HMCTS Digital Support: Phase 4 Addendum Report

August 2021

Good Things Foundation

HM Courts & Tribunals Service

Contents

Executive summary

Her Majesty's Courts and Tribunals Service (HMCTS) is undergoing a £1 billion reform programme which aims to 'modernise and upgrade our justice system so that it works even better for everyone'[1].

A large part of this modernisation process involves moving HMCTS services online. However, some people may not want to use digital services, and others may need support to be able to do so. In recognition of this, HMCTS is improving its non-digital channels (including paper forms) and has piloted a Digital Support (DS) service with Good Things Foundation and a network of community-based/support centres.

The DS service delivered with Good Things Foundation and centres was piloted over four phases between 2017 and 2021. An Implementation Review of Phases 1 to 3 (September 2017 — August 2020) of the pilot was published in September 2020. In October 2020, the pilot was extended for a fourth phase in order to explore the impact that COVID-19 has had on service delivery.

The service was initially designed to be delivered in person. However, the outbreak of COVID-19 (and the implementation of national lockdowns, local lockdowns and social distancing restrictions) necessitated a move away from a purely face-to-face model to a model which included remote support. In Phase 3 (July 2019 — August 2020), the service delivery guidelines were updated to allow centres to provide support either in person, over the phone, or via online software. These adjustments were continued into Phase 4 (October 2020 — July 2021).[2]

This Addendum Report provides an update on delivery during Phase 4 (October 2020 — July 2021), and outlines what has been learned about delivering the DS service remotely. This report also summarises how the learnings from across the pilot can be used to inform future Digital Support services.

The learnings in this report are based on qualitative and quantitative findings from Phases 1 to 4 of the pilot. The findings have been drawn from performance data (captured in Phases 1, 2, 3 and 4), and qualitative research (conducted between September 2017 — June 2021).[3]

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[1] For more information on the HMCTS reform programme, see the guidance available at: https://www.gov.uk/guidance/the-hmcts-reform-programme#modernising-now-to-build-a-solid-foundation-for-the-future [Accessed 30.07.21]

[2] Delivering HMCTS services such as Divorce and Civil Money Claims remotely and with 'assisted typing support' was discouraged due to the fact that this would entail taking a DS users' bank details (due to the HMCTS service requiring this to progress the application).

[3] Further detail on the methodology is provided in Appendix 1.

Key Findings from Phase 4 (October 2020 — July 2021)[4]:

Support provided:

- Since the pilot began, a total of 1,221 DS users have been supported over 1,274 DS appointments[5], and 1,147 forms had been submitted;

- During Phase 4, 452 users were supported over 461 appointments, and 421 forms were submitted;

- The majority of the appointments delivered during the pilot were with Social Security and Child Support (SSCS) appellants;

- During Phase 4, 91% of appointments were delivered remotely and the majority of this remote support was delivered over the phone;

- The additional support that centres provided alongside Digital Support (such as emotional, procedural and legal support) continued to be highly valued by users accessing the service — and in some instances not having this additional support would have been a barrier to accessing HMCTS services online.

People supported:

- The DS users supported through the DS service typically had one or more of the following barriers: low digital skills, limited internet access, or low digital confidence; low confidence completing, or difficulty understanding HMCTS forms; ESOL needs; stress caused by a life transition or negative experiences with government services; and/or multiple and complex support needs;

- The DS users who were interviewed were generally very satisfied with the Digital Support they had received.

Routes into the DS service:

- DS users found the DS service through either an 'HMCTS referral' (where DS users were referred to a centre via a referral from the HMCTS Courts and Tribunals Service Centre), or a 'non-HMCTS referral' (where a DS user was identified and engaged directly by a centre, or through a referral/signposting from another organisation);

- During Phase 4 most DS users found the service through a 'non-HMCTS referral';

- The HMCTS referral process which was implemented in Phase 4 helped to increase the proportion of HMCTS referrals compared to previous phases;

- Key learnings in relation to the HMCTS referral process include: ensuring the needs of vulnerable DS users are clearly communicated to centres; ensuring that the administrative burden on centres is minimal; providing centres with information about DS user outcomes; and managing on-going support for DS users.

