HM Courts &
Tribunals Service

Evaluation of the Enhanced Support for Jurors Pilot

March 2026

Acknowledgements

The authors would like to thank Dr. Hannah Fawcett (Manchester Metropolitan University) and Dr. Matt Brooks (Manchester Metropolitan University) for their helpful peer review of the evaluation.

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Executive Summary

The Enhanced Support for Jurors pilot included the implementation of the Juror Assistance Programme (JAP) and End of Trial Intervention (ETI) and was launched across 15 Crown Courts between October 2024 and March 2025 to assess the feasibility and effectiveness of providing emotional support to jurors post-trial. The initiative aimed to provide tailored support for those jurors who experience upset, or distress as a result of participating in jury service.

HMCTS researchers carried out a light-touch process evaluation among jurors, court staff and counsellors (from the counselling provider) to understand: the extent to which there is a need for enhanced support for jurors, the experience of ETI and the JAP, how the ETI and JAP are working operationally and to identify potential improvements. Qualitative research included 21 in-depth interviews with court staff and counsellors, as well as monthly feedback forms, and written reflections from court staff. Additionally, a random sample of responses from the HMCTS Juror Experience Survey was analysed to capture juror perspectives on enhanced support. Quantitative research was based on data provided by the counselling supplier, including service usage, presenting issues, and outcome measures.

Key Findings

- **Low but meaningful uptake**: Of 17,811 jurors, only 24 (0.13%) accessed the JAP, 13 (0.07%) were referred to counselling, and 10 (0.06%) attended at least one counselling session. However, those who did attend counselling sessions reported measurable improvements in mental health.

- **Positive reception**: Court staff and jurors viewed the ETI and JAP as a valuable and overdue addition to the justice system, enhancing the court's duty of care.

- **Operational feasibility**: The pilot was delivered with minimal disruption and adapted flexibly to local court contexts.

- **Barriers to engagement**: Stigma, timing, group dynamics, and the self-referral model limited uptake, particularly among male jurors. Additionally, variability in the dissemination of the JAP sign-posting materials may have further impacted take up.

- **Emotional impact**: Presenting issues included mental health concerns, emotional distress, anxiety, trauma, and sleep disturbances - often surfacing post-trial or triggered by external factors.

Potential Improvements to the ETI and JAP:

1. **Introduce tailored support earlier**, including during jury induction and trial proceedings.

2. **Extend access to JAP post-trial**, with follow-up contact and longer-term availability.[1]

3. **Enable flexible delivery of ETI**, allowing courts to tailor scripts and material distribution to fit a local context. This should be underpinned with appropriate training and consistent standards.

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[1] As the pilot concluded in March 2025, jurors could not access the intervention after 31st March 2025. Due to there being a potential delay in jurors experiencing distress, it is being recommended that the intervention should be available for jurors for a longer period post service.

4. **Improve visibility of JAP sign-posting materials**, using discreet formats, digital tools, and embedded messaging.

5. **Expand JAP therapeutic options**, including Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing Therapy (EMDR), and group or digital support.

6. **Strengthen staff training**, embedding ETI and JAP into standard operational guidance.

Conclusion

The evaluation of the Enhanced Support for Jurors pilot found that whilst uptake was low, it demonstrated early indications of measurable improvements in participants' mental health. Additionally, the ETI intervention was delivered with minimal disruption and adapted flexibly to local contexts. However, a limitation of this evaluation is that jurors' experiences of the ETI were not collected. Additionally, key barriers to engagement were also identified. These included jurors potentially experiencing stigma, variability in the dissemination of the JAP sign-posting materials, and the timing of delivery and access.

If the interventions are rolled out to national scale, it is recommended that an evaluation is conducted to understand the impacts further.

Introduction

Background

Jurors are members of the public, summoned at random using the electoral register, to serve on predominately criminal trials at crown courts. As crown courts manage the most serious offences, jurors may be exposed to distressing cases. As summons are generated randomly, jurors may serve whilst experiencing other related or unrelated stress, which has the potential to compound negative impacts. Many people find their experience of jury service to be fulfilling, but some experience mental and emotional strain following their service, especially for cases which are particularly distressing.[2] Although most jury service usually lasts up to 10 working days, they may last longer. Once jurors have completed their service, they are able to discuss what happened in the court room but cannot discuss anything that happened in the deliberation room that led them to the agreed verdict.[3]

Prior to the pilot, HMCTS provided informal support to jurors through court staff and signposting to GPs and the Samaritans through multiple channels, such as directly by staff, leaflets and a video jurors receive once their service has concluded.[4] However, there has been a call for further specific support for jurors. Additionally, the Scottish Courts and Tribunals Service offer a bespoke referral route for jurors who would benefit from further mental health support and interventions. This is in line with international models, such as the peer model used in Canada[5] and counselling helpline for jurors in Australia.[6]

Therefore, the Ministry of Justice (MoJ) launched the Enhanced Support for Jurors pilot in 15 crown courts in October 2024. It ran until March 2025, and comprised of two initiatives:

End of Trial Intervention (ETI):

The ETI provided jurors with a structured debriefing session led by trained court staff, such as jury officers and ushers. At the point that jurors were dismissed, staff delivered a debriefing script to all jurors that provided them with information to access additional support, including the Jurors Assistance Programme. At the end of the debriefing session, staff offered jurors the option to partake in a decompression session. This was an opportunity for jurors to stay in the deliberation or assembly room at the end of the trial to talk about the outcome and deliberation process in a safe space. This was not led by staff and staff did not stay in the room to ensure that these conversations remained confidential, and jurors had the freedom to discuss freely.

To ensure that staff were confident in delivering the ETI, engagement sessions were provided. These occurred at both a local court level and whole group sessions with all the pilot courts to ensure they fully understood the ask. Additionally, a Juror Support Framework was developed which set out the requirements and provided further guidance on how to effectively support jurors.

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[2] *The impact of jury service on Scottish jurors' health and well-being,* Emma Welsh et. Al (2020)

[3] Jury service: Discussing the trial - GOV.UK

[4] Since the pilot, as general practice, jurors are signposted to NHS 111 telephone line for mental health support, as well as GPs and the Samaritans.

[5] https://www.canadianjuriescommission.ca/programs

[6] https://www.juriesvictoria.vic.gov.au/individuals/support-for-jurors#:~:text=If%20you%20need%20urgent%20support,Services%20Victoria%20%2D%20Juror%20Support%20Program.

