



HM Courts &  
Tribunals Service

# Evaluation of the National Digital Support Service (NDSS)

Final report

February 2026



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# Executive summary

## Background and methodology

Between 2016 and 2025, HM Courts and Tribunals Service (HMCTS) delivered a £1.3bn Reform Programme which aimed to 'bring new technologies and modern ways of working to the way justice is administered'. A large part of the programme involved moving services online with the aim of making them quicker and easier to use for the public. However, in recognition of the fact that some public users are either Digitally Excluded (DE) or need assistance to be able to access online services (Digital with Assistance – DWA), HMCTS established the National Digital Support Service (NDSS).

In 2022, HMCTS commissioned IFF Research to conduct an evaluation of the NDSS, to understand how the service was working for users in receipt of support and the delivery partners providing the support.

This research was delivered across three phases to enable emerging insights to feed into the delivery of the NDSS as it was rolled-out. The evaluation ran between July 2022 and July 2025.<sup>1</sup>

## Conclusions

- Overall, the service has been successful in offering support to those who are digitally excluded (DE) or unable to use digital services without assistance (DWA).
- The NDSS has reached vulnerable users with clear support needs. However, user needs were often complex and extended beyond digital support.
- Regardless of types of needs, the support largely met or exceeded expectations. Although numbers of non-Social Security and Child Support (SSCS) service users have been very small, there is perhaps some indication that satisfaction with support provided to those users is lower than for SSCS service users.
- Provision of the support usually resulted in the forms being submitted digitally.
- Support has been heavily skewed towards SSCS users. It is hard to ascertain whether this reflects demand due to differences in the profiles and level of digital exclusion of SSCS users compared to other users or simply better signposting for SSCS service users.
- There are some scenarios in which the NDSS is providing support where other support is already available. The NDSS is not always additional to pre-existing support and may not

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<sup>1</sup> The following was conducted during the evaluation: 50 qualitative interviews with service users, survey with 534 service users, 45 qualitative interviews with HMCTS service staff, Courts and Tribunals Service Centre (CTSC) staff, We Are (WA) Group (formerly known as We Are Digital) staff and delivery partner staff, survey with 35 WA Group and delivery partner staff, 5 case study appointment observations with delivery partners and analysis of management information (MI).

integrate in the most efficient way. The most obvious example of this is users who 'walked-in' to delivery partner offices looking for support and were referred to the NDSS before they could then be booked in for an appointment with that delivery partner.

- The appointments have not been distributed equally across the delivery partner network. A third of delivery partners (35%) had fewer than 10 appointments recorded over the 2-year period for which data was analysed.
- A large network is necessary to facilitate face-to-face appointments and it would appear that the network has not been large enough to really make this a viable option to all users.
- Delivery partners have often provided a wider range of support than the service was initially designed to deliver in order to meet service users' needs, such as procedural, legal, and emotional support.

## Take up of the NDSS

Based on the data analysed in this evaluation, a total of 10,419 cases or 10,214 individuals were triaged by the NDSS between November 2022 and January 2025. Monthly uptake has continued to increase over time. The majority of the cases triaged (90%) were for users of the Social Security and Child Support (SSCS) service, and three-quarters of these (73%) were for Personal Independence Payment (PIP) appeals.

In total 12,588 appointments were scheduled between December 2022 and the start of February 2025. Appointments were scheduled for 10,198 individual service users. Most service users had just one scheduled appointment (83% of service users). Appointments were most commonly made with community delivery partners (40%), followed by partners classed as general legal support (17%) and training focused (14%). Community delivery partners accounted for 28% of the delivery partner network, so they provided a higher share of appointments than might have been expected.

Nine-in-ten (90%) scheduled appointments were closed and 84% of these closed appointments were marked as having provided support (73% full and 11% partial). In total 9,005 individual service users were supported during an appointment.

Over a third (35%) of the 136 delivery partners had fewer than 10 sessions scheduled across the two years.

## Service user background and reasons for needing digital support

Nearly all users of the NDSS were SSCS service users (often appealing against Employment Support Allowance (ESA), PIP or Universal Credit (UC) decisions). As might be expected, the group as a whole had a very high incidence of health conditions or illnesses which impact them daily. They were less likely to be in paid work, were more likely to have a very low household income and to hold no formal qualifications. Disabilities or health issues (related to motor skills, learning and cognitive issues) also commonly meant service users were digitally excluded (or were able to access digital services only with assistance).

The need for digital support is often highly complex and overlaps with other needs including learning and cognitive difficulties. One-in-five service users (20%) had low digital capability.<sup>2</sup> Others had at least moderate digital capability but had contacted the NDSS because they were worried about the potential complexity of interacting with HMCTS services, were uncertain how to progress their appeal, claim or application in general, or wanted reassurance.

Only 29% had tried to use the online form themselves before contacting the NDSS.

The evidence suggests that the NDSS is filling a needs gap. Most service users were unaware of any other potential source of support other than friends or family.

## Becoming aware of the NDSS

Service users most often believe they had heard about the NDSS from HMCTS or the Department for Work and Pensions (DWP). Almost half of SCCS service users (47%) recalled it was suggested they contact the NDSS in a letter from HMCTS or the DWP about their case. However, it is important to note that letters from the DWP did not include the NDSS phone number, but they did include numbers for CTSCs. This indicates some confusion from service users as to how they came to be in contact with the NDSS. This may partly explain why nearly all NDSS users were SSCS service users, as they were engaged with DWP prior to submitting an appeal, and DWP signpost to CTSCs (who in turn signpost to the NDSS). Users of other, non-SSCS services will not necessarily have engaged with a government service who might signpost them to a CTSC. This generally indicates a need for increased awareness-raising activities amongst all potential service users.

Most service users interviewed were initially surprised and relieved to know support was available.

Service users were split between understanding that the NDSS would primarily provide digital support or initially thinking it was a general helpline to discuss any aspect of their case or application.

## Experiences of triage

When service users were contacting the NDSS they were most commonly seeking digital support (85%). However, reflecting their often complex and overlapping needs large proportions reported they also sought legal (74%), procedural (69%), or emotional support (43%).

Service users recalled being told in the triage call that the NDSS could provide them with digital support (79%). Interestingly, over half also recalled being told the NDSS could help with legal support (55%) or procedural support (57%). The complication of detangling many service users' needs was reinforced in the WA Group and delivery partner interviews. Delivery partners reported users often expected support beyond digital support that they could not provide.

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<sup>2</sup> Definitions of digital capability are outlined in the 'Digital capability' section of Chapter 3 below.

Service users were largely positive about the handling of their triage call. Nine-in-ten (91%) agreed the adviser understood their needs and four-fifths (81%) agreed that it was easy to get through to an adviser. Service users in the interviews described call handlers as 'efficient', 'professional', 'caring' and 'helpful', and they generally found the triage process straightforward. Most (81%) agreed the time between their first call (triage) and their appointment was acceptable.

Service users appreciated being able to choose whether they had a remote or face-to-face appointment during the triage call. Most reported they were given remote appointments via phone (84%).<sup>3</sup> A large majority (86%) of users surveyed received support in their preferred way. However, some might have chosen a face-to-face appointment if better options (for example earlier dates and closer locations) had been available.

Nearly three quarters (74%) of delivery partners and WA Group staff surveyed believed that service users understood at the end of the triage call when their appointment would take place. Around two-thirds of delivery partners and WA Group staff believed service users understood who their appointment was with, what the NDSS could help them with and any next steps before the appointment (63%, 60% and 57% respectively). Although, 'don't know' responses were high (between 17% and 23% at each statement), indicating that some were not confident that service users were clear on all of these elements at the end of the triage call.

## Appointment experiences

Delivery partners felt that the training provided was generally sufficient and most reported feeling confident supporting service users.

Service users described appointments involved advisers going through forms, recording the information service users provided and confirming with service users they were doing so correctly. Most were very pleased and relieved that their online form was actually submitted during the appointment. However, while the service focused on supporting users to submit the form, this research did not explicitly explore whether service users were given the confidence to self-serve when managing their case and submitting on their own in the future.

The support provided during appointments varied depending on service user needs. Large majorities who sought specific types of digital, procedural and legal support (and could recall if it was provided) received them, ranging from 94% who needed help accessing the form online receiving it, to 84% who needed advice on the content of their case receiving it.<sup>4</sup> Those who needed emotional support were a little less likely to report the adviser providing this during the appointment (72%). Service users interviewed generally understood that appointments were primarily to deliver digital support. However, Online Civil Money Claims (OCMC) service users were disappointed with a lack of procedural support. Delivery partners confirmed they often needed to provide additional support, beyond digital support.

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<sup>3</sup> SSCS service users are able to dictate the answers to their form over the phone or on a virtual appointment and the adviser fills the form in on their behalf. This option is not available for non-SSCS service users.

<sup>4</sup> Some delivery partners are accredited to give legal advice.

Amongst service users who could recall the duration of their appointment, 71% reported it lasted less than an hour. Service users usually felt appointments were an appropriate length and did not feel rushed. Service users were generally unaware who the appointment was provided by.

Just over one-in-seven service users (15%) reported they had further contact with the adviser after their initial appointment. Three-quarters (77%) of service users felt clear about next steps after the end of their support from the NDSS adviser (following their appointment and any further contact) but a fifth (20%) were not clear. They generally understood their form had been submitted and they should wait to hear from DWP or HMCTS. Any uncertainty was typically around how long they should wait for this follow up, or around how to submit additional evidence. OCMC and Help with Fees (HwF) service users were often less clear about next steps and remained in need of further support.

## Outcomes for service users

Online forms were submitted during appointments for three-quarters of service users (75%), exceeding the service level target (SL5<sup>5</sup>) of 70%.

The small group of non-SSCS service users most commonly reported they did not know what the outcome of their HMCTS court or tribunal case was so their views may change when they do know the outcome. A quarter of these service users (26%) reported an all or mostly favourable outcome. Most of these non-SSCS service users who knew the outcome of their HMCTS court or tribunal case were satisfied with it.

Most service users who participated in the interviews were pleased that the NDSS had moved the form submission stage along quickly.

Most of the service users interviewed did not have a final outcome for their HMCTS court or tribunal case as they were awaiting a hearing date. Non-SSCS service users had more mixed views and OCMC service users were often less satisfied with outcomes due to their original need for support not being fully met (for example not being able to submit evidence) or being concerned about their on-going case and what would happen next (for example when the hearing might be, what additional evidence might be required) as their HMCTS case continued. It may be useful for further research to be conducted with non-SSCS users in the future to understand their needs and experiences more fully.

## Impact for service users

Just under a fifth of service users (18%) reported they would not have submitted the form at all without the support from the NDSS, and a further fifth (19%) would only have been able to submit it on paper.

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<sup>5</sup> SL5 - 70% of user interactions end in an online form submission or interaction with HMCTS service within 2 months of initial interaction.

Four fifths (80%) of service users reported that receiving the NDSS support made the process of completing their form easier. This positive impact was more likely to be reported by service users who were mainly seeking digital support (rather than procedural, legal, emotional or other forms of support).

Amongst the small group of non-SSCS service users, 60% (21) identified a positive impact of the NDSS support. NDSS support was most likely to have a positive impact on these service users' mental health and stress levels.

Service users interviewed often reported negative impacts from the HMCTS case itself, especially on stress levels. NDSS support was often felt to reduce this to some extent by helping move the case forwards.

## Satisfaction with the NDSS

Most service users (86%) were satisfied overall with the support they received, nearly reaching the service level target of 90% (SL4<sup>6</sup>). Just over two-thirds (68%) of service users reported that the support they received was better or matched their expectations of what the NDSS would provide.

Most service users interviewed felt their appointment was very useful and found their adviser knowledgeable, professional and understanding (over 80% agreed they demonstrated each attribute). Where the service exceeded expectations, service users were pleased that advisers had improved how their case was presented (i.e. felt they had worded answers better than they could have done themselves).

Dissatisfaction was often linked to rushed appointments or issues not being resolved. OCMC service users were more negative and commonly felt delivery partners lacked sufficient knowledge to support them.

## Implications for improvement

Two-thirds (67%) of users and around one-in-five (17%) delivery partners surveyed did not suggest any improvements; interviews showed they generally felt the service worked well.

Some service users suggested that there was a need for more awareness raising around the NDSS. Clear and simple explanatory wording around the offer would also be beneficial.

Delivery partners suggested the fee for the administration involved in the referral process could be reviewed (as they did not feel it was sufficient). They also felt that the process for referring individuals who approached them directly for support was inefficient. However, the pilot launched in August 2024 which focused on delivery partners triaging 'walk-ins' could help to resolve this issue.

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<sup>6</sup> SL4 - where a user provides consent to providing feedback on the support received, an average satisfaction score of 90% is needed.

Triage stage improvements suggested by users included: sensitive checking for emotional needs or potential vulnerabilities, more local face-to-face appointments, text or email confirmations for appointments including the information they need to bring and directions for face-to-face appointments. Delivery partners would also like WA Group to share the triage questions with them.

Service users and delivery partners would like more time for appointments. Service user experiences also highlighted the need for training for delivery partner staff in supporting users with sensory disabilities, and in advising those with OCMC cases. Service users also suggested ensuring appointments are conducted privately. Ensuring the feedback survey is conducted consistently will provide further guidance on how to improve appointment experiences.

Service user experiences also showed the need for better signposting at the end of the appointment; clearer timelines for next steps (delivery partners felt training in HMCTS service stages would help with this), consistency in texts, emails or letters after appointments and a mechanism to request follow-up support.

Delivery partners believed it would be beneficial for them to work more directly with HMCTS. HMCTS service staff and delivery partners reported that to meet the often complex support needs of users, a more holistic offer was needed than the current 'digital support', to include accounting for procedural, legal, and emotional needs. Delivery partners requested the fee structure be reviewed as it was felt insufficient for the support required.

# Abbreviations

CA	Citizens Advice
CTSCs	Courts & Tribunals Service Centres
DE	Digitally Excluded
DwA	Digital with Assistance
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
HMCTS	His Majesty's Courts & Tribunals Service
HwF	Help with Fees
JCP	Jobcentre Plus
MI	Management Information
NDSS	National Digital Support Service
OCMC	Online Civil Money Claims
PIP	Personal Independence Payment
SJS	Single Justice Service
SSCS	Social Security & Child Support
UC	Universal Credit
WA Group/ WA Digital	We Are Group (previously known as We Are Digital)

# 1. Background and methodology

## Introduction and background to the research

Since 2016, HM Courts and Tribunals Services (HMCTS) have been delivering a £1.3bn Reform Programme which aims to 'bring new technologies and modern ways of working to the way justice is administered'. A large part of the programme involves moving services online with the aim of making them quicker and easier to use for the public. However, in recognition of the fact that some public users are either Digitally Excluded (DE), meaning they have no regular access to the internet or an internet-enabled device, or Digital with Assistance (DwA), meaning they have regular access but need assistance to be able to confidently access online services HMCTS established the National Digital Support Service (NDSS). The aim of the NDSS is to provide members of the public who face barriers to accessing digital platforms with the bespoke support required to successfully access reformed justice services digitally, therefore minimising the impact of digital exclusion on accessing justice. The NDSS is able to provide digital support for Divorce, Online Civil Money Claims (OCMC), Probate, Single Justice Service (SJS) for low-level criminal cases, government benefit appeals, employment tribunal claims<sup>7</sup> and Help with Fees (HwFs).

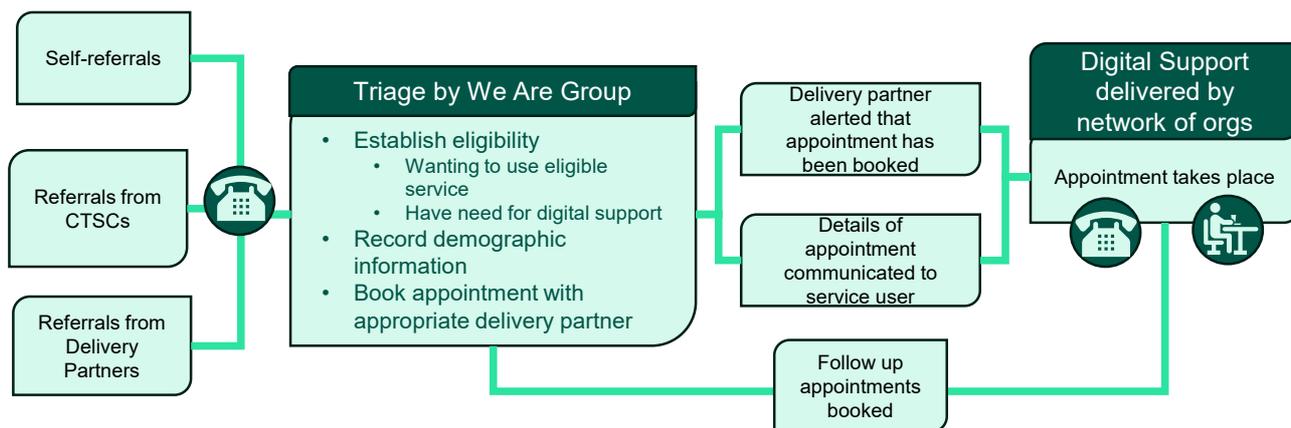
The NDSS is delivered using a 'hub and spoke' model. A central triage service is provided by We Are (WA) Group (formerly known as We Are Digital) (the 'hub') who establish eligibility and then book appointments for service users with one of a network of delivery partners (the 'spokes') based across the UK. The delivery partners can be categorised as Accredited Legal Advice organisations, General Legal organisations, Community centres and Training focused centres<sup>8</sup>. The appointments themselves can be delivered virtually or in-person depending on service user preference. Figure 1.1 below details the different stages of delivery service users go through when referred to the NDSS.

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<sup>7</sup> Employment tribunal claims were excluded from the evaluation due to low volumes at the time of fieldwork.

<sup>8</sup> The following accreditations or regulators constitute Accredited Legal Advice: AQS, Citizen Advice or Law Centre Network, Law Works Clinic Network, OISC, FCA. General Legal support are those organisations who suggest they provide advice, information or guidance linked to an area of law on their website e.g. benefit advice. Community centres are those which look to serve their community in a wide variety of ways. Training focused centres are organisations where the primary focus is training or qualification.

Figure 1.1 Delivery of the NDSS through the ‘hub and spoke’ model



In 2022, HMCTS commissioned IFF Research to conduct an evaluation of the NDSS, to understand how the service was working for users in receipt of support and the delivery partners providing the support. Findings informed improvements made to the NDSS as it rolled-out.

The first overarching aim of this evaluation was to assess what was working well, and for whom, to help identify areas for improvement and inform decisions for the continuation of the National Digital Support Service and its ‘hub and spoke’ model. The second overarching aim of this evaluation was to understand the service users’ perceptions and experiences of the National Digital Support Service. A more detailed list of research questions is provided in Annex A.

## Methodology

This research was delivered across three phases to enable emerging insights to feed into the delivery of the NDSS as it was rolled out. The fieldwork took place between January 2023 and February 2025 across three phases: Phase 1: Jan – Mar 2023, Phase 2: Mar – Apr 2024, and Phase 3: Sept 2024 – Feb 2025. There is a detailed summary of the phases of the research in Annex A.

### Qualitative interviews with service users

A total of 50 interviews were conducted, split across two phases. The split of service users by the type of service they used is detailed in Annex A. Phase 1 interviews reflect experiences during the earlier roll-out of the NDSS. Phase 3 interviews reflect later experiences. Interviews covered the service user’s background, awareness of NDSS, referrals, triage calls, appointments, any follow-up and satisfaction.

### Quantitative survey of service users

In Phase 2, (February-March 2024), 500 Social Security and Child Support (SSCS) service users and in Phase 3, (October-November 2024), 34 non-SSCS<sup>9</sup> service users took part in a telephone survey that focused on their experience of the NDSS. Responses from SSCS and non-SSCS service users were combined at the analysis stage. Differences between these groups are reported on where possible, with the caveat of a low base size for non-SSCS service users.

### Qualitative interviews with delivery partners, WA Group, Courts & Tribunals Service Centres (CTSC) and HMCTS staff

A total of 45 interviews were carried out with delivery partners, WA Group, CTSC and HMCTS service staff across three phases. The split of interviews by phase and organisation type can be found in Annex A.

Individuals in both frontline staff and manager roles were interviewed. Interviews covered training and onboarding, referrals, triage, appointments and the end of support journey. Participants were also asked to reflect on how the NDSS has been delivered so far, and how it could be improved.

### Quantitative survey of the delivery partner and WA Group staff

Thirty-six staff members took part in a survey between November 2024 and February 2025. Invitations to take part in an online survey were sent out to 140 delivery partners and 10 WA Group staff members in November 2024, based on contacts provided by HMCTS.

### Appointment observations

Five appointment observations have taken place in total and all were with SSCS service users. Four were remote appointments, and one was a face-to-face appointment. Delivery partners included:

- 2 Community centres
- 3 General Legal centres

Findings from these were combined with information from delivery partner interviews to form case studies of delivery partners' experiences of delivering the service, which can be found in Annex B.

## Analysis

### Qualitative interviews

Analysis for each group was conducted via entering responses into a framework, allowing comparison across interviews. Summaries were compared and combined to form the final report

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<sup>9</sup> IFF Research was expecting to achieve 50 to 100 responses from non-SSCS service users, which would have allowed for more robust quantitative analysis of the non-SSCS group, but sample sizes were lower than expected due to the low take-up of the NDSS by these service users.

narrative, making explicit any notable differences between the early implementation of the NDSS, and later delivery.

### Surveys

The survey data was analysed in data tables produced in Excel. The data tables included relevant subgroup breakdowns, so the data could be analysed by different subgroups. For example, the service user data tables included breakdowns on service type and digital capability. The WA Group and delivery partner tables included breakdowns on the type of role held and the types of services they conducted appointments for. The data tables included significance testing which highlighted where findings were statistically significantly different from the total and where they were significantly different from the other categories within a specific crossbreak in the tables. For example, a gender crossbreak would compare female and male respondents to the total and each other.

### Management information (MI)

Management information was analysed to understand the volume of cases and individuals triaged by the NDSS, the volume of appointments scheduled, the distribution of appointments between delivery partners, and the status and outcomes of appointments (for example, whether service users were fully or partially supported in processing their case or application digitally). Where possible, findings were analysed by service type (SSCS, HwF, OCMC, Divorce, Probate, or SJS), by date, and by delivery partner type.

## Limitations

The key limitations of this evaluation are:

- There is no counterfactual group available for the analysis (i.e. a group of similar individuals who have not accessed the NDSS) and hence it was not possible to robustly establish the size of the impact on experiences and outcomes for service users of the NDSS (as we have no comparison group of similar individuals who have not accessed the service). Only service users self-assessed estimates of impact are available.
- Findings from qualitative interviews give us in-depth, detailed feedback on experiences of those delivering and experiencing the service. However, these are small samples and cannot reliably be used to indicate prevalence of certain views or experiences.
- Use of the NDSS over the evaluation period was heavily dominated by SSCS service users and hence limited information is available for users of other services.
- WA Group changed their approach to the recording of Management Information (MI) quite considerably during the evaluation period. It has not been possible to reliably combine data from before and after this change so it was not possible to analyse the data for the whole evaluation period.
- There were limitations to the accuracy of the MI data collected as agent training issues and the migration of data between systems meant certain categories were missing information. IFF Research worked with HMCTS to clarify which fields could be used, and how they should be interpreted.

- The sample sizes for the strands of research involving HMCTS staff, WA Group staff and delivery partners are very small and hence have to be interpreted with caution.
- There were difficulties engaging with delivery partners for this research, especially for appointment observations, hence the case studies may represent the views of more engaged delivery partners.
- Due to the limitations in the accuracy of the MI data collected, it was not possible to link the HMCTS case management data (error rates and case outcomes) to digital support cases. This meant the following research question, initially included in the scope of the project, could not be answered: What are the error rates in applications for those who receive digital support, and those who do not?

## Ethics

Service users are a potentially vulnerable audience, especially SSCS service users seeking support for benefit appeals. Therefore, IFF Research ensured experienced researchers conducted these interviews (both survey interviews and in-depth interviews). Interviewers were briefed and ready to recognise signs of distress or disclosure of harm during the interviews. Participants were appropriately signposted to relevant services where relevant. Informed consent was used for participation throughout the research.

Topic guides were designed with the appropriate audience in mind, but they were also tailored where needed during the interview to ensure questions were covered sensitively.

Financial incentives were not offered to SJS users, as an interview incentive could be seen to be rewarding potentially illegal behaviour.

## Reading this report

It is important to note that some summary percentages may not add to 100% due to rounding. Only statistically significant differences have been reported on from the survey findings. Significance testing has not been run on all of the MI analysis, but this has been run when services are being compared.

## 2. Take up of the NDSS

This chapter presents NDSS management information (MI), which was gathered by WA Group on the WA Group dashboard. Analysis has been undertaken on the following two data sets:

- Cases data set – NDSS cases triaged between 18th November 2022 and 31st January 2025.<sup>10</sup>
- Sessions data set – NDSS sessions scheduled for 2nd December 2022 to 7th February 2025

### Summary of key findings

- A total of 10,419 cases or 10,214 individuals were triaged by the NDSS between November 2022 and January 2025. Monthly uptake has continued to increase over time.
- 90% of cases triaged were for users of the SSCS service, and 73% of these were for Personal Independence Payment (PIP) appeals.
- In total 12,588 appointments were scheduled between December 2022 and the start of February 2025. Appointments were scheduled for 10,198 individual service users.
- Most service users had just one scheduled appointment (83%).
- Appointments were most commonly made with community delivery partners (40% of appointments), followed by partners classed as general legal support (17%) and training focused (14%). Community delivery partners accounted for 28% of the delivery partner network, so provided a higher share of appointments than might have been expected.
- Nine-in-ten (90%) scheduled appointments were closed and 84% of these closed appointments were marked as having provided support (73% full and 11% partial).
- In total 9,005 individual service users were supported during an appointment.
- Over a third (35%) of the 136 delivery partners had fewer than 10 sessions scheduled across the two years.

