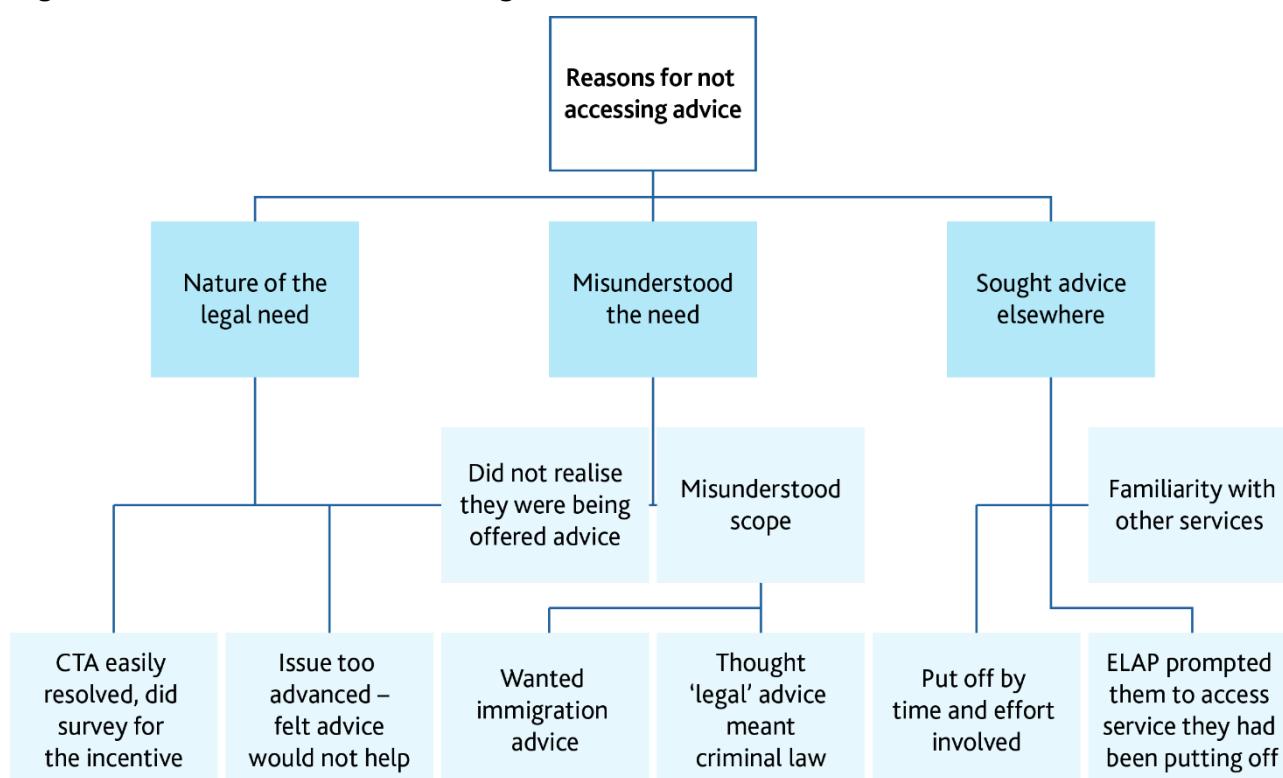
Participants were required to complete a short survey to access the ELAP advice service, whether they were referred by a CTA letter or directly from an organisation. Whilst effort was made to make the survey accessible, this may have also acted as a barrier to some respondents, particularly those with English as an additional language, who providers felt made up a larger share of potentially eligible residents. One advice provider described trying to use a translator to help a client complete the ELAP survey: the client became frustrated and gave up, and the advice provider decided to simply refer the client directly to the local law firm, bypassing ELAP. Monitoring data from the survey link that organisations were asked to share shows that 11 people completed the entire survey and another 14 people started the survey but did not finish it. Providers and organisations in the wider networks strongly advised that the process of signing up to ELAP should be simplified to maximise participation.

6.4 Reasons for not accessing the ELAP advice service

This section discusses the reasons that participants who chose to respond to the baseline survey did not go on to access the ELAP advice service, based on interviews with eight such participants. It focusses on participants who received a CTA letter, since the evaluation team did not have the means to contact participants referred by other routes. It should be noted that this section is based on the views of a small sample, and as such the full range of views and experiences may not be represented here.

Figure 2 shows the main reasons survey respondents did not access the ELAP advice service. The rest of this section discusses each of these reasons in turn. The relative importance of each of these factors was different for each individual according to their circumstances. Where multiple factors converged, it was not always easy for participants to explain their decision: in fact, there was not always a conscious decision to *not* get the advice.

Figure 2: Reasons for not accessing ELAP advice service



The nature of the legal need

Participants had a range of legal needs, with differing levels of severity and at different stages. For one group, missing their council tax payment was due to an administrative error, or simply due to forgetting, and they were able to resolve it without support. For example, one participant was repaying arrears that had been accrued due to an administrative error on behalf of the council, and explained:

“I really feel like there isn't any advice that could change the situation. I owe them £200 a month, and that's just how it is” (ELAP survey participant, Middlesbrough)

For this group, the ‘thank you’ incentive voucher was the primary motivation to complete the survey. Other participants felt that their legal issue was too far advanced, and advice

would not be helpful. For one participant, their issue had already materialised into a court order.

Misunderstandings of the offer

Across the sample interviewed, there were mixed levels of understanding of what was on offer, and of what taking part would involve. One group of participants mainly understood the letter to be introducing a survey and had not fully grasped the advice offer. Another group of participants misunderstood the scope of the advice being offered. Some participants described wanting legal advice for issues that were out of scope (due to not being related to debt, welfare benefits or housing), for example, immigration advice. Others felt that because the advice being offered was described as *legal* advice, it was not relevant to their issue, associating legal advice with criminal law.

“I would associate legal advice with people who are filing lawsuits or being in trouble with the law” (ELAP survey participant, Middlesbrough)

Finally, whilst there was some understanding of randomisation across the sample, in some instances being in a control group was equated with not being “eligible”. This resulted in confusion and disappointment for certain participants initially placed in the control group.

Seeking advice elsewhere

Amongst those who did actively want advice, there was a group who sought it from an alternative source. These participants tended to be people who had experienced the problem they were facing at an earlier stage of their life and were returning to seek help from an organisation that they had used before, having been prompted do so by the ELAP survey. Organisations they turned to included StepChange⁸ and Citizen’s Advice.⁹ When participants were prompted on what led them to go to these organisations rather than using ELAP, no strong aversion to ELAP was expressed; their preference for the alternative support tended to be due to familiarity with the service.