The ETI aimed to:

- Provide jurors with closure and recognition post-trial
- Increase awareness among jurors of dedicated support services

Jurors Assistance Programme (JAP):

The JAP provided jurors with the opportunity to access tailored mental health support, after completing jury service. This was accessed through a self-referral model, in which jurors were able to contact the counselling provider directly. In collaboration with trained counsellors, they were able to explore strategies for managing the impact of jury service and improving their mental health. This was accessed via an advice telephone helpline which was available 24/7 and offered basic counselling advice and relevant signposting. When jurors contacted the helpline an assessment of their needs was conducted, and if necessary, they could access bespoke support. This support included up to six counselling sessions (with two additional if needed). Additionally, the professionals could facilitate onward referrals if more intensive or longer-term interventions were required (i.e. NHS or talking therapies). The JAP aimed to:

- Offer immediate emotional support via a professional helpline
- Facilitate timely access to bespoke therapeutic interventions

Annex 1 provides additional detail on the intervention process map of the ETI and the JAP, and Annex 2 provides more detail on the signposting pathways in the JAP. Additionally, further detail on how stakeholders were involved in the pilot is outlined in Annex 3.

To understand the effectiveness of the delivery of the pilot and explore if and how the interventions could be improved, MoJ commissioned HM Courts and Tribunal Service (HMCTS) to conduct a light-touch process evaluation which concluded in August 2025, and this report presents the findings.

Research Aims

The research objectives of the process evaluation were to understand:

- The extent to which there is a need for enhanced support for jurors
- The experience of the End of Trial Intervention (ETI) and Jurors Assistance Programme (JAP) for jurors, counsellors and court staff
- How the ETI and JAP were working operationally, and to identify potential improvements

Methodology

A process evaluation set out to evaluate how the Enhanced Support for Jurors pilot was carried out and what impact it had on jurors and court staff. This was with the aim to understand how the support was intended to work and whether this was delivered in practice.

The evaluation comprised of a multi-method research approach to gain insight into multiple user groups. Table 1 summarises which method was used for each group.

Table 1: Research methods summary

Jurors	Court Staff	Counsellors

• Juror Experience Survey (random sample of 225 responses) • Management Information[7]	• In depth interviews (17) • Written feedback (2) • Feedback forms and monthly discussions	• In depth interviews (4)

Interviews with Stakeholders

In depth semi-structured interviews were scheduled for one hour and conducted online (e.g., via Microsoft Teams) by HMCTS researchers, post JAP and ETI. 17 interviews were conducted with court staff from the pilot courts to gather insights on the ETI, and 4 interviews were conducted with counsellors from the provider to understand the effectiveness of the JAP between April to June 2025.

In addition to the interviews, some staff preferred to provide feedback via email. Two members of staff from one pilot court opted for this option. Table 2 summarises the spread of interviews across the pilot courts.

Table 2: Spread of interviews by pilot court

Pilot court	Number of interviews
Birmingham Crown Court	1
Bristol Crown Court	2
Carlisle Combined Court	1
Central Criminal Court	2
Gloucester Crown Court	1
Kingston Upon Thames Crown Court	2
Leeds Crown Court	1
Liverpool Crown Court	1
Luton Crown Court	1
Mold Crown Court	2

[7] Management Information was collected by the counselling service, metrics included location of the call and presenting issue, as well as protected characteristics data such as age, sex and ethnicity.

Nottingham Crown Court[8]	0
Oxford Combined Court Centre	1
Snaresbrook Crown Court[9]	0
Teesside Combined Court	1
Winchester Combined Court	1

Staff who had been involved in delivering the pilot at a local court level were invited to participate in the interviews or provide written feedback. Those who took part were aware that their contributions would be anonymised, with analysis occurring at a job role level and that direct quotes may be included in the final report. Those who participated were primarily ushers or jury officers. The full breakdown of staff roles is displayed in Table 3.

Table 3: Roles of interview participants

Role	Number of interviews
Usher	5
Jury Officer	4
Jury Manager	3
Admin Officer	3
Delivery Manager	2
Jury Bailiff	1
Usher Team Manager	1

The interview transcripts and written feedback were analysed using thematic analysis. This approach focuses on identifying and interpreting themes within a data set to understand people's views and experiences.

Feedback Forms

Feedback forms were completed by court staff at each pilot court to inform monthly progress discussions. The forms focused on capturing views around the implementation of the ETI and

[8] Nottingham Crown Court provided written feedback only
[9] Snaresbrook Crown Court did not participate in the interview process or provide written feedback

covered themes such as juror openness and whether this varied by case type, and whether jurors found the intervention helpful. Additionally, court staff shared feedback on the logistics of delivering the intervention, for example the resource required, and the training staff received. These forms were also used to support monthly discussions between local court staff, the delivery team and researchers. The forms collected detailed responses, and this data was analysed using thematic analysis.

Juror Experience Survey

Primary research was not conducted with jurors who received the ETI or accessed the JAP, as we did not wish to further distress a self-identified vulnerable group. We did try to elicit feedback from jurors using a survey that the counselling supplier already distributed to individuals, after counselling treatment. However, no surveys were completed. Although not a direct replacement, to ensure that jurors' experiences were captured, the juror experience survey was analysed as an alternative. This is a pre-existing survey that is sent to all jurors, including those who have served on a trial during their jury service. It is an opportunity for them to provide feedback on their experience. As the evaluation was specifically exploring post-service support, responses to one specific question about support for jurors was selected for analysis.[10] 225 responses were analysed; 15 responses were randomly sampled from each of the 15 crown courts involved in the pilot, to understand their thoughts on support offered to jurors.

Management Information

Management information (MI) data was collected by the counselling supplier throughout the duration of the pilot and shared with HMCTS. A range of metrics such as call type, location of call and presenting issues were captured as well as protected characteristic data such as age, sex and ethnicity. Additionally, for those jurors who accessed the counselling sessions, generalised anxiety disorder (GAD-7) and Patient Health Questionnaire (PHQ-9) scores were collected at the start and end of the intervention. Further detail on the definition of these scales is in Annex 6.

Research Limitations

This evaluation aimed to understand the need for enhanced support for jurors and the experience of the interventions, alongside assessing how they have been implemented operationally. Whilst these aims have largely been satisfied, the limitations of the research should be noted. Firstly, due to the relatively low uptake the MI data provided was limited, this was exacerbated by missing data, such as missing GAD-7 and PHQ-9 scores for those jurors who did not complete the intervention. Therefore, only basic analysis could be conducted. Secondly, whilst the vast majority of pilot courts were involved in the evaluation, not all pilot courts participated in the interviews or via written feedback. As not all courts participated, and the low volume of MI data the findings may not be representative of all pilot sites, including the staff and jurors involved in the pilot.

Finally, we were unable to engage directly with jurors and instead relied on the existing juror experience survey. To support the evaluation, the 'support for jurors' question from the Juror Experience Survey was used, given its relevance and potential to shed light on jurors' perceptions of support provided. While the survey offered useful information, interviews would have provided a more nuanced understanding of jurors' experiences. Caution should also be exercised when

[10] Full wording of the question: "We understand jury service can sometimes be a challenging experience, or you may have been upset by some of the evidence provided during the trial(s). We are exploring ways to better support jurors following their service and want to know what you think. How could HMCTS improve the support jurors receive following their service?"

interpreting these findings, as this survey was not designed to assess the specific outcomes of the pilot.