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<sup>10</sup> The service went live in June 2022 but the data available for analysis of both cases and sessions begins on these dates.

## Volume of cases and individuals triaged by the NDSS

Between November 2022 and January 2025, a total of 10,419 cases or 10,214 individuals were triaged by WA Group for the NDSS. Here, a 'case' means contact with the NDSS requesting support, for example, for an SSCS appeal or a Divorce application. All cases in the analysed data were triaged but the data included those who did not go on to receive further support after the triage call.<sup>11</sup>

There were 205 fewer individuals than cases as some individuals had multiple cases. This could be because more than six months had passed since their last contact about a case or because they had cases for different service types (for example for Divorce and then Probate), or for SSCS appeals for different benefits (for example for PIP and then Universal Credit (UC)).<sup>12</sup> Most individuals who had multiple cases had two cases listed (89%), 10% had three cases, and 1% had four.

In the interviews, HMCTS staff felt that the service was not yet reaching all of those who could benefit from the service. However, they felt it was difficult to determine how many individuals are not accessing the service. Some HMCTS staff and delivery partners suggested that marketing the service more widely and better links with the advice support sector could increase access for more service users.

### Triaged cases by date<sup>13</sup>

The volume of support cases triaged by the NDSS varied over time, but on average, 401 cases were triaged each month. There was a gradual growth trend in the number of cases each month, as shown in Figure 2.1. The first six months of case data (those triaged from and including December 2022) accounted for 15% of cases, compared to the most recent six months (up to and including January 2025) which accounted for 28% of cases. January 2025 saw a record number of 618 cases triaged.

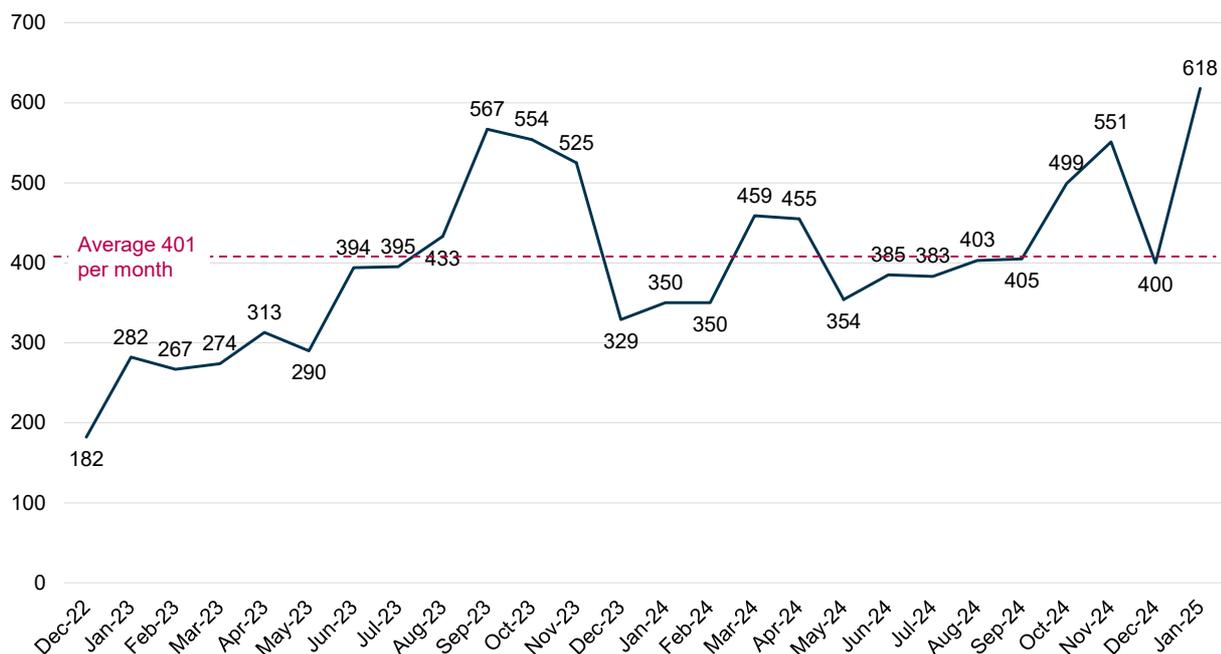
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<sup>11</sup> This could be because their support needs were met during the triage call, they are awaiting an appointment, were ineligible, no suitable support was available, they decided not to take up the support or did not want to agree to the terms of accepting the support (e.g. GDPR permission).

<sup>12</sup> Advisers should re-open previous support cases if service users re-contacted them within six months about the same service or an appeal for the same benefit. For SJS cases, a shorter limit of three weeks was used. HwF support cases should be combined with that for which they are seeking a fee waiver (e.g. Divorce). There is indication of some inconsistency in these rules being followed, though it appears to be limited to small proportions.

<sup>13</sup> This analysis is based on 'referral date' which more accurately reflects when service users contacted the NDSS than 'case created date'. Referral month is the same as case created month for all recent cases throughout 2024 and in January 2025. Cases created dates in November and December 2023 show when they were moved to the new system rather than when they contacted the NDSS, their actual referral dates are up to a year prior (from November 2022 onwards) and so reflect when they actually used the service.

Figure 2.1 Triaged cases by month (December 2022 to January 2025)



Source: NDSS MI data from WA Group

Note: 'Referral date' field on case file. Base: All NDSS cases December 2022 to January 2025 (10,417).

### Triaged cases by service type

The majority (90%) of cases triaged by the NDSS were for users of the SSCS service. Only 10% of cases triaged were from other services (3% HwF, 2% OCMC, 2% SJS, 2% Divorce and 1% Probate). SSCS cases accounted for at least 79% of cases every month.

Three-quarters (73%) of the SSCS cases triaged were for PIP appeals and just under a fifth (17%) were for UC. Overall, SSCS PIP cases accounted for two thirds (66%) of all NDSS cases triaged. Over half of HwF cases triaged (56%) were linked to Child Arrangements (C100) appeals, which were introduced in March 2023. From August 2024, HwF cases linked to other services began to be triaged. Overall, small proportions of HwF cases were linked to service users' applications for Divorce (15%), OCMC (9%) and Probate cases (5%). Some HwF cases triaged before August 2024 were for unspecified other services or did not have this information recorded (16%).

### Volume of appointments scheduled through the NDSS

The appointment data shows all scheduled appointments, including some which did not go ahead (as discussed in the status and outcomes section below). In total, 12,588 NDSS appointments were scheduled to take place between the 2<sup>nd</sup> December 2022 and 7<sup>th</sup> February 2025. Appointments were scheduled for 10,398 separate cases, and for 10,198 individual service users. The scheduled appointment data includes those who had an appointment booked but did not attend.

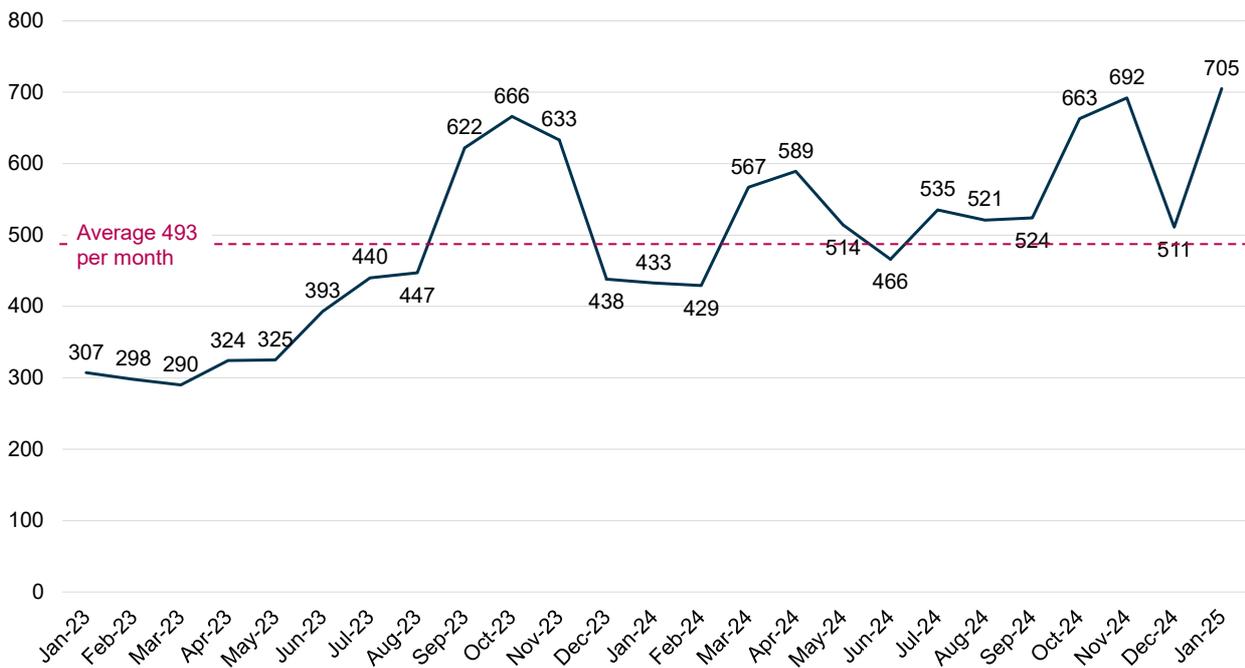
As some individual service users had multiple cases, figures vary slightly when considering the number of people with scheduled appointments. Amongst service users listed in the appointment data, most (83%) had one appointment scheduled, 13% had two, 4% had three or four and 0.5% had between five and eleven. This equated to 67% of scheduled appointments being the only appointment scheduled for the service user, 21% being a second appointment, 10% a third or fourth and 2% being for five or more.

### Scheduled appointments by date

From January 2023 to January 2025 an average of 493 appointments were scheduled per month, as shown in Figure 2.2.

There was a gradual growth trend in the number of appointments scheduled each month. A fifth (20%) of sessions scheduled were for the four months up to and including January 2025, compared to 10% in the four months from and including January 2023. January 2025 saw a peak of 705 appointments.

**Figure 2.2 Scheduled sessions by month (January 2023 to January 2025)**



Source: NDSS MI data from WA Group

Note: 'SESSION.Scheduled Start' field on session file. Base: NDSS scheduled sessions January 2023 - January 2025 (12,332).

### Scheduled appointments by service type

The majority (90%) of appointments scheduled by the NDSS were for users of the SSCS service. Only 10% of appointments were for non-SSCS services (3% HwF, 3% SJS, 2% Divorce, 2% OCMC and 1% Probate).

## Distribution of appointments by partner

In total, 136 delivery partners were listed as having scheduled appointments. These included Citizens Advice, community centres, libraries, and training organisations. WA Group were the delivery partner for 0.5% of appointments and 224 did not have the partner recorded.<sup>14</sup>

Appointments were most commonly made with community delivery partners (43% of sessions), followed by partners classed as general legal support (17%) and training focused (14%). The remaining appointments were delivered by partners classed as in-home trainers, accredited legal advice and local authorities and 'other'. Community and training focused delivery partners both delivered a higher share of appointments than the proportion of the partner network they accounted for (for example 43% of appointments were from the 28% of partners who were classed as community). Conversely, accredited legal advice and local authority partners delivered a smaller share of appointments than the proportion of the partner network they accounted for (for example 6% of appointments were from the 18% of partners who were classed as accredited legal advice). A data table with more detail can be found in Annex A.

Sessions for SSCS support were more likely to be with community partners (44%, compared to 24% to 37% for each other service). HwF sessions were more likely to be with general legal support partners (55%, compared to 16% of SSCS sessions). SJS sessions were more likely to not have a partner listed (19%, compared to 1% of SSCS sessions).

The appointments were not evenly distributed by delivery partner. Many partners had small numbers of sessions scheduled across the two years – just under 50 (35% of partners) had fewer than ten sessions. One partner had 1,375 sessions scheduled, far more than any other, though nine other partners had between 300 and 700. A data table with more detail can be found in Annex A. Further research is needed to understand why the distribution of sessions across delivery partners was not equal but some reasons might include the size, availability and engagement of delivery partners.

On average, partners dealt with four appointments per month, but this volume varied considerably.<sup>15</sup> One partner dealt with an average of 51 appointments per month, including a maximum of 109 in one month. A further eight partners (6%) dealt with a maximum of between 50-60 appointments in one month, whilst 23 partners (17%) never dealt with more than one session per month.

Only four partners (3%) had sessions scheduled every month from January 2023 to January 2025, and 38 (28%) had appointments scheduled in three or fewer of the 25 months. A detailed table on the number of months with any appointments scheduled for partners can be found in Annex A. Factors such as availability of staff, whether the compensation was found sufficient for the level of support required and whether partners were part of the network throughout the whole time period analysed may also have influenced how many appointments delivery partners offered.

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<sup>14</sup> 'Appointments with 'no partner recorded' may indicate an appointment did not take place (for example some are marked as 'WA Group unable to support', 'on hold' and 'cancelled'). However, some are marked 'closed' or 'rescheduled' and a third as having received 'full support' so it appears some did have an appointment but the partner name was not noted.

<sup>15</sup> Average based on January 2022 to January 2025 inclusive excluding those scheduled for December 2022 and February 2025 (the first and last month of appointment data are atypical or may not be final numbers).

## Appointment status and outcomes

### Status of scheduled appointments

Nine-in-ten (90%) scheduled appointments were marked 'closed', as shown in Table A. Small proportions were rescheduled (6%), cancelled (3%) or scheduled (1%) at the point the data was downloaded.<sup>16</sup>

Rescheduled and cancelled appointments were most likely to be marked as user related cancellations (65%, compared to 33% WA Group or partner related). SSCS and HwF appointments were statistically significantly more likely to be marked as 'closed' (91% and 87%) while OCMC appointments were less likely to have the 'closed' status (79%). Between 82% and 83% of appointments for Divorce, SJS and Probate appointments were closed. OCMC appointments were more likely to be rescheduled (10% compared to 6% overall). Divorce appointments were more likely to be cancelled (9% compared to 3% overall) and SJS were more likely to be scheduled (4% compared to 1% overall).

**Table A Appointment status by service type**

	ALL APPOINTMENTS	SSCS	HwF	SJS	Divorce	OCMC	Probate	
<b>Closed</b>	<b>No.</b>	11,310	10,231	284	260	228	216	89
	<b>%</b>	90%	91%	87%	82%	83%	79%	82%
<b>Rescheduled</b>	<b>No.</b>	720	629	22	19	17	27	6
	<b>%</b>	6%	6%	7%	6%	6%	10%	6%
<b>Cancelled</b>	<b>No.</b>	396	316	9	16	26	20	8
	<b>%</b>	3%	3%	3%	5%	9%	7%	7%
<b>Scheduled</b>	<b>No.</b>	116	89	4	14	3	3	2
	<b>%</b>	1%	1%	1%	4%	1%	1%	2%

Source: NDSS MI data from WA Group

Note: 'Session status' on session file. Base: All scheduled sessions (12,588), SSCS (11,282), HwF (327), SJS (319), OCMC (273), Divorce (275), Probate (108). Status of 'on hold', 'partner admin pending', 'in progress', and 'WA Group

<sup>16</sup> Appointments are marked 'rescheduled' or 'cancelled' only temporarily, once the replacement appointment is provided the status changes (e.g. to 'closed'). The total number of appointments which were rescheduled or cancelled prior to being replaced would be higher but this information was not available to analyse.

## Evaluation of the National Digital Support Service (NDSS)

unable to support' status not shown as each account for less than 1% of both individuals and cases. Combined with blank cells these session outcomes account for 46 sessions (0.4%).

### Outcomes of appointments

Three-quarters (76%) of appointments had an outcome of support provided; 66% full support and 10% partial support, as shown in Table B. This rose to 84% of closed appointments (73% full support and 11% partial support).

Overall, 14% of appointments had no outcome recorded. These were mostly those that were included in the scheduled, rescheduled or cancelled status groups reported in Table 2.2, presumably as these were awaiting a new appointment (87% of scheduled, 94% of rescheduled and 98% of cancelled appointments had no outcome recorded). However, 11% of appointments with a scheduled status showed an outcome of support, as did 1% of rescheduled.

**Table B Appointment outcomes (all and closed appointments)**

	ALL APPOINTMENTS		Closed appointments	
	No.	%	No.	%
<b>Full support</b>	8,287	66%	8,273	73%
<b>Partial support</b>	1,272	10%	1,264	11%
<b>ANY SUPPORT</b>	<b>9,559</b>	<b>76%</b>	<b>9,537</b>	<b>84%</b>
<b>Service user did not attend<sup>17</sup></b>	736	6%	710	6%
<b>Partner or translator did not attend</b>	116	1%	111	1%
<b>No support</b>	383	3%	369	3%
<b>No outcome recorded<sup>18</sup></b>	1,794	14%	583	5%

Source: NDSS MI data from WA Group.

Note: 'Session status' and 'Outcome' on session file. Base: All NDSS scheduled sessions (12,588) / those with 'closed' status (11,310).

In total, 9,005 individual service users were marked as being supported. Nearly all of these were SSCS service users (92%). Most (95%) had one session with this outcome but 5% had two

<sup>17</sup> Includes cancelled by service user less than 24 hours beforehand. The free text field indicated many of these are due to service users not answering the phone call for their remote appointments after several times.

<sup>18</sup> Includes N/A and blank cells.

sessions and 2% three or more sessions. These may have been for the same case or different cases.

For appointments where support was partially delivered or not delivered, details were entered into a free text field to explain why. Common themes appear to be service users not having the required documents or wanting further advice before submitting.

### **Appointment outcomes by service**

SSCS and HwF appointments were more likely to have a support outcome (77% and 80% respectively) and OCMC appointments were less likely (57%). Between 60% and 67% of appointments for Divorce, SJS and Probate appointments had a support outcome. This reflects their likelihood to be closed as reported above, with SSCS and HwF appointments less likely to have no recorded outcome (13% and 14%, compared to 23% to 28% for other services). SJS and OCMC appointments were more likely to result in no support (6% and 8% respectively). A detailed table of appointment outcomes by service can be found in Annex A.

### 3. Service user background and reasons for needing digital support

This chapter outlines the profile of NDSS users, including age, gender and characteristics such as income. It also explores why service users needed support. This provides context for the findings in later chapters.

It mainly presents quantitative findings from the service user survey, supplemented with additional detail from the qualitative service user interviews and MI data from WA Group.

#### Summary of key findings

- Nearly all users of the NDSS were SSCS service users (often appealing against ESA, PIP or UC decisions). As might be expected, the group as a whole had a very high incidence of health conditions or illnesses which impact them daily. They were less likely to be in paid work, were more likely to have very low household income and to hold no formal qualifications. Disabilities or health issues (related to motor skills, learning and cognitive issues) also commonly meant service users were digitally excluded (or were able to access digital services only with assistance).
- The need for digital support is often highly complex and overlaps with other needs including learning and cognitive difficulties. One-in-five service users (20%) had low digital capability.<sup>19</sup> Others had at least moderate digital capability but had contacted NDSS because they were worried about potential complexity of interacting with HMCTS services, uncertain how to progress their appeal, claim or application in general or wanted reassurance.
- Only 29% had tried to use the online form themselves before contacting the NDSS.
- The evidence suggests that NDSS is filling a needs gap. Most service users were unaware of any other potential source of support other than friends or family.

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<sup>19</sup> Definitions of digital capability are outlined in the “Service user survey – digital capability” section of Annex A.

## Types of HMCTS service used

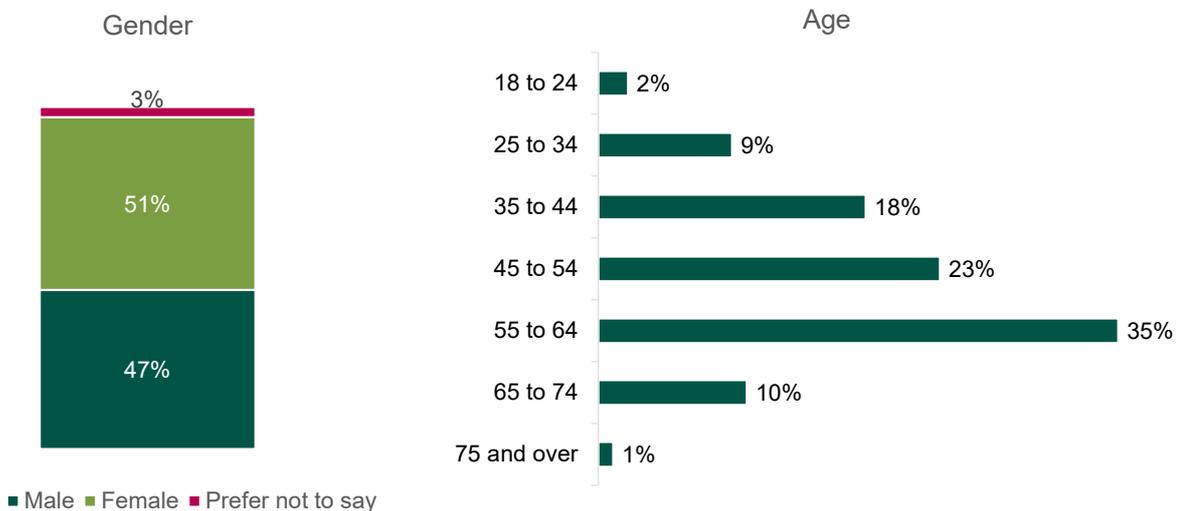
Nearly all users of the NDSS surveyed were SSCS service users (94%). Only 6% of users were non-SSCS users (2% SJS, 1% HwF, 1% OCMC, 1% Divorce and 1% Probate).

## Service user socio-demographics

### Age and gender

The survey of service users found that the gender split of service users was roughly even (51% female, 47% male). Over half (58%) were aged 45-64, less than a third were younger than 45 (29%), and around a tenth were older than 64 (11%). Very few service users were younger than 25 or older than 74 (2% and 1% respectively), as shown in Figure 3.1.

Figure 3.1 Service user profile - age and gender



Source: Service user survey, IFF Research

Note: D1. What is your current age? / D2. What sex were you registered as at birth? / D3. Is your gender the same as the sex you were registered at birth? Base: All NDSS users (534). Less than 1% non-binary and 3% prefer not to say not shown chart.

### Health and disabilities

Reflecting that the majority of service users were SSCS service users (so mostly contesting benefit decisions) in the survey, nine in ten (89%) service users reported having a physical or mental health condition or illnesses that had lasted or is expected to last for 12 months or more. Nearly all of those (98%) with a health condition felt it impacted their ability to carry out daily activities ‘a lot’ or ‘a little’. Service users with a condition that impacted daily activities ‘a lot’ or ‘a little’ commonly had mobility issues (86%), stamina, breathing or tiredness issues (79%), mental health issues (76%), learning, understanding and concentrating difficulties (71%), and dexterity issues (69%).

## Ethnicity and English language skills

Eight-in-ten (79%) service users reported in the survey they were White or White British, including White minorities. Just under one-in-five (18%)<sup>20</sup> service users were from other ethnic minority groups. Further detail can be found in Annex A.

Some service user types were more likely than others to be White, including those who held no qualifications (86% with no qualifications, compared to 53% with a degree or 61% with A-Levels), had lower digital capability (86% low capability and 81% medium capability, compared to 69% with high capability) and had a health condition (82%, compared to 62% without a health condition).<sup>21</sup> SCS service users were also more likely to be White than non-SCS service users (80% compared to 65%)<sup>22</sup>, which is largely consistent with the broader SCS appellant population characteristics.

English was the main language of most service users (91%); for 8% it was not. Amongst these services users for whom English was not their main language a third (31%, representing 2% overall) stated that they did not speak English 'very well' or 'at all'.<sup>23</sup>

## Personal circumstances (caring responsibilities, working status and household income)

Around a quarter of services users (23%) were the main parent or guardian of a child under the age of 18. A minority (13%) had unpaid caring responsibilities for an older or disabled person.

A large proportion of service users were not in paid work (82%), and over two-fifths (43%) of service users had an income under £14,000 per annum (reflecting the high proportion of SCS service users). Three-in-ten (30%) did not disclose their annual income.

## Qualification level

Just under four-in-ten (37%) of the service users had no formal qualifications, two-in-ten (20%) had 5 or fewer GCSE/ O Level grades A to C (or 9-4), and less than one-in-ten (7%) held a degree level qualification.

Further detail on service users' region can be found in Annex A.

## Digital capability and reasons for needing support

### Digital exclusion and digital confidence

All service users supported through the NDSS should be digitally excluded (DE) or only able to use digital systems with assistance (DwA), as this was the requirement for them to be eligible. Analysis

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<sup>20</sup> 18% due to rounding.

<sup>21</sup> Definitions of digital capability are outlined in the "Service user survey – digital capability" section of Annex A.

<sup>22</sup> These differences are statistically significant but should be treated as indicative only and used with caution due to a low base (34) for Non-SCS service users.