⁸ <https://www.stepchange.org/>

⁹ <https://www.citizensadvice.org.uk/>

“It didn't really matter either way because the service was functioning the same. [...] “They're just the standard go-to place for advice, as far as I'm aware”.
(ELAP survey participant, Middlesbrough)

However, there was a view that getting the advice through ELAP would not be worth the effort, due to a perception that the process of arranging an appointment would be time-consuming.

Improvements suggested by participants included:

- **Advertise the support more widely**, for example in public libraries and community centres. It was felt this would be a better way of identifying people who need help, as they would self-refer. (However, this approach is not readily compatible with ELAP's randomisation design, as people could potentially sign-up multiple times in an attempt to be selected.)
- **Improving and adding to information provided** about ELAP so it was clearer how the advice and support could help. Making it more explicit what the advice involves and how it relates to their situation could help to clarify why 'legal' advice would be beneficial.
- **Provide contact details for one specific person** to speak to for more information about the programme. Whilst a phone number for the NatCen team was offered within the letter and survey, it was possibly not clear enough who that number would connect to and what they could help you with.

7. Experiences of the intervention

This chapter discusses experiences of the ELAP intervention: of LAs sending out letters to residents; of providers providing the advice service; and of participants of receiving advice.

Local Authority experiences of sending letters

LAs felt that the process of sending letters (and, in Middlesbrough, reminder texts) was straightforward, with no additional staff or capacity need, and no need to implement new processes. The processes slotted into existing processes well.

Provider experiences of handling requests and referrals

According to interviews with advice providers, five participants received ELAP advice overall: four in Middlesbrough, from the single private provider, and one in Manchester, from a not-for-profit provider. In Middlesbrough, participants had either received a letter from the LA and had approached the provider independently, or were referred by other organisations. In Manchester, the single participant was directly referred to the provider.

There were challenges handling referrals. One provider was given the contact details of a potential ELAP client by another organisation but was unable to get through to them after several attempts. There were potential clients who were referred to a provider but who had not done the survey, were told by the provider to complete the survey and get back in touch, but who did not do so, and did not respond to further contact attempts. When providers were given an access code by a potential client, the intended process was that they would log this on a dedicated online portal. In practice, only the Middlesbrough provider used the portal. The Manchester provider felt that the changes to the referral process had made it difficult to stay on top of what was required of them.

Providers had different experiences of meeting demand. The private provider in Middlesbrough had a large team and would have been able to handle substantially higher demand. The not-for-profit provider in Manchester felt they had capacity for only a small number of cases per month, since all their existing resource was occupied delivering existing contracts, and ELAP did not include a guaranteed revenue stream for a significant period of time, which would have enabled them to hire staff.

Provider experiences of delivering the ELAP advice service

Providers had mixed experiences of delivering the ELAP advice service. The relatively low administrative burden of ELAP compared to existing legal aid work was felt to be a significant advantage. The absence of means and merits testing was felt to save considerable time for providers.¹⁰ Another perceived advantage was the flexibility ELAP gave. Providers felt when doing legal aid work, they often had to limit the advice they could offer in order to remain in-scope of legal aid funding, whereas ELAP offered them the freedom to provide the advice services they felt would be most useful to the client.

However, providers felt that the concerns they reported as part of the Feasibility Study about the three-hour limit were largely borne out with small number of clients that were seen. Even with the reduced administrative burden, significant time was spent on understanding the nature of clients' issues, reading paperwork, sending client care letters, and other tasks. This meant promoting ELAP as "three hours of free legal advice" was potentially misleading, since clients would not directly receive this. Providers felt there was a real risk of giving false hope to clients, and of making providers feel powerless to help.

Participant experiences of receiving the ELAP advice service

It was only possible to interview a single participant about their experiences of the receiving the ELAP advice service, so it is not possible to provide details of their experience without being disclosive. Instead, this section reports providers' perceptions of whether the ELAP advice was beneficial to participants.

Overall, providers felt the service was beneficial in all cases, and highly beneficial in some, with at least one participant avoiding eviction as a direct result. At the least, providers felt clients came away with a better understanding of their problems. However, there were examples of clients who would have benefited much more had the service extended beyond three hours. In one case, a participant required a home visit in order to resolve an issue with a disability benefit, but the provider knew this would exceed the available time, so was only able to provide relatively basic advice.

¹⁰ To be eligible for legal aid, an applicant must pass both a means and a merits test. The means test assesses an applicant's financial eligibility, and the merits test assess the merits of the case, which includes the likelihood of success and the benefit to the client.

8. Modelling ELAP Value for Money

The purpose of a Value for Money (VfM) analysis is to objectively assess how effectively resources are used. ELAP used Government resources (the costs to fund early legal advice) to prevent social welfare law problems from worsening (that ultimately benefit ELAP participants and Government services). Existing evidence and a VfM framework were used to model illustrative Benefit Cost Ratios (BCRs) for an early legal advice policy, based on ELAP. This chapter provides a short overview. The modelling is explained in full in the VfM Technical Report.

Overview of the modelling approach

The ELAP VfM modelling used assumptions about costs and benefits to different stakeholders of early legal advice, based on an in-depth literature review. Where there were gaps in the literature, plausible assumptions were made by triangulating evidence. This includes the assumptions applied to the proportion of people who resolve, in part or in full, their social welfare law problem after receiving advice (an assumption that can significantly affect modelling outputs). These assumptions were then varied to create different BCRs and test sensitivity (how the variations are precisely applied is set out in the VfM Technical Report). The results of the modelling exercise are presented in Table 7.

The estimated ratio of benefits to costs

In the model's central (most credible) scenario there is a BCR of 4.1 (for every £1 spend on ELAP, £4.10 of public value benefits would be realised), suggesting benefits from ELAP might plausibly outweigh costs. The model's primary contributors to benefits are increased subjective wellbeing from decreased debt arrears, and increased take-up of benefit entitlements. When also incorporating welfare weights¹¹ into the analysis (accounting for how low-income people value increased income compared to higher income people), the model yields a further higher estimated central BCR of 8.9. All estimates should be treated with caution given that no data on ELAP's efficacy were available. Further evidence on ELAP advice outcomes would improve these VfM model estimates and their robustness.

¹¹ See Chapter 11 of the Green Book, "A3. Distributional Appraisal".

9. Ethical issues and intervention and evaluation risks

9.1 Ethical issues

Thorough consideration of ethical issues was a priority across the scoping, set up and delivery of this evaluation, in line with [Government Social Research standards](#), particularly given the RCT design. Please see the Feasibility Study report for detail on the ethical issues reviewed at the design stage and the pilot-RCT protocol report for further detail on the review processes undertaken. This section focuses on learnings in relation to the key recommendations made in consultation with NatCen's Research Ethics Committee.

1. Conducting a pilot-RCT to test key risks

Due to the risks identified (see 9.2 below), the Feasibility Study argued that the most ethical way of spending the available funds was to conduct a pilot-RCT, rather than proceeding straight to a fully powered RCT. This proved to be a sound decision. The design tested through the pilot-RCT proved to be unfeasible; however, it has generated substantial learning to inform any future design for ELAP and how it could be evaluated.