Research Findings

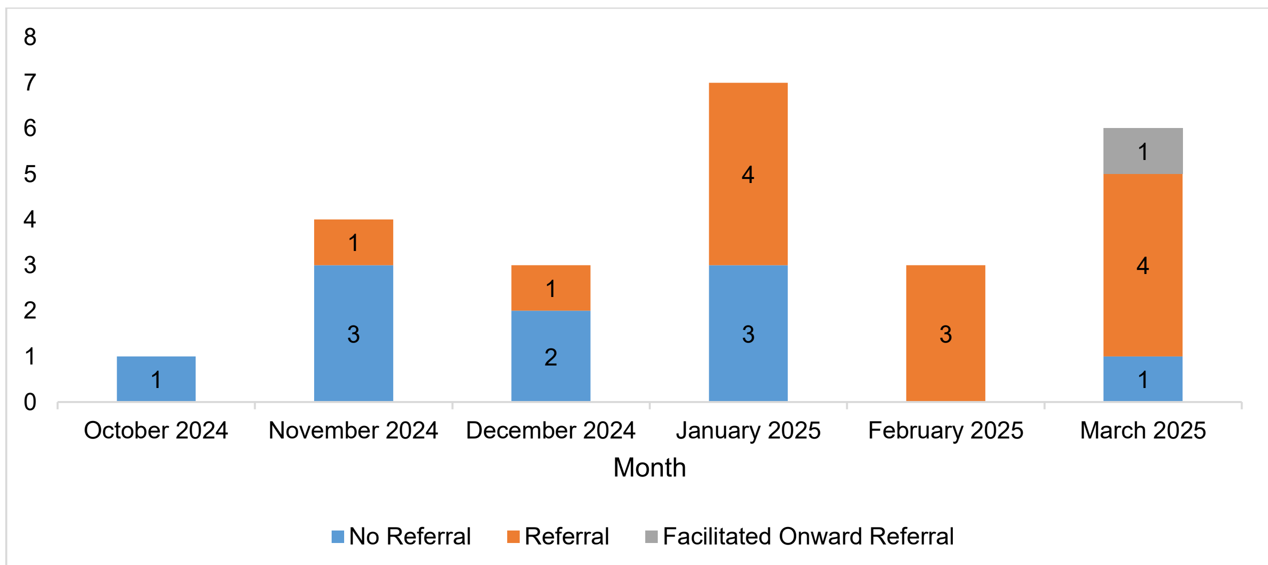
Demand for enhanced support for jurors

Uptake of the Pilot

- Out of 17,811 jurors across 15 Crown Courts during the pilot period (October 2024 – March 2025), 24 (0.13%) accessed the Juror Assistance Programme (JAP).
- 24 calls were made to the 24/7 helpline: 13 referrals to counselling, 1 onward GP referral, and 10 non-referrals.[11]
- Call answer rate was 100% throughout the pilot (October 2024 – March 2025).
- On average, jurors who were referred to counselling (13) attended three out of the six sessions that were available to them.[12]
- Of those who attended counselling sessions (10/13)[13], 9 received telephone counselling and 1 received video counselling.

Engagement with the JAP was highest in January and March 2025, with 62% of referrals made during these months. On average, 4 jurors called the helpline each month, however this was surpassed in January (7) and March 2025 (6), as outlined in Figure 1.

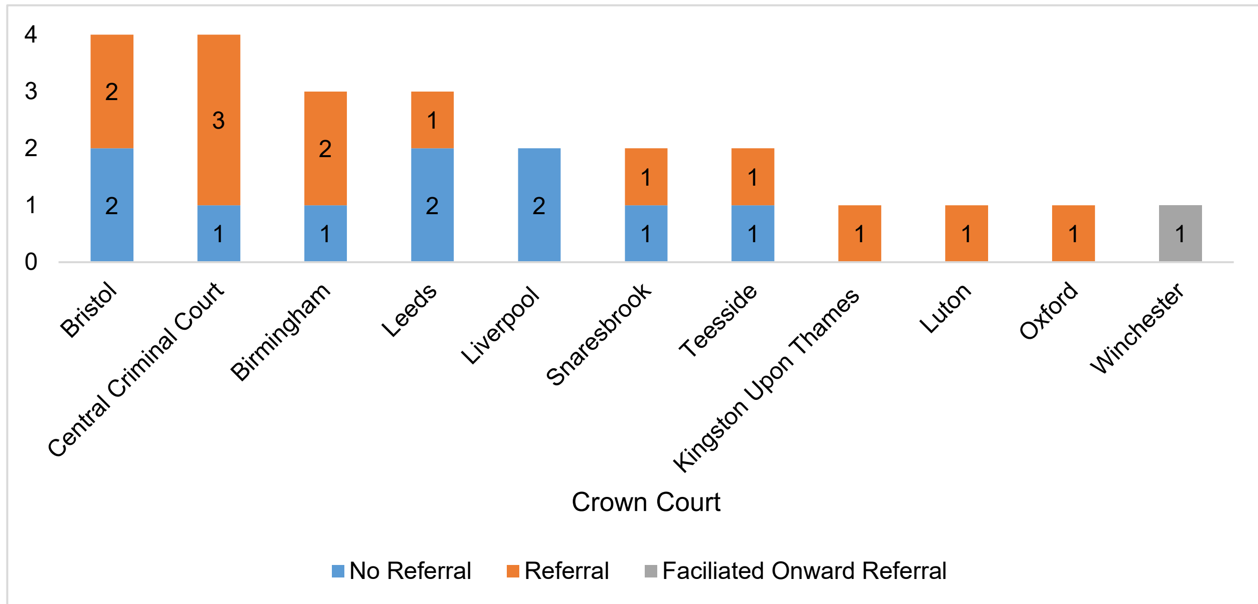
Figure 1: JAP activity by Month: October 2024 to March 2025



[11] When jurors accessed the helpline, the professionals working within the counselling service assessed the presenting need and directed jurors to the most appropriate route.
[12] Please note that individuals may choose to cancel future sessions, or counsellors may recommend a specific number of sessions based on the individual's needs.
[13] 3 individuals were referred to counselling but did not attend a counselling session.

Jurors from 11 of 15 courts accessed the service. Bristol and Central Criminal Court had the highest call volumes (4 each), as shown in figure 2. No calls were received from Carlisle, Mold, Nottingham, and Gloucester.

Figure 2: JAP activity by Crown Court: October 2024 to March 2025



Of the 24 jurors who accessed the JAP, most were female (79%), White British (63%) and aged 36-50 (50%). See Annex 4 for further protected characteristic breakdowns.

Views on the established support and enhanced support

In the interviews with court staff, it was common for them to express that jurors can be emotionally impacted by their experiences, particularly in trials involving graphic or traumatic content. They recognised that jurors can be exposed to unfamiliar, complex, and potentially distressing situations.

Staff highlighted that individual differences, such as personal circumstances and personality traits, mean that some jurors require more support than others. A key challenge identified was the need for jurors to collaborate with 11 strangers to reach a serious and consequential decision, which can be emotionally and socially demanding.