Implementing remote support:

- Allowing delivery organisations to deliver the DS service remotely was vital to enabling continuity of service during periods of lockdown;

- Remote support has now become embedded within many centres' delivery models;

- When interviewed, many of the DS users who had been supported remotely said they valued this option and that it met their needs;

- Centres' ability to deliver remotely was sometimes hindered by environmental and organisational barriers such as: the communication infrastructure in place; the skills and motivation of volunteers/staff; and their ability to manage capacity across different support channels.

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[4]   This data refers to fundable appointments up to the end of June 2021, (Phase 4 will continue until the end of July 2021)

[5]   Some people were supported across more than one service

Introduction

Her Majesty's Courts and Tribunals Service (HMCTS) is undergoing a £1 billion reform programme which aims to 'modernise and upgrade our justice system so that it works even better for everyone'[6].

A large part of this modernisation process involves moving HMCTS services online — with the ambition that this will provide: 'more and better ways to access justice for all those who need it, quicker and simpler processes for professional and public court users […] and a workforce that is as effective as it can possibly be.'

Despite the advantages that online services can provide, HMCTS realises that some people may prefer not to use a digital service, and others may face barriers to accessing services online. In order to support people for whom this is the case, HMCTS is improving its non-digital channels (such as paper forms) and has piloted a Digital Support (DS) service with Good Things Foundation.

The DS service piloted with Good Things Foundation was delivered by centres within Good Things Foundation's Network, and centres identified through the Litigants in Person Engagement Group (LiPEG).[7]

Eight HMCTS services[8] were included in the pilot. Support has been provided to people who would have been unable to submit a digital form independently by helping them to:

- Understand the HMCTS service and what it is there for

- Get ready to fill in the HMCTS online form

- Understand the content of the HMCTS online form

- Fill in the HMCTS online form

The service was piloted over four phases between 2017 and 2021. An Implementation Review of Phases 1 to 3 (September 2017 — August 2020) of the pilot, was published in September 2020. In October 2020, the pilot was extended for a fourth phase in order to explore the impact that COVID-19 has had on service delivery.

Several adjustments were made to the service delivery guidelines in response to the impact of COVID-19, and based on feedback from Phases 1 to 3:

- Delivery Model: Centres were given the option of delivering support either face-to-face, over the phone, or via online software;

- Collecting consent: In Phases 1 to 3 some centres mentioned they were having to collect consent on multiple occasions — as part of their own organisational processes, and as part of the DS pilot. In order to reduce this administrative burden — and to facilitate remote delivery — centres were allowed to capture consent to type on behalf of a DS user ('assisted typing'[9]) using any process they had within their organisation (as long as this was robust and clearly recorded);

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6 For more information on the HMCTS reform programme, see the guidance available here: https://www.gov.uk/guidance/the-hmcts-reform-programme#modernising-now-to-build-a-solid-foundation-for-the-future [Accessed 30.07.21]

7 For more information on HMCTS engagement groups see: https://www.gov.uk/guidance/hm-courts-and-tribunals-service-engagement-groups [Accessed 30.07.21]

8 More detail on the HMCTS services supported is found on Page 7

9 Gov.uk, Designing assisted typing support. Available at: https://www.gov.uk/service-manual/helping-people-to-use-your-service/designing-assisted-digital [Accessed 30.07.21]
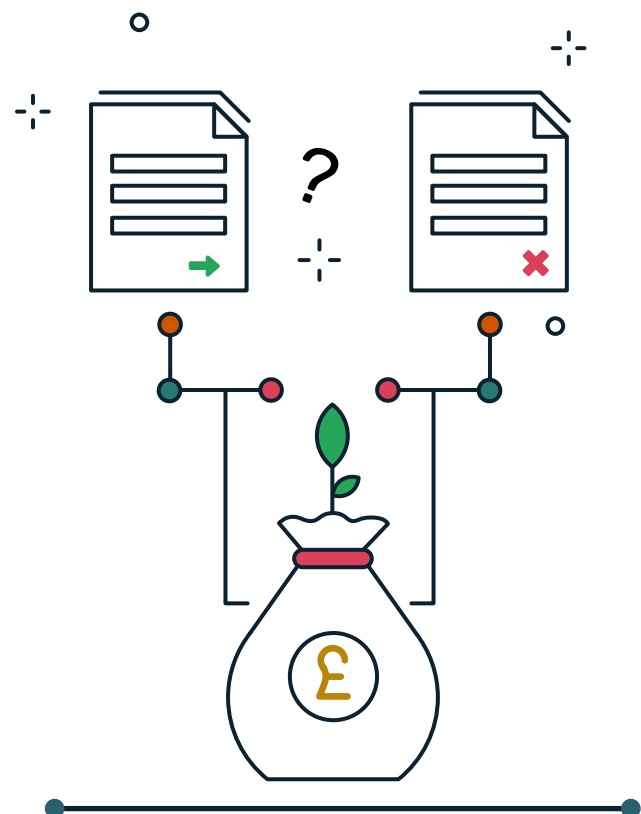
- Funding Model: In Phases 1 to 3, some centres explained that the support they had provided to DS users had not always resulted in a form submission. In recognition of this, a new funding model was introduced which allowed centres to be paid for support even if a form wasn't submitted during the appointment[10]. Centres could only be paid for one appointment, per person, per service;