2. Use of randomisation as a fair way of allocating limited resources

The Feasibility Study explored the fairness of some people getting ELAP support and others not, and strategies that could be put in place around this. It concluded that randomisation offered an ethical way to allocate limited funding and resource which could provide the robust causal estimates needed to support the improvement of future national provision of legal advice. It was decided that the control group would be signposted to support as usual in both areas, to avoid denying support at a time of need.

It should be noted that some providers approached to deliver ELAP expressed strong concerns around the fairness and potential for harm of randomisation, particularly against the backdrop of a cost-of-living crisis. One provider ultimately declined to participate despite provisions to signpost the control group to support and the case for randomisation outlined above. While this issue was invalidated by the minimal uptake of advice, there

would be value in any future testing to consult providers on their view on ethical issues to strengthen buy-in for the intervention and maximise capacity for advice delivery.

3. Ensuring that ELAP is evaluated in an area typical of advice provision nationally

The Feasibility Study considered the ethics of evaluating ELAP in areas (e.g. Manchester) where the local advice provision appeared to match or exceed the ELAP advice service, since this would not offer a fair chance for impact to be detected. The Feasibility Study therefore recommended ensuring that ELAP was also evaluated in Middlesbrough, where local advice provision appeared typical in its scarcity, and this recommendation was accepted. However, since new advice provision was introduced in Middlesbrough shortly after the pilot-RCT began, local advice provision turned out to be stronger than initially communicated. While this did not affect the pilot-RCT due to the low advice take-up, it suggests extensive scoping work would be needed to inform area selection in future to offer a fair and generalisable assessment of the impact of ELAP.

4. Use of incentives to encourage participation

Pilot participants were offered an incentive for participating in the baseline survey, considered at launch to be appropriate to compensate them for their time. However, the minimal advice take-up rate suggests the incentive drove participation in the survey for monetary gain instead of the offer of advice. This was despite participants appearing to be eligible for legal advice. This finding should be considered in any future incentive strategies, with thought also given to designing potential referral mechanisms in a way that does not require incentives, such as targeting people who are already seeking legal help.

9.2 Intervention and evaluation risks

In the Feasibility Study, many potential risks were identified, and mitigating actions were proposed. This chapter summarises the most significant risks, focussing on those that materialised and had the greatest impact on the pilot-RCT.

The CTA sample: There was a risk that the CTA sample did not contain sufficient numbers of people with in-scope legal needs, or that their legal needs may be too far advanced. Screening questions were designed for use in the baseline survey to identify participants with in-scope legal needs. While survey communications were designed with best practice in mind and incentives offered, response rates to the survey from participants

contacted via the CTA sample were very low (<1%, with 102 completes from 26,691 letter invitations, see Table 1 in Appendix B). Nonetheless, almost all participants who completed the survey were screened in, meaning that they were judged to have an in-scope legal need, and the vast majority had multiple in-scope legal needs. For the reasons discussed in the third paragraph, higher survey response rates may not have led to substantially higher numbers of participants going on to access the ELAP advice service.

Data sharing agreements: The risk that the evaluation team would not reach data sharing agreements with LAs and therefore would not be able to access CTA lists for use in the referral mechanism materialised. Alternative arrangements were then made for LAs to send out invitations directly. As discussed in Chapter 8, participation rates would likely have been higher had the evaluation team been able to access the CTA data sample, enabling them to send letters independently of the local authority (who were creditors), in dedicated envelopes, and to personalise reminders.

Level of demand for ELAP: The level of demand for the ELAP advice service, even amongst those with in-scope legal needs, was unknown going into the pilot-RCT. There was a risk that demand would be too high for providers to accommodate, or too low, leading to an insufficient number of participants accessing the advice service. Despite participant communications and the survey itself emphasising the potential value of the ELAP advice service for participants, the level of uptake was extremely low. In response, telephone calls were made to survey respondents to encourage them to access the ELAP service. However, this was not effective. Therefore, whilst the CTA samples most likely included large numbers of people with in-scope needs, it was not found to be a group that were actively willing to access the legal advice service offered. One ELAP provider suggested that people in CTA may have forgotten to pay a bill or be prioritising payments so not in need of advice. There was also a concern that some groups who could benefit from the advice (such as those on very low incomes) would be exempt from paying council tax.

Provider participation in the pilot-RCT: There was a risk that providers would choose not to participate in ELAP due to a range of concerns raised, including the use of randomisation and the three-hour limit on advice. A final pre-launch session was held with providers to discuss the pilot, encourage participation, address concerns around

randomisation, and to clarify what control group participants would be offered. Providers were given guidance on what they were expected to deliver within the three hours, to reassure them about the time limit. No adjustments were made to ELAP parameters set out in the Statutory Instrument such as the duration of the advice, or escape fees, so that these parameters could be tested in delivery. Of the eight eligible providers, four participated. One provider opted out because they were uncomfortable with the control group being ineligible for ELAP support. This was despite reassurances that they would be signposted to business-as-usual (BAU) support. Another provider did not have the capacity to deliver the advice.

Implementation and Process Evaluation (IPE) recruitment: There was a risk that recruitment of participants to take part in qualitative interviews for the IPE would be challenging. Recruitment materials were drafted in line with best practice for improving response, and incentives were offered to some participant groups as appropriate. There were nonetheless challenges recruiting participants who had completed the baseline survey and been offered the advice but chose not to access it, and challenges recruiting people who did access advice, most of whom did not respond to contact. There was also no response from some providers who had declined to take part in delivery as well as a provider who did take part in delivery, albeit without receiving participants. These difficulties with recruitment, coupled with already low advice uptake rates, meant that the IPE could not develop a full picture of participant and stakeholder experiences of delivering and receiving advice and its impact on participant outcomes.

In summary, the pilot-RCT generated ethical lessons around: the use of a test phase before full RCT delivery; the need to strengthen stakeholder buy-in for interventions; conducting extensive scoping work to enable a fair and generalisable assessment of impact; and designing incentive strategies to support recruitment into the programme.

Key risks that materialised included challenges achieving data sharing agreements within constrained timeframes, resulting in a weakened referral mechanism; low survey response rates and demand for the advice service among those invited, leading to insufficient volumes of uptake; legal providers being unwilling or unable to participate albeit with minimal impacts on delivery; and difficulties recruiting participants and stakeholders for IPE interviews, leading to further limitations to evaluation evidence.

10. Conclusions from pilot delivery

This section outlines pilot-RCT conclusions and wider lessons from the implementation and process evaluation and experiences of setting up and monitoring ELAP delivery. It ends with a list of recommendations based on this evaluation's key learnings.