<sup>23</sup> The research was only conducted in English, however there is a requirement to also provide the NDSS in Welsh where requested under the Welsh Language Act.

of the MI data shows that service users were more likely to be DE (57%) than DWA (41%), though this is lower than the service level target (SL3) of 80%.<sup>24</sup>

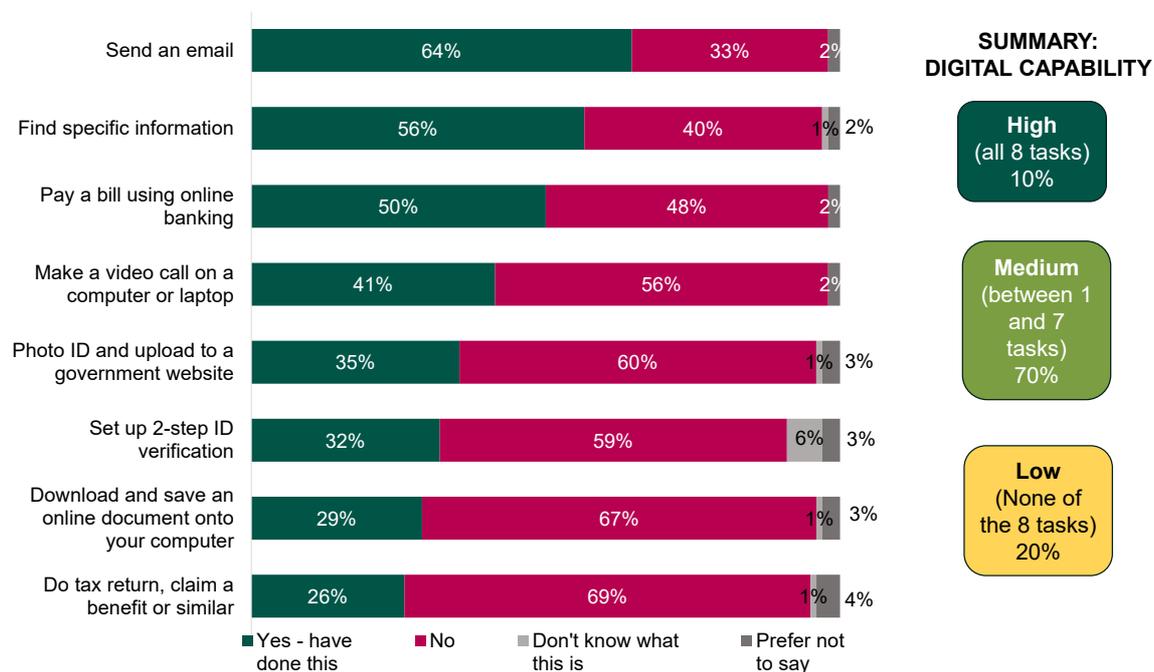
Service users were classed as DE during their triage call if they did not have access to the internet (35% of service users in the MI data) or did have access but reported they were 'not at all' digitally confident (20% of all service users in the MI data).

DWA service users had internet access, but most had limited digital confidence (overall, 20% of service users who had internet access but were not so digitally confident and 17% were only somewhat confident). Those who had internet access and were 'very' or 'extremely' confident (4%) usually had an 'exceptional eligibility' reason to qualify them as DWA (recorded for 17%). These exceptional circumstances were entered as free text in the MI data, and often indicated mental or physical health issues, including those such as dyslexia or cognitive difficulties, anxiety and stress, as well as a lack of confidence with forms in general.

Of those who did have access to the internet, 75% could only access it via a smartphone, and 4% did not have a device. Small proportions had access to a computer or laptop (12%) or tablet (6%). The type of device was not recorded for 2% who did have internet access.

### Digital capability

Figure 3.2 Service user profile - digital capability (derived from whether internet used to undertake listed tasks)



Source: Service user survey, IFF Research

Note: D17. Have you ever used the internet to do the following ....? Base: All NDSS users (534).

<sup>24</sup> SL3 - 80% of users should have evidence of DE barriers when checked through QA processes.

Those with high digital capability were more likely to be non-SSCS service users rather than SSCS service users (27% non-SSCS, 9% SSCS). Those with low digital capability were more likely to have no qualifications (35%).

Interviews with service users suggested there was a lack of digital confidence. Service users most commonly described themselves as lacking knowledge or skills when it came to technology, but some were also worried they would encounter a problem which they would not be able to solve (despite being somewhat digitally literate). A few had concerns about being 'scammed' if they entered personal details online.

*"I usually hit the wrong button...I've just got no knowledge with computers at all."*

**OCMC service user**

Interviews with service users also highlighted that many had disabilities or health conditions which affected their ability to complete online forms. These were most often learning and cognitive issues, poor literacy or dyslexia, but also included memory loss, visual impairments and difficulties with typing. Some acknowledged that they always struggled with understanding official information and they needed a simplified explanation or someone to talk to. It is likely that most of these service users would also have wanted or needed support when completing paper forms.

*"My reading is not very good, and I don't understand these long, big words that they use."*

**SSCS service user**

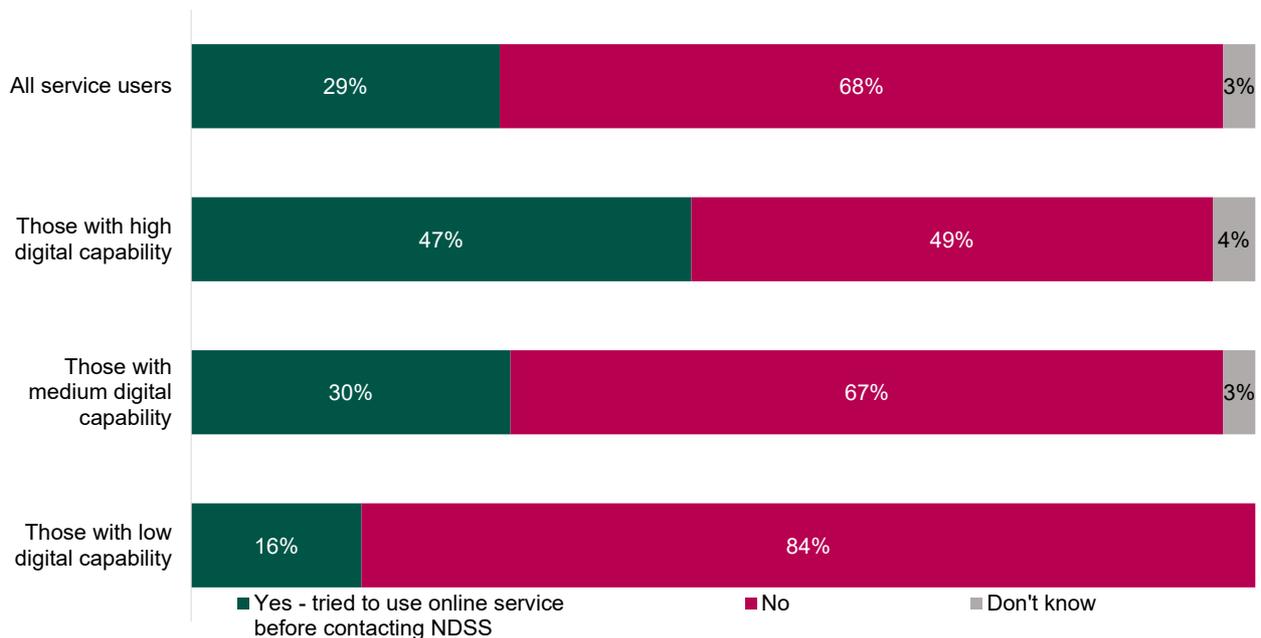
### Prior use of the HMCTS online service

Three-in-ten (29%) service users had tried to use the HMCTS online service themselves before getting in touch with NDSS, as shown in Figure 3.3. However, the majority (68%) had not done so and had contacted the NDSS first. Those with higher digital capability were more likely to have tried to use the online service themselves first (47%, compared to 30% of those with medium digital capability and 16% with low digital capability). Non-SSCS service users were also more likely to have tried to use the online service before contacting NDSS (56%, compared to 27% of SSCS service users).<sup>25</sup>

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<sup>25</sup> This is statistically significant but should be treated as indicative only and used with caution due to a low base of 34 for non-SSCS service users.

**Figure 3.3 Whether service users tried to use online services themselves before contacting NDSS, by digital capability**



Source: Service user survey, IFF Research

Note: A2. We understand that you contacted them for help with your [SERVICE]. Before you got in touch with them, did you try to do this online yourself? Base: All NDSS users (534), those with high digital capability (51), those with medium digital capability (352) and those with low digital capability (100). Digital capability based on ability to undertake tasks online as shown in Figure 3.2.

In the interviews, service users lacking digital confidence did not necessarily report any difficulty with their case or application - some saw that help was available and contacted NDSS without attempting to use the online service. A few reported that they had made mistakes in previous online applications or they were unclear on the wording of some of the questions, which made them nervous to complete the forms without support.

*"Even though it was telling you on the screen how to do it...when I saw the bit where it said you can ask for help, I asked for help."*

**OCMC service user**

Several service users were very anxious, stressed or overwhelmed about their case or application being rejected and were nervous of making a mistake or misrepresenting themselves, which could have a significant impact on their financial or personal circumstances (this was more noticeable amongst users of the SCCS and Divorce services). This was also mirrored in the reasons recorded for 'exceptional eligibility' in the MI data for those classified as DWA. Reassurance that someone else could 'sense check' their information and confirm the form had been correctly filled in was important for these service users.

*"Would I be able to manage it because I was a bit scared? ... Would I manage to process it? ... I was having anxiety challenges."*

Divorce service user

*"I lost my PIP because of my own fault because I didn't fill my forms out properly, so I didn't want a chance losing anything more."*

SSCS service user

In the interviews, some SSCS service users (including some of those with learning or cognitive issues) appeared to be quite confused with the process. They were commonly trying to progress their appeal, but they were not specifically seeking digital assistance when they contacted the NDSS.

*"[The DWP letter] gave a number ...if you want to contest it to go to tribunal, here's the number..."*

SSCS service user

Service users sometimes reported they had used the NDSS due to a lack of digital access rather than capability - they did not have a computer or had a mobile with internet access but did not want to use these to fill in what they anticipated would be a complicated form. Lack of access may have applied more widely than explicitly stated (many of those who declared themselves as lacking knowledge or skills when it came to technology may well not have access). Some service users could not access the internet as they were in a potentially vulnerable situation (for example a Divorce service user had left home due to abusive behaviour).

### Use of other digital support services

Very few service users interviewed had accessed any other service for digital support with their case or application before they contacted the NDSS. Most had also never previously accessed any other digital support to help them access other government services. Several service users stated explicitly that they were unaware of any support they could have accessed and many others were very pleased to be able to use the NDSS (indicating they were most likely unaware of any other services they could potentially access).

*"I didn't know anything about it [digital support to access government services]. If I had...as soon as I get their number again, I'll be giving it to everybody."*

SSCS service user

Some service users interviewed would typically ask friends or family for help with online tasks, so they were glad there was a service to help, as they could avoid over-burdening friends and family. They also acknowledged that their friends and family would not have experience of legal forms or dealing with the courts, and therefore they may have struggled to provide appropriate support in this instance. A few service users mentioned they could no longer ask partners, as they had become unwell. A couple also noted that due to the nature of the online form or application they were keen to keep their personal circumstances private.

However, some service users had previously accessed or sought support from the following organisations: Citizens Advice (CA), Age UK, Jobcentre Plus (JCP), local authorities, MPs and

charities (for example for help drafting letters or completing forms). A few service users had social workers, and one had a British Legion support worker, and they typically suggested service users contact CA about any legal issues. Several service users who had tried to contact other organisations (such as CA) for digital support with their case or application (before calling the NDSS) were generally unsuccessful. This was due to a variety of reasons, such as they had not received a response, the organisation did not feel able to help, the organisation was too busy to help, or the organisation could not offer face-to-face support (which they were seeking).

*"I asked them [CA] for their advice and they said they can't do it because it's a legal matter. ... they said it wasn't in their remit. "*

#### **HwF and Divorce service user**

A few service users had never previously needed digital support, as they had always been able to avoid using digital services (for example instead opting for paper forms or completing forms over the phone with DWP staff).

This appears to indicate a clear need for the NDSS, as service users were either unaware of any services that could provide digital support (before they became aware of the NDSS) or they had tried to access support through other services, but support was not provided.

## 4. Becoming aware of the NDSS

This chapter explores how service users found out about the NDSS and their initial understanding of the types of support that the NDSS could offer.

### Summary of key findings

- Service users most often believed they had heard about the NDSS from HMCTS or the DWP. Almost half of SCCS service users (47%) recalled it was suggested they contact the NDSS in a letter about their case from HMCTS or the DWP. However, it is important to note that letters from the DWP do not include the NDSS number, but they do include numbers for CTSCs. This indicates some confusion from service users as to how they came to be in contact with the NDSS.
- This may partly explain why nearly all NDSS users were SSCS service users, as they are engaged with DWP prior to submitting an appeal, and DWP signposts to CTSCs (who in turn signpost to the NDSS). Users of other, non-SSCS services will not necessarily have engaged with a government service who might signpost them to CTSC. This generally indicates a need for increased awareness-raising activities amongst all potential service users.
- Most service users interviewed were initially surprised and relieved to know support was available.
- Service users were split between understanding that the NDSS would primarily provide digital support, or initially thinking it was a general helpline to discuss any aspect of their case or application.
- Service users usually called the NDSS soon after finding out that the service was available.

### How service users heard about the NDSS

Service users recalled hearing about the NDSS from a range of sources, most commonly from the HMCTS or the DWP. Almost half (45%) stated that they had heard about the NDSS in a letter about their case from HMCTS or the DWP, which suggested they could contact the NDSS, and a further 7% heard about it from a different DWP communication, as shown in Figure 4.1. However, it is important to note that at the time of this evaluation, letters from the DWP did not contain the NDSS number, although they did contain telephone numbers for CTSCs. It is therefore likely that service users called the CTSCs number and were then directed to the NDSS.

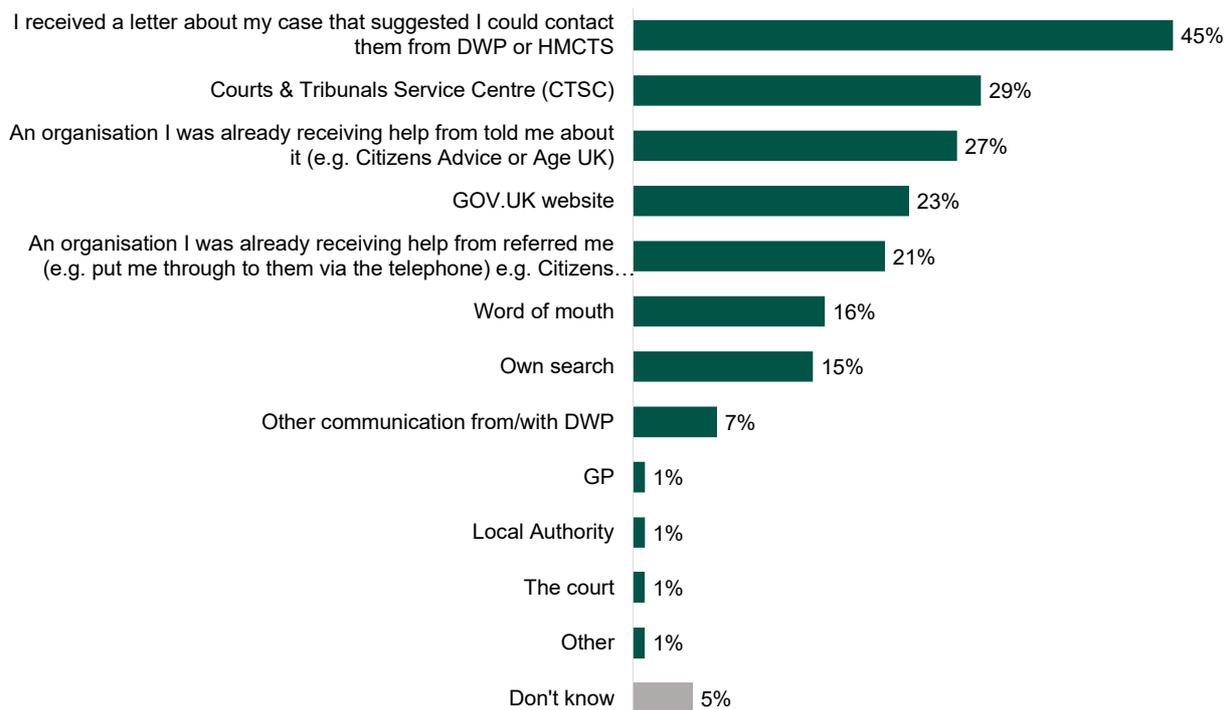
Service users interviewed often specified this was a letter stating that DWP had decided to stop their benefit payments, and that they could appeal or go to a tribunal (if they wished). However, some service users also mentioned they had been given the NDSS number by DWP staff (including JCP staff and PIP staff) – occasionally in person but often on a phone call, and one service user recalled hearing about it via a recorded message on ‘the appeals helpline’. Again, this number will have been for CTSCs, who are likely to have transferred the user to the NDSS.

*“[The PIP staff] pointed out that somebody could help me. Just that somebody could help me fill my forms out.”*

**SSCS service user**

Around three-in-ten surveyed users recalled being told about the NDSS via the CTSC (29%). However, as previously mentioned, it is likely that this is actually higher, as the contact details within the DWP or HMCTS letters are for CTSCs and not the NDSS. A fifth (21%) of service users surveyed were referred to the NDSS by another organisation they were already receiving help from (for example Citizens Advice or Age UK put their telephone call through). Others had first heard about the NDSS via their own research on GOV.UK (23%), word of mouth (16%) or their own search (15%).

**Figure 4.1 How service users heard about the NDSS<sup>26</sup>**



Source: Service user survey, IFF Research

<sup>26</sup> Service users could give multiple answers. Some users, for example, may have heard about it via a HMCTS or DWP letter and from another organisation.

*Note: A1. Can you remember how you heard about the National Digital Support Service (NDSS) or WA Group (formerly We Are Digital)? I'll read out some options and please tell me which apply to you... (multiple answers allowed). Other includes solicitor and insurance company (each the answer given by less than 1%). Base: All NDSS users (534)*

SSCS service users who were appealing a benefit decision were more likely than non-SSCS service users to report they heard about the NDSS in a letter about their case from HMCTS or the DWP (47%, compared to 15% of non-SSCS service users), though as noted above this may have been CTSC who then directed them to the NDSS. Non-SSCS service users were more likely to have heard of NDSS through their own search (38%, compared to 14% of SSCS service users).<sup>27</sup>

Service users with low digital capability were more likely to have heard about the NDSS via a letter about their case from HMCTS or the DWP (57%, compared to 33% with high digital capability) whilst those with a higher digital capability were more likely to have found it via GOV.UK (29%, compared to 15% with low digital capability) or through their own search (22% high capability versus 8% low).<sup>28</sup> The importance of promoting the NDSS via other organisations is demonstrated by this - those who appear to be in more need of digital assistance are more likely to be reliant on signposting from other organisations. Whilst DWP communications with CTSC contact details reach most SSCS service users, consideration may want to be given to how more DE and DWA service users using other services could be reached.

## Referrals from other organisations

The interviews with service users found that amongst those who had spoken to the DWP, a CTSC or CA found the referral process quick and straightforward. Service users often reported being given the telephone number for (or very occasionally transferred to) the NDSS by these organisations. WA Group and CTSC staff also reported that the referral process was generally working well. There were reports from WA Group and CTSCs of a good working relationship, with WA Group being able to give feedback to CTSC advisers on why their referrals into the NDSS had not been accepted, helping to ensure only eligible referrals were made. WA Group also described an open relationship with HMCTS, through which they were able to raise queries or concerns.

Delivery partners interviewed also discussed making referrals themselves into the service. Delivery partners mentioned that these referrals mostly came from walk-ins, and these service users tended to be elderly, have English as a second language, or were DE. To refer them to the NDSS, they then had to pass them to WA Group on the phone for a triage call before being passed back to the delivery partner to book an appointment. In these cases, delivery partners were eligible for an NDSS referral fee from HMCTS. However, a few delivery partners felt that the additional administration (for themselves and the service user) associated with the referral was not worth the small fee. They also mentioned that they were keen for support to be provided as soon as possible, so they did not always want to ask the service user to call WA Group and then wait for an appointment to be scheduled. Hence sometimes they provided the necessary support regardless and not under the NDSS contract.

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<sup>27</sup> This is statistically significant but should be treated as indicative only and used with caution due to a low base for non-SSCS service users (34).

<sup>28</sup> Digital capability has been assigned based on service users ability to undertake tasks online, see 'Digital' section.

*“... [WA Group] they've got to say ok yes you can do it, then I've got to get onto their online portal when I've already got them on my case management system... it's going to take twice as long for me to do that, and the client's not going to want to do that, just for the sake of us making £38.”<sup>29</sup>*

### Delivery partner, frontline staff and manager role, East of England

However, the HMCTS service staff interviewed noted there was a pilot taking place to see how partners could triage walk-in appointment themselves. This was considered crucial to streamline the referral process for service users, avoiding the need for a triage call with WA Group.

## Getting in touch with the NDSS

Many of the service users interviewed recalled they telephoned the NDSS or WA Group once they heard about the service. Some recalled calling them immediately. A couple of SSCS service users waited for medical letters before calling, though in hindsight they thought they could have called sooner. A handful of service users said that the NDSS called them, but they may have been recalling the follow-up call after the appointment.

Some service users first wanted to verify that the NDSS or WA Group were ‘legitimate’ organisations before making contact. Most of these had friends or family check this online for them but a couple did so themselves (usually on GOV.UK). This allayed any unease as they found the same NDSS number on official websites. A HwF service user checked with the charity ‘Support through Court’, who agreed they should use the NDSS.

## Initial understanding about the NDSS

The interviews with service users showed that initial reactions on hearing about the NDSS were almost universally positive. Most service users recalled that they were surprised and relieved to know any support was available, even when they were not clear on the specific support the NDSS could offer. Several reported knowing that they could access help alleviated stress and gave them confidence they would be able to go through with their case or application.

*“I wasn't aware that there was any help like that available and I was so relieved because it did effect my mental and physical health.”*

**SSCS service user**

Sometimes expectations were low, and service users were somewhat sceptical – but they hoped the NDSS would provide some level of assistance with the form. Service users were split between understanding that the NDSS primarily provided digital support, and initially thinking it was a general helpline to discuss any aspect of their case or application (describing it as the ‘tribunal or appeal helpline’).

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<sup>29</sup> This was the amount delivery partners were reimbursed for appointments at the time of the interview.

## **Evaluation of the National Digital Support Service (NDSS)**

Some service users suggested the NDSS name, and a clearer or more detailed description of the service (especially that help could be given entirely offline) should have been provided when they first came across it.

## 5. Experiences of triage

This chapter looks at the operation of triage calls administered by WA Group.

### Summary of key findings

- At the point when contacting the triage service, service users were most commonly seeking digital support (85%). However, reflecting their often complex and overlapping needs, large proportions reported they also sought legal (74%), procedural (69%), or emotional support (43%), often alongside digital support.
- Service users recalled being told in the triage call that the NDSS could provide them with digital support (79%). Interestingly, over half also recalled being told the NDSS could help with legal support (55%) or procedural support (57%). The complication of detangling many service users' needs was reinforced in the WA Group and delivery partner interviews. Delivery partners reported users often expected support beyond digital support that they could not provide.
- Service users were largely positive about the handling of their triage call, 91% agreed the adviser understood their needs and four-fifths (81%) agreed that it was easy to get through to an adviser.
- Service users described call handlers as 'efficient', 'professional', 'caring' and 'helpful' and generally found the triage process straightforward.
- SSCS service users appreciated being able to choose whether they had a remote or face-to-face appointment during the triage call. Most reported they were given remote appointments via phone (84%).<sup>30</sup> A large majority (86%) of users surveyed received support in their preferred way, very slightly below the service level target (SL2) of 90%.<sup>31</sup> Some might have chosen a face-to-face interview if better options (for example earlier dates and closer locations) had been available.

<sup>30</sup> Non-SSCS service users were not given the option of dictating answers to delivery partners to fill in the form on their behalf via a remote appointment whereas SSCS service users could choose to do this. The NDSS can only complete the form remotely from the user for services that do not have a statement of truth (these can only be signed by the user themselves and therefore sessions to complete them need to be face-to-face).

<sup>31</sup> SL2 - 90% of users receive digital support through their preferred channel.

- Most (81%) agreed the time between their first call (triage) and their appointment was acceptable but only 43% of those who could recall reported their appointment was within five days, below the service level target (SL1) of 90% in five working days.<sup>32</sup>
- Nearly three quarters (74%) of delivery partners and WA Group staff surveyed believed that service users understood at the end of the triage call when their appointment would take place. Around two-thirds of delivery partners and WA Group staff believed service users understood who their appointment was with, what the NDSS could help them with and any next steps before the appointment (63%, 60% and 57% respectively). However, 'don't know' responses were high (between 17% and 23% at each statement), indicating that some were not confident that service users were clear on all of these elements at the end of the triage call.
- Generally, service users reported in the interviews they understood their appointment arrangements.

## Types of support sought from the NDSS and information provided on the service offer

Some of the delivery partners that are part of the NDSS network are able to provide support on procedural or legal issues alongside digital support, but not all are able to.

Support definitions used in the research:

- Digital support – helping users with digital tasks like accessing a form on the internet, showing them how to fill in required information online, or, for SSCS users only, filling in the form for them.
- Procedural support – helping users understand how the process works, what to expect, and helping non-SSCS users understand legal terminology.
- Legal support – this could encompass a range of support given to people to help them resolve a legal issue, which can include provision of information and guidance. In this research it was defined as giving users 'advice on the content of their case or application', or 'how to put their case across'.
- Emotional support – helping users with stress, anger or upset caused by their case.

Analysis of the MI sessions data shows that nearly all sessions (93%) were scheduled to complete service users' first application for submission.