There is widespread recognition amongst staff for the need for enhanced juror support. Staff described existing support as informal and inconsistent, typically limited to signposting to GPs or organisations like the Samaritans. However, there was also a strong commitment to supporting jurors' wellbeing.

"Jurors welfare is our priority, because we're a Crown Court and the trials that we have to deal with, some are very unpleasant. So, their [jurors] well-being is our main focus really" – Court Staff

Staff use personal experience, empathy, and common sense to support jurors, particularly in distressing cases. Many suggested at times they exceeded the expectations of their roles to provide support for jurors.

"[In response to being asked whether they had gone above and beyond] Definitely, definitely. I've had jurors crying on me. I've had jurors being sick because they thought they'd given wrong verdicts. I've had seriously emotional jurors. I've had jurors in deliberation rooms that have got angry at each other and were nearly in fists… I've had a lot of different things to deal with" – Court Staff

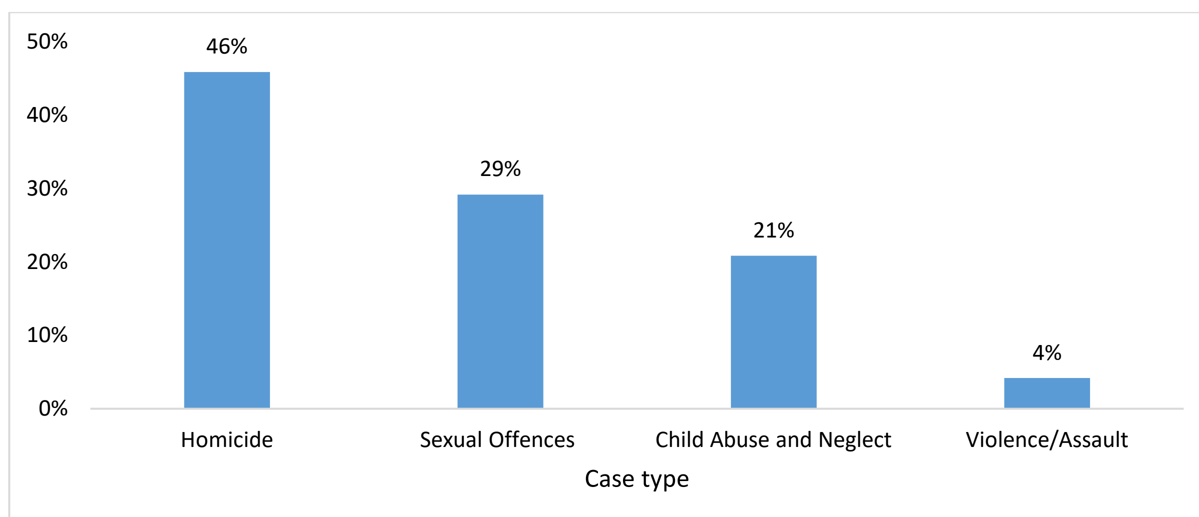
Staff also noted that especially for those exposed to high-profile, violent and traumatic cases (such as those heard in the Central Criminal Court), emotional responses may not surface immediately and that there is a need for ongoing support post-trial.

From the jurors who responded to the survey, many expressed a need for emotional support before, during, and after trials, especially in distressing cases. Many felt counselling should be offered proactively, not just post-trial. There were some reports of jurors feeling that there needs to be a better understanding of mental health and transparency of how doing jury service could affect them.

Variation by case type

Most jurors accessing the JAP had served on homicide (46%), sexual offences (29%), and child abuse/neglect (21%) trials, as Figure 3 outlines. Court staff felt that these cases were consistently linked to higher emotional distress, longer decompression times, and greater engagement with support materials. Jurors were more likely to stay behind and decompress after serious trials; some courts reported up to 1 hour of decompression time.

Figure 3: Distribution of case types of jurors who contacted JAP 24/7 helpline



However, some court staff also reported that emotional impact was not always proportional to case severity; individual differences and group dynamics played a role. It was also noted by some court staff that jurors in high-profile or long trials (e.g. Central Criminal Court) reported greater emotional strain and that repeat jurors could show signs of cumulative distress.

Views and experiences of the pilot

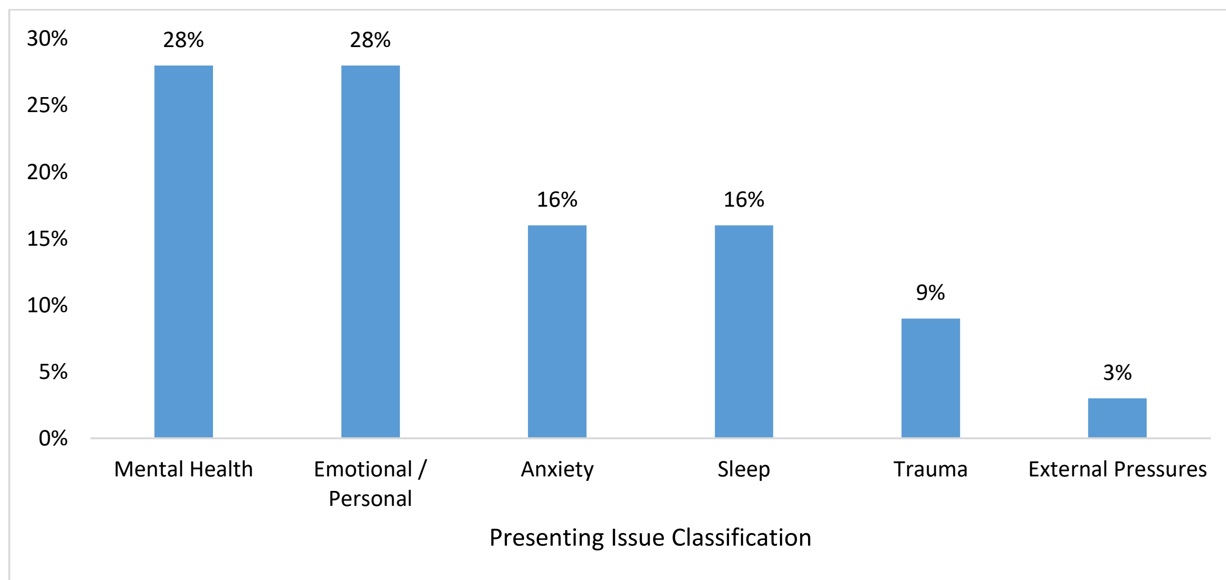
A needed intervention

All stakeholders, including court staff and counsellors, expressed a shared view that enhanced support for jurors is needed. The JAP and ETI were consistently described as a welcome addition to the court proceedings, offering jurors a safe and confidential space to process the potential emotional impact of jury service.