Pilot-RCT conclusions

The pilot-RCT aimed to assess three key dimensions of ELAP's preparedness for being tested in a full RCT evaluation. These relate to the feasibility of delivering the intervention, whether it shows any initial signs of promise and/or signs of unintended negative consequences, and finally, if ELAP is ready to be tested in a more substantial RCT.

The pilot-RCT provided valuable learning as to how participant recruitment and engagement might be targeted as key aspects of a future service design. Though sample sizes were extremely low, ELAP showed signs of promise and providers felt the service was beneficial to its recipients. However, the low uptake of the service impeded a comprehensive assessment of feasibility and of levels of promise or unintended consequences associated with the intervention. As such, the findings indicate that ELAP was not yet ready for trial and that further programme development and evaluation design work is needed.

The pilot-RCT aimed to test the design of ELAP and assess risks before proceeding to a mainstage evaluation, and has achieved those aims. While ELAP is not yet ready to progress to a full trial, the pilot-RCT has generated valuable lessons for future ELAP phases and to feed into the wider programme of piloting and experimental research being led by MoJ on access to justice policy and research. These lessons are discussed below.

Value for Money

Despite the challenges in establishing effective referral routes, the work done in designing ELAP and subsequent research interviews after implementation offer several insights for policymakers thinking about widening the scope of legal aid to address housing, debt and welfare issues. First, the available evidence suggests good returns on investment from early legal advice is possible – using an illustrative modelling exercise, the BCR of ELAP is

calculated as being 4.1 on a central scenario (on a pessimistic scenario the BCR is calculated as 2.2 and optimistic scenario calculated as 6.0). Second, the illustrative modelling suggests that the resolution of each type of social welfare problem – debt, housing or welfare – can generate significant benefits on an individual basis (whilst recognising that problems can cluster and advance). Third, the modelling framework adds to our knowledge around how costs and benefits arise from an ELAP-type intervention and highlights the most relevant data that can be used as assumptions in modelling outcomes from early legal advice (in addition, the framework could also be used as a starting point for thinking about BCRs in similar policy areas). Finally, the key piece of information further required to support the evidence-base for BCR calculations is the success rates of advice. i.e. how many of those receiving early legal advice achieve different outcomes from those experienced without advice. This should be the focus of future research.

Programme design and testing

ELAP was designed to meet an existing gap in early legal advice via a funded, consistent legal aid model. However, further work is required to promote its advantages within services and among potential clients. Further programme development would be beneficial to establish an advice service that: (1) is perceived as relevant and appealing to potential beneficiaries, (2) has strong support from those delivering it and the wider sector, and (3) has clear potential advantages over existing services in client facing contexts, with this informing future area selection for evaluations.

Feedback from people invited to access ELAP and other stakeholders suggests that improving the acceptability of the programme is needed before further testing. Potential beneficiaries spoke of choosing other advice services over ELAP and referral partners signposted to other services instead. Providers and wider stakeholders also questioned the usefulness of ELAP, especially compared with support as usual in the two pilot areas. Deterring factors raised included ELAP's three-hour limit on advice. It should also be noted that the compressed programme timeline and lack of guaranteed funding meant some providers viewed ELAP as a risky programme.

Further engagement with existing providers is recommended to help evaluation and programme delivery teams establish adequate referrals to the programme. This would involve further work with advice providers to establish a programme they want to support,

and highlight the importance of meaningful engagement with local providers to co-design programmes that fit well within the existing advice landscape.

Referral mechanism

Since the CTA referral mechanism tested during the pilot-RCT was not effective, a new referral mechanism would be needed to power a full RCT. While pilot-RCT survey findings suggest CTA lists do contain people with in-scope legal needs, the extremely low uptake rate demonstrates that significant further encouragement is needed to compel people to access the ELAP advice service or that a new referral mechanism is required that is able to engage people who are closer to seeking advice.

Given the importance of identifying an effective referral mechanism, it would be beneficial for scoping work on referral mechanisms to be undertaken before decisions are made about the number and nature of future pilot areas, timeframes for delivery and the evaluation methodology to be used. The nature of the target group and how to proactively engage them should also be assessed (as discussed further below). Relatedly, as securing cooperation on data sharing with local authorities is complex, sufficient time and attention should be dedicated to this if needed in future trials.

Defining and operationalising early legal advice

Future piloting must be clear on the definition of ‘early’ and the aims, and inclusion and exclusion criteria associated with this. For example, if ‘early’ means not in scope for legal aid as it currently stands, self-referred participants can be considered ‘early’ and there are many such people like this accessing existing services. However, if the aim is to assist non-help-seeking people with legal problems (such as those targeted through the CTA lists), future work will need to focus on encouraging advice take-up among this group before impact can be assessed. Thus, the next step may not be to conduct further pilot or impact evaluations of early legal advice, but instead to address the question: How can people who would benefit from early legal advice be encouraged to seek it?

This pilot-RCT highlighted the inherent tension between finding participants with very early stage legal problems and finding participants with legal needs who are willing to engage with legal advice. Existing literature shows that recognising that a problem is legal or “justiciable” is a key factor in determining whether people seek advice, alongside their

problem severity (Legal Services Board, Law Society, 2020; Pleasence, Balmer and Reimers 2011). These will be key factors to address in building effective referral mechanisms with this group. Furthermore, the framing of advice as ‘legal’ and being delivered exclusively by solicitors was not universally seen as an advantage in a context where benefits and debt expertise falls to other services not explicitly run by solicitors. Future communications and programming should consider (and perhaps evaluate) the attractiveness and added-value of framing ELAP in this way.

Randomisation

The challenges experienced in implementing random allocation for this pilot-RCT should be considered in future. In an ideal scenario, randomisation (a) operates alongside a successful referral mechanism and (b) is robust in ensuring control participants do not access the programme being tested (i.e. minimising imperfect compliance with randomisation). The method used for this evaluation likely satisfied (b), but (a) was not satisfied. Successfully meeting both conditions will require changes to the pilot and evaluation design, bearing in mind provider concerns about how randomisation works, the geography of the programme, and how much ELAP offered over existing services. Some options are briefly described below for illustrative purposes.

Alternative strategies that overcome provider concerns about randomisation are possible. One example is a cluster RCT, where the sampled units are services or local authorities. This would require the evaluation to be conducted over a much larger geography and to allocate to ELAP vs control at the provider or similar level. It may also imply different funding models such as funding services directly. If adequately funded, this approach might overcome provider concerns about the fairness of randomisation and reduce the risk they are taking on. A second randomisation approach could be to offer ELAP as an add-on to existing service provision. This would involve comparing support as usual (SAU) at a current provider with SAU plus three hours legal advice from a solicitor (i.e., SAU + ELAP). This could overcome provider ethical concerns and not require the larger scale and costs of a cluster RCT. This does of course alter the research question to an explicit test of what ELAP offers over and above existing services.