In the survey, service users were asked whether they were looking for a list of specific types of support or other issues (which they were asked to specify). As shown in the dark green bars on Figure 5.1, service users most commonly sought support with getting the form filled in for them

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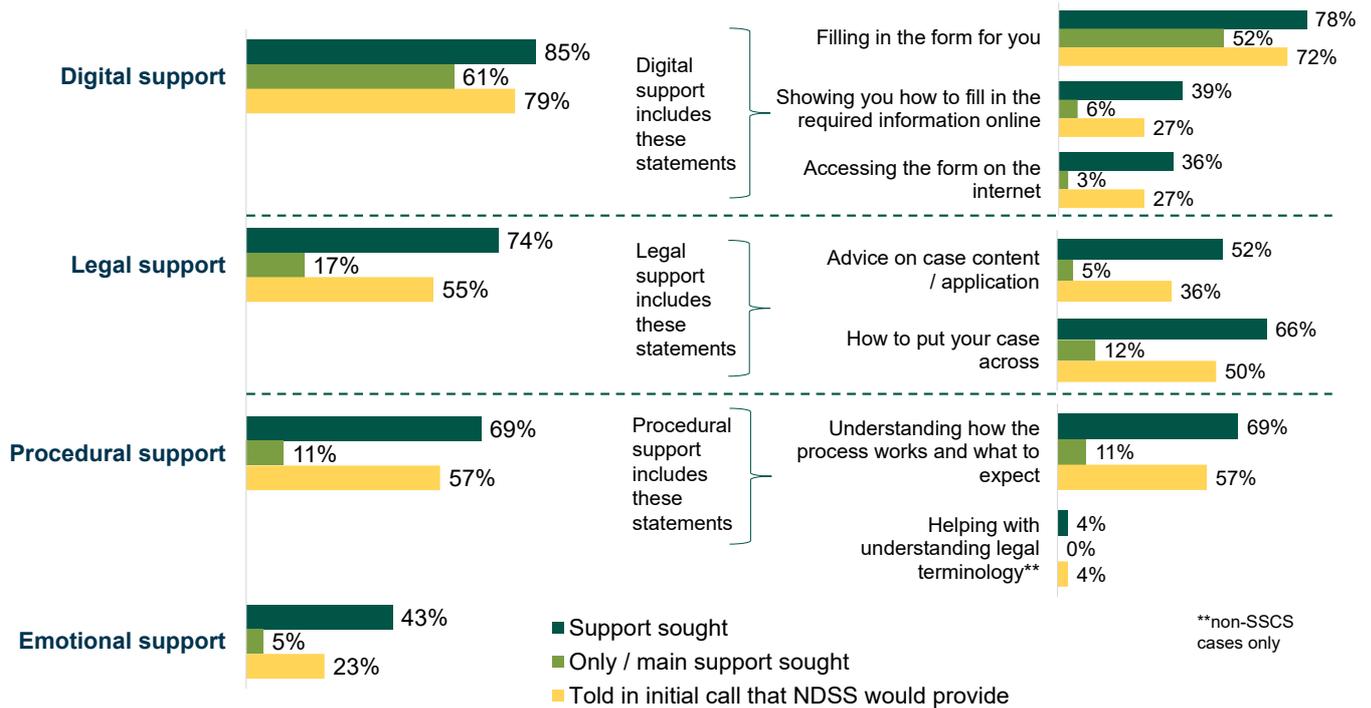
<sup>32</sup> SL1 - appointments should be made available for all HMCTS services via physical or remote delivery within five working days of referral or request regardless of user's location.

(78%), understanding how the process works and what to expect (69%), how to put their case across (66%), and advice on case content or their application (52%).

Service users who reported looking for support with more than one issue were asked which was the main type of support they sought. Combining this with the proportion of service users who only sought support with a single issue shows that getting the form filled in for them was by far the most common main or only issue support was sought for (52%), as shown in Figure 5.1.

These individual issues have been grouped under the types of support sought – digital, procedural, legal and emotional (as shown on the left of Figure 5.1). Service users were mainly seeking the digital support the NDSS was established to provide - digital support was the type most commonly sought (by 85%), and mainly or only sought (61%). However, service user support requirements were often wider than digital assistance - notable proportions sought legal (74%), procedural (69%), or emotional support (43%). These were unlikely to be the main or only type of support sought (for only 17%, 11% and 5% respectively) but indicate that some service users had a range of support needs.

**Figure 5.1 Types of support service users sought and those NDSS told them it could provide in initial call (triage)**



Source: Service user survey, IFF Research

Note: A4. At the point when you contacted them, about your [SERVICE] which of the following were you looking for support with ....? (multiple answers allowed) / A4a Which of these was the main type of support you were looking for...? / A5. In your initial call, which of these types of support did the NDSS say they would be able to provide for you? (multiple answers allowed). Base: All NDSS users (534).

Summary boxes are grouped / created by IFF, not as reported by service users, they also include specific answers given by less than 4% not shown in detailed bars.

Service users with low digital capability were no more likely than others to have sought digital support (88% high capability, 86% medium capability and 80% low capability), perhaps indicating that accessing and filling in the form also created challenges for the more digitally capable.

Non-SSCS service users were more likely than SSCS service users to have sought procedural support (94% of non-SSCS service users, compared to 79% of SSCS service users).<sup>33</sup> A few SSCS and most OCMC service users interviewed said they felt procedural support was lacking during the triage process - they would have liked a fuller outline of the process and the steps they would need to go through as well as filling in the form.

Service users who were only or mainly seeking procedural support were more likely to have heard about the NDSS from the CTSC, indicating that CTSC was not able to provide the procedural support they sought, and this was expected from the NDSS. It may also indicate that what service users perceived as procedural support is seen by CTSC as digital support.

Service users were most likely to be told in their initial call (or 'triage') that the NDSS could provide them with digital support (79%), specifically the offer to fill in the form for them (72%), as shown in Figure 5.1. However, the support offered often went beyond digital - over half of service users believed they were told during their triage that the NDSS could help them with legal support (55%) or procedural support (57%). Around a quarter (23%) recalled emotional support being mentioned.

Delivery partners during the interviews also reported that, often at the appointment stage, service users still expected more help than delivery partners could provide, generally encompassing legal or procedural advice. Service user recollections and delivery partner experiences suggest that service users were not clear on the support on offer at the end of the triage call, as they believed the NDSS could offer procedural and/ or legal support.

*"We've got to keep reminding them, it is your appeal. So we put in whatever you write. We are here to help you. What we think is immaterial and that's sometimes difficult. They say, why, I thought you were going to help me."*

**Delivery partner, frontline staff, London**

HMCTS staff interviewed described how service users were allocated to the delivery partners that were available, which lead to some users being provided with more support than others, as the delivery partners they were allocated to happened to be able to offer legal and/ or procedural support. This therefore resulted in some inconsistent experiences for service users.

*"It has been a lucky dip for service users. Some will end up with a really good centre that meets their additional needs, and some users might be unlucky and call on a day where there is no availability for centre that can provide more comprehensive support."*

**HMCTS staff**

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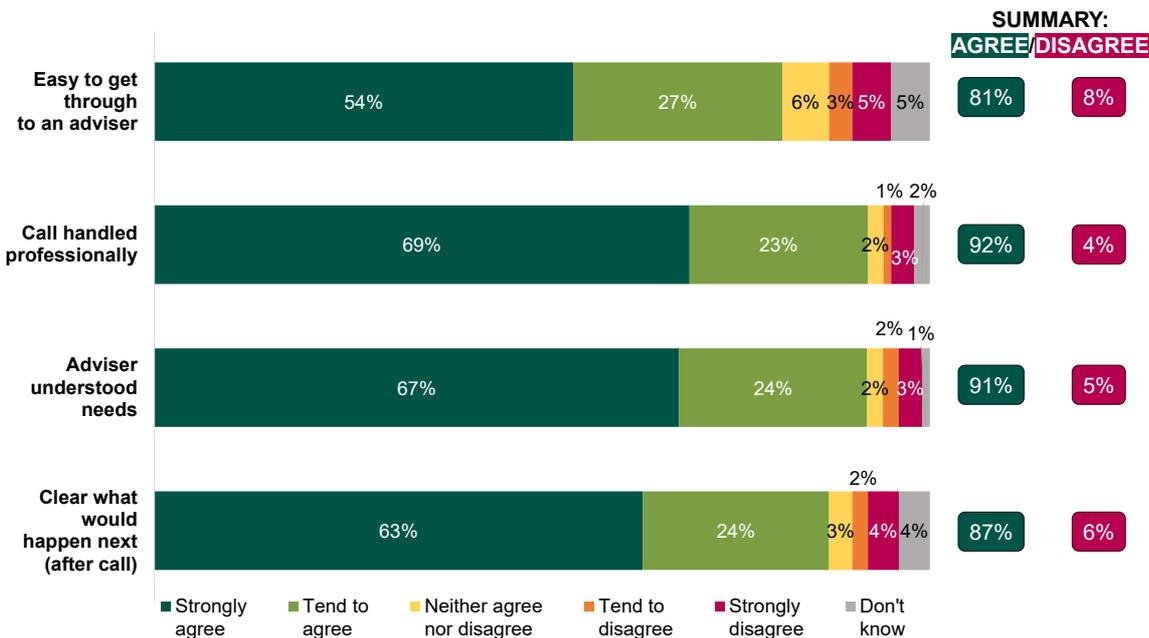
<sup>33</sup> This is statistically significant but should be treated as indicative only and used with caution due to a low base of 34 for non-SSCS service users.

## Triage call handling and coverage

Service users were asked their views about how their initial call (or triage) was handled by the NDSS. Four-fifths (81%) agreed that it was easy to get through to an adviser, as shown in Figure 5.2. Positively, even higher proportions of service users agreed that their call was handled professionally (92%), that the adviser understood their needs (91%), and that it was clear what would happen next after the call (87%).

These findings were also supported by the survey with delivery partners and WA Group staff, as the majority (80%) also agreed that the triage stage was working well.

Figure 5.2 Service user views about NDSS handling of initial call (triage)



Source: Service user survey, IFF Research

Note: A3. Thinking back to when you first got in touch with the NDSS, to what extent would you agree ... Base: All NDSS users (534).

### Call handling

Service users interviewed were also very positive about the way advisers had handled the triage call. They commonly described them as ‘efficient’, ‘informative’ and ‘professional’, ‘polite’, ‘caring’, ‘helpful’, ‘patient’ and ‘reassuring’. They also described triage calls as ‘straightforward’, ‘clear’ and ‘easy’ with staff listening well, making it clear what they needed to know and checking that they had understood what the service user had told them.

*"The way she talked, her manner, her professionalism...it wasn't like she was a machine sitting in an office going through the motions. It felt as if she did care. I can't say that enough ... very good, very professional."*

SSCS service user

Service users often commented that they could not find fault with the triage service and were pleased it did *not* leave them feeling 'let down' (which some implied had happened with other government or support services in the past).

A WA Group staff member interviewed echoed findings from service user interviews, reporting that the triage calls were generally working well, but they felt that CTSCs could provide clearer information to service users about what the NDSS provides. Service users generally had low expectations for the support and were just happy to receive assistance.

*"Service users are pretty much happy with any support that they will get. Their expectations are pretty low."*

**WA Group, frontline staff**

### Call coverage

Service users interviewed provided some more detail about what had been covered during the triage call. They were typically told what the NDSS could do to help them, which included filling and sending online forms and applying for fee waivers. Service users also recalled being asked about their confidence accessing services digitally and any assistance they may require. They were comfortable being asked about this, and felt it was important the adviser understood their capabilities and needs. However, a couple of service users felt they were not asked about additional needs<sup>34</sup>. Both mentioned that if they had been asked about any emotional or additional needs they would have disclosed this information.

*"I was informed that they are quite specific in the services they are giving but ...[they] should ask if there are any needs that would affect my communication."*

**Divorce service user**

Service users also recalled being asked why they were putting in a claim or application, if they had the required evidence, and for their personal contact details. Most service users with whom it was discussed during the interviews also recalled being asked demographic questions (for example their ethnicity and gender) during the triage call and accepted this as 'routine'.

WA Group staff interviewed felt there was a lot of information to get through on the triage call, which could make calls quite lengthy. WA Group staff also reported that there were some initial 'teething' issues, with the eligibility criteria and approach as WA Group agents were asking eligibility questions inconsistently. However, the introduction of a standardised script relatively early on was felt to have resolved this early implementation issue. A WA Group staff member suggested that there was not enough information gathered in the triage calls, and it would be helpful to add more questions, for example, about the user's physical and mental health, whether they had children, lived on their own or if they have any family members. They felt it would help WA Group agents understand how much support service users needed, as well as assisting delivery partners in

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<sup>34</sup> For example, a Divorce service user did not disclose they had been subject to domestic abuse which made them anxious when communicating, and one SSCS service user did not feel there was opportunity to say they were autistic.

tailoring their support. A few delivery partners similarly felt that more information could be shared via the WA Group dashboard to inform appointments:

*“...maybe basic information around what kind of health conditions that they do have, gives you an idea of understanding the impact that would have on them.”*

**Delivery partner, frontline staff and manager role, East Midlands**

As a result of the gaps in information gathered during triage, some delivery partners mentioned calling service users in advance of the appointment to gather information about their needs. More information collation during the triage stage could help to streamline the current process.

### Lack of clarity over who they were speaking with

There was evidence of many service users being uncertain which organisation they had spoken to during the triage call. Understanding included ‘a management team’, an ‘outside organisation’, part of the DWP, ‘the normal PIP people’, ‘a group of kind people’. Delivery partners also reported that there were instances of service users being unsure who they were speaking to when they had their appointment. However, it seemed that service users were generally not concerned about this lack of clarity, and they were generally happy that someone could help.

## Appointment set-up and channel preferences

During the interviews, most service users reported appointments being made during their first call with the NDSS. They were pleased that they were given definite appointment times and progress would be made quickly. However, several service users (including both SSCS and HwF service users) reported they received the support they needed during their first call and did not have any further appointments.<sup>35</sup> Other service users reported having further calls from the NDSS. They were often unclear whether these were appointments (with the NDSS or another organisation) or to collect further information not taken in the initial triage stage.

Half of both SSCS and non-SSCS service users (51% and 50%) recalled being offered a choice of in-person or remote support. A fifth (20%) were unsure if a choice was offered, as shown in Figure 5.3. A large majority (86%) went on to receive support in their preferred way, also shown in Figure 5.3. This is very slightly below the service level target (SL2) of 90% of service users’ channel preferences being matched, though it should be kept in mind that 5% were unsure.<sup>36</sup>

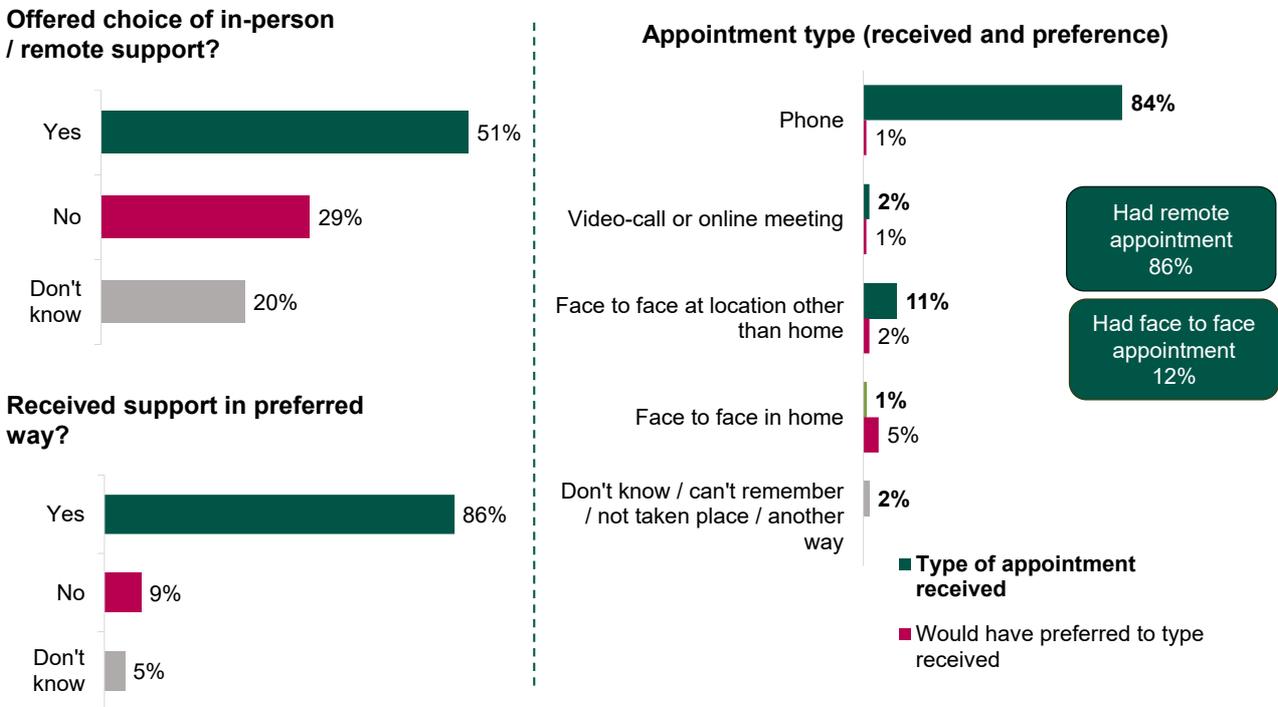
Most service users (86%) reported they had remote appointments (nearly all via telephone, 84%), and 12% reported they had face-to-face appointments (nearly all at a location other than their home, 11%). Amongst those who did not receive support in their preferred way, it was most common to have wanted a face-to-face appointment at home instead (5%). This is in line with the MI data which

<sup>35</sup> This was reported by users, but support for HwF and SSCS users cannot just be provided in the initial triage call, so this may be due to user confusion with the appointment, or this has taken place but should not have.

<sup>36</sup> SL2 - 90% of users receive digital support through their preferred channel.

shows 81% of service users had a preference for a remote appointment, 16% for one in a centre and 1% at home.

**Figure 5.3 Service user NDSS appointment types including whether choice offered and whether received in preferred way**



Source: Service user survey, IFF Research

Note: B1 When you spoke to the NDSS about getting some support, were you offered a choice of whether this would be in person or remotely? / B2. How did the appointment take place ....? / B3. And was this your preferred way of receiving this support? / B4. How would you have preferred to receive support....?. Base: All NDSS users (534).

Service users who went on to have a face-to-face appointment were more likely to recall being offered a choice of in-person or remote (63%, compared to 50% who had a remote appointment).

Service users interviewed appreciated the offer of both remote and face-to-face appointments. Remote appointments were often chosen due to physical or mental health conditions which made it difficult for these service users to travel or if they were nervous about meeting or talking to people. Those who chose face-to-face appointments were also likely to do so due to health conditions or they did not feel confident speaking on the phone. Some just wanted whichever was available soonest, which was always a remote appointment.

*"Some days I can hardly walk so it's a lot easier; I'm guaranteed that I can get it filled over the phone whereas if I have to be somewhere for 10 o'clock, I'm having one of those days it's another appointment I've missed."*

### SSCS service user

Delivery partners felt there was generally a user preference for remote appointments, especially among vulnerable people with mental health issues. Delivery partners also tended to agree that

providing remote appointments made the experience more streamlined for service users. However, delivery partners also believed there were benefits to delivering face-to-face appointments. For example, they reported that the more 'personal' nature of a face-to-face appointment helped to put the service user at ease:

*"Face-to-face appointments tend to work a lot better because you can feel the expressions, body language, you know the certain behaviour... They seem to be a lot more confident when it's face-to-face because they can see a person that they can have a chat to."*

**Delivery partner, frontline staff, West Midlands**

Lack of convenient face-to-face appointments was a factor reported in some interviews for service users choosing remote interviews, with a couple feeling 'pushed' towards remote appointments because of this. Several mentioned the only face-to-face options available were too far away (for example a two-hour bus ride) or would require too long a wait (for example two weeks or more). There were limited options in relation to the location of face-to-face appointments. Service users wanting an in-person appointment had to go to the nearest centre (for example a service user in Newcastle was told there was no city-centre option and the next nearest option was in the Midlands).

*"If they had more detail about where people are situated and the nearest places to have this type of thing [digital support] ... it just seems like they're quite a long distance away."*

**OCMC service user**

WA Group staff interviewed noted that appointments were generally booked based on what appointments were available, as well as service user requests. However, they acknowledged that there could be improvements in the availability of face-to-face and in-home appointments. They reported that, at times, centres available were too far for individuals with mobility issues to travel, or in-home appointments were not available in certain areas.

*"In certain areas for face-to-face appointments or availability for in-home visits, that's an area that might need improvement, because we get some service users where they want a face-to-face appointment or they want an in-home appointment if they've got mobility issues and it's just not available in the area. Whether that be because of the distance they have to travel to get to the closest centre, or if there's no trainers available."*

**WA Group, frontline staff**

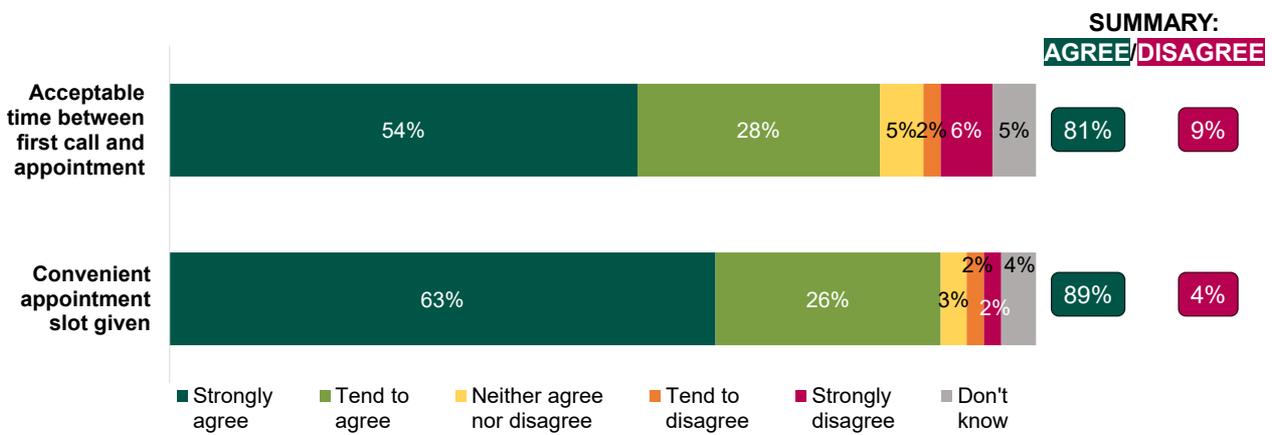
HMCTS staff also suggested that availability of delivery partners was the main driver for booking appointments, rather than service user needs. At the time of the research, there were plans to improve this with a better scheduler for agents booking appointments. However, HMCTS staff felt that the overall network of delivery partners was simply not large enough, meaning not many face-to-face appointments were available and that the NDSS was often not able to meet service user preference.

Delivery partners also expressed that having service users from their local area triaged to them worked better, even if these were remote appointments, as this allowed the delivery partner to use their area knowledge, for example signposting to appropriate local support.

## Appointment convenience and waiting time

Service users were largely positive about their appointment arrangements. Four-fifths (81%) of service users agreed that the time between their first call (triage) and their appointment was acceptable, and nine-tenths (89%) agreed that they were given a convenient appointment time, as shown in Figure 5.4.

Figure 5.4 NDSS users views about appointment arrangements (wait time and convenience)



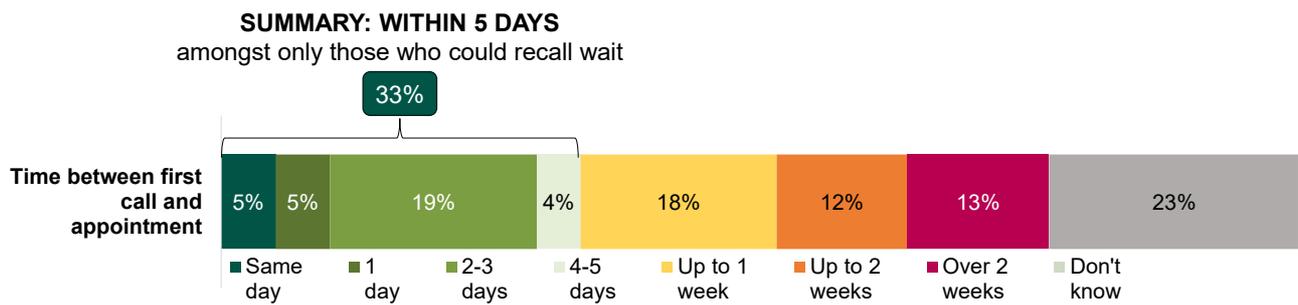
Source: Service user survey, IFF Research

Note: B5 In terms of arranging this appointment, would you agree or disagree that....? Base: All NDSS users (534).

Service users were asked how long the wait was between their first call (triage) and their appointment. Amongst only those who could recall the wait time, 43% reported their appointment was within five days, only half the service level (SL1) target proportion of 90% within five working days,<sup>37</sup> as shown in Figure 5.5. However, almost a quarter (23%) could not recall the wait time at all and some appointments may have been originally arranged earlier but then re-arranged (see next section).

<sup>37</sup> SL1 - appointments should be made available for all HMCTS services via physical or remote delivery within 5 working days of referral or request regardless of user's location.

Figure 5.5 Wait time for NDSS appointment reported by service users



Source: Service user survey, IFF Research

Note: B6 How long did it take between that first call and when your appointment happened? Base: All NDSS users (534). Base for summary figure in box: those who could recall wait time for appointment (411).

The interviews found that nearly all service users were happy with the time they waited (regardless of whether it was the next day or a couple of weeks later). A couple of service users felt the dates and times offered were limited, while others were pleased their preferences were met. All were satisfied that the dates given meant they could get their claim or application submitted before the deadline.

*"I was quite surprised [the appointment was five days after the initial call]. I was pleased with that, the sooner the better...I was just glad that it wasn't going to [be a wait of] weeks and weeks like some things do."*

### Divorce service user

Interviews with WA Group staff found that staff felt the system for booking appointments worked well, with appointments being made and service users notified within 24 hours. One WA Group staff member felt that service users were particularly satisfied with this feature, which they felt compared favourably with other similar services. However, the convenience for service users sometimes meant difficulties for delivery partners, according to interviews, as a few delivery partners would have liked more notice ahead of appointments.