Among those jurors who rang the JAP helpline and reported mental health-related difficulties, the presenting issues varied. Presenting issue definitions are noted in Annex 5. The most commonly reported concerns were mental health issues and emotional or personal distress, each accounting

for 28% of cases, as show in Figure 4.[14] Anxiety and sleep disturbances were each reported by 16% of individuals. Additionally, trauma was cited in 9% of cases, while external pressures were mentioned by 3%.

Figure 4: Distribution of recorded presenting issues of jurors who called the 24/7 JAP helpline



These findings highlight the individual nature of potential emotional responses to jury service. Both court staff and counsellors acknowledged that jurors may not be aware of what will trigger distress until it occurs - and that triggers can vary widely. The JAP was praised for providing a space where jurors could process these reactions, regardless of when they emerged.

Many staff felt the JAP and ETI contributed to a more supportive and compassionate court culture, appreciated by both jurors and staff. The interventions were seen as helping to soften the formal nature of jury service and reinforce the message that jurors are valued.

"It felt good to be able to offer something specific to jurors - something that showed we cared, rather than just handing them a leaflet and saying goodbye." – Court Staff

Showing early promise

Outcomes of those who engaged in counselling sessions were measured using GAD-7 and PHQ-9 questionnaire (see Annex 6 for definitions of questionnaires). The counselling supplier completed these measures with those jurors accessing the service in their initial session and then again in their final session. Outcomes of those who received counselling sessions demonstrated that there may be early signs that the JAP effectively supports jurors, with outcome measure scores suggesting meaningful symptom improvement.[15] On average:

- **GAD-7 scores** dropped from 9.7 (mild anxiety) to 4.1 (minimal anxiety).

[14] Counsellors classified the jurors presenting issues based on their initial assessments/emotional support calls. The juror who received information and advice, did not provide any personal information including their presenting issue. Note that most jurors receive one primary presenting issue (14/23). However, 8/23 jurors received a secondary presenting issue, and 1/23 jurors received a tertiary presenting issue.

[15] Please note that 3/13 jurors did not have any counselling sessions, although referred for counselling. Therefore, they have been excluded from outcome measure and work status analysis.

- **PHQ-9 scores** dropped from 10.9 (moderate depression) to 4.2 (mild depression).

Also, a positive recovery trajectory was suggested by work status metrics. For example, one juror was off sick from work at the start of counselling and had reengaged with employment at the end of the intervention.

Counsellors noted that even short-term counselling (3-6 sessions) can be transformative. They suggested that jurors spoken to often needed space to offload guilt, stress and trauma, especially after high profile or repeated trials and that short term counselling or a single, well-handled initial call sufficiently met these needs. However, for more complex cases, counsellors advocated for expanded therapeutic options and follow-up support to sustain recovery.

"My impression is that sometimes when somebody's just gone through something that's been quite harrowing and then they call a helpline, they want to offload it all. They want to get support in terms of normalising how they're feeling because they're sort of up in the air" - Counsellor

Juror Engagement

Juror engagement with the Juror Assistance Programme (JAP) and End of Trial Intervention (ETI) was shaped by a mix of emotional, social, and operational factors.

Some juror responses from the Juror Experience Survey reported that they appreciated the option of support, even if they didn't access it directly. Many described the availability of counselling and decompression time as reassuring, particularly after distressing trials. Some jurors expressed interest in accessing support later, suggesting they felt that jury service could have a lasting emotional impact.

However, court staff and counsellors identified several potential barriers to engagement with the ETI and the JAP:

- **Emotional hesitation:** some jurors may feel guilt or uncertainty about their verdict, which could discourage them from seeking support.

- **Group dynamics:** A dominant juror or informal leader could shape the group's response to support materials - if that individual dismissed or ignored the resources, others might follow suit. This tendency toward conformity was commonly observed by court staff, with suggestions that some jurors may suppress their own needs to align with group behaviour.

- **Delayed emotional impact:** Jurors may experience distress later, often triggered by social media or post-trial commentary, reducing the likelihood of immediate engagement.

- **Timing**: Support was introduced only post-trial, which some jurors felt was too late.

- **Stigma**: Some jurors may avoid engaging with support services due to fears of appearing weak or unable to cope. Staff observed that this was particularly pronounced among male jurors, who were generally less likely to engage with the signposting materials provided during the pilot.

- **Visibility**: Materials were reportedly sometimes overlooked or not clearly explained.

- **Self-referral model**: It may be particularly challenging for individuals who have never engaged with mental health services to initiate contact with the JAP. Counsellors noted that, in their experience, those uncertain about their emotional state were less likely to seek support, especially if it was the case that they had to make initial contact with the service.

The pilot in an operational context

Implementation and Burden on Staff

The pilot was generally well-received by court staff, who found the End of Trial Intervention (ETI) and Juror Assistance Programme (JAP) easy to integrate into existing workflows. Most courts implemented the ETI after every trial, regardless of severity, promoting fairness and inclusivity.

"From a perspective of operational, the fact you're offering that aftercare can only lead to more positive outcomes." - Court Staff

Most staff reported that deliberation rooms were repurposed for decompression, offering a familiar and private environment for jurors to decompress after delivering verdicts, before rejoining the main jury area. In all pilot courts, decompression time was not fixed but guided by jurors' readiness to move on. Typically, staff would leave jurors for 10–15 minutes and then check in, offering additional time if needed.

Staff reported that the intervention was not resource-intensive, and many had already been informally offering debriefing and decompression sessions prior to the pilot.

"[In response to being asked about resourcing] Yes, plenty of resource. Yeah yeah, we had plenty of leaflets and that to give out and that so I think most people would like to see it carry on." - Court Staff

However, staffing pressures and time constraints were recurring challenges, particularly in busier courts. These factors occasionally hindered consistent delivery of the ETI, and distribution of support materials and these courts suggested implementing the ETI for more 'serious cases' only.

Despite these pressures, staff felt that the pilot enhanced their ability to support jurors, and many expressed a desire for dedicated training modules to improve consistency and confidence in delivery.

Effectiveness of delivery in the local context

The delivery of the support materials i.e., the debriefing speech, and the leaflets and business cards, was generally found to be effective, though engagement varied by court and case type.

- The **debriefing speech** was viewed as clear and impactful, though many staff adapted it to be more conversational. Although the initial intention was that jury officers would deliver the speech, it was found to be more practical for ushers to facilitate this as they typically had closer relationships with jurors. Overall, staff reported a positive reception to the ETI. Most said jurors were attentive during the debrief. However, some noted that at times jurors' attention may drift due to it being at the end of the trial. To address this, some courts reordered the script, placing the key information first such as the support information.

- **Leaflets** were praised for being informative but were sometimes seen as too large or stigmatising. However, the business card format was often preferred as it was more discrete and was more likely to be retained by jurors, allowing key information at a later date. Uptake of the materials was generally higher in serious cases and those resulting in not-guilty verdicts.

- **Direct distribution** of materials (handing them to jurors) was more effective than passive methods (leaving them on tables), with some courts reporting increased uptake after switching approaches. Conversely, some staff felt that distribution should remain passive to respect jurors' autonomy.