Other quasi-experimental options do also exist, but typically require access to high quality administrative data. This requires lots of cooperation from data owners and much longer

timelines than were available for this pilot-RCT. Other options could involve collecting survey data from multiple advice sites to form a comparison group, but similar to the alternative randomisation options described above, this focuses the sample on those already seeking help, rather than encouraging those with early-stage problems to seek advice.

Developing new programmes versus evaluating existing services

Given the perceived strength of the local BAU support found in this evaluation, consideration might be given to evaluating existing advice services that show promise. There are many existing advice services that have largely the same aims as the ELAP advice service, with successful referral mechanisms, and that reach people at relatively early stages, but that face significant challenges meeting the level of demand (Welham & Dugdale, 2022). It appears possible to address many questions about the efficacy and value for money of early legal advice by evaluating one or more of these services.

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Chapter 4 Local advice landscapes

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Chapter 6

This chapter provides an overview of the design and setup of ELAP. It provides a summary of the work conducted by the Ministry of Justice (MoJ), and then explores the experiences of MoJ, providers and Local Authorities (LAs) of the design and setup of ELAP. The chapter concludes with lessons for future evaluations.

Overview of the design and setup process

In 2019, the MoJ applied to the Shared Outcomes Fund (SOF) for a programme of work that would use robust quantitative methods to assess early legal advice. The application was approved in 2020. Covid-19 slowed the project start, and a slightly extended firm deadline of March 2023 was agreed.

Prior to commissioning the full feasibility study, initial design and scoping work was conducted by MoJ to assess the basic feasibility of a pilot and to define the broad aims and approach, including which areas of law the pilot could cover and which geographic areas it could be delivered in. The pilot's geographic areas were selected based on analysis of deprivation levels and levels of legal aid provision, as well as whether similar projects were already running (to avoid overlap), ministerial preferences, and whether councils were deemed likely to take part.

As part of considering methodological options, MoJ engaged with Legal Aid providers in the selected areas to assess views on a possible RCT approach and determine whether providers would be willing to take part. At the same time, MoJ engaged with the relevant LAs to assess their interest, and to discuss initial practicalities such as data sharing.

In order for ELAP to be delivered, a Statutory Instrument (SI) was necessary to amend LASPO. This process includes the drafting of legal instructions and an explanatory memorandum; development of an impact assessment and equality analysis; MoJ Ministerial sign-off and stakeholder consultation; and Parliamentary scrutiny and debate. The SI was ultimately laid in March 2022. The SI aimed to establish the pilot, while leaving the specifics of how it would be conducted open to be informed by future feasibility work. However, it did necessitate specifying some of the key parameters around the advice intervention itself, including: the legal issues in scope; the three-hour limit on advice; the fact that the pilot would be limited to advice only and would not cover advocacy; the fees to be paid to participating providers; and the geographic areas.

The independent evaluation team was commissioned in April 2022 and began with a feasibility study. This involved a document and literature review; in-depth interviews with a broad range of stakeholders, including LAs, Legal Aid providers in the selected areas and representative bodies in the Legal Aid sector; and scoping of data sources and potential referral mechanisms. The feasibility study recommended an RCT evaluation design was feasible; however, the study highlighted the associated risks of launching the ELAP advice service, and with evaluating it. These included: whether the evaluation team would be able to access the CTA data within the available timeframe; whether the chosen referral mechanism would be effective; whether the three-hour time limit on advice was appropriate; and whether existing advice services in the pilot areas were stronger than the ELAP advice service, amongst others.

The feasibility study therefore recommended first proceeding with a pilot-RCT instead of a full-scale RCT, and MoJ accepted this recommendation. There were then ongoing conversations between the evaluation team, MoJ, the LAs, and the providers up until the pilot-RCT was launched in November 2022.

Local Authority and provider decisions to take part in the pilot

The providers that took part in the pilot and the relevant LAs were interviewed by the independent evaluation team in early 2023, and asked about their reasons for choosing to take part. Both groups gave two main reasons for taking part. Firstly, there was a view that it was 'morally imperative' to take part, to provide as much support as possible to residents. There was a hope that ELAP would help meet community needs that were

currently unmet due to overwhelming demand and oversubscribed services. Secondly, LAs and providers believed in the value of early intervention and felt that early legal advice would help solve issues before they become more problematic. This would ideally help people before they reached court stage and prevent future costs and resource demands for the LAs and providers.

Local Authority and provider experiences of pilot design and setup process

While LAs and providers found discussions with MoJ to be collaborative and productive, they highlighted three main issues with the design, planning and setup process: (A) the extent to which they felt their views and feedback on design elements were acted on; (B) the nature and timing of communications; and (C) the sequencing of events.

LAs and providers felt that MoJ were receptive and considerate of their views. However, some providers expressed that they would have preferred more active participation, and to have been able to influence the specifics of the design more directly. There was frustration that elements of the design remained which stakeholders had raised concerns about although the pilot-RCT was implemented in part to test those issues (in particular that sending letters to residents in CTA might be ineffective as a referral mechanism, or that the three-hour advice limit may be too low). MoJ did explore the possibility of changes to the intervention, such as the three-hour limit, the fees, and the geographic areas. However, in the absence of strong evidence on better alternatives to some parameters, and some limitations as to what could feasibly be changed due to parameters set out in the SI, MoJ decided to test these risks on the ground, to build the evidence base.

Providers felt that communication could have been more regular, and that the pressures on their time could have been better considered. All stakeholders involved in delivery, including both LAs and providers, were extremely busy throughout the pilot-RCT, and became busier as the cost-of-living crisis progressed. Communications about the pilot were not necessarily at regular intervals and often required a considered response within a specific timeframe. This nature of communications was in part related to the challenge of the limited timeframe available for the pilot-RCT, due to the SOF funding deadline, which meant that setup work needed to happen at pace.

Some stakeholders felt that key events had occurred in the wrong order. For example, the referral mechanism was designed after the contracts and legislation were finalised, but some providers felt that the referral mechanism was a key aspect of the requirement, so should have been designed first. There was also a view that the provider guidance came late in the process and should have been available much earlier to allow for better informed decisions about participation. The MoJ reported that this was again in part a result of the compressed timeframe available for the pilot-RCT, due to the SOF funding deadline, requiring some processes to occur concurrently. It was also attributed to the complexity of the requirements for setting up a new pilot and an RCT design, such as the process and timeline needed for laying an SI.

Lessons for future evaluation design and setup

Based on the above considerations, there are four key lessons for the design and setup of future evaluations.