*"We get a maximum of forty-eight hours' notice, so short timescales ... I don't think we have turned people away but more helpful if we had more notice."*

### Delivery partner, manager, South-East

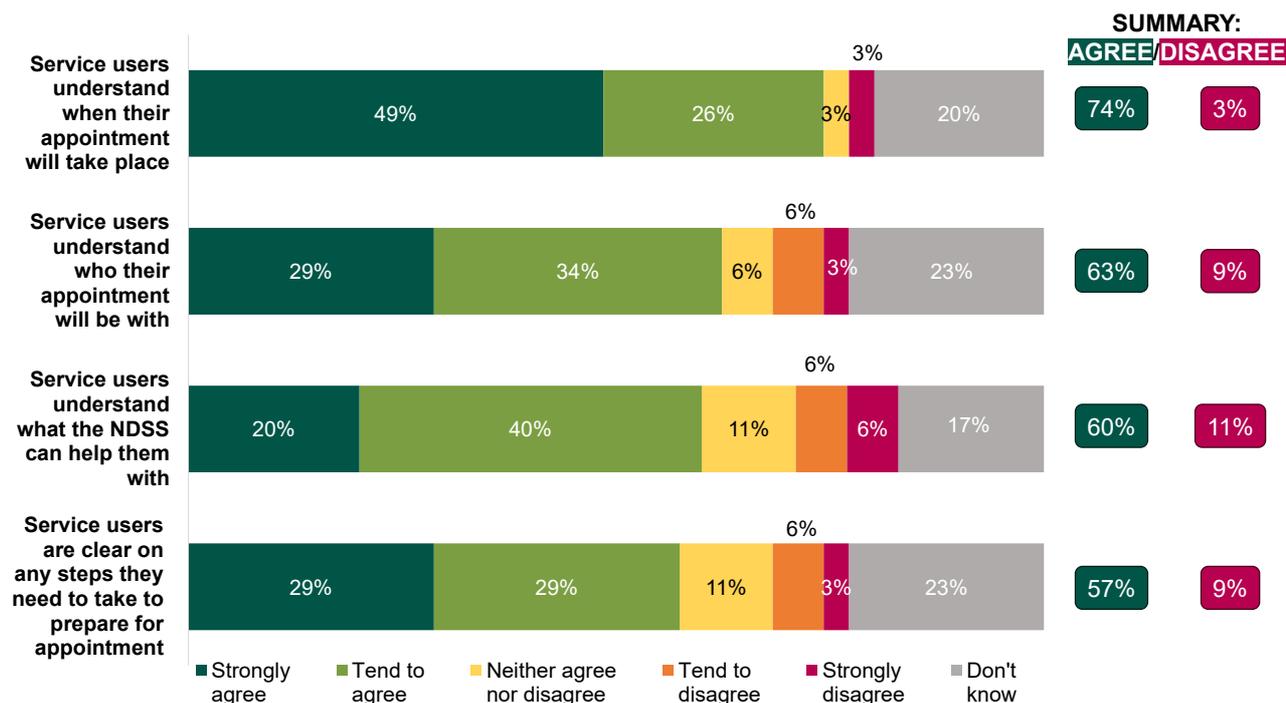
Some delivery partners also reported some inconsistencies in WA Group referrals, which led to occasions where they had blocked out the time but did not receive any appointments.

## Clarity of appointment arrangements and next steps

Delivery partners and WA Group staff who took part in the survey were asked about their perceptions of service user understanding at the end of the triage call. Nearly three quarters (74%)

believed that service users understood when their appointment would take place at the end of the triage call. Around three-fifths believed service users understood who their appointment was with, what the NDSS could help them with, and any next steps before the appointment (63%, 60% and 57% respectively). However, around a fifth responded 'don't know' at each of the statements, indicating that some were not confident that service users were clear on all of these elements at the end of the triage call.

**Figure 5.6 Delivery partner and WA Group perceptions of service user understanding at the end of the triage call**



Source: Delivery partner and WA Group survey, IFF Research

Note: C6. To what extent do you agree with the following statements... Base: All delivery partner and WA Group staff (35)

Most service users interviewed felt the triage call had left them clear about what would happen next and those who went on to have a further appointment understood the arrangements. WA Group staff also reported that they received good feedback from service users on the triage stage. However, a few service users reported they were just told to expect a call back but were not given a formal appointment or time. There was also mixed feedback about whether service users were advised during the triage call to get information or evidence required to hand for their appointment.

A minority of service users reported receiving confirmation texts, emails or letters after the triage call. This was more common amongst the later Phase 3 interviewees. These were found useful, though some would have liked them to include a list of the evidence or information they might need. Many of those who did not receive these follow-up communications would have liked them. Delivery partners also felt consistent and detailed follow-up communications would help service users to prepare for the appointments.

Most service users could not recall being given any further information about the centre which would deliver their support; indeed most did not know the name of the organisation. This did not generally

cause concern, as service users were not interested in who the organisation providing the appointment was, only that they would get the support they needed.

*“They [WA Group] didn’t tell me anything; they just said this is a service that can help you ... the only thing I was interested in was hopefully they could help me do the forms.”*

**SSCS service user**

## IT systems for appointment booking

A new case management and monitoring platform on Salesforce was introduced to replace Athena between Phases 1 and 2. Delivery partners had mixed views on this. Initially, some felt the new system was slower, while others felt it was an improvement. The booking system initially was not felt to be working optimally for everyone. One complaint was that delivery partners were unable to update their availability, and they had to liaise with WA Group to input their availability manually. However, since Phase 2, some delivery partners reported that the initial ‘teething’ problems with the system had been addressed, and overall the system was easier to use than the previous one. By this point, delivery partners were able to put their availability into the system, making the booking process more efficient. Delivery partners also mentioned a new helpful feature that allowed WA Group to provide more detailed notes on service users’ needs:

*“There is something that’s put in there saying they are dyslexic or very anxious... It might say ‘Don’t call on a withheld number because some people won’t pick the phone up’... So we have a bit of a heads-up so we know how to approach them.”*

**Delivery partner, manager, South-East**

HMCTS staff interviewed reported that Salesforce was a welcome change from Athena. It took time to implement, but it was felt to be an improvement. There was some evidence of improvement in the data system, such as an enhanced level of detail visible for HMCTS staff; for instance, HMCTS staff can see how many times appointments have been attended and scheduled.

Nevertheless, HMCTS reported that there was some evidence that data quality still needed to be improved, as gaps remained both in data provided by WA Group staff during triage calls, and by delivery partners. For example, one HMCTS staff member noted that as a result of quality assuring triage calls (30 calls monthly), they heard service users expressing a preference for face-to-face appointments, but agents would convince them this was not possible, and their initial preference would not be recorded. HMCTS also felt that there were still issues around the reliability of data as delivery partners filled some data in themselves, giving considerable scope for human error.

*“One of the issues has been that it’s the supplier themselves that are solely responsible for the data (...) that was an issue because (...) sometimes errors happen or they don’t necessarily see the reasons why we need to use the data.”*

**HMCTS service staff**

## 6. Appointment experiences

This chapter explores NDSS appointment experiences from the perspectives of the service user, delivery partners, WA Group staff and HMCTS staff.

### Summary of key findings

- Delivery partners felt that the training provided was generally sufficient and most reported feeling confident supporting service users.
- Service users described appointments involved advisers going through forms, recording the information service users provided and confirming with service users they were doing so correctly. Most were very pleased and relieved that their online form was actually submitted during the appointment.
- Service users surveyed were mainly seeking digital support (85%). However, service user support requirements were often wider than just digital assistance - notable proportions sought legal (74%), procedural (69%), or emotional support (43%).
- The support provided during appointments varied depending on service user needs. Large majorities who sought specific types of digital, procedural and legal support (and could recall if it was provided) received them, ranging from 94% who needed help accessing the form online receiving it to 84% who needed advice on the content of their case receiving it. Those who needed emotional support were a little less likely to report the adviser providing this during the appointment (72%). Service users interviewed generally understood that appointments were primarily to deliver digital support. However, OCMC service users were disappointed with a lack of procedural support. Delivery partners confirmed they often need to provide additional support, beyond digital help.
- Amongst service users who could recall the duration of their appointment, 71% reported it lasted less than an hour. Service users usually felt appointments were an appropriate length and did not feel rushed. Service users were generally unaware who the appointment was provided by.
- Just over one-in-seven service users (15%) reported they had further contact with the adviser after their initial appointment. Three-quarters (77%) of service users felt clear about next steps after the end of the support but a fifth (20%) were not clear. They generally understood their form had been submitted and they should wait to hear from HMCTS or the DWP. Any uncertainty was typically around how long they should wait

for this follow up, or around how to submit additional evidence. OCMC and HwF service users were often less clear about next steps and remained in need of further support.

## Delivery partners' experience of training to deliver appointments

Delivery partners felt that the training provided was generally sufficient, particularly in Phases 2 and 3. For example, WA Group provided training on how to access their portal and how to book appointments, which delivery partners found valuable. In particular, delivery partners praised the opportunity to ask questions during the webinars.

Many delivery partners commented that they did not feel they needed training on some aspects (i.e. helping service users submit benefits appeals), as this was part of their day-to-day work. Although, others noted that the training was helpful for more of a generic understanding of the NDSS. However, there were a few delivery partners who were less familiar with the processes they were advising on. These delivery partners appreciated the training on how to speak to and help benefits claimants. It was suggested that having the chance to practice going through a 'dummy' appeal in the training delivered by WA Group would have been helpful.

One delivery partner noted that whilst the training was satisfactory for providing digital support, they offer additional support beyond digital support, which WA Group does not cover in the training. They felt that the training could be more comprehensive, to acknowledge that many partners cover needs beyond digital support.

*"If you just did the digital side of it, it was satisfactory. Of course, even when we had the meetings with We Are Group, we told them that we're not stopping there actually. So as long as the client consents...we will not just be doing this part because I don't think that gives them the help they need. And they were very vulnerable."*

**Delivery partner, frontline staff and manager role, West Midlands**

According to HMCTS staff interviewed, training materials and resources were widely available for delivery partners. Some found the initial materials quite dense, but they were being reviewed and streamlined. There is also a suggestion of possibly sending one-page training refreshers through Salesforce in the future.

## How prepared delivery partners felt to deliver appointments

Most delivery partners reported feeling confident supporting service users, this may have been due to training or prior experience. Confidence levels did not seem to differ by demographics or other characteristics. Most partners already had experience providing benefits' support and saw the NDSS as an additional avenue to do so. However, there was one instance of a delivery partner who felt unprepared. In this case, the adviser had a large gap between NDSS appointments (6-7 weeks) and therefore had to revisit the guidance and training each time. In Phase 3 (January to February 2025) it emerged that whilst some delivery partners felt confident supporting SSCS service users as these were frequent and were covered more extensively in WA Group's training, they were less confident supporting service users through other service types.

## Support provided during appointments

Service users interviewed described that their appointment consisted of an adviser asking them questions, and them providing information, the adviser going through the form question by question and recording the information or filling in the form for them. Service users often mentioned that advisers read out the exact wording they had entered for them to confirm. Many said the adviser helped them re-phrase their answers, though others reported that the adviser would only type the information the service user gave them.

*"He was sort of like, 'I'm going to put it in these words, because it comes across a little bit better'."*

### SSCS service user

Most service users reported the online form was submitted for them during the appointment. A couple of service users said they were helped to fill in the form themselves.

Other tasks undertaken during appointments included applying for funding (one for HwF for her divorce, another to waive Probate fees), rectifying an incorrect email address, setting up accounts, explaining how to go into emails and find log-in details or confirmation emails. OCMC service users described being given different forms of support as well as help with forms – one had the forms they needed to print emailed to them by the adviser (and received advice about the information required) and another had some evidence printed.

As discussed in the previous chapter and shown in Figure 5.1, service users surveyed were mainly seeking digital support (85%). However, service user support requirements were often wider than just digital assistance - notable proportions sought legal (74%), procedural (69%), or emotional support (43%).

In the survey, service users were asked if advisers had helped them with specific issues or tasks during the appointment, these have been grouped under digital, emotional, procedural and legal headings (in the same way as the types of support sought during the initial call were reported in the previous chapter). Figure 6.1 shows the proportions who reported advisers helped with each issue ('a little' or 'a lot'). However, it should be noted that sizeable proportions of service users did not need assistance for each issue; for example, almost half (47%) did not need to be shown how to fill in information on the online form. The green boxes on the right of the charts show the key measure - the proportion of service users who received the support they needed during their appointment (i.e. considering only whether those service users did need help with each specific issue, and could recall whether the adviser helped, were actually helped).

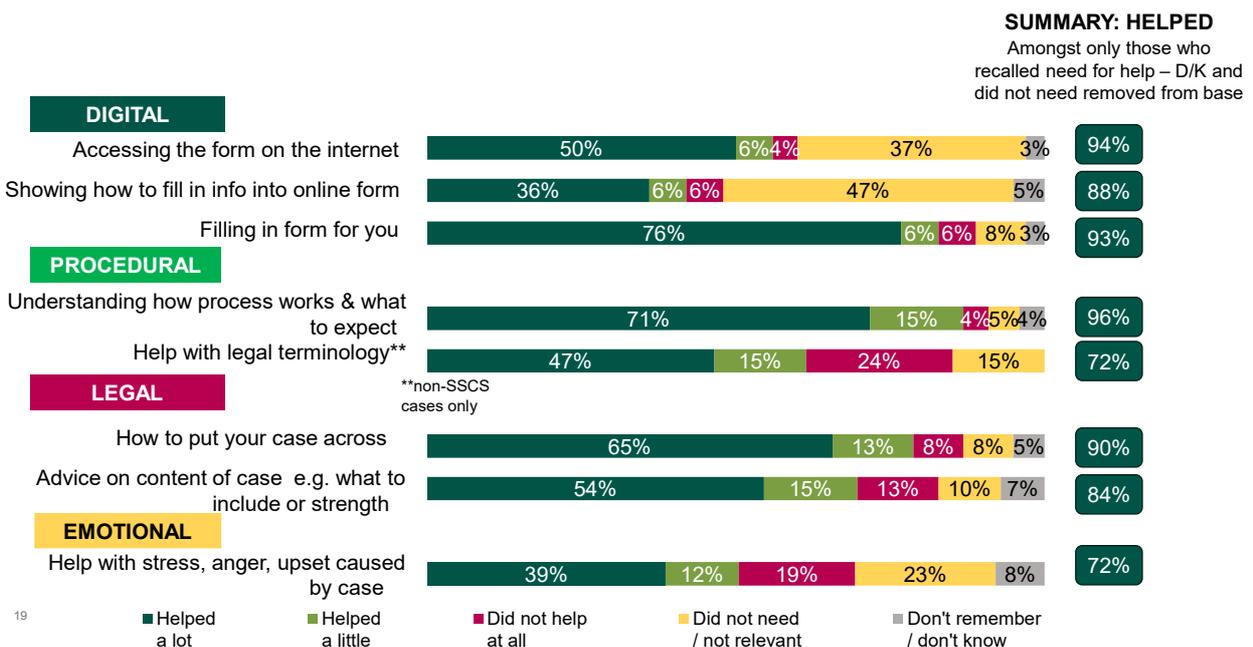
- **Digital support** - The vast majority of service users who sought each of the three listed types of digital support, and could recall if it was provided, confirmed that the adviser did help with each. 94% were helped to access the form on the internet, 93% had the adviser fill in the form for them and 88% were shown how to fill information into the online form. Service users supported by training focused organisations were more likely to feel that the adviser helped them, by showing them how to fill the information into the online form (97% training focused, compared to 81% community). Users who had been supported by training focused organisations were also

more likely to state that the adviser filled in the form for them (100% training focused, compared to 91% accredited legal organisations, 91% community organisations and 93% general legal organisations).

- Procedural support** - Similarly, the vast majority of service users who sought procedural support and could recall if it was provided, confirmed that the adviser helped them to understand how the process worked and what to expect (96%). Only non-SSCS service users were asked about whether they were helped with legal terminology; 72% of those who needed this confirmed they were helped. Again, amongst service users who were helped with these issues, nearly all were helped ‘a lot’.
- Legal support** - This could encompass a range of support given to people to help them resolve a legal issue which can include provision of information or the advice on the content of their case. In this research it was defined as ‘how to put their case across’ and ‘advice on the content of the case’. Amongst service users who sought legal support and could recall if it was provided, 90% and 84% were helped. As most delivery partners are non-advice giving, it may be that service users felt any help relating to their case, such as help with wording and next steps constituted support on how to put their case across or advice on content, although it was not specifically legal support.
- Emotional support** - Amongst service users who sought emotional support (help with stress, anger or upset caused by the case) and could recall if it was provided, 72% were helped.

Across all these areas, service users who were helped were nearly all helped ‘a lot’ rather than ‘a little’.

**Figure 6.1 Whether NDSS adviser helped service users with specific types of support during appointment**



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## Evaluation of the National Digital Support Service (NDSS)

*Source: Service user survey, IFF Research Note: B11. In the appointment, would you say that the adviser helped you with the following things a lot, a little or not at all...or did you not need this form of support ...? Base: All NDSS users (534 except 'help with legal terminology' which was only asked of non-SSCS service users (34). Base for summary figures in boxes: those who recalled needing help with this aspect; to access form (319), to fill in information into online form (258), to fill in form for them (471), understanding how the process works and what to expect (482), to put case across (461), with legal terminology (29), on content of case (441), with stress, anger or upset (370).*

Service users interviewed generally understood that the appointment was to deliver digital support, not procedural, legal or emotional support. However, the discussion of form requirements and next steps resulted in some feeling clearer about the process. For example, for SSCS service users, advisers explained the benefits point system, that they could represent themselves in court or have legal representation and that they could attend their tribunal via the phone. This type of advice was not always provided though; indeed sometimes incorrect information appears to have been given. For example, one SSCS service user was told there were not remote options for attending their tribunal.

Both OCMC service users were hoping for more procedural advice and training on how to use the online system for OCMC. This was not provided; their appointments delivered some basic digital help and assistance with printing, but this did not resolve their support needs.

*"I wasn't always 100% sure that [the adviser] knew what he was doing, but I guess they're there to help people online so they're not going to know everything anyway."*

### OCMC service user

Service users said they did not expect legal advice, although there were perhaps some blurred lines over what this might constitute, as a few service users did feel they were helped or advised about wording for the forms.

Delivery partners who were already providing additional procedural, emotional or legal support believed that these types of support were essential to support often vulnerable service users, and digital support in itself was not sufficient. Without an element of legal and procedural support, some delivery partners felt that the service would not be able to fully meet service users' needs. Some delivery partners felt they had to rely on additional sources of funding in order to meet these non-digital needs.

Service users often did not explicitly say they were seeking emotional support, but it was evident from interviews that many, especially SSCS service users, were anxious, stressed and upset about their situation. Their often very positive reactions to the support indicated the relief that talking through the information with an adviser, knowing that the form had been correctly completed and definitely submitted provided much reassurance even if formal emotional support was not part of the appointment. Many delivery partners also mentioned providing emotional support in appointments through the soft skills of listening and empathy. Emotional support provided by delivery partners was witnessed in the case study appointment observations. Advisers dealt with personal questions in the SSCS appeal form in a non-judgemental, calm and sensitive manner, particularly questions around whether the service user was able to wash themselves, which seemed to put the service user at ease.

*"If you need to have a rest, just let me know and I'll call you back."*

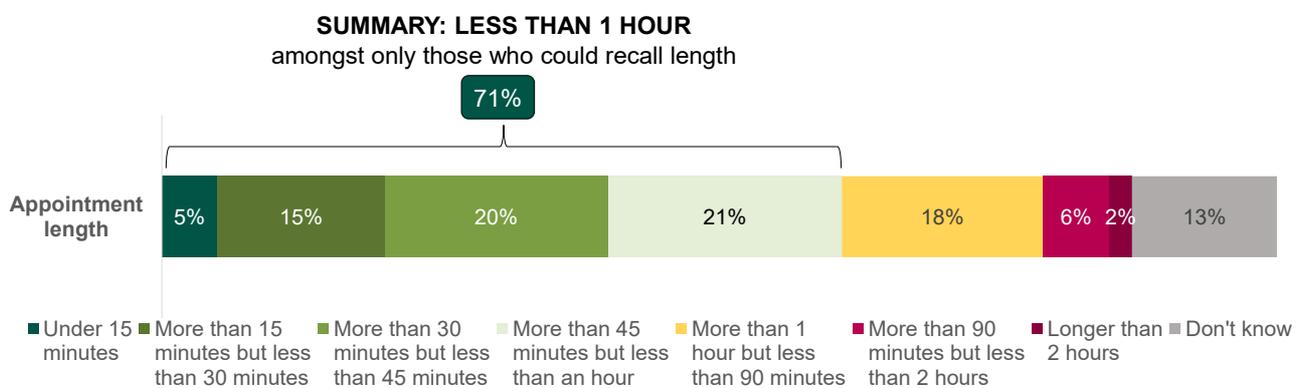
## Appointment observation, General Legal Support

Advisers also signposted service users to other support services for additional emotional needs. One delivery partner mentioned that they have the ‘Advice Now’ website open during appointments, for any service users struggling with issues like their mental health, suicidal thoughts or debt. However, delivery partners reported that the support signposted was not necessarily always sufficient to meet service user needs and there were often long waiting times to access the support.

### Length of appointment

Amongst only those who could recall how long their appointment lasted, 71% reported it lasted less than an hour, as shown in Figure 6.2. However, 13% could not recall the length.

Figure 6.2 NDSS appointment length reported by service users



Source: Service user survey, IFF Research

Note: B10 How long did your appointment last? Base: All NDSS users (534). Base for summary figure in box: those who could recall length of appointment (464)

Service users who had remote appointments, and could recall the appointment length, were more likely to report they were less than an hour (75%, compared to 41% of those who had in-person appointments). One delivery partner reported that face-to-face appointments could take longer than online ones, as these service users tend to want more support with other aspects of their life outside the NDSS’s digital remit and may need more in-depth emotional support or signposting.

Regardless of the duration, nearly all service users interviewed felt there was enough time and not feeling pressured was important to many. However, there were some exceptions amongst those with short appointments (10 to 15 minutes) who felt they were rushed.

Some delivery partners thought there was a one-hour time constraint for appointments to fill-in appeal forms which they often found insufficient.<sup>38</sup> One delivery partner noted that time to deliver emotional support was not factored into this expectation, and that sometimes it took 10-15 minutes to calm service users down. Another delivery partner reported that it was not possible to save the

<sup>38</sup> There is no limit on appointment duration but if it goes over 75 minutes the delivery partner has to call WA Group to request an extension, so they can receive additional fees.

online forms as they went along, so sometimes they had to go over the time limit to complete it or rush the service user to ensure that the work was not lost.

Delivery partners mentioned that WA Group requires advisers to apply for an extension to go beyond the appointment limit (and receive associated financial recompense), which they felt interrupts the flow of the service user's experience and therefore they sometimes decided to continue the appointment without requesting an extension.<sup>39</sup>

## Appointment cancellations

In the survey, the vast majority of service users (91%) reported their appointments went ahead as scheduled. A small proportion (5%) of all service users reported their original appointment was cancelled; for most of these individuals (4% of all service users) this was by the organisation who would provide the support and the other 1% reported they cancelled it themselves. No particular groups were more likely to experience or cause cancellations. Amongst service users who had an appointment cancellation, this was most commonly due to unforeseen circumstances such as illness (41%), though almost half (48%) reported they did not know, or no reason was given for the cancellation.<sup>40</sup>

Similarly, a couple of service users interviewed were contacted by the organisation asking to reschedule. Most did not know why the organisation had not kept their appointments, though one was told it was staff shortages. Re-scheduled appointments generally only caused a minor inconvenience, but, for a couple of service users, it meant their appointment was very close to the deadline for their appeal to be submitted, which caused them concern.

Delivery partners generally reported that there were fewer missed appointments in Phases 2 (March to April 2024) and Phase 3 (January to February 2025) than was the case in Phase 1 (January to March 2023). In Phase 3, one delivery partner reported that they have seen a large reduction in the number of no-shows since they have started sending reminder texts 24 hours before the appointment time. One reason for missed appointments was late bookings by WA Group, which did not leave the delivery partner enough notice. Where service users missed appointments, most delivery partners lacked insight into why this was happening, or how it could be prevented (as cancelled appointments are rescheduled by WA Group). However, a few delivery partners were aware of appointments being cancelled due to mental or physical health problems.

Delivery partners noted that initially they were not paid for cancelled appointments, which they found frustrating, given the time they had already spent preparing and money spent on staff time for the appointment. Later in the service roll-out, a fee of £9.50 was introduced (by WA Group for delivery partners) for service user cancellations, although there was a feeling that this did not cover the cost of the preparations for the appointment.

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<sup>39</sup> From summer 2024, the request could be made up to 24 hours after the appointment time.

<sup>40</sup> Low base treat with caution (n=25).

*“When you're a small centre like ours, you have to get the staff in. It's not a case that the staff are there just waiting for something to do. So we'd end up having to organise someone [...] and then nobody turns up, and we're the ones who have footed the bill for it.”*

**Delivery partner, frontline staff and manager role, North-West**

In Phase 2, some delivery partners mentioned that sometimes WA Group had not arranged or asked the delivery partner for an interpreter that the service user needed (although this was not raised in Phases 1 or 3). When WA Group had not arranged an interpreter, the delivery partner had to meet the cost themselves. However, delivery partners felt that generally WA Group did notify them if service users had specific needs.

## Difficulties during the appointment

The interviews with service users did not find any technical problems with appointments, though a couple of service users reported poor audio quality on phone calls. A couple of other service users reported unprofessional background noise (for example advisers sounding like they were eating) during phone appointments. They guessed advisers were in a public place or at home with children, which they thought inappropriate whilst they were discussing complex or sensitive, private information.

*“The person wasn't really focused. She had children in the background, and so she spelt my name wrong on the form... I don't know if she was focused on what she was doing. She must have been working from home.”*

**HwF service user**

A couple of service users with face-to-face appointments reported centres did not keep the appointment as scheduled and had 'unprofessional' set-ups. One service user had her appointment cut short and another had to wait two hours as other walk-in service users needed the advisers, which they were not expecting. The same service users were uncomfortable with the centres, either as there was no privacy or it was in an untidy room with old technology.

*“There was nothing on the outside that said it was an office...It was like a disused row of shops...it was tiny office with things piled high around it ... the guy had one old computer and his phone basically.”*

**OCMC service user**

A few service users also felt the advisers they spoke to were not fluent in English, which caused some difficulties, especially for service users with communication issues themselves. Another felt their own accent was not understood which caused them frustration and impacted their confidence.