"We found that by giving them the leaflet first and by doing the decompression time before giving them their personal belongings, encouraged more [jurors] to stay and talk." - Court Staff

Overall, the delivery mechanisms were seen as effective when tailored to local court dynamics, and staff valued the flexibility to adapt their approach. However, upon implementation this would need to be balanced with ensuring support is delivered consistently and effectively, for example through sharing best practice between courts.

Improvements to the Pilot

Timing of Support – Preventative and Longer-Term Access

Court staff, counsellors and jurors consistently highlighted the need for earlier and extended access to emotional support. There were numerous reports from jurors in the Juror Experience Survey describing distress during the trial itself, not just afterward, suggesting that support should be offered before or at the start of jury service.

Additionally, emotional responses were often reported as delayed, surfacing weeks after the trial or triggered by media coverage. This points to the need for longer-term availability of the JAP, including follow-up contact and ongoing access beyond the immediate post-trial period. Suggestions included:

- Promoting the JAP in jury summons and induction materials
- Offering welfare check-ins post-trial
- Providing resources at the start and throughout the trial, not just at the end

Advertisement of the Pilot

Awareness of the JAP was a key barrier to engagement. For example, findings from the Juror Experience survey showed that some jurors involved in trials at the pilot courts were not aware of the enhanced support available or felt it was introduced too late. Staff and counsellors recommended stronger, earlier promotion to normalise help-seeking and reduce stigma.

Proposed improvements included:

- QR codes in juror areas and restrooms
- Digital reminders via text or email
- Embedding the JAP information into existing materials (e.g. the 'pink box' sheet[16])
- Posters and signage around court buildings

These approaches were seen as more accessible and less stigmatising than handing out materials at the end of a trial. They may also prevent jurors from being overwhelmed with information at the end of their service and enable them to engage in their own time away from the court.

[16] A document distributed to jurors at the beginning of jury service, outlining "Your Legal Responsibilities as a Juror".

Therapeutic Modalities Available

While the six-session counselling model was helpful, counsellors noted that it may not be sufficient for jurors experiencing complex or cumulative trauma. Counsellors reported that in this case they would refer the juror for NHS treatment as this would be indictive of the need for higher level intervention at a holistic level. However, they also noted that the current JAP model limits depth and flexibility of support as they were only permitted to provide up to six counselling sessions (with an additional two if necessary).

Counsellor's recommendations to improve the JAP included:

- Expanding access to Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing Therapy (EMDR)
- Offering group sessions for collective processing
- Providing digital self-help tools (e.g. SilverCloud[17])
- In addition to the self-referral model, allowing third-party referrals from court staff (with juror consent)

Counsellors also called for clearer guidance on what jurors can discuss post-trial, especially regarding deliberation room experiences, to ensure therapeutic conversations remain within legal boundaries.

[17] SilverCloud is an online mental health support service that offers a range of guided self-help programs designed to help individuals manage and improve their mental health and well-being

Conclusion

The evaluation of the Enhanced Support for Jurors pilot found that whilst uptake of the Jurors Assistance Programme (JAP) was low, it demonstrated early indications of measurable improvements in jurors' mental health. Additionally, it was viewed by court staff as a positive, valuable and overdue intervention as it provided more bespoke support for jurors.

The End of Trial (ETI) intervention was delivered with minimal disruption and adapted flexibly to local contexts. Staff reported feeling better equipped to support jurors and noted that jurors appeared to value the availability of support, even when they did not access it directly.

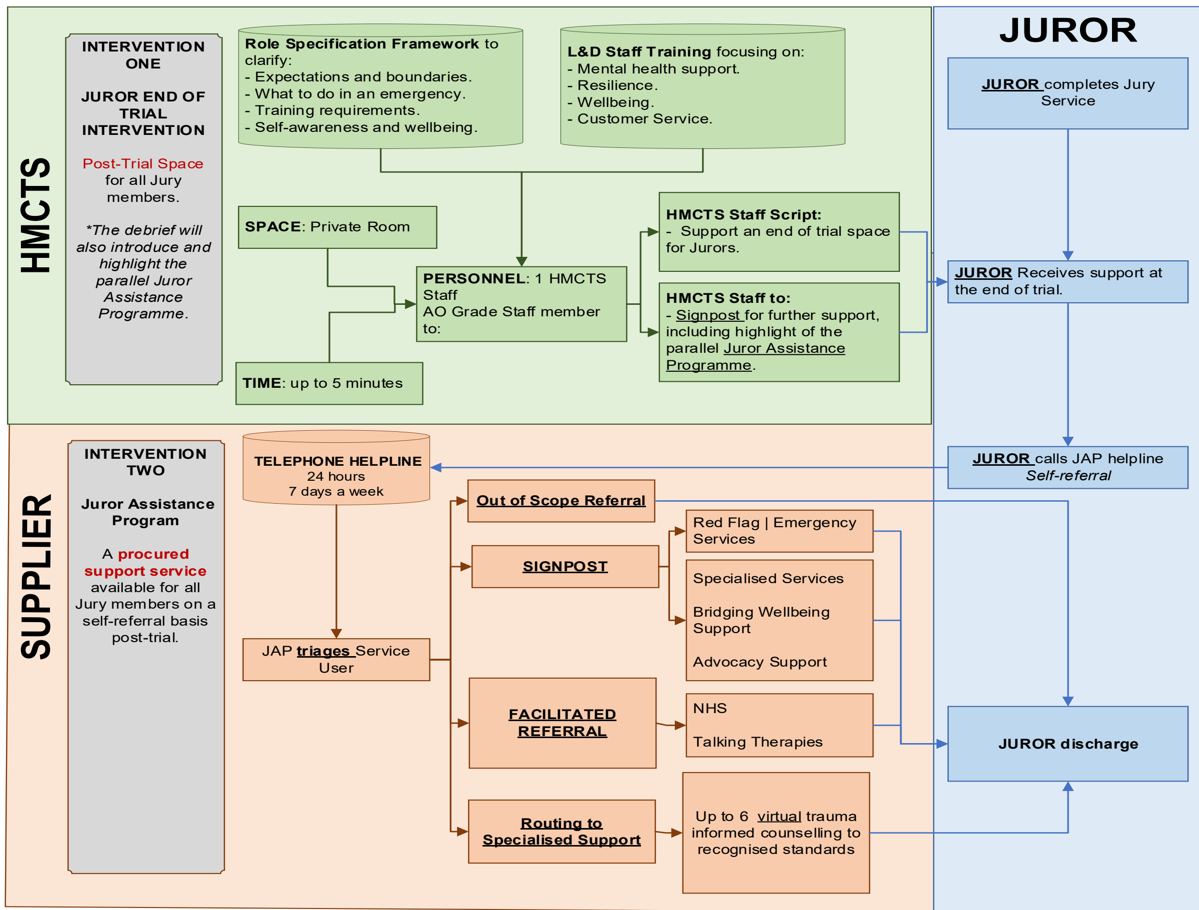
However, opportunities to strengthen the intervention were also identified. These included:

- **Improve staff training,** this could include dedicated training modules to give staff the skills to confidently support jurors effectively without relying on personal experience. It could also provide information around the psychology of group dynamics and guidance on how to support jurors in managing these.
- **Ensure staff have the time to provide the support,** as some staff reflected that at times operational pressures inhibited their ability to consistently deliver the ETI effectively.
- **Offer alternative ways for accessing the support and signposting information**, these could include QR codes in juror areas, digital reminders via text or email, embedding the JAP information into existing materials, and posters and signage around court buildings. These discrete forms of information dissemination may help alleviate some of the barriers to engaging, such as if jurors feel pressure through group dynamics, or experiencing stigma towards mental health issues.
- **Consider ways to support jurors pre-trial and throughout their service,** as jurors reflected that distress is not always isolated to the end of the trail, offering support throughout the process may be beneficial.
- **Explore how long jurors can access support post-service,** as jurors may experience a delayed emotional impact, it is important to understand how long after the trial jurors may need to access the JAP. Additionally, post-trial check-ins could be offered.
- **Expand JAP therapeutic options,** including Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation Therapy (EMDR) to better support those jurors who would benefit from more structured interventions. It may also be beneficial to explore the option for jurors to be able to access digital self-help tools to enable them to work through any emotional impact of their service at their own pace. Additionally, group sessions could be provided to allow for collective processing.
- **Introduce third-party referrals (with juror consent),** in addition to the option for jurors to self-refer, may help to alleviate the barriers to engagement associated with self-referral models.

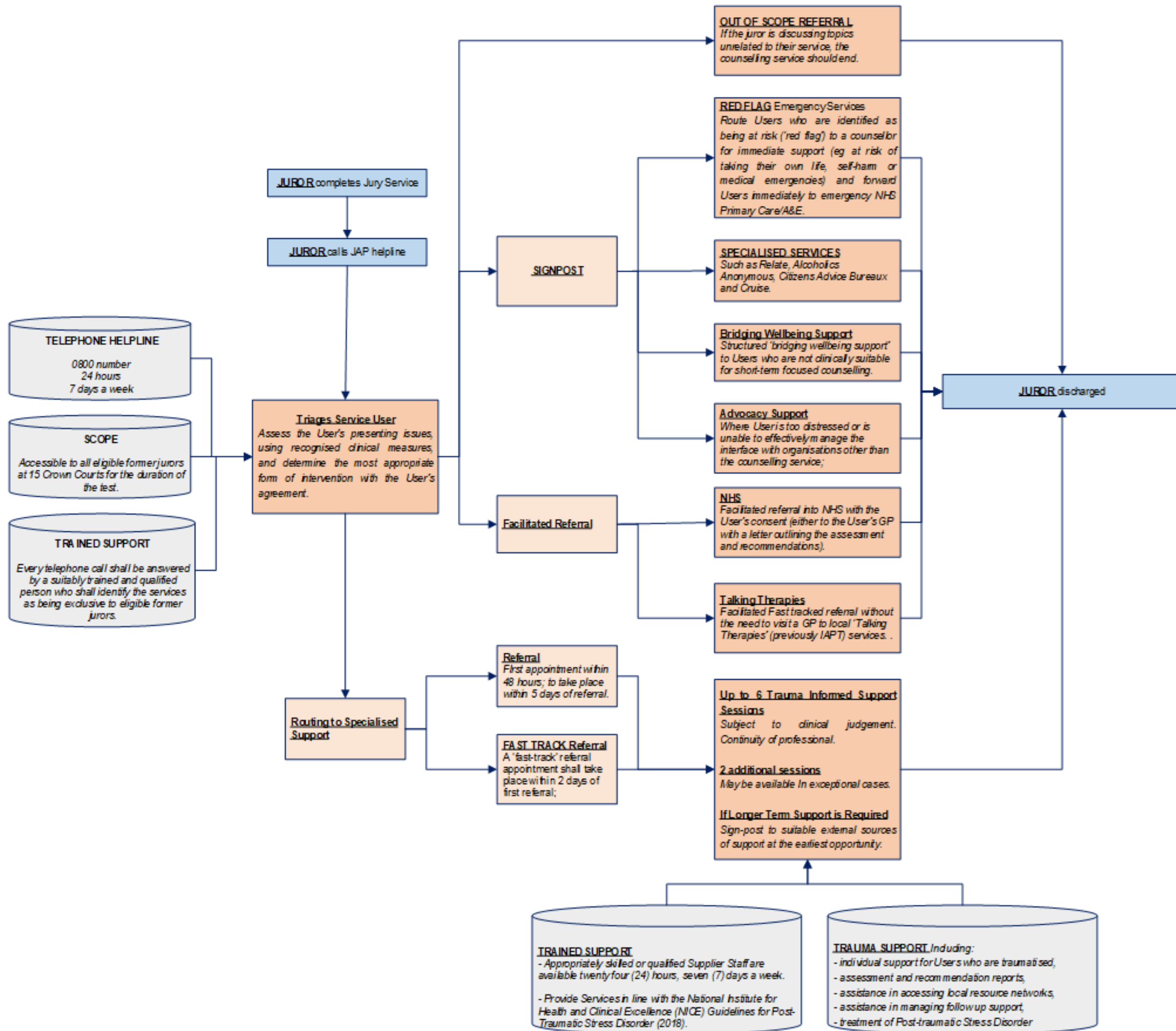
If the interventions are rolled out nationally it is recommended that the findings outlined in this report are considered in relation to local operational contexts. Additionally, an evaluation should be conducted to further understand how interventions are impacted by variances such as court location, size, and caseload. It will also be important where possible to include the voice of the juror to ensure that their experience of the intervention is reflected.

Annex

Annex 1 - Intervention Process Map of the Enhanced Juror Support Pilot



Annex 2 - Signposting pathways in the Juror Assistance Programme



Annex 3 - Overview of project roles

Court Staff

Court staff in the participating pilot courts were responsible for delivering the End of Trial Intervention (ETI). This included the debriefing session after the jurors had delivered a verdict and facilitating decompression time for jurors.

During the debriefing, court staff were responsible for delivering a debriefing script which was prepared by HMCTS, with input from an academic psychologist from Manchester Metropolitan University. The script expressed gratitude to the jurors for their service, acknowledged the emotional and potentially distressing nature of the evidence they encountered, and provided clear signposting to available support services. It also let jurors' know they had time to talk among themselves if they wished, offering a moment for reflection and decompression.

Court staff prepared and distributed the counselling supplier leaflets and business cards, signposting to the JAP.

Following the debriefing, court staff left the room to allow jurors private time for decompression. Jurors were welcome to remain for as long as they wished. Staff re-entered the room after an agreed period of time. This ensured jurors had a safe and confidential space to speak freely.