Complexity

For MoJ, the experience of setting up and implementing ELAP highlighted the complexity associated with a project of this nature. As discussed, ELAP was implemented after significant scoping, consultation, time and resource investment. Resource investment included dedicated MoJ resource, the commissioning of an independent feasibility study and specialist technical advice. A key overall lesson highlighted by MoJ was that novel pilot projects requiring a new intervention, a complex referral and implementation process, and a gold standard evaluation methodology, are highly challenging in practice.

Timeframes

The timeframes for the programme included a two-year design and scoping stage (prolonged due to Covid-19), a four-month evaluation feasibility stage, three months for protocol and programme set-up, five months of advice delivery, and five months for evaluation reporting. Future projects with similar aims to ELAP would benefit from longer timeframes for evaluation design and setup and should consider how to optimise the sequencing of key design decisions over the course of the programme in consultation with key stakeholders. This would bring several advantages: it would allow for more extensive consultation and engagement (see below); it would accommodate the timescales for achieving data sharing agreements with LAs; and it would allow for all key elements of the

design to be fully worked through and agreed with stakeholders before being included in a Statutory Instrument. More broadly, the Legal Aid sector and the wider advice sector are extremely complicated and varied, and sufficient time is needed to fully understand the nuances of local contexts.

Engagement with the Legal Aid sector and the possibility of co-design

Despite the engagement work that was done during the development of ELAP, there was a widely held view among stakeholders that future research projects in this space should build on more extensive engagement with local stakeholders. In particular, there was a suggestion to use a co-design process to develop the advice service. A co-design process would involve repeated and extensive engagement with a broad range of stakeholders, all of whom would dedicate capacity to meaningfully contribute to all of the key parameters of the intervention design. It was also suggested that new interventions should make greater use of already well-established systems.

More generally, the pilot-RCT showed that future evaluations need to plan and agree on regular communications with potential and participating providers, to keep them informed of progress and maintain their confidence, throughout the planning and setup process.

Engagement with a broader range of local stakeholders

Lastly, as discussed in further detail in Chapter 6, the referral mechanism for the pilot-RCT was adapted after low uptake through the Council Tax Arrears (CTA) letters. The main change made was that referrals were accepted through legal providers or through other local networks and organisations. Prior to this, promotion of the ELAP advice service was limited to CTA letters to maintain the fidelity of randomisation. For example, to prevent individuals from being referred and randomised more than once, and to enable the research team to manage participant volumes to avoid over-burdening provider organisations. However, at this late stage there was limited opportunity to promote the pilot among local organisations and stakeholders found that there was low awareness of the pilot among their wider networks. Stakeholders commented on the need for much stronger and extensive communication and awareness raising activities locally if future interventions are going to rely on local referrals, including other voluntary and not-for-profit organisations, schools, GP practices, and others.

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Appendix A Theory of Change

Figure 3: ELAP Theory of Change

Programme			
	Programme delivery	Assumptions	Risks
①	Providers sign contracts to provide ELAP service	Providers engage with ELAP	Providers do not engage with ELAP due to concerns (eg 3-hour limit) ELAP is not delivered at sufficient scale
②	Participants are invited to complete the baseline survey	ELAP referral mechanism and any eligibility criteria target a population well-suited to ELAP	ELAP targets a population that may not benefit from programme – issues are not in scope, are too early, or too late
③	Participants are screened for eligibility	Participants choose to access and complete screener. Screening with eligibility questions is effective	Mechanism for identifying eligibility is flawed, which leads to overburdening of system and reducing ELAP's impact
④	Provider assesses the nature of legal issue	Participants attend sessions: 3-hours is sufficient	Client issues are too complex to understand and explain in 3 hours, or leave very little time for provision of advice
⑤	Provision of initial advice tailored to the needs of the client	Multiple providers offer consistent and good standard of support, good progress can be made within 3-hour time limit	No good progress is made within 3-hour limit. Clients do not achieve positive outcomes
⑥	Referral to other services or specialists	Referral systems are in place; specialists and other services are available	Additional services and specialists do not exist. ELAP contributes to 'referral roundabout' and causes additional distress

Evaluation

	Programme delivery	Assumptions	Risks
	Proximal outcomes		
⑦	Distress caused by the problem	ELAP will have a positive effect on proximal outcome	Client's issues are such that legal advice makes no difference to these outcomes
	Medium and longer-term outcomes		
	Financial security Early resolution of legal problems Housing security	ELAP will have a positive effect on medium and longer-term outcomes	Resolution of legal problems may take a longer time to materialise
	Impacts		
	Housing outcomes Treasury savings		

Appendix B

Tables and figures

Table 1: Number of letters sent out to the CTA sample

	Manchester	Middlesbrough	Total	Total (%)
Access code letters issued (n)	16,698	3717	20,415	
Completed surveys (n)	35	58	93	0.5%
Open link letters issued (n)	4,247	2,029	6,276	
Completed surveys (n)	1	7	9	0.1%
Total letters issued	20,945	5,746	26,691	
Completed Surveys	36	65	102	0.4%

Table 2: Response to ELAP survey from each referral mechanism

Referral mechanism	Number completing the survey			Number accessing ELAP*
	Manchester	Middlesbrough	Total	Total
CTA letters sent by LAs: Closed link requiring an access code, £15 incentive	35	58	93	2 (both in Middlesbrough)
CTA letters sent by LAs: Open link, no access code, no incentive	1	8	9	1
Referrals made directly from providers	1	0	1	2** (Middlesbrough and Manchester)
Referrals made directly from other local networks and organisations	1	0	1	0
Total	38	66	104	5

* These figures are based on evaluation interviews with providers

** The person in Middlesbrough was referred directly by a provider but did not complete the baseline survey

Table 3: Demographic profile of those who completed ELAP survey

Age

Demographic categories	%
18–24	17
25–34	28
35–44	18
45–54	22
55+	14

Gender

Demographic categories	%
Female	59
Male	41
Other/Prefer not to say	4

Ethnic background

Demographic categories	%
White	82
Mixed or multiple ethnic groups	7
Asian or Asian British	9
Black/Arab/Other	6

Location

Demographic categories	%
Manchester	38
Middlesbrough	66

Note. N = 104; gender and ethnic background categories are suppressed to avoid statistical disclosure

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Table 4: Legal needs of those who completed ELAP survey