## Further support and next steps

### Further contact after initial appointment

Just over one-in-seven service users (15%) reported they had further contact with the adviser after their initial appointment, while 6% were unsure if they had further contact or not. Eight-in-ten (80%) had no further contact.

The most common reason for further contact was for the adviser to update or follow-up with the service user (for 38% of those who had additional contact). A fifth (21%) of service users who had further contact did so as more information or evidence was required. A sixth (17%) of service users who had further contact did so as they had called to get an update. A tenth (9%) received a call to tell them the outcome, 4% had other reasons for further contact and 3% called to thank them for their support. A tenth (9%) did not know the reason for the further contact.

Some OCMC, HwF and Divorce service users interviewed reported multiple appointments. Some service users were pleased to get this level of follow-up support, and felt it was due to the ongoing nature of their OCMC or Divorce cases. Others (especially OCMC service users) reported needing additional appointments, as earlier appointments had been with advisers who had been unable to help them (for example how to access their OCMC form, how to get the correct codes and passwords).

A few service users who had not yet re-contacted the NDSS were considering doing so for help submitting further evidence or with an on-going case. Some would like to re-contact them for assistance with other cases or applications.

### Clarity of next steps after appointment

Three-quarters (77%) of service users felt very or fairly clear about the next steps after the end of their support from the NDSS adviser (after their appointment and any further contact). A fifth (20%) were not very or not at all clear.

SSCS service users were more likely to feel clear about the next steps (78% compared to 62% non-SSCS service users).<sup>41</sup> As mentioned previously, SSCS service users were more likely to need to provide further information, so this may have caused uncertainty or indicated more complex cases.

Service users interviewed had often received a follow-up communication (text, email or letter) after their appointment, usually confirming their form was submitted. A couple of SSCS service users had received 'an information pack' which contained further advice and details of the types of additional evidence which might be useful. Service users were reassured by these communications, though some were unsure if they were from the delivery partner, DWP or HMCTS. Most service users had been told they should wait until they heard from the DWP or HMCTS, although they were often unclear which. The few service users who were not clear about next steps included several who

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<sup>41</sup> This difference is statistically significant but should be treated as indicative only and used with caution due to a low base (34)

were unclear how long they should wait without following up, however, others had been suggested a specific time window to wait.

*"[The adviser] said they [DWP] would get back in touch with me, but they didn't give me an exact time, and they said it could take months. I don't know if there's a time I have to get back in touch with them."*

#### **SSCS service user**

Similarly to findings from the service user interviews, delivery partners felt that most service users finished their appointment clear about what would happen next. In the observed appointments, advisers were clearly explaining what the next steps were, and service users seemed to understand the process. However, delivery partners felt that service users with mental health issues or older service users tended to be more likely to lack understanding. They felt some still did not understand how the process worked, the support on offer or who they were being provided support by (for example confusing the delivery partner for the courts).

*"People didn't understand what we were going to do, what was our responsibility and what was theirs."*

#### **Delivery partner, manager, Yorkshire & the Humber**

From the interviews it also appeared that certain types of service users were less clear on next steps, OCMC and HwF service users in particular. OCMC service users appeared to be less clear about next steps, and delivery partners appear not to have consistently undertaken the follow-up actions agreed (for example they did not receive physical copies of the forms). Some OCMC service users did not find the appointment fully resolved their issues, but they did not feel any other support was offered. HwF service users often conflated their main, more complex case with the HwF application, so although they were generally clear about the fee application status, they expressed some uncertainty about next steps.

## 7. Outcomes for service users

This chapter focuses on outcomes for service users, both from their NDSS appointment and of their wider HMCTS court or tribunal case.

### Summary of key findings

- Online forms were submitted during appointments for three-quarters of service users (75%), exceeding the service level target (SL5) of 70%.<sup>42</sup>
- The small group of non-SSCS service users most commonly reported they did not know what the outcome of their HMCTS court or tribunal case or application was, so their views may change when they do know the outcome. A quarter of non-SSCS service users (26%) reported an all or mostly favourable outcome. Most of these non-SSCS service users who knew the outcome of their HMCTS court or tribunal case were satisfied with it.
- Most service users who participated in the interviews were pleased that the NDSS had moved the form submission stage along quickly.
- Most of the service users interviewed did not have a final outcome for their HMCTS court or tribunal case, as they were awaiting a hearing date. Non-SSCS service users had more mixed views and OCMC service users were often less satisfied with outcomes due to their original need for support not being fully met (for example not being able to submit evidence) or being concerned about their on-going case and what would happen next (for example when the hearing might be, what additional evidence might be required).

### NDSS appointment outcomes

The online form was submitted during the NDSS appointment for 75% of service users; 7% did it themselves and the adviser did it for 68%. This exceeds the service level target (SL5) of 70% of interactions ending with a form submission.<sup>43</sup> A notable 13% were unsure if the form was submitted during their appointment and 12% confirmed it was not submitted during the appointment.

SSCS service users were more likely to report the adviser had submitted the form during the appointment (69%, compared to 50% of non-SSCS service users), whilst non-SSCS service users

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<sup>42</sup> SL5 - 70% of user interactions end in an online form submission or interaction with HMCTS service within 2 months of initial interaction.

<sup>43</sup> SL5 - 70% of User interactions end in an online form submission or interaction with HMCTS service within 2 months of initial interaction.

were more likely to report they had submitted the form themselves during the appointment (18%, compared to 7% of SSCS service users).<sup>44</sup>

Service users who had remote appointments were more likely to be unsure if their form was submitted during the appointment (14%, compared to 5% who had in-person appointments). Those with low digital capability were also more likely to be unsure (22%, compared to 6% with high capability or 12% medium digital capability). Only SSCS service users did not know if the form had been submitted (14% compared to 0% of other service users).

## HMCTS court or tribunal case outcomes

### SSCS cases

Most SSCS service users interviewed did not have a final outcome for their appeal. A few had not yet had any response, but most had received a confirmation letter from DWP or HMCTS which asked them to wait for a tribunal date to be confirmed. A few had been asked to provide more evidence (usually medical information).

Several SSCS service users had heard that their appeal had been successful, and their benefits (typically UC, PIP or ESA) would be re-instated. Most attributed this to the adviser being able to explain their situation more clearly and in more detail than when they previously filled in the form.

Many SSCS service users felt left in 'limbo' while awaiting a confirmation letter or tribunal date but recognised this was because they were waiting on the wider court or DWP system. There were perhaps indications that the NDSS could have supported further by signposting to other support (financial or emotional) whilst service users waited for final case outcomes.

*"We haven't heard from the people yet, so we haven't got a date. I don't know how long tribunals take or what's going to happen, you know. We're stuck. No money, no, nothing."*

**SSCS service user**

### Non-SSCS cases

Non-SSCS service users were asked a series of questions about the outcomes of their case or application. Most commonly they reported they did not know what the outcome of their case or application was – 38% (13 service users) had not yet been told and 15% (5 service users) were unaware. Their views about the service may change when or if they do know the outcome. A quarter of non-SSCS service users (26%, 9 service users) reported an all or mostly favorable outcome. A table with more detail can be found in Annex A.

Amongst the non-SSCS service users interviewed, nearly all had ongoing cases. Although most had been able to submit some online forms or evidence with NDSS assistance. They expected more

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<sup>44</sup> These differences are statistically significant but should be treated as indicative only and used with caution due to low bases (34).

information to be required of them (or their appointment had not fully resolved issues, such as uploading evidence) and they thought they might need more digital support in future. Non-SSCS service users were generally still stressed and anxious about their often-complex ongoing cases. Procedural support and explanation of other support available might have been useful alongside NDSS assistance.

*"They've just written back to me, saying they're going to put it before a judge, but ... I don't know what to prepare for that, or how much notice they're going to give me. And so that's what's stressing me out at the moment ... [I will need more digital support] because sometimes the forms don't go through and things like that. And my vision has deteriorated... I'm really struggling."*

**HwF service user**

## Satisfaction with outcomes

The survey showed that most non-SSCS service users (77%, 10 service users) who knew the outcome of their case or application were satisfied, only 23% (3 service users) were dissatisfied. Any service users who were dissatisfied with the NDSS were also dissatisfied with the outcome, indicating a link between satisfaction with the service and case or application outcome. A table with more detail can be found in Annex A.

Reasons for satisfaction with outcomes raised in interviews with service users included forms being well-worded, and the opportunity to discuss the case resulting in a better or more detailed submission which some felt more confident that it would provide a favourable result. The support for many went beyond entering their words into the online form; they felt it also strengthened their case or at least assured them they would not be misinterpreted.

*"I was very satisfied, I felt like I had been listened to, and he got the vital information down... I was very happy with how he worded it."*

**SSCS service user**

Amongst non-SSCS service users interviewed some were satisfied the relevant form was submitted but not *very* satisfied due to limited knowledge and experience of advisers.

*"It was probably a new experience for the guy who did the form with me. I don't think he'd done one of those before. His capabilities of reading and digesting it were a little bit slow, but between us we got the right answers."*

**Probate service user**

## 8. Impact for service users

This chapter covers the wider impacts of HMCTS court or tribunal cases and NDSS support on service users. It also reports on the impact of NDSS support on form or application completion and submission.

### Summary of key findings

- Just under a fifth of service users (18%) reported they would not have submitted the form at all without the support from NDSS, and a further fifth (19%) that they would only have been able to submit it on paper.
- Four fifths (80%) of service users reported that receiving the NDSS support made the process of completing their form easier. This positive impact was more likely to be reported by service users who were mainly seeking digital support (rather than procedural, legal, emotional or other forms of support).
- Amongst the small group of non-SSCS service users, 60% (21) identified a positive impact of NDSS support. NDSS support was most likely to have a positive impact on these service users' mental health and stress levels.
- Service users interviewed often reported negative impacts from the HMCTS case itself, especially stress. NDSS support was often felt to reduce this to some extent by helping move the case forwards.

### Impact of case

Impact of HMCTS court or tribunal cases and of the NDSS were covered explicitly in the Phase 3 (November 2024 to January 2025) service user interviews and non-SSCS user surveys (in Phase 1 they were only discussed if they arose in answer to other questions).

In the interviews, service users commonly reported their HMCTS case was very stressful or had damaged their mental health. A couple of service users felt their physical health had suffered due to the case; for example, one felt it had resulted in a recent heart attack.

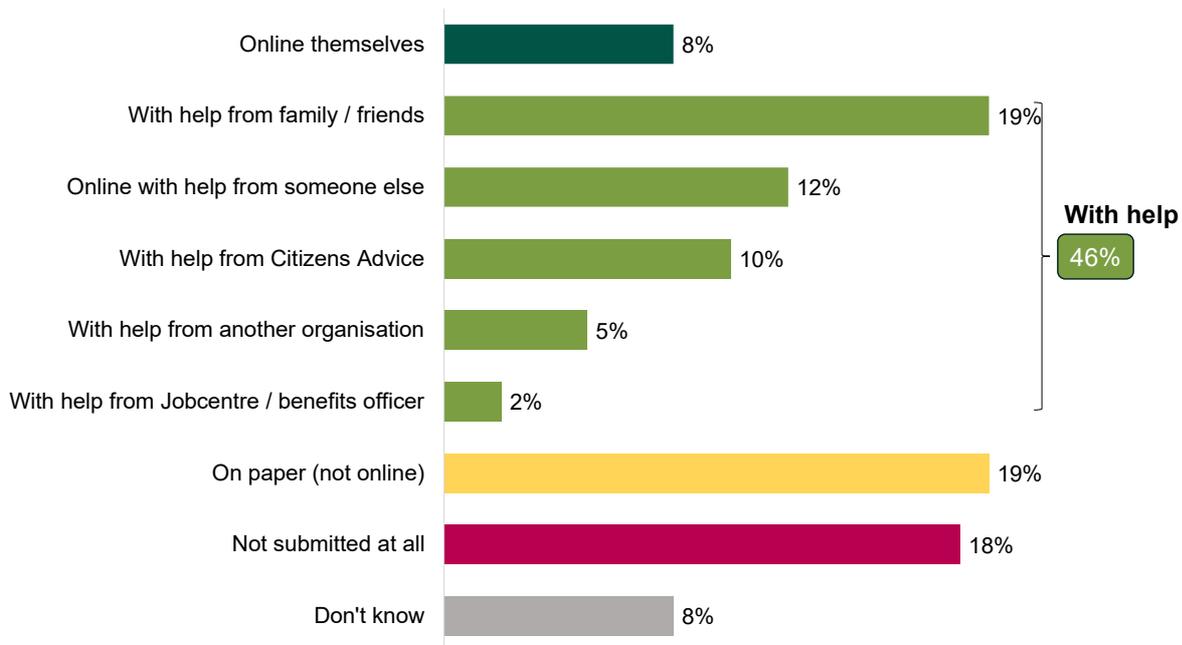
A couple of service users reported vulnerable housing and financial situations linked to their case – being in rent arrears, no longer being able to afford to drive, and having to leave the marital home. Although they were happy the forms had been sent with NDSS support, they felt in 'limbo' until they had a final outcome for their case or application.

A couple of Divorce service users were living in fear of abuse from their ex-partners. One had spent many months worrying about when their spouse would receive the Divorce papers, as they did not know when this would be.

## Impact of NDSS support on form or application completion and submission

Just under a fifth of service users (18%) thought they would not have submitted the form at all without the support from NDSS, as shown in Figure 8.1. This group represents those who were most positively impacted by the NDSS. A further fifth (19%) thought they would only have been able to submit it on paper (and therefore would not have benefited from the speed and ease of use benefits that the digital services are designed to provide). Less than one-in-ten service users (8%) thought they would have submitted the form online themselves without the support from NDSS if it had not been available. Almost half (49%) thought they would have submitted the form but with help from others, most commonly from family or friends (19%).

**Figure 8.1 Impact of NDSS support for service users - whether they would have submitted the form without support**



Source: Service user survey, IFF Research

Note: C5 If the support from the NDSS had not been available what do you think you would have done? Do you think you would have...? (one answer only allowed). Base: All NDSS users (534).

Service users with low digital capability were more likely to think they would have submitted their form on paper (26% compared to 12% of those with high capability). Service users with high or medium digital capability were more likely to think they would have been able to complete it online themselves (16% high capability and 8% medium capability, compared to 2% of those with low capability).

Service users who had in-person appointments were more likely to think they would have submitted it with help from another organisation (11%, compared to 5% who had remote appointments),

perhaps reflecting their higher needs and likelihood to be receiving support from other organisations.

### Impact on ease of process

Four-in-five (80%) service users reported that receiving the NDSS support made the process of completing their form easier, including 66% who thought it made it ‘much’ easier. Service users who had mainly or only been seeking digital support when they initially called NDSS were more likely than those seeking procedural support to say the support had made the process easier (87%, compared to 69% who were seeking procedural support).

However, 16% felt it had made no difference – this was more likely amongst service users who had mainly or only been seeking procedural support than those seeking digital support (26%, compared to 11% seeking digital support). Only 4% did not know.

## Wider impact of NDSS support

Most service users interviewed felt the impact of the NDSS support - knowing their appeal was lodged and being given some procedural advice (for example what the tribunal process would be like) - reduced their stress levels. The support did not necessarily have any impact on mental or physical health (which was sometimes the basis for their benefit appeal) but some reported the NDSS had given them ‘hope’. OCMC service users who were stressed reported mixed impacts from the NDSS but that some advisers did help with their stress levels.

*"It was a great benefit, I'm just glad it got done. After I put the phone down, I thought 'thank god for that, at least that's gone through as well'."*

**SSCS service user**

For a few in potentially vulnerable situations (for example abusive relationships), the NDSS support had provided some reassurance that there was other support they could turn to.

*"[The NDSS] reassured me that there's support and there was help for me at the time I needed it and it's still there in case I need in future".*

**Divorce service user**

In the survey, non-SSCS service users were asked about the impacts of their case or application and of the NDSS support on a range of factors. Overall, 62% (21 service users) identified a positive impact of NDSS support. NDSS support was most likely to have a positive impact on service users' mental health and stress (56%, 19 service users and 53%, 18 service users respectively). The positive impacts were improved confidence or feeling less stressed, and staff being helpful or supportive (each 43%, 9 service users). Overall, 35% of service users (12) identified any negative impact of NDSS support, such as a lack of help (42% of those who reported negative impact, 5 service users) and a lack of information or explanation (33%, 4 service users). A table with more detail can be found in Annex A.

WA Group staff interviewed felt that the service built users' confidence and knowledge to continue their case or application, even if they still needed further support such as from a solicitor. Similarly, delivery partners interviewed reported that many believed that the NDSS helped to alleviate service users' stress, through having their voice heard and feeling that something is happening with their case.

*“They tell us, thank you so much for helping me. Thank you for taking the time. Thank you for being patient. This is what we hear back from them. It calms them down.”*

**Delivery partner staff, London**

However, they acknowledged that often the cases themselves were causing high levels of stress. For some SSCS services users, this was because they were facing potentially losing their only source of income.

*“And what they've said will get through to the DWP [...] It obviously won't help the stress levels because they're still not getting the money, but it will help them to think that we've we started off [...] right.”*

**Delivery partner staff, North-West**

## 9. Satisfaction with the NDSS

This chapter explores service user opinions on NDSS advisers, overall satisfaction with NDSS support, a comparison between expectations and experience and HMCTS service staff satisfaction with delivering the service.

### Summary of key findings

- Most service users (86%) were satisfied overall with the support they received, nearly reaching the service level target of 90% (SL4).<sup>45</sup> Just over two-thirds (68%) of service users reported the support they received was better or matched their expectations of what the NDSS would provide. Most service users interviewed felt their appointment was very useful and found their adviser knowledgeable, professional and understanding (over 80% agreed they demonstrated each attribute).
- Dissatisfaction was linked to rushed appointments or issues not being resolved.
- Where the service exceeded expectations, service users were pleased that advisers had improved how their case was presented (i.e. felt they had worded answers better than they could have done themselves).
- Non-SSCS service users had more mixed views. OCMC service users were more negative and felt delivery partners lacked sufficient knowledge to support them.

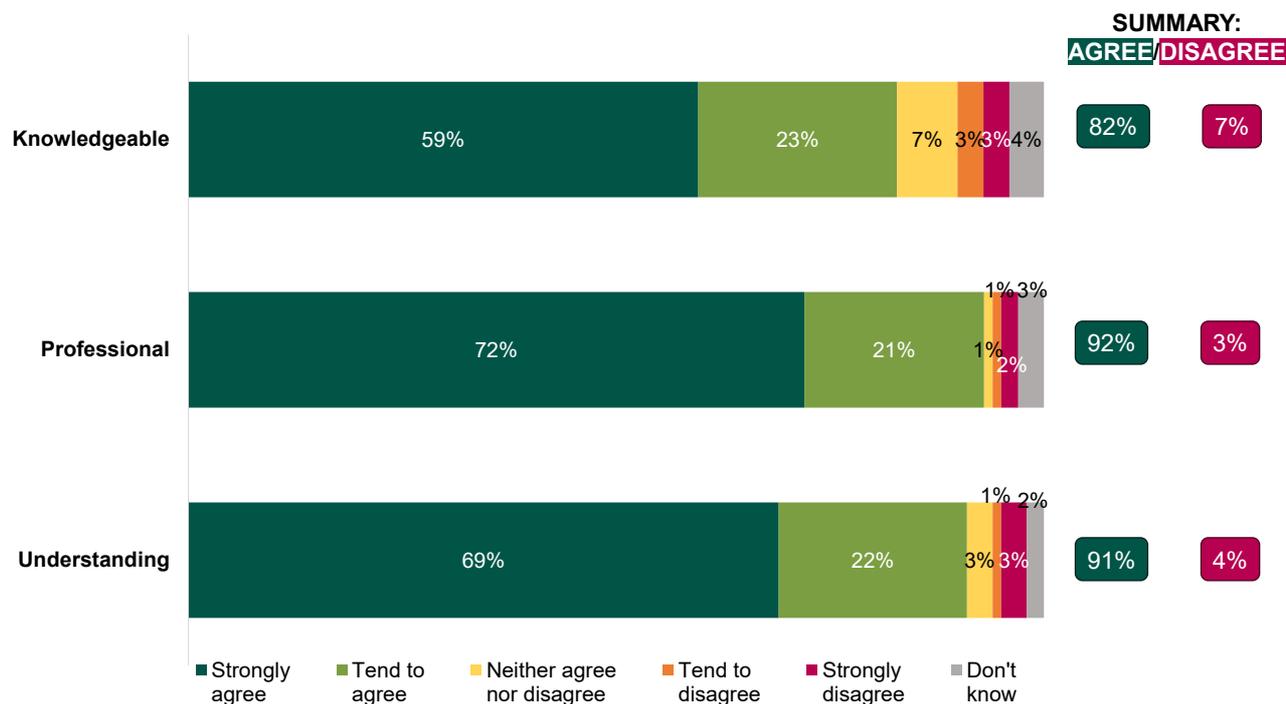
### Service user views of NDSS advisers

Most service users were positive about the NDSS adviser who helped them. Over nine-in-ten agreed the adviser was professional (92%) and understanding (91%), as shown in Figure 9.1. Advisers were a little less likely to be rated knowledgeable, though 82% of service users agreed they were.

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<sup>45</sup> SL4 - where a user provides consent to providing feedback on the support received, an average satisfaction score of 90% is needed.

Figure 9.1 Extent to which service users agree NDSS adviser was knowledgeable, professional and understanding



Source: Service user survey, IFF Research

Note: B12 Thinking about the circumstances of your particular case, to what extent would you agree that the adviser who helped you was....? Base: All NDSS users (534).

Non-SSCS service users were more likely to have negative views, for example 18% disagreed the adviser was knowledgeable (compared to 6% of SSCS service users).

Service users who were mainly or only seeking digital support from NDSS when they initially called were more likely than average to agree the adviser who helped them during their appointment was knowledgeable, professional and understanding.

Service users who had in-person appointments were also more likely to agree their adviser was knowledgeable (94% compared to 81% who had remote appointments). Most service users interviewed reported their appointment was handled very well, and they were very well supported. Many especially highlighted that they appreciated the tone and approach of the adviser. Advisers were described as ‘patient’, ‘calm’, ‘kind’, ‘encouraging’ and ‘understanding’ of health issues. Others described them as ‘professional’, ‘polite’, ‘helpful’ and ‘confident’.

*"It was just the calmness and the easiness of questions ... He came across really confident, he knew what he was doing and made me feel at ease, so I was comfortable with what he was doing."*

### Divorce service user

Service users said advisers made the process easy. Those with additional needs noted advisers re-phrased questions, made sure they understood what was being asked, and were offered breaks.

*"He was absolutely fantastic. ...He made me not feel stupid about being dyslexic and having someone do it for me ...he didn't make me feel stupid for asking him to explain it in a different way. His manners and empathy...was spectacular."*

**SSCS service user**

Several felt the appointment provided what they needed, but no more.

However, OCMC service users had more negative experiences than other service users. They felt advisers had little knowledge of the OCMC process, were only able to provide limited help, and appointments were not always conducted in a professional manner. A couple had multiple appointments with mixed experiences, but others were not directed to any further assistance.

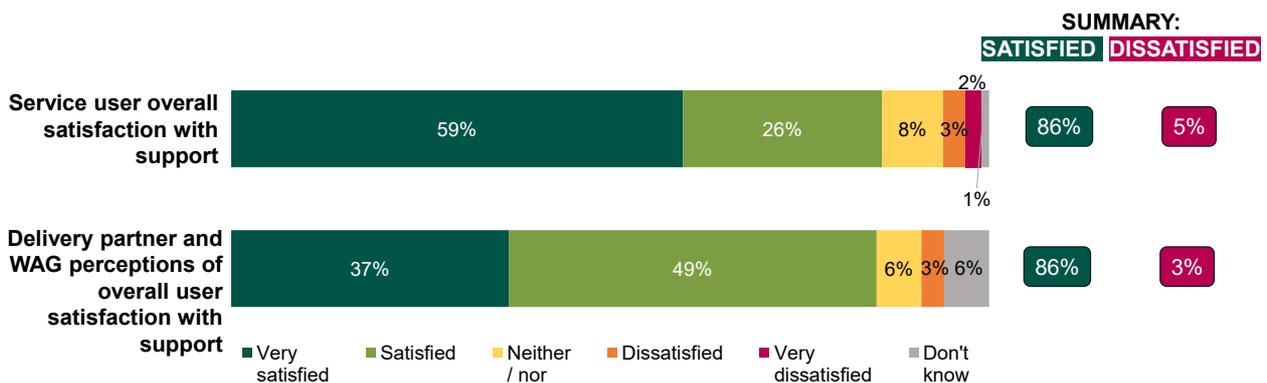
*"He was really slow ...as he'd not done it before .... He was constantly asking me, what would I do? ... You shouldn't be asking me, this is your job . . . He should have said, 'Look, I haven't dealt with this case before. Maybe I'm not the right person for it. I'll see if I can get you someone else.' That would have saved a lot of hassle from the start."*

**OCMC service user**

## Overall satisfaction with support

The majority of service users were satisfied overall with the support they received (86%), just below the service level target of 90% (SL4), as shown in Figure 9.2 <sup>46</sup>. The majority of delivery partners and WA Group staff (85%) thought that service users were satisfied with the support they received.

**Figure 9.2 Overall service user satisfaction with NDSS support**



Source: Service user survey and delivery partner and WA Group staff survey, IFF Research

Note: C3. Overall, how satisfied were you with the support you received? Would you say you were....? Base: All NDSS users (534). D3. Overall, how satisfied do you think service users are with the support they receive from the NDSS? Base: all delivery partner and WA Group staff (35)

<sup>46</sup> SL4 - where a user provides consent to providing feedback on the support received, an average satisfaction score of 90% is needed.

Service users who were only or mainly seeking digital support in their initial call were more likely to be satisfied (very satisfied or satisfied): 91%, compared to 78% who were mainly or only seeking procedural support. Similarly, those who had an in-person appointment were more likely to be satisfied (95%, compared to 85% who had remote appointments).