- Data Collection: In Phases 1 to 3 some centres mentioned that the amount of information they were required to input to record a DS appointment was too extensive. In Phase 4 the data collection process was streamlined.

In parallel to the DS service piloted with Good Things Foundation and centres, a telephone Digital Support service has also been delivered through the HMCTS Courts and Tribunals Service Centre (CTSC)[11]. During Phase 4 CTSC introduced changes to the referral process with Good Things Foundation, and the centres delivering the DS service. This referral process is not the focus of this report, but key learnings have been included, where appropriate.

This HMCTS Digital Support Addendum Report builds on the findings of the Implementation Review, to provide:

1. An update on delivery during Phase 4;

2. A summary of what has been learned about implementing remote support;

3. A summary of the learnings from across Phases 1 to 4 of the pilot.

The findings are based on: data from 1,274 appointments (461 of which were conducted in Phase 4); 52 interviews with centres delivering the DS service (19 of which were conducted in Phase 4); 52 interviews with DS users (20 of which were conducted in Phase 4); a design session at Birmingham Courts and Tribunals Service Centre (conducted in Phase 2); a virtual workshop with centres (conducted in Phase 3); and a virtual design session with centres (conducted in Phase 4).

Overview of the Pilot

The HMCTS services supported through the pilot are:

Help with Fees
legacy service
delivered prior to reform

Single Justice Service
became available
23.03.18

Civil Money Claims
became available
26.03.18

Divorce
became available
30.04.18

Probate
became available
19.07.18

Personal Independence Payment appeal
became available
15.11.18

Employment Support Allowance appeal
became available
13.12.18

Universal Credit appeal
became available
30.09.19

To date, the DS pilot has been delivered in four phases:

Phase 1: Sept 2017 to Sept 2018	In Phase 1 the DS service was delivered by 10 centres. DS users were identified through referrals from the Courts and Tribunals Service Centre (CTSC). The appointments had to be pre-booked and Digital Support had to be provided in a separate appointment to other advice. Centres were not allowed to type for a DS user.	
Phase 2: Oct 2018 to June 2019	**Updates to service design:** • Centres allowed to type for DS users (assisted typing) • Centres allowed to generate their own referrals • Centres allowed to offer drop-in and outreach appointments	**Updates to centres delivering pilot:** • Additional 8 centres recruited based on experience and ability to deliver HMCTS services, as well as geographic distribution • 6 centres left the pilot

Phase 3:

July 2019 to Aug 2020

Updates to service design:

- Centres allowed to deliver advice in the same appointment as Digital Support
- Centres allowed to select the HMCTS services they want to support
- Centres allowed to provide HMCTS DS service remotely over the phone or call/video via online software (in response to COVID-19)
- Service renamed 'Digital Support' (was previously 'Assisted Digital')

Updates to centres delivering pilot:

- 13 centres recruited from within Good Things Foundation's Network
- 12 centres recruited from legal and advice networks
- 11 centres left the pilot

Phase 4:

Oct 2020 to July 2021

Updates to service design:

- Centres could capture consent for 'assisted typing') using any process they had within their organisation (as long as this was robust and clearly recorded)
- Centres could be paid for support, even if a form wasn't submitted during the appointment. Centres could only be paid for one appointment, per person, per service
- The appointment data that centres were required to collect was streamlined

Updates to centres delivering pilot:

- 1 centre recruited from legal and advice networks
- 3 centres left the pilot

A total of **1,274 DS appointments** have been attended since the start of the pilot
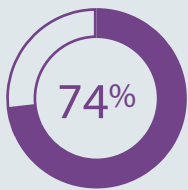
4

appointments
were delivered in
Phase 1

78

appointments
were delivered in
Phase 2

731

appointments
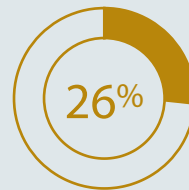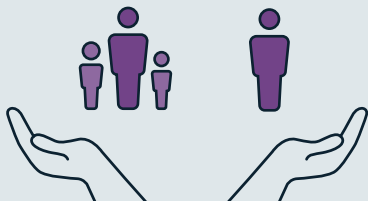were delivered in
Phase 3

461

appointments
were delivered in
Phase 4

74% of the appointments delivered through the DS pilot have been Social Security and Child Support benefit (SSCS) appeals:

721
PIP
appointments

141
Universal Credit
appointments

76
ESA
appointments

26% of the appointments delivered though the DS pilot have provided support for non-SSCS services:

169
Help With Fees
appointments

37
Civil Money
Claims
appointments

75
Divorce
appointments

51
Single Justice Service
appointments

4
Probate
appointments

1,221
DS users
have been supported
as part of the pilot

1,147
online forms
have been submitted
in a DS appointment

Non-HMCTS referrals were the key route into the DS service

1,120
DS appointments
were the result of a
non-HMCTS referral

(where DS user is identified
and engaged directly by a
centre or through a referral
from within a centre's network)

154
appointments
were the result of
a HMCTS referral

(via a referral from CTSC)

During Phase 4, most appointments were conducted over the phone
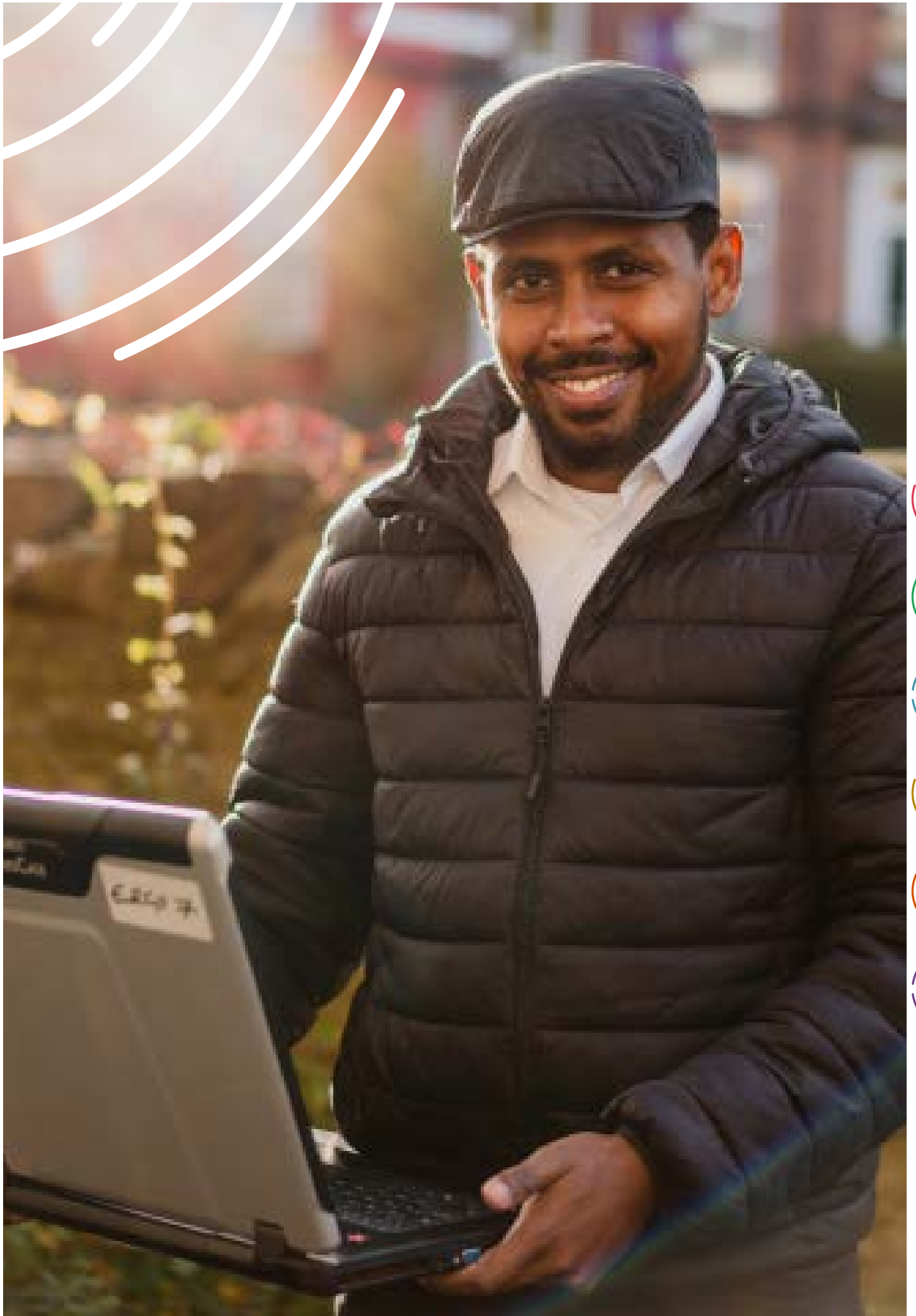
374
appointments
were conducted
over the phone