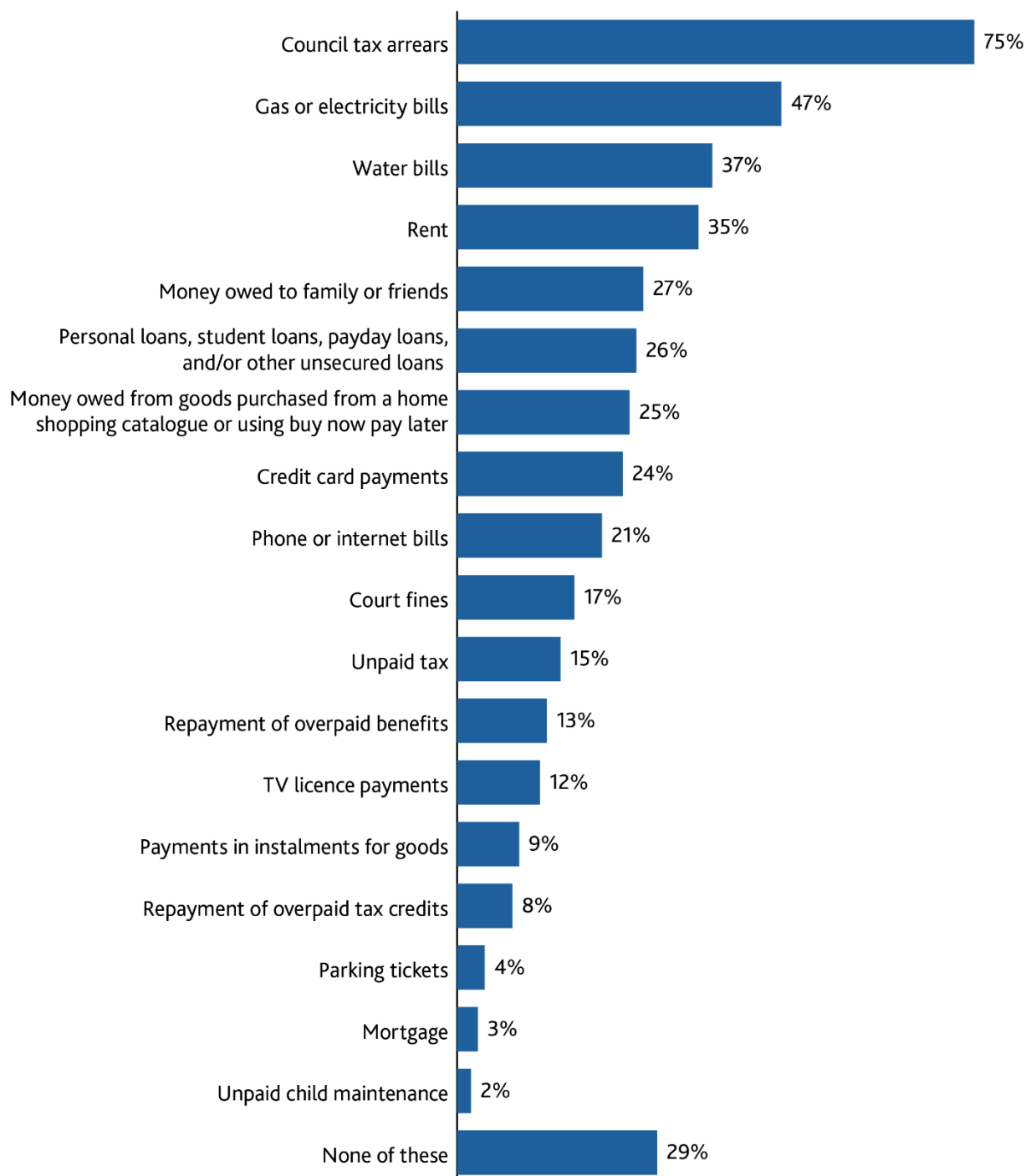
	n	%
Debt	100	96
Housing	52	50
Benefits	41	39

Note. N=104; more than one problem can apply so the total percentage does not sum to 100%.

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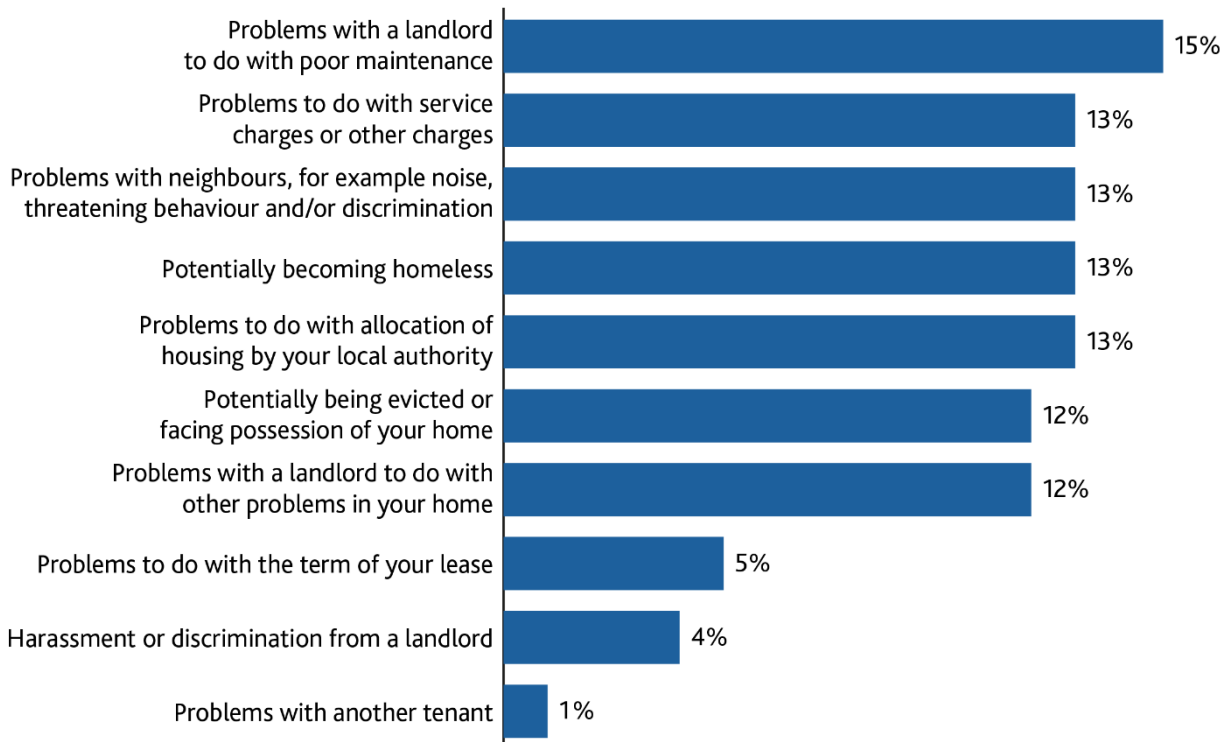
Figure 4: Legal needs – debt



Base: 104 adults in Manchester and Middlesbrough who were eligible for the ELAP survey

Note: more than one debt type can apply so the total percentage does not sum to 100%