The WA Group staff and HMCTS staff interviewed also felt service users who were mostly seeking digital assistance tended to be more satisfied with the service.

Delivery partners' generally perceived service user satisfaction to be high, based on them giving positive feedback and high scores in the end-of-support survey.

The interviews with service users found that reasons for satisfaction with service included being able to do the appointment remotely from their own home, advisers being caring so putting service users at ease to discuss their situation, and the service reducing anxiety. Service users were also generally satisfied that the service was professional and felt that the support meant it was more likely that they would get a fair hearing.

*"I think it's an amazing service, it takes that anxiety away. You've got this form and there is a pressure, you've got to fill the form out right, so it just takes all that away, I think it's a great service."*

**SSCS service user**

However, as previously mentioned, most OCMC service users interviewed were dissatisfied with the service to some extent. They often found advisers had mixed levels of knowledge, so did not provide any guidance or support (other than typing up their own words). A couple of other service users, as discussed above, were unhappy with unprofessional background noise during their calls.

*"I wouldn't want anyone going through what I went through with the guy that was supposed to be trying to help me with my case, because think if I had someone helping me at the beginning like I had at the end, it would have gone a lot smoother and a lot easier."*

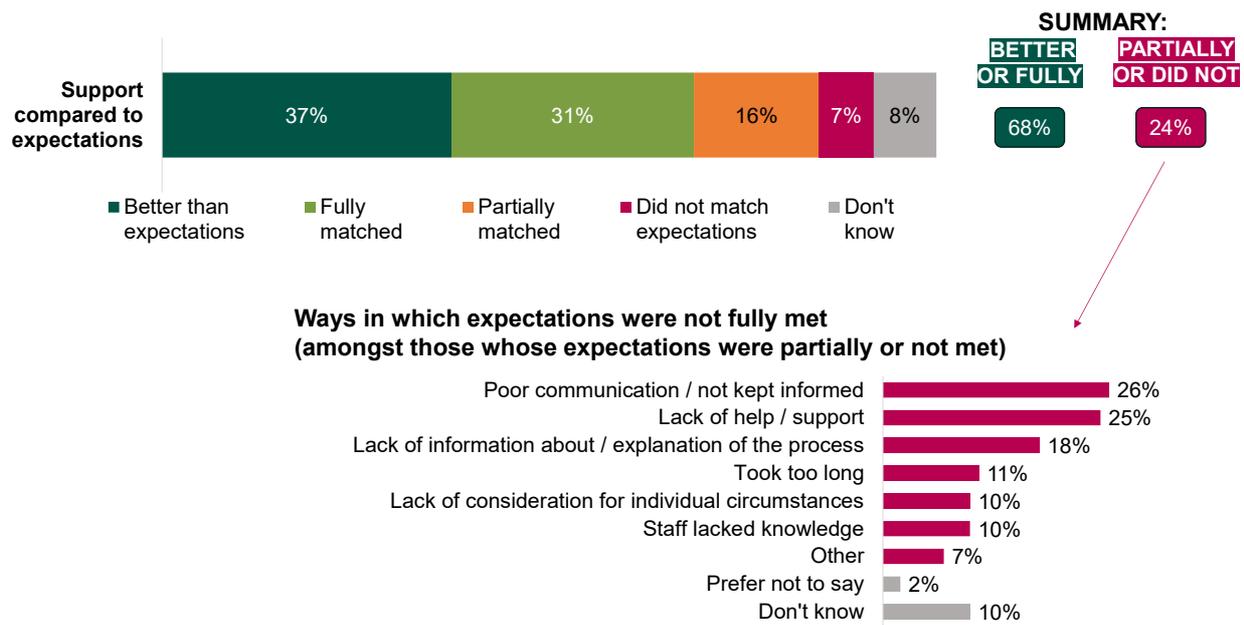
**OCMC service user**

## Experience compared to expectations

Just over two-thirds (68%) of service users reported the support they received was better than or matched their expectations of what the NDSS would provide, as shown in Figure 9.3. However, a quarter (24%) found their expectations were partially (16%) or not met (7%).

The most common reasons service users gave for their expectations not being met were poor communication or not being kept informed (26%), a lack of help or support (25%) and a lack of information about or explanation of the process (18%).

Figure 9.3 Extent to which NDSS support matched service user expectations



Source: Service user survey, IFF Research

Note: C1 To what extent did the support you received match your expectations of what the NDSS would provide? Base: All NDSS users (534). / C2. In what ways did the National Digital Support Service not meet your expectations? Base: Those who reported NDSS support partially matched or did not match their expectations (126).

Several of the reasons given for expectations not being fully met were only raised by those with remote appointments – poor communication or not being kept informed, lack of information about or explanation of the process, and it taking too long. Very few service users who had in-person appointments did not have their expectations met.

The interviews with service users found that areas where expectations were exceeded included the form actually being filled in by the adviser, the caring attitude of advisers, how appointments were not rushed and how easy the process was made. A few service users said they had no prior expectations or were sceptical about the service before calling (often based on prior poor experiences with other government services) – these service users generally had their expectations exceeded.

*"To be honest I didn't think it would be all that. I thought it'd just be they'll just write stuff down. It'll just be a simple phone call and just put everything down...but instead... he helped me understand the questions that were being asked, and explained it all. When I told him the answers, he wrote it down in more detail, and then read it back to me...it sounded ... a lot better, because it had more explanation in it."*

SSCS service user

A WA Group staff member reported that service user expectations tend to be very low (leading to high satisfaction levels).

*“Service users are pretty much happy with any support that they will get. Their expectations are pretty low.”*

**WA Group, frontline staff**

## HMCTS satisfaction with the service

HMCTS service staff were concerned that the quality of support given might not be consistently high. Although they recognised that due to the design of the service, service users received different types of support they were concerned that support might also be dependent upon the delivery partner’s level of engagement. HMCTS service staff could see this varied as they could see some delivery partners were not logging on or showing their availability on the WA Group dashboard. staff suspected some lacked interest as they felt the fees were not high enough.

*“Some partners might do one appointment a month, they might not be logged on, might not display their availability on the calendar so they are completely disengaged.”*

**HMCTS service staff**

# 10. Implications for improvement

This chapter explores NDSS improvements suggested by service users, delivery partners and HMCTS staff.

## Summary of key findings

- Two-thirds (67%) of users and around one-in-five (17%) delivery partners surveyed did not suggest any improvements, interviews showed they generally felt the service worked well.
- Some service users suggested that there was a need for more awareness raising around the NDSS. Clear and simple explanatory wording around the offer would also be beneficial.
- Delivery partners suggested the fee for referral administration be increased. They also felt the process for referring individuals who approached them directly for support was inefficient. However, the pilot launched in August 2024 which focused on delivery partners triaging 'walk-ins' could help to resolve this issue.
- Triage stage improvements suggested by users included: sensitive checking for emotional needs or potential vulnerabilities, more local face-to-face appointments, text or email confirmations for appointments including the information they need to bring and directions for face-to-face appointments. Delivery partners would also like WA Group to share the triage questions with them.
- Service users and delivery partners would like more time for appointments. Service user experiences also highlighted the need for training for delivery partner staff in supporting users with sensory disabilities, and in advising those with OCMC cases. Service users also suggested ensuring appointments are conducted privately and better signposting at the end of the appointment. Ensuring the feedback survey is conducted consistently will provide further guidance on how to improve appointment experiences.
- Service users experiences also showed the need for better signposting at the end of the appointment, clearer timelines for next steps (delivery partners felt training in HMCTS service stages would help with this), consistency in texts or emails or letters after appointments, and a mechanism to request follow-up support.
- Delivery partners believed it would be beneficial for them to work more directly with HMCTS. HMCTS service staff and delivery partners reported that to meet users

often complex support needs, a more holistic offer was needed than the current 'digital support', to include accounting for procedural, legal, and emotional needs. Delivery partners requested the fee structure be reviewed; it was felt insufficient for support required.

## Overview

Suggested improvements were made around awareness raising around the NDSS, the referrals process, the approach to appointments, clarity around next steps and the overall design of the service. However, around two-thirds (67%) of service users surveyed did not make any suggestions for improvements and around one-in-five (17%) delivery partners surveyed also did not suggest any improvements.

## Awareness of the NDSS offer<sup>47</sup>

- A small proportion (5%) of service users surveyed and several service users interviewed suggested raising more awareness of the service. More clarity around what the NDSS could offer and how it works would be useful for service users when they first hear about the service. These improvements could help to increase uptake.
- Explanations of the offer need to be clear and simple. The wording used in the interviews (*'the aim of the Digital Support Service is to provide members of the public who face barriers to accessing digital platforms, with the bespoke support required to successfully access justice services digitally'*), was not always well understood.
- DWP communications should be reviewed to ensure signposting to CTSCs is clear. Direct signposting to the NDSS (with a clear explanation of the offer) could be added on other government communications with those using relevant HMCTS services (for example on HMRC communications with users of the Probate service).
- Signposting to other support services should be added and their offer differentiated from NDSS. For example, show which organisations provide specific support for emotional, financial, health or housing concerns.

## Referrals

A small number of referrals into the NDSS were being made by delivery partners. There were some barriers to further referrals being made.

- Delivery partners did not feel that the time they spent on administration to refer service users into the service was proportionate to the fee they received.

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<sup>47</sup> At the time of writing this report, HMCTS were reviewing the NDSS signposting across GOV.UK, paper forms, IVR, posters and leaflets.

- Delivery partners did not want service users to have to wait for an appointment when they were already in contact with them, especially if individuals have attended the organisation in person and were ready to be supported immediately. There were instances of this working well when the delivery partner had been able to call WA Group on the service users' behalf and immediately have them logged in the system, and therefore able to have their appointment there and then. The pilot allowing delivery partners to triage potential walk-in service users could help to overcome this issue, if it is successful.
- Delivery partners who had not received many appointments would like to see increased volumes and consistency of referrals to help them plan their workloads.

## Triage

Many of the improvements service users suggested for the triage stage were offered to other service users. Key areas where consistency could be improved were:

- Checking sensitively for emotional needs or potentially vulnerable circumstances. Service users do not want to feel interrogated, but some would have liked the opportunity to note situations which may need consideration in the appointment or warrant signposting to other services.
- More choice of face-to-face appointments, especially more options closer to home. An option of having a face-to-face appointment at home was suggested. HMCTS staff felt the delivery partner network needed to be expanded to meet these service user needs.
- Telling service users what information they will need to have ready for their appointment (for example medical letters), and that pen and paper might be needed.
- Sending a text or email confirmation (as service users prefer), with appointment arrangements. This could also include a reminder on the evidence requirements.
- Asking face-to-face appointment centres to confirm their addresses to ensure they are correct and provide directions and the journey time from the service users' homes (by public transport or car as service user needs). Ensuring contact details given in case service users cannot locate centres.

Delivery partners also suggested that it would be helpful if WA Group could share the triage questions with them so they could sense-check these, and make sure they were capturing the data they needed about service users and manage appointments effectively. Delivery partners felt the difference between the various parties involved in the service could be better clarified at the triage stage.

## Appointments

Some service users' suggestions were around the approach to appointments, which indicated the need for more sharing of best practice between delivery partners and individual advisers. These included:

## Evaluation of the National Digital Support Service (NDSS)

- Allowing more time for extra explanations or re-wording of questions. Delivery partners also suggested more flexibility around appointment lengths and a more practical way to request an extension when an appointment ran over.
- Providing training for delivery partner staff in supporting service users with sensory disabilities (or only direct to centres which can offer suitable support).
- Ensuring appointments can be conducted in privacy and phone calls are from a quiet, non-public location.
- Further training for advisers on OCMC, so they can provide better informed support. Delivery partners also acknowledge the need for more tailored training. They suggested this could be tailored more to the experience levels of delivery partners in terms of services they are supporting.
- Ending the appointment with some open questions about additional support needs, so service users can be signposted appropriately. Common additional support needs related to emotional, legal or procedural support, as well as help with financial, housing, health, or abusive situations or other forms of support.
- Ensuring the service user feedback survey is conducted consistently, so service users can feedback on any areas for improvement.

## Follow-up

Service users' suggestions for improvements around post-appointment follow-up included:

- Providing more clarity on timelines for next steps – within how many weeks they should expect to hear from DWP or HMCTS and who to contact if they do not hear by that date. Delivery partners would also like to be able to provide clearer indications, possibly through additional training on the next stages in each HMCTS service. More time being allocated to discussing next steps could also help to ensure service users understand the process.
- Consistency in sending text, email or letter confirmations after appointments, and confirming appointment outcomes (i.e. form submitted and reference number). Service users would also like confirmation of who they had spoken to and the organisation name.
- Putting in place mechanisms for service users to easily request follow-up support if more assistance is needed. Most service users would like to be able to get in touch directly with the adviser they spoke to, rather than call the general NDSS number again.

## Design of the service

Delivery partners and HMCTS service staff had several suggestions about ways the service design could be improved.

- Some delivery partners suggested that HMCTS should work more closely with them directly. They felt WA Group was less familiar with the support required by service users.

*“Because we are on the ground, we understand our communities, we understand the challenges and I think you'd get more back for your money.”*

### **Delivery partner, frontline staff and manager role, West Midlands**

- Several delivery partners also felt trying to restrict the service to only provide digital support was limiting, and that it should be expanded in acknowledgement of the many and varied needs that vulnerable service users often had.
- Those delivery partners already offering additional support beyond digital support, such as legal, procedural or emotional support, felt they should be financially compensated for the additional work and the increased time commitment this entails.
- HMCTS service staff believed more could be done to provide a more holistic approach to support, recognising that users often had interlinked sets of needs (digital, procedural, legal, emotional, disability).
- HMCTS staff reported ongoing discussions on what ‘digital support’ constituted, and some thought the current definition needs to change to acknowledge that service users often want more than pure digital support, including procedural, legal, emotional and other support.

*“I do wonder about the perception of the service by the people, like advice sector agencies, in that it only provides a digital support thing. I do think they feel strongly about holistic support, which might have a negative connotation to what the service does.”*

**HMCTS staff**

### **Fee structure**

Delivery partners felt the fee structure did not often cover the level of support needed by service users. Some HMCTS service staff also agreed with this.

### **Data system**

HMCTS service staff felt that although the new Salesforce IT system used by WA Group worked better than Athena there were still inaccuracies in the recording of the Management Information. They suggested better training for WA Group and delivery partner staff.

# 11. Conclusions

The NDSS was established to ensure that there is support for those who are digitally excluded (DE) or unable to use digital services without assistance (DwA). This is to realise the potential benefits (over paper or legacy processes) of using HMCTS digital services. These benefits could be related to speed or ease of use, for example. **On the whole, it feels that the service has been successful in offering this opportunity.**

**NDSS has reached vulnerable users with clear support needs.** Almost half of users were aged 55 or older, and the vast majority had health conditions which impacted a lot on their ability to carry out daily activities. A minority felt that they had nowhere else they could have turned to for this support. Others could perhaps have asked family members for support but they were grateful not to, as this made them feel more independent and placed less of a burden on their relatives.

**User needs were often complex and extended beyond digital support.** Many users looked for (and received) guidance that was procedural and/ or legal. It was less common (although not unusual) to need emotional support. Delivery partners sometimes felt that they could not meet the full range of support needs within the appointment time and fee allocated to the appointment. That said, they generally felt qualified to meet the full range of needs that service users presented with. However, further research could be carried out on the non-digital needs and how these relate to digital exclusion to better understand these complexities.

**Regardless of types of needs, support largely met or exceeded expectations.** Service users were very positive about the handling of their triage calls and about the advisers who provided support. They were generally satisfied about the speed with which they were offered an appointment (even when this took longer than the 5-day target). **Although numbers have been very small, there is perhaps some indication that satisfaction with support provided is lower for non-SSCS users.** This could be linked to advisers being less used to these types of cases or them generally being more complex.

**Provision of the support usually resulted in the forms being submitted digitally.** For SSCS service users there was a mix between cases where the adviser entered the information and submitted the form and cases where the adviser supported the user to do it themselves, but the former was much more common. This feels appropriate given the range of digital skills and experience that SSCS users presented with. Users of non-SSCS services could not be offered proxy form-filling in remote appointments as their statement of truth is required to be signed in person.

**Support has been heavily skewed towards SSCS users.** It is hard to ascertain whether this reflects demand due to differences in the profiles and level of DE of SSCS and other service users or simply better signposting for SSCS service users. Many of those who had come to the NDSS for help with an SSCS appeal were convinced that they had been signposted to the NDSS in a communication from the DWP. Given that NDSS contact details were not provided on DWP communication, it seems that many SSCS service users called the CTSC phone lines and had

been referred on (without being clear that they were transferred to a different organisation). It may be that CTSC contact details are not similarly prominent in communications relating to other service lines. That said, it does also seem logical that SSCS users might be more likely to take up potential support from any source to improve their chances of a favourable case outcome with HMCTS given that they had already had an unfavourable outcome with the DWP rejecting their initial claim application or mandatory reconsideration.

**There are some scenarios in which the NDSS is providing support where other support is already available.** The NDSS is not always additional to pre-existing support and may not integrate in the most efficient way. The most obvious example of this is users who ‘walked-in’ to delivery partner offices looking for support and were referred to the NDSS before they could then be booked in for an appointment with that delivery partner. Data was not available to establish a reliable figure for the proportion of appointments this accounts for.

**The appointments have not been distributed equally across the delivery partner network.** A third of delivery partners (35%) had fewer than 10 appointments recorded over the 2-year period for which data was analysed. Low volumes and infrequency of appointments have been challenging for some partners to manage. Given the proportion of appointments that took place by phone (which in theory could have been handled by delivery partners regardless of geography), it is perhaps surprising that the distribution of appointments has been quite as uneven as it has been. Other factors such as availability of staff, whether the compensation was found sufficient and whether partners were part of the network throughout the whole time period analysed may also have influenced how many appointments partners offered.

**A large network is necessary to facilitate face-to-face appointments.** It would appear that the network has not been large enough to really make this a viable option to all users. Only half remembered being offered a choice of appointment channel. Some evidence from service users and delivery partners indicates that sometimes the face-to-face option presented was not really practical (for example involving a long public transport journey).

**Delivery partners have often provided a wider range of support than the programme was initially designed to deliver in order to meet service users’ needs.** Service users described those delivering the support as ‘efficient’, ‘professional’, and ‘caring’, and the majority of those seeking support confirmed that the adviser had helped.

**Working with service users in designing the service is key.** HMCTS should continue seeking input from service users, especially those who are vulnerable, for the continuous improvement of the service.

# Annex

## Annex A – Technical Annex

### Background and methodology

Research questions for the evaluation included the following:

- How has the digital support service been implemented?
- What are the appointment outcomes for service users?
- What are the case outcomes for service users?
- How many digital support appointments have been conducted?
- How many individuals have received digital support appointments?
- What are the characteristics of service users?
- What stages of HMCTS services are being supported by digital support?
- To what extent do service users keep digital support appointments and attend the sessions?
- What has worked well and not worked well for digital support?
- What aspects of digital support can be improved?
- What type of support are service users receiving by different groups of vulnerability?
- What are the experiences of digital support service users, and how do these vary for different HMCTS services and user groups?
- How well prepared are service users for digital support, do they know what to expect?
- What additional support is required and/ or received alongside digital support?
- To what extent are service users satisfied with the support received?
- To what extent are service users satisfied with the outcome of a digital support

Table A.11 outlines each of the research strands and in which phase each research strand took place.

Table A.11 Summary of research strands by phase

Research strand	Phase 1	Phase 2	Phase 3
Qualitative interviews – service users (50)	X		X
Quantitative survey – service users (534)	X	X	X
Qualitative interviews – staff (HMCTS, WA Group, delivery partners – 45)	X	X	X
Quantitative survey – staff (WA Group, delivery partners – 36)			X
Case study observations (5)	X	X	X
MI analysis	X		X

### Service user qualitative interviews

Table A.122 outlines the qualitative interviews achieved amongst each service type and in which phase these took place.

Table A.12 Interviews achieved by phase and service user type

Service type	Phase 1 (Jan – Mar 2023)	Phase 3 (Nov 2024 – Jan 2025)	All
Social Service and Child Security (SSCS)	15	20	35
Online Civil Money Claims (OCMC)	2	2	4
Divorce <sup>48</sup>	1	3	4
Probate	1		1
Single justice service (SJS)	1		1
Help with Fees (HwF)		6	6
ALL	20	30	50

<sup>48</sup> One participant was recruited as they had used the NDSS for a HwF application, but they had also used the NDSS for support with their Divorce application and discussed both experiences in their interview. They are included in both service type rows but only counted once in the 'all' row.

### Service user qualitative interviews – sampling and interview details

HMCTS provided IFF Research with contact details for NDSS customers who had agreed to be contacted for research and marketing purposes. IFF Research called customers to invite them to participate in a one-to-one depth interview, via phone or video call. An incentive of a £30 voucher or charitable donation was offered (except to SJS users). Service users were reassured that interviews were voluntary, confidential and would have no impact on the outcome of their case. They were asked if they had any additional needs which should be considered to aid their participation.

Participants were screened to ensure they recalled receiving digital support and were aged 18 or over. A mix of service users were recruited in terms of age, gender, whether they had a disability or long-term health condition.

Interviews lasted around 45 minutes, based on a topic guide agreed with HMCTS which listed the themes to be explored. Participants were reassured that interviews would be conducted under the strict guidelines of the Market Research Society’s Code of Conduct, and of their rights under data protection law (GDPR), and this was explained in sufficient detail before the interview.

### Delivery partner, WA Group and HMCTS qualitative interviews

Table A.13 Interviews achieved by phase and organisation type outlines the interviews conducted by each organisation type and in which phase these took place.

**Table A.13 Interviews achieved by phase and organisation type**

Staff type	Phase 1 Jan – Mar 2023	Phase 2 Mar – Apr 2024	Phase 3 Sept 2024 – Feb 2025	Total
<b>Delivery partner (all categories)</b>	<b>20</b>	<b>10</b>	<b>3</b>	<b>33</b>
Community Centres	6	3	2	11
General Legal Support	6	3	1	10
Accredited Legal Advice	2 <sup>49</sup>	2		4
Training Focused	1			1
Local Authority	1			1
Withdrawn from delivering the NDSS <sup>50</sup>		2		2

<sup>49</sup> Two members of staff from the same Legal Advice centre were interviewed. It is only counted once in this categorisation.

<sup>50</sup> Delivery partners interviewed who withdrew from delivering the service mentioned the fee they received did not cover the cost of staffing; the booking system was not compatible with their needs (e.g. needed appointments concentrated on one day of the week, and a higher number of appointments); or wanting to provide more local, face-to-face support which they felt was more effective than telephone support.

Other	3		3
<b>WA Group</b>	<b>4</b>	<b>1</b>	<b>5</b>
<b>Courts &amp; Tribunals Service Centres (CTSCs)</b>	<b>3</b>		<b>3</b>
<b>HMCTS service staff</b>		<b>4</b>	<b>4</b>

### **Delivery partner qualitative interviews – sampling and categorisation**

HMCTS provided IFF Research with records of all active delivery partners, and IFF Research designed a sampling strategy based on the categorisation of delivery partners at the time, as well as available volumes for each. Delivery partners interviewed in Phase 1 have been re-categorised according to the latest categorisation of delivery partner types to allow comparison across phases (Accredited Legal Advice, Community and General Legal Support). Only delivery partners who had completed at least 5 support appointments were asked to take part, so that they would have enough experience to draw from in their discussions.

### **Appointment observations – sampling**

At the same time as scheduling in-depth interviews with delivery partners, they were also asked to facilitate an observation of one of their support appointments where possible. WA Group also provided weekly lists of delivery partners with upcoming appointments so that relevant delivery partners could be approached.

### **Service user survey – sampling and response rates**

In both phases, the service users were sampled from WA Group's service user dashboard. Only service users who had agreed to take part in the research were contacted, and any unusable data was deleted (for example test or error records, wrong numbers). Only unique service users were included - 'Learner ID' was used as the unique identifier.

In Phase 2, 500 Social Security and Child Support (SSCS) service users took part in a telephone survey between the 28<sup>th</sup> February 2024 and the 20<sup>th</sup> March 2024. A starting sample of 2,000 records was downloaded from the WA Group dashboard. The response rate for the survey was 25%. The decision was made that only SSCS service users would take part in Phase 2, due to the limited number of users of other services that had been through the NDSS at this point. Only SSCS service users who had used the NDSS since October 2023 were sampled, to try to ensure accurate recall of support experiences.

In Phase 3, 34 service users took part in a telephone survey between the 30<sup>th</sup> October 2024 and 12<sup>th</sup> November 2024. This represents a 16% response rate from the 206 records that HMCTS provided. Non-SSCS service users who had used the NDSS since December 2022 were sampled, to ensure sufficient sample numbers while still targeting service users with a relevant recall of support experiences.

### **Delivery partner and WA Group staff survey – recruitment**

For delivery partners, a survey link was sent to the lead contact for the organisation, and they were asked to distribute it to all frontline staff who had delivered NDSS appointments. Four email reminders were sent out to all contacts, and IFF’s field team followed up with phone calls to delivery partners for whom telephone numbers were available.

### **Survey data**

A set of computer tables were produced per survey. The tables included full significance testing (z-tests for percentages and t-tests for means). Tests were carried out to identify where findings were significantly different from the total and where they are significantly different from the other categories within a cross-break. A file per survey was produced in the statistical software package SPSS. This was used for descriptive analysis.

### **MI – data cleaning and analysis**

In Phase 1, analysis was conducted on data for cases between June 2022 and February 2023.

In Phase 3, the data included cases from November 2023 to January 2025.

Prior to analysis of the MI data, IFF Research removed duplicate cases and sessions (those where all case or session details including the service user ID, name, case ID, session ID and dates were duplicated). A number of test records were also removed.

Profile of service users surveyed was mirrored in the MI, 90% of cases were SSCS. HwF cases account for 3% of cases in the MI data, a little higher than 1% of survey participants. All other services are within one percentage point of the share of cases in the MI data.