47
appointments
were conducted
via online
software

40
appointments
were conducted
face-to-face

Chapter 1

Delivery Organisations and Digital Support Users

1.1 Who delivered the Digital Support service in Phase 4?

HMCTS and Good Things Foundation engaged 23 centres to deliver the pilot at the start of Phase 4, and 22 centres were delivering the pilot at the end of Phase 4. During Phase 4, two centres left the pilot due to difficulties embedding the DS service into their delivery model[12], and one new centre joined the pilot.

The centres which delivered the pilot were recruited via Good Things Foundation's Network[13], and centres identified through the Litigants in Person Engagement Group (LiPEG).[14] As described in the Implementation Review, these centres can be grouped into three broad categories based on their delivery models: centres that offer accredited legal advice; centres that offer specialist welfare and benefits advice; and non-specialist support centres.[15]

1.2 Who used the Digital Support service in Phase 4?

As was the case in Phases 1 to 3, the majority of DS users supported (and interviewed) in Phase 4 were SSCS appellants — predominantly Personal Independence Payment (PIP) appellants. However, research with DS users accessing different services has indicated some shared user needs and barriers across all DS users.

The reasons that DS users needed to use the DS service in Phase 4 were consistent with the drivers described in the Implementation Review. The five main barriers that prompted people to seek support were:

- Low digital skills, limited internet access, or low digital confidence;
- Low confidence completing, or difficulty understanding, HMCTS forms;
- ESOL needs;
- Stress caused by a life transition or negative experiences with government services;
- Multiple and complex support needs.

These barriers can overlap and users can experience multiple barriers at once.

Chapter 2

Routes into the Digital Support Service

DS users supported by the DS service piloted with Good Things Foundation and centres found the service through one of two routes:

An HMCTS referral:

This is where DS users were referred to a centre via a referral from a CTSC.[16]

A non-HMCTS referral:

This is where a DS user was identified and engaged directly by a centre, or through a referral or signposting from another organisation (such as local charities, local government organisations, support workers and food banks). Centres used their own local referral processes to assess DS users' needs.

Non-HMCTS referrals were the primary route into the DS service during Phase 4, with 74% of DS users finding the service through this channel. Although most DS users continued to find the DS service through non-HMCTS referrals in Phase 4, the proportion of DS users who found the service through an HMCTS referral increased in comparison with the previous phases. In Phases 1 to 3, just 4% of referrals came through HMCTS referrals, whereas in Phase 4 this figure was 26%. More information is provided in Chapter 2.1 to explain this change.

Type of Referral by Phase[17]

	Phase 1-3[18]	Phase 4	All Phases
HMCTS Referrals	33	121	154
Non-HMCTS Referrals	780	340	1,120
Total	813	461	1,274

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[16] CTSC will sometimes receive contact from people requiring support to access the services supported by the DS service delivered with Good Things Foundation and centres. For example, PIP appellants who receive a Mandatory Reconsideration Notice (MRN) from the Department of Work and Pensions (DWP) regarding their benefit decision are provided with a CTSC telephone number contained in the MRN. Although CTSC staff are able to help people at the time of their call, in some instances it may be appropriate to refer them to the service delivered by centres — for example, if a person requires more holistic support, or has barriers to accessing the internet.