Counsellors

During the pilot period, counselling services were provided by a private supplier, which operated a 24/7 helpline accessible to jurors following their participation in a trial. Initial support was offered through a telephone assessment, and where appropriate, individuals were referred for further counselling. Jurors were eligible for up to six counselling sessions, with an additional two if required.

Counsellors received a JAP information pack before the pilot took place. This included an explanation of what jury service is (including deliberation and sentencing processes), jurors legal responsibilities (including what they can/cannot discuss during the trial and when the trial is over), types of distress that jurors might experience (including trial induced, process induced, personal induces stressors and impacts on physical health), information on test courts and the HMCTS led ETI and all materials that jurors receive.

Jurors

To be eligible for the enhanced support interventions, jurors had to have completed a trial. Only then were they permitted to contact the JAP. The ETI was delivered only after a verdict was reached. Jurors could contact the JAP at any point following the conclusion of their trial. However, they were informed that the pilot would conclude on 31st March 2025. If a juror attempted to contact the JAP after the pilot had ended, they would receive a voicemail message stating that the test phase of support provided by the counselling supplier had concluded. The message would also direct them to alternative sources of support, including the NHS 111 helpline, their GP, or the Samaritans.

The HMCTS Juror Experience Survey is emailed to all jurors. There are 3 different surveys that are distributed, dependant on jurors' circumstances. One survey is sent to those jurors that have been excused by Bureau, one is sent to those jurors that have been excused by court, and one is sent to those jurors that have had their Jury service deemed as complete. For those jurors who have had

their Jury service deemed as complete, the survey included the ‘support for jurors’ question[18] which was used in the qualitative analysis.

[18] Full wording of the question: “We understand jury service can sometimes be a challenging experience, or you may have been upset by some of the evidence provided during the trial(s). We are exploring ways to better support jurors following their service and want to know what you think. How could HMCTS improve the support jurors receive following their service?”

Annex 4 - Protected Characteristics of Jurors who contacted JAP 24/7 helpline

The counselling provider collected the protected characteristics[19] of those jurors who contacted the JAP helpline to further understand the jurors who were accessing the support. This MI data is presented by characteristic in the following sections.

Sex

The majority of those contacting the service were female (19), compared to 4 males. 2 jurors chose not to disclose their sex.

Age

The largest age group among jurors was 36-50 (12) followed by those aged 26-35 (6). 3 of the jurors who accessed the support were aged between 51-60, and 2 were 25 and under. The smallest age group was over 60s (1),

Ethnicity

The majority of the jurors who accessed the JAP were White British (15). The next most common ethnicities were undisclosed (6), Black African (1), Black Caribbean (1), Other Asian (1) and Other (1).

[19] The counselling supplier provided demographic data for 25 jurors; however, the remainder of the MI data was provided for 24 jurors. As the two datasets were not linked we were unable to match the two and are therefore reporting what the supplier provided.

Annex 5 - Presenting issue definitions

These definitions were provided by the counselling supplier.

- **External Pressures**: In clinical terms, external pressures refer to stressors or demands placed on an individual from outside themselves. These can significantly impact mental health and are often key contributors to a client's current difficulties (i.e., work-related stress, financial difficulties, family responsibilities, academic pressure, social expectations, legal issues).

- **Emotional/Personal issues:** This category refers to non-clinical emotional concerns or personal life difficulties that are impacting the individual's wellbeing or functioning. In an EAP setting, this may include relationship difficulties (partner, family, friends), grief, loss, or bereavement, work-related stress or burnout, life transitions (e.g., becoming a parent, divorce, relocation), low self-esteem or confidence, coping with change or uncertainty.

  These issues may not meet the threshold for a diagnosable mental health condition but can still cause significant emotional distress.

- **Mental Health:** This refers to more general mental health concerns, which may or may not be diagnosable conditions, but are causing distress or disruption in daily functioning. This includes low mood, sadness, or emotional numbness, difficulty concentrating, sleeping, or managing motivation, signs of early-stage depression or emotional dysregulation, general feelings of overwhelm or psychological fatigue.

- **Anxiety:** This includes symptoms of excessive worry, fear, or nervousness that affect the individual's ability to function day-to-day. Anxiety may present as: panic attacks or physical symptoms of stress (racing heart, breathlessness), generalised anxiety or constant worrying, social anxiety or fear of judgement, work-related anxiety, including performance pressure or fear of failure.

- **Sleep:** Symptoms include difficulty falling or staying asleep (insomnia), waking too early or feeling unrefreshed after sleep, sleep disturbance linked to recent life stress, work pressures, or emotional upset, sleep issues without significant risk, comorbidity, or chronicity, mild-moderate impact on daily functioning, but person is still engaged in work/life, no indication of sleep apnoea or medical cause. Sleep difficulties are assessed to determine whether they are primary (occurring independently) or secondary to other issues such as anxiety, stress, or depression.

- **Trauma:** Symptoms include mild trauma-related symptoms (e.g., emotional upset, intrusive thoughts) following a recent event; the client is safe, not currently at risk, and not experiencing active dissociation; no flashbacks or significant hypervigilance interfering with daily function; sleep issues; emotional numbness or avoidance that are mild-to-moderate. Trauma symptoms are assessed to determine whether they stem from a recent single incident or are historical and ongoing in nature.

Annex 6 - PHQ-9 and GAD-7 Definitions

The Patient Health Questionnaire (PHQ-9)[20] and Generalised Anxiety Disorder 7-item (GAD-7)[21] are standardised questionnaires used to assess depression and anxiety, retrospectively, with specific scoring systems to determine severity level.

The GAD-7 consists of 7 items, each item is scored on a scale from 0 – 3. The scores for all 7 items are summed, resulting in a total score ranging from 0 to 21. A score of 10 is the threshold for preliminary diagnosis of generalised anxiety disorder (GAD).

Interpretation of Scores:

- 0-4: No to minimal anxiety
- 5-9: Mild anxiety
- 10-14: Moderate anxiety
- 15-21: Severe anxiety

The PHQ-9 consists of 9 items, each item is scored on a scale from 0 – 3. The scores for all 9 items are summed, resulting in a total score ranging from 0 to 27. The counselling supplier use a score of 10 as threshold for preliminary diagnosis of depression.

Interpretation of Scores:

- 0-4: Minimal depression
- 5-9: Mild depression
- 10-14: Moderate depression
- 15-19: Moderately severe depression
- 20-27: Severe depression

The questionnaires are used by the counselling supplier to measure symptom improvement and support service-wide reporting of recovery. These are validated clinical questionnaires that allow the counselling supplier to measure symptom severity and whether someone’s symptoms have significantly improved - this is what they refer to as "recovery". The questionnaires are used consistently across NHS and EAP services to ensure the counselling supplier is meeting clinical standards and can compare outcomes across services. In Talking Therapies and EAP services, PHQ-9 and GAD-7 are used to define recovery based on symptom change and movement below clinical thresholds.

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[20] Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*, *16*(9), 606-613.
[21] Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, *166*(10), 1092-1097.