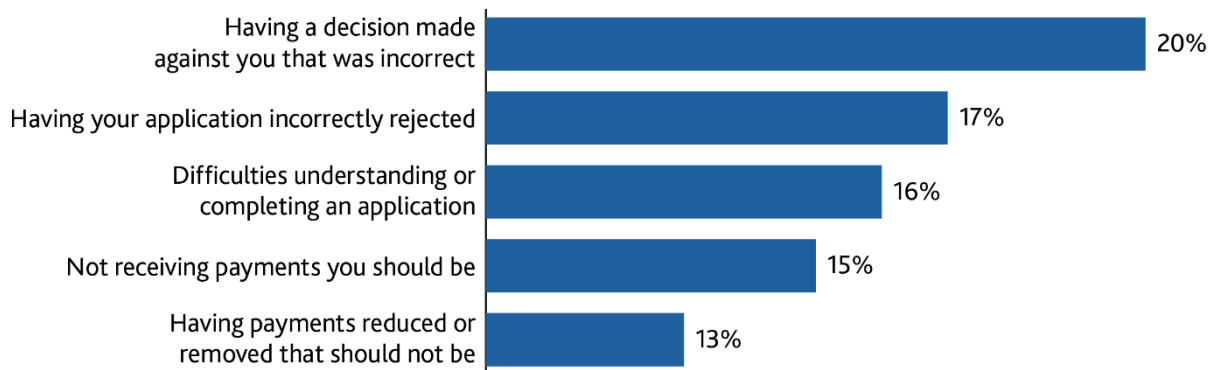
Figure 5: Legal needs – housing



Base: 104 adults in Manchester and Middlesbrough who were eligible for the ELAP survey

Note: more than one housing issue type can apply so the total percentage does not sum to 100%

Figure 6: Legal need – welfare benefits



Base: 104 adults in Manchester and Middlesbrough who were eligible for the ELAP survey

Note: more than one welfare issue type can apply so the total percentage does not sum to 100%

Figure 7: Histogram to show the distribution of the baseline outcome measure – financial security scores

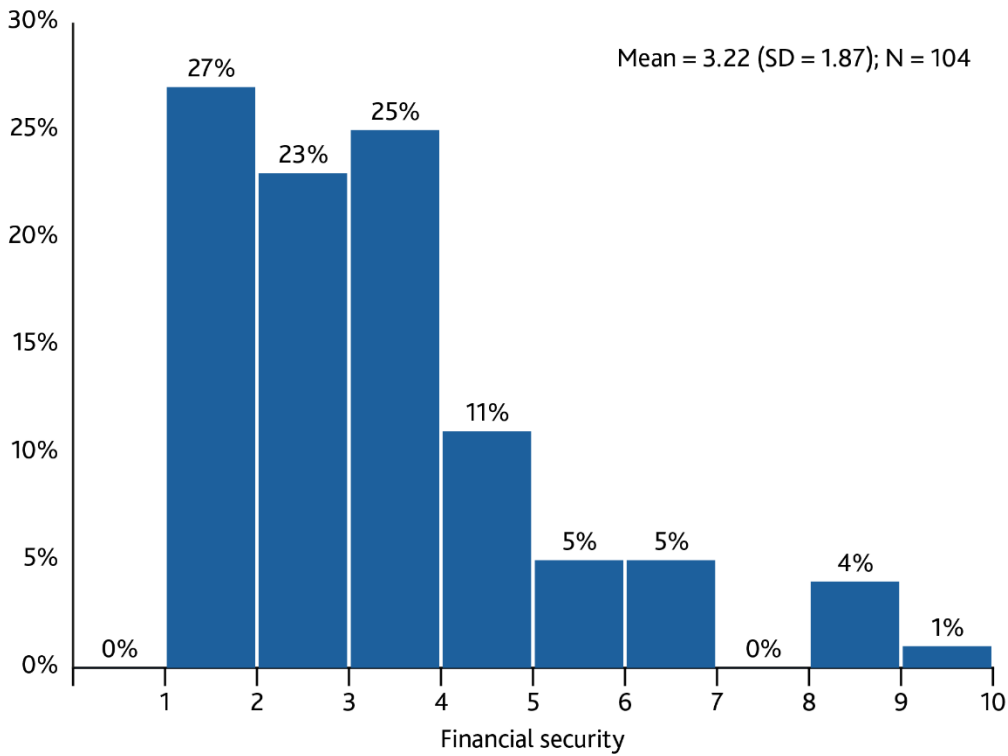


Figure 7 is a histogram showing the distribution of the financial security scores. The majority of participants scored between 1 and 4 on the scale, which can be normatively described as “high financial distress/low financial wellbeing” (Prawitz et. al. 2006).

Financial security was measured through InCharge Financial Distress/Financial Well-Being (IFDFW) scale (Prawitz et. al. 2006), adjusted to the UK context. This was collected from ELAP participants through the baseline survey. The financial security score represents the mean score of eight items, on a scale of one to ten, measuring an individual’s (1) financial stress, (2) (dis)satisfaction toward present financial situation, (3) perception of current financial situation, (4) worries about being able to meet normal monthly living expenses, (5) confidence about paying for a financial emergency that costs about £500, (6) affordability of eating out, going to a movie or other leisure activities, (7) frequency of getting by financially and living paycheque to paycheque, (8) stress about personal finances in general. 5 illustrates how to interpret IFDFW scores.

Table 5: Normative descriptive terminology for interpreting IFDFW scores

Score	Descriptive terminology
1.0	Overwhelming financial distress/lowest financial well-being
2.0	Extremely high financial distress/extremely low financial well-being
3.0	Very high financial distress/very poor financial well-being
4.0	High financial distress/poor financial well-being
5.0	Average financial distress/average financial well-being
6.0	Moderate financial distress/moderate financial well-being
7.0	Low financial distress/good financial well-being
8.0	Very low financial distress/very good financial well-being
9.0	Extremely low financial distress/extremely high financial well-being
10.0	No financial distress/highest financial well-being

Source: Prawitz et. al. (2006)

Appendix C

IPE interviews conducted

Table 6: IPE interviews conducted

Interview Group	Number of Interviews conducted
ELAP participant	1
Baseline survey participants who did not go on to access ELAP advice	8
ELAP provider managers	3
Local advice providers	2
Legal Aid Agency	2
Local Authorities	4
Total	20

Appendix D

Benefit Cost Ratios

Table 7: Benefit Cost Ratios (BCRs) under different scenarios¹²

Scenario	Highly pessimistic	Pessimistic	Central	Optimistic	Highly optimistic
Without welfare weight effect	0.3	2.2	4.1	6.0	7.8
With welfare weight effect	3.6	6.3	8.9	11.6	14.3

¹² There is significant uncertainty around ELAP success rates and these therefore have had to be inferred. Our central scenario is incorporated based upon the available evidence. The BCRs also consider success rates that are: 5 percentage points lower than the central scenario (pessimistic); 10 percentage points lower than the central scenario (highly pessimistic); 5 percentage points higher than the central scenario (optimistic); 10 percentage points higher than the central scenario (highly optimistic).