[17] This data refers to fundable appointments up to the end of June, (Phase 4 will continue until the end of July 2021)

[18] Delivery continued between the end of Phase 3 (August 2020) and the start of Phase 4 (October 2020). Appointments that were delivered after the end of Phase 3 and before the start of Phase 4 have been included in the Phase 1 to 3 data. Due to the fact that the data included in the Implementation Review was published at the end of Phase 3, this means the Phase 1 to 3 figures reported in the Implementation Review may be slightly different to those reported in this report.

2.1   Non-HMCTS Referrals

During Phase 4, the mechanisms through which non-HMCTS referrals were made were largely similar to those mentioned in the Implementation Review. DS users found the DS service through: an existing relationship with a centre; a previous relationship with a centre; a referral from another organisation; signposting by another organisation; word-of-mouth; or local advertising.[19]

Although the mechanisms through which non-HMCTS referrals were made remained the same in Phase 4, the channel through which they were operating was often different. For example, prior to the COVID-19 pandemic, a person with an existing or previous relationship with a centre could visit a centre's venue, but in Phase 4 they often needed to ring a centre's central phone line. Similarly, whereas previously a person may have been signposted to a centre's physical venue, they were now being signposted to their phone line. Local advertising also worked in a different way in the context of the pandemic — with posters displayed in the windows of a centre's venue to advertise that support was available remotely.

Some centres also commented that they were seeing fewer people seeking support through the DS service due to the impact of the pandemic — for example, some centres mentioned a drop-off due to the need to close in-person drop-in sessions, while among other centres there was the perception that there was earlier resolution to some SSCS appeals, and that this was having an impact.

2.2   HMCTS Referrals

During Phases 1 to 3 the number of HMCTS referrals was low. The reasons for this, and the actions taken to increase referrals were outlined in the Implementation Review.

During Phase 4 CTSCs implemented a number of further actions to update the referral process to align with the introduction of remote delivery into the DS service piloted with Good Things Foundation and centres:

- CTSC training resources were refreshed to ensure CTSC staff were considering user needs, and offering a range of Digital Support options for the user to choose from (including the DS service piloted with Good Things Foundation and centres);

- The referral form was updated with input from both centres and CTSC staff to ensure DS user needs were communicated clearly;

- The tool that was initially used to allocate and manage CTSC referrals ('Basecamp', a project management tool) was replaced with a bespoke, and secure, spreadsheet tool. This change was made in order to provide CTSCs with greater visibility of the support provided by centres following a referral, and to provide a clear process through which centres could raise queries with CTSCs.

The process that was implemented in Phase 4 achieved a number of successes:

- An increase in HMCTS referrals into the service piloted by Good Things Foundation: The number of HMCTS referrals increased substantially from 4% of DS users in Phases 1 to 3, to 26% of DS users in Phase 4;

- A positive experience for DS users: DS users who had been referred into the DS service piloted with Good Things Foundation and centres via an HMCTS referral were satisfied with the service they received;

- CTSC staff felt more confident making referrals: Internal training and ongoing monitoring ensured that CTSC staff felt more confident in recognising when to offer Digital Support directly, and when to make a referral;

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[19]   For more detail on these non-HMCTS referral channels please refer to the Implementation Review.

- Physical location was no longer a limiting factor: In previous phases, referrals could only be made between CTSC and the DS service piloted with Good Things Foundation if there was a centre who was able to provide support in the appropriate location. The introduction of remote delivery removed this barrier;

- Centres delivering DS received more referrals from CTSC: The updated referral management tool enabled Good Things Foundation to adopt a more efficient allocation process — which in turn resulted in more centres receiving HMCTS referrals;

- Higher engagement among centres delivering DS: Centres commented that the updated referral management tool was clearer and easier to use — which resulted in higher engagement with the process.

The changes to the referral process in Phase 4 were limited in scope, and were only introduced for SSCS services. Despite this, the learnings still provide some useful insights and considerations relevant to designing referral processes:

- A way to provide centres with sufficient context about DS users' support needs: Some centres provided feedback that they were not provided enough information about DS users' needs — particularly with respect to vulnerable DS users;

- A process which enables referrals to be made with minimal administrative burden for centres:

  "When you start looking at the amount of different collaboration tools we are using as an organisation it is just another one we have to learn how to use."
  Centre staff/volunteer

  "There was one occasion where we didn't respond quick enough, and it was taken away and given to someone else…there is that bit of a challenge because this fits into other things we do in the day and in the week, so it is not a priority but the response needs to be almost immediate."
  Centre staff/volunteer

- A clear process for providing centres with information about user outcomes: Some centres mentioned they would have liked to have received information about the outcome for a DS user after the support they provided.

- A clear process for referring DS users on to further support if required: Some centres which typically offer on-going support following a DS appointment (such as representation at tribunal) were unable to do this for people who were referred to them because they did not live close by.

Chapter 3

Support Delivered

3.1 Appointment data

Since the pilot delivered with Good Things Foundation began, a total of 1,221 DS users have been supported, over 1,274 DS appointments have been attended[20], and 1,147 forms had been submitted. During Phase 4, 452 DS users were supported over 461 appointments, and 421 forms were submitted. As mentioned in Chapter 1.2, the majority of DS users supported during the pilot were SSCS appellants.

During Phase 4 two centres delivered over 40 appointments, a further four centres delivered between 30 and 39 appointments during Phase 4; five delivered between 20 and 29 appointments, eight delivered between 10 and 19 appointments and five delivered less than 10.

Appointment outcome by Phase[21]

Appointment Outcome	Phase 1-3	Phase 4	All Phases
Form completed	726	421	1,147
Support, but form not completed	28	3	31
User supported to prepare to complete	59	37	96
Total	813	461	1,274

Services Supported by Phase[22]

HMCTS Service	Phase 1-3	Phase 4	All Phases
Civil Money Claim	35	2	37
Divorce	61	14	75
Help with Fees	107	62	169
Probate	4	0	4
Single Justice Service	45	6	51
SSCS - ESA	66	10	76
SSCS - PIP	408	313	721
SSCS - UC	87	54	141
Total	813	461	1,274

[20] Some people were supported across more than one service

[21] This data refers to fundable appointments up to the end of June, (Phase 4 will continue until the end of July 2021)

[22] This data refers to fundable appointments up to the end of June, (Phase 4 will continue until the end of July 2021)

3.2   Additional support provided alongside Digital Support

As stated in Chapter 1.2, DS users can have multiple and complex needs. They may face multiple barriers to accessing HMCTS services online, and accessing HMCTS services online may be one of many issues they need support with. Given the multiple challenges that DS users can face, it has been important for centres to be able to take a person-centred approach when delivering Digital Support. This has sometimes involved:

- Providing additional support within a Digital Support appointment: In Phase 3, the service delivery guidelines were updated to allow centres to provide their usual advice/support offer alongside Digital Support. During Phase 4, centres continued to provide a range of support alongside Digital Support including emotional, procedural and legal support[23]. Although this additional support was not within the remit of the funded DS service, for some DS users, not having this support would have been a barrier to accessing HMCTS services online.

- Providing Digital Support as part of a wider package of support: Digital Support was sometimes just one component of the support that a centre was providing to a DS user. For example, during Phase 4 some centres were also providing DS users with support in relation to the challenges presented by lockdown (such as keeping in touch with them to reduce their risk of loneliness, and ensuring that they had access to vital services). The key priority for DS users is to receive support for, or to resolve, their issue(s). Providing centres with the flexibility to integrate the DS service into their existing delivery models has been important to meeting the needs of DS users in an efficient and effective manner.

"We give holistic advice, so if a client comes to us for an appeal, either they have been with us before, or we do a complete check… they might need help with energy, or with food banks, we have a new scheme where we can deliver PPM [Prepayment Metre] vouchers for people affected by COVID-19… the welfare benefit caseworker looks at everything…it's not just Digital Support it's much more."
Centre staff/volunteer

3.3 Appointment Outcomes

As was the case in Phases 1 to 3, the DS users interviewed in Phase 4 continued to be very positive about the support they received. Some DS users also mentioned that they would have not been able to access HMCTS services online without the help they had received.

"Absolutely amazing. They've taken the pressure off"
DS user

"I feel a lot more relaxed, if I didn't have her [centre staff/volunteer] I'd be in a complete mess to be honest. Without the help, I wouldn't even have gotten this far, I would have given up at that letter."
DS user

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[23] For more information on the types of additional support provided by centres please refer to the Implementation Review
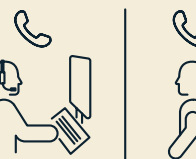
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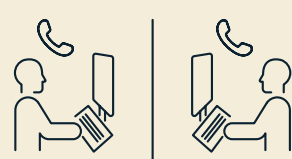