Half of the services users listed in the MI data did not have their age or gender recorded, so no comparison can be made.

Around half of the services users (48%) listed in the MI data did not have their health status recorded. Amongst those that did, nearly nine in ten (88%) reported a health condition. 98% said it reduced their ability to carry out day-to-day activities, which is in line with the survey findings.

Half of the service users (51%) listed in the MI data did not have their ethnicity recorded. Amongst those who did have it recorded, 83% were White (similar to the 79% of survey participants) and 16% were people from ethnic minority backgrounds (similar to the 18% of survey participants).

## **Take-up of the NDSS**

### **Overall number of appointments with different types of delivery partners**

Table A.4 outlines the overarching delivery partner classifications and how many appointments took place with different types of delivery partner.

Table A.14 Partner classifications

	No. of appointments	% of appointments	% of delivery partners <sup>51</sup>
Community	5,425	43%	28%
General legal support	2,182	17%	17%
Training focused	1,825	14%	9%
In-home trainer	1,028	8%	9%
Accredited legal advice	737	6%	18%
Local authority	125	1%	12%
Other	1,042	8%	7%
<i>No partner recorded</i>	224	2%	
<b>TOTAL</b>	12,588	100%	<b>100%</b>

Source: NDSS MI data from WA Group

Note: 'Partner' fields on session file, and classification provided by HMCTS. Base: All NDSS scheduled sessions (12,588). 'Other' includes 'Other (charity)' which accounts for 15 sessions (0.1%).

### The number of appointments scheduled for delivery partners

Table A.5 outlines the number of appointments which were scheduled for delivery partners.

<sup>51</sup> Those who had at least one scheduled appointment.

Table A.15 Number of appointments scheduled for partners

	No. of partners	% of partners
1-2 appointments	13	10%
3-9 appointments	35	26%
10-29 appointments	26	19%
30-99 appointments	20	15%
100-299 appointments	32	24%
300+ appointments	10	7%
<b>TOTAL</b>	<b>136</b>	<b>100%</b>

Source: NDSS MI data from WA Group

Note: 'Partner' fields on session file. Base: All NDSS scheduled sessions (12,588).

### Number of months with any appointments scheduled for partners

Table A.16 outlines the number of months which partners had appointments.

Table A.16 Number of months with any appointments scheduled for partners (out of 25 months, Jan 23-Jan 25 inclusive)

	No. of partners	% of partners
All 25 months	4	3%
19-24 months	24	18%
13-18 months	15	11%
10-12 months	9	7%
7-9 months	17	13%
4-6 months	29	21%

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<b>2-3 months</b>	24	18%
<b>1 month</b>	14	10%
<b>TOTAL</b>	136	100%

Source: NDSS MI data from WA Group .

Note: 'Partner' field on session file. Base: Partners with NDSS sessions scheduled for January 2023 to January 2025 inclusive (12,119) .

### Appointment outcomes by service

Table A.7 outlines appointment outcomes and how this is broken down by service type.

Table A.17 Appointment outcomes by service

		<b>ALL APPOINT- MENTS</b>	<b>SSCS</b>	<b>HwF</b>	<b>SJS</b>	<b>Divorce</b>	<b>OCMC</b>	<b>Probate</b>
<b>Full support</b>	<b>No.</b>	8,287	7,629	238	139	137	105	38
	<b>%</b>	66%	68%	73%	44%	50%	38%	35%
<b>Partial support</b>	<b>No.</b>	1,272	1,068	23	58	46	50	27
	<b>%</b>	10%	9%	7%	18%	17%	18%	25%
<b>ANY SUPPORT</b>	<b>No.</b>	9,559	8,697	261	197	183	155	65
	<b>%</b>	76%	77%	80%	62%	67%	57%	60%
<b>Service user did not attend<sup>52</sup></b>	<b>No.</b>	736	653	9	26	15	23	9
	<b>%</b>	6%	6%	3%	8%	5%	8%	8%
<b>Partner or translator did not attend</b>	<b>No.</b>	116	104		2	3	3	3
	<b>%</b>	1%	1%	0%	1%	1%	1%	3%

<sup>52</sup> Includes cancelled by service user less than 24 hours beforehand.

<b>No support</b>	<b>No.</b>	383	325	9	20	7	21	1
	<b>%</b>	3%	3%	3%	6%	3%	8%	1%
<b>No outcome recorded<sup>53</sup></b>	<b>No.</b>	1,794	1,503	47	74	67	71	30
	<b>%</b>	14%	13%	14%	23%	24%	26%	28%

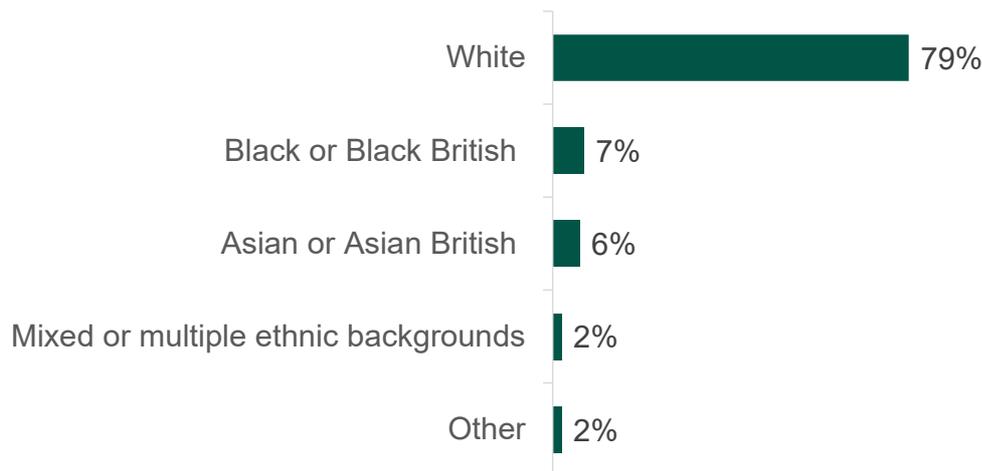
Source: NDSS MI data from WA Group.

Note: 'Outcome' and 'service' on session file. Base: All scheduled sessions (12,588), SSCS (11,282), HwF (327), SJS (319), OCMC (273), Divorce (275), Probate (108).

### Service user background – survey data

Figure A.1 shows the service profile by overarching ethnic groups.

Figure A.1 Service user profile - ethnicity summary



Source: Service user survey, IFF Research

Note: D7. What is your ethnic group? Base: All NDSS users (534).

### Digital capability

In the survey, service users were asked if they had ever used the internet to undertake a range of eight tasks (for example to send an email or to find specific information online), as listed in Figure 3.2. Those who indicated they had undertaken all eight tasks were categorised as having 'high digital capability' (10% of service users). Those who had undertaken some or a few of the tasks (between 1 and 7 tasks) were categorised as having 'medium digital capability' (70% of service users). Those who had undertaken none of the tasks were categorised as 'low digital capability',

<sup>53</sup> Includes N/A and blank cells.

which applied to 20% of service users. Similar methodology has been used in prior research to measure digital capability, such as the Ministry of Justice Legal Problem and Resolution Survey in 2023.

## Region

Service user country and region can be derived from their postcode as listed in the MI data. This information was not captured or checked during the survey but was available for nearly all service users (99%) in the MI data.

Service users were mostly spread across the English regions (91%), with small proportions also in Wales (6%) and Scotland (2%). Over half of service users lived in London (16%), the North-West (15%), the West Midlands (13%) or the South-East (11%).

## Outcomes for service users

Table A.8 shows the outcomes for HMCTS cases or applications for all non-SSCS users who took part in the survey.

**Table A.18 Outcome of HMCTS case or application for NDSS users (Probate, OCMC, Divorce, SJS and HwF)**

	All non-SSCS service users	
	No.	%
All/ mostly in favour/ what hoped for	9	26%
Evenly split/ part in favour of each side/ partly what hoped for	1	3%
All/ mostly in favour of/ what hoped for by other side	1	3%
Withdrew/ gave up progressing case	2	6%
Application denied by HMCTS	2	6%
Do not have outcome yet	13	38%
Don't know	5	15%
Prefer not to say	1	3%
<b>TOTAL</b>	<b>34</b>	<b>100%</b>

Source: Service user survey, IFF Research

Note: E1. Which of the following best describes the outcome of your [SERVICE]? Base: NDSS users for non-SSCS services (34).

Table A.9 shows how satisfied non-SSCS service users were with their case outcome.

**Table A.19 Satisfaction with case outcome for NDSS users (Probate, OCMC, Divorce, SJS and HwF)**

<b>All Non-SSCS service users with a closed case</b>		
	No.	%
<b>Very satisfied</b>	6	46%
<b>Satisfied</b>	4	31%
<b>Neither satisfied nor dissatisfied</b>	0	0%
<b>Dissatisfied</b>	1	8%
<b>Very dissatisfied</b>	2	15%
<b>SUMMARY: SATISFIED (Very satisfied/ Satisfied)</b>	10	77%
<b>SUMMARY: DISSATISFIED (Very dissatisfied/ Dissatisfied)</b>	3	23%
<b>TOTAL</b>	13	100%

Source: Service user survey, IFF Research

Note: E3. To what extent were you satisfied or dissatisfied with the outcome of your [SERVICE]? Base: Service users with outcomes for Probate (1), OCMC (1), Divorce (2), SJS (5) and HwF (4), combined (13).

**Impact for service users**

Table A.20 shows the impact of NDSS support on non-SSCS users that took part in the survey.

**Table A.20 Impacts of NDSS support on NDSS users (Probate, OCMC, Divorce, SJS and HwF)**

	<b>Proportion of those with any positive impact</b>		<b>Proportion of those with any negative impact</b>		
	No.	%	No.	%	
<b>Made feel more confident/ less stressed</b>	9	43%	<b>Lack of help/ support</b>	5	42%
<b>Staff were helpful/ supportive</b>	9	43%	<b>Lack of information/ explanation</b>	4	33%

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<b>Good information/ explanation</b>	7	33%	<b>Staff lacked knowledge/ made mistakes</b>	3	25%
<b>Issue resolved</b>	3	14%	<b>Caused more stress</b>	2	17%
<b>Consideration for individual circumstances</b>	2	10%			

Source: Service user survey, IFF Research

Note: E6. You mentioned that the support you received through the NDSS had a negative impact. Please could you tell me a bit more about this? / E7. You mentioned that the support you received through the NDSS had a positive impact. Please could you tell me a bit more about this? (Both open questions). Base: NDSS users (Probate, OCMC, Divorce, SJS and HwF) who reported positive impacts (21) or negative impacts (12). Answers given by 1 not shown.

## Annex B – Case studies

### Case study 1

#### Community centre, predominantly SSCS users, c. 150 appointments

This case study is from a Community Centre, who have been supporting mostly SSCS users, and some Divorce and SJS users. An interview and observation took place with a frontline staff member.

The centre had completed over 150 appointments at the time the research took place, and the majority (estimated at 95%) of appointments have been remote.

On first hearing about the opportunity to be involved with the NDSS, the centre thought it was a good idea.

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***“I thought it would be good for the clients - a lot of people are struggling, so we thought it would be a nice way of interacting with people to help them.”***

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They also responded positively to the training received and felt ready to deliver support.

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***“They went through it [online platform] exactly, step-by-step so we knew exactly how it would work.”***

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Additionally, the centre felt that WA Group had been supportive throughout.

The centre had made a few referrals themselves, in instances where potential users had come into the centre offices, and their digital needs had been identified.

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***“You said you get depression and that. We do have lists of services that can help with that. Do you want me to give you any of those?”***

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In these cases, WA Group were called to triage a referral immediately, and this had worked well.

In terms of triage from WA Group to the centre, this was also working well. The centre were able to find resource to cover telephone appointments with at least 24 hours' notice. Face-to-face appointments needed at least a weeks' notice.

From the users' perspective, there was sometimes confusion as to who they were dealing with. i.e., SSCS users may not understand that the centre were not part of DWP. This could cause anxiety, but was alleviated when an explanation was offered by the centre.

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***“I think when they realise we're not the one's phoning to assess them, we're helping them with something they've got to do to get this sorted, they calm down.”***

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On the whole though, users understood that they were going to receive digital support, as this had been explained in their triage call.

In terms of systems and IT, the centre felt that Salesforce, the software that replaced Athena and used for bookings was working well. However, there had been some issues on this platform which had led to delays to payment. There was also a suggestion made that including the type of benefit claimants being processed in user information prior to appointments would be useful.

There was evidence that the users' digital support needs had been met, as their SSCS form was completed and submitted. Emotional needs were also met very well, with care shown, and signposting offered and taken up.

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In the observed appointment, the user showed they had understood required steps in their journey, and any actions required on their part, as these were all clearly explained by the delivery partner.

There was also evidence that the end of the appointments is being communicated clearly, with the user understanding what would happen next. And users were satisfied with the support they received, and felt listened to and reassured.

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***“You’ll get a text message soon. If you end up going to a tribunal, you’ll get a big pack of stuff that explains everything that they’ve got.”***

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## Case study 2

### Community centre, predominantly SSCS users, several hundred appointments per staff member

The centre has been mainly offering support for SSCS appeals, alongside occasional support for Divorce, OCMC, Probate and SJS users. An interview and observation took place.

This centre had been delivering support appointments for a year and had delivered appointments “in the hundreds” over that time. Both in-person and remote appointments were being offered, with remote appointments being more common.

The NDSS cases currently offered complimented existing support on similar programmes, such as the EU Resettlement Scheme that this centre was already involved with. Initially some in the centre were concerned about not being familiar with the content of cases covered by NDSS.

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***“I had some minor reservations because I’d never applied for Universal Credit or PIP. I was unaware of the process and the forms themselves, so I was a bit apprehensive.”***

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Training was delivered in webinars, helping to ease nerves, and the appointments themselves helped build confidence.

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***“Just double checking I understand [reads information provided by user]... Does that sound right?”***

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Additionally, a dummy SSCS (and other) appeal form would have enhanced the training to help gain a better understanding of what might happen in a live appointment.

In terms of systems and IT, the centre had introduced Salesforce to replace the existing Athena system. The new system had proven to be more

straightforward than the previous one and had helped allocate appointments when staff were absent. Training had been provided for the new Salesforce booking system.

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***“I definitely believe that if we could have had a fake example form and sort of just gone through it in an informal way”***

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The staff interviewed at the centre was not very familiar with the specifics of the referral process and welcomed learning more about this. There was an understanding that users were advised to contact WA Group to be referred into support.

The triage process from WA Group was thought to be working well, with information clearly communicated between users, WA Group and the centre. In this process, WA Group assisted by providing additional information covering users’ personal circumstances or mental health where appropriate.

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***“I believe they’re told what they’ll need ahead of the time...I believe they’re told that we’re there to provide assistance for them filling in the application form itself [and not legal advice]”***

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WA Group further assisted with appointment rescheduling and reallocation, whilst the centre issued reminders via text or email to users.

In the observed appointment, the frontline staff member did not introduce the content of the call at the outset in detail but was able to fill in the form as required by the user, checking as they went that the user’s meaning was being captured.

In addition to helping users complete their appeals, the centre reported that they provided additional emotional support to help offset user anxiety and

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stress, although there were some difficulties providing emotional support for more severe concerns (e.g., suicidal thoughts). In the appointment observation, a break was offered when the user displayed distress, however, some opportunities to respond to the distress of the user were missed and more could have been done to signpost to further emotional support.

The centre could not provide legal support to users as they were not accredited. They had been signposting in these instances, with the help of WA Group told them who to put users in touch with (e.g. Citizens Advice or a government helpline regarding benefit matters).

Despite the centre making clear that only digital support would be available, a minority of users

expected additional support (e.g. legal, procedural or emotional) as well. At the end of the support, the next steps were explained to users.

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***“At the end of the session, we make a point of saying your appeal's been submitted so... DWP will review the decision.”***

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According to internal surveys conducted by the centre, the vast majority (99%) of users reported a positive experience. The centre reported that users were pleasantly surprised at how easy the appointment had been in terms of having their form filled in successfully, with older users typically more worried about the process prior to being referred.

## Case study 3

### General Legal, predominantly SSCS users, c. 180 appointments

This case study is from a General Legal centre, who have been supporting mostly SSCS users, and some OCMC. An interview and observation took place with a frontline staff member.

The centre had completed around 180 appointments at the time the research took place, and the majority of appointments have been remote.

The centre had positive feedback on the training, commenting that the training slides they were sent were informative and concise. They had particular praise for the interactive training session, as it allowed them to work through some of the challenges that may arise.

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***"[The training was] very good. We were talking about common problems, the nitty gritty, what's going to really help us."***

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They also felt the workshop with WA Group, HMCTS and other delivery partners was useful, as they got to hear others' experiences.

The centre had made a few referrals themselves, where users had come into the centre in-person, and they advised the user to call WA Group to set up an appointment. The centre had good understanding of this process.

Triage from WA Group to the centre was also working well. The centre felt that users were usually

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***"It seems to be working really well. Most people seem to know what I'm calling about... they seem quite clear on where they are in the process, and they're got paperwork as well, which makes life a lot easier."***

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well prepared and understood their next steps. They

compared the referral process favourably to other services they'd worked with.

For the most part they found the Athena booking system easy to use. In particular, they found the notes about a user's special needs to be very helpful. However, there were issues with the software that meant they could not use Athena on Local Authority computers.

Generally the centre felt confident delivering appointment and could meet users' digital support needs. However, they noted that many users asked legal questions that they felt unable to answer or had other needs that could be challenging to meet. Most appointments were delivered remotely, which could be challenging when there is complex paperwork to go through.

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***"I had a gentleman who was appealing his PIP decision... I helped him with that, submitting the online form. He'd been left with no money, so I helped him find his local council number, and suggested he reach out to them about food banks and anything else that might be available."***

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Appointments could take up to two hours and lasted an hour and twenty minutes on average. Users needing to follow up was rare, and it seemed they usually understood the next steps. The perception of the centre was that users were satisfied with the process.

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***"It's quite rare [for users to follow-up]. When this does happen, it's always questions about the legal process."***

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The observed appointment demonstrated the complex needs of service users. The user was struggling with multiple physical disabilities and poor

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mental health as well as lacking digital skills. The adviser was kind and supportive and made the user comfortable enough to answer some very personal questions required by the PIP form. They also did well to keep the user focused on the form.

During the appointment they were successfully able to fill in the users' form, though the appointment was

long (an hour and a half), and the process was distressing for the user despite the support of the adviser. This seemed to be largely down to the stress of the PIP process itself, rather than anything the adviser could have done better.

## Case study 4

### General Legal, predominantly SSCS users, c. 50-99 appointments

This case study is from a General Legal centre, who have been supporting mostly SSCS users. An interview and observation took place with a frontline staff member.

The centre had completed around 67 appointments at the time of the research. 80% of referrals from WA Group were remote, and all self-referrals were face-to-face. 20% of all their referrals were made internally by the centre's local advice service.

The centre does not offer legal advice and refers to local organisations who can offer legal representation for appeals where necessary.

The centre had positive feedback on the training, particularly for the context around digital support. In terms of referrals, the adviser felt that the unpredictable nature of appointments being triaged by WA Group meant that diary management could be challenging, particularly when appointments are booked in with only 24 hours' notice.

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***“The issue that we have is managing our diary because we see clients internally at our centre here at the same time as clients come in through We Are Digital [WA Group]. So we have to allocate certain hours or days, morning or afternoons specifically for those slots.”***

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The centre also reported that the triage stage could be improved by WA Group providing details on the specific benefit being appealed within the SSCS service, which would save time and enable the adviser to prepare.

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***“Specifying which benefit it is at least gives you a bit more preparation... You're almost doing the triage yourself, before you get onto the details of what you want to appeal with.”***

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In terms of systems and IT, the adviser mentioned that the data migration from Athena to Salesforce caused technical difficulties, making it more difficult to allocate advisers' availability and to tell when the payment process has been completed.

The adviser reported that appointments generally include a personal introduction, finding out what support the service user needs in terms of specific type of benefit appeal, providing digital support to either fill in the form for them (in most cases) or guide them through the process, and then submitting the form. This is exactly how the observed appointment went.

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***“I'll fill in the form for you online. The actual details I'll go through as we go along, is that ok?”***

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The adviser also supports service users with procedural knowledge of what makes a stronger or weaker appeal, using experience of giving benefits advice, which is particularly helpful for them. For example, they often help them to articulate how their health issues affect their day-to-day life, which has an impact on the outcome of their appeal. This was the case in the observed appointment.

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***“People tend to focus on their health problem, and not really talk about how that affects their day-to-day life, and that's where normally the weakness is in their applications.”***

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The centre reported that some service users with complex health issues expected more emotional support and were often signposted to adult social services in these instances.

## Evaluation of the National Digital Support Service (NDSS)

In the observed appointment, the adviser signposted the service user to adult social care to get health-related adaptations to their home but did not signpost to any emotional support despite the service user frequently mentioning mental health issues including suicide.

However, the adviser did check that they had talked to a GP about their mental health and took a calm and non-judgemental approach which seemed to help the service user emotionally in itself. The adviser also offered the service user a break if needed.

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***“If you need to have a rest, just let me know and I’ll call you back.”***

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The centre reported that the appointments generally take much longer than the standard 60 minutes, which was reflected in the 90-minute observed appointment. The adviser reported that this is an issue, as WA Group only pays for a 60-minute appointment and requires advisers to apply for an extension to go beyond this to receive additional compensation, which would interrupt the flow of the service user’s experience.

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***“If you want to improve on quality of delivery for the customers, I think the time factor needs to be easier...I don’t want to say I’ve got an hour for you and that’s the only time I can give.”***

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In terms of the end of the support, the centre reported that contact details for WA Group or the centre itself are given in case the service user needs further support, though this was not witnessed in the observed appointment.

However, the adviser did explain clearly what will happen with the appeal, and the service user seemed to understand that the support had been completed.

Overall, the adviser felt that service users had a high level of satisfaction with the service, with users rating the support at 8 or 9 out of 10 on average in the centre’s feedback survey. In the observed

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***“Your appeal will be decided by an independent tribunal, which is made up of judges, doctors and a disability expert. They consider everything you tell them and make a decision on your entitlement to benefits.”***

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appointment, the service user appeared to be happy and appreciative of the support.

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***“Thanks for the help. I really couldn’t have done it without you.”***

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## Case study 5

### General Legal, predominantly SSCS users, c. over 300 appointments

This case study is from a General Legal centre, who have been supporting mostly SSCS users, as well as some Divorce, Help with Fees and Single Justice Service users. An interview and observation took place with a frontline staff member.

The centre reported that weekly appointment numbers vary considerably, sometimes 10-12 a week, or sometimes none. They ran about 20% face-to-face, and the remainder over the phone. They would run more face-to-face appointments, but did not have enough demand for appointments to warrant booking a space.

The organisation was already experienced at delivering digital support so not much training was required from WA Group – only on operational areas.

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***“My staff were trained in the role already so there was no additional training, just on how to use their [WA Group’s] website and portal.”***

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The centre reported that they did not refer to the service, as it causes delays to the service user, and the financial reward is not enough to be worth it. They might as well deliver the support straight away.

The adviser was not familiar with how the referral process was working for service users. Referrals were working well for the centre, until the end of 2023 when suddenly referrals slowed down dramatically without explanation.

The triage process generally worked well for the centre, but service users (particularly those with mental health issues) were sometimes confused about who they are speaking to throughout the appointments, often thinking that the delivery partner is part of HMCTS or the DWP. This could be made clearer in the triage phase. In contrast, in the observed appointment the adviser was very clear about being an independent party.

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***‘I’m totally independent to PIP, so I don’t work for the DWP and I don’t know anything about your case.’***

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Otherwise, the triage worked well, and the centre received information about the service user to help them be sensitive to their needs.

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***“There’s something in there saying if they’re dyslexic or anxious...It might say don’t call on a withheld number because they won’t pick up. So we have a heads up on how to approach them.”***

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The general experience of the IT systems had been fine, but there had been occasional glitches, for example where cases showed as outstanding when they have been completed.

The centre did not do any preparation work before appointments. A usual appointment involved calling the user, the adviser introducing themselves and the organisation, asking about their benefit appeal or other service, and going through their appeal or case.

The adviser reported that the service is able to meet all users’ needs, and in the observed appointment the service user was provided with digital, procedural and emotional support.

The centre delivered digital support, involving helping users to complete online forms, and procedural support via information about the process and next steps.

Procedural support was often more in-depth for users with mental health issues, who do not understand the process at all and need more handholding throughout. In the observed appointment, the adviser gave informal procedural advice that he should request more medical

evidence from his GP, and that the user should attend the hearing rather than do a paper hearing.

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***“I strongly recommend that anyone who wants to appeal puts their case across.”***

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The centre also provided emotional support (as the majority of service users have mental health issues), to calm down distressed users, or follow the safeguarding procedure if they need immediate emergency support.

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***“Some people get really upset, and it’s trying to calm them down...so we do give emotional support as well.”***

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The adviser maintained a patient demeanour when the user became frustrated about their appeal. The adviser also signposted the user to contact his support worker about accessing mental health support. However, the user seemed unsure about who their support worker was, so some possible further signposting to other forms of support could have been beneficial.

Additionally, though they are not legally accredited the centre provided some informal legal guidance.

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***“I’m not legally trained, but I have been doing this for a long time, so I know what criteria you need to meet for appeals.”***

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The centre reported that 60 minutes is enough for a session generally but may need more time if the user has lots of health issues.

The centre reported that not many appointments were missed, but the reasons included them being busy or forgetful, or difficulties travelling for face-to-face appointments. However, these were easy to reschedule.

According to the adviser, the service user is left clear that the support has finished. In the observed appointment, the adviser made the next steps very clear.

The centre felt confident supporting users fully, and in the proficiency of all staff. They had not received any negative feedback. In the observed

appointment, the user seemed appreciative of the support, and thanked the adviser

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***“That’s been submitted. What’s going to happen next is that you’ll get a letter through the post...within a month the DWP has to respond.”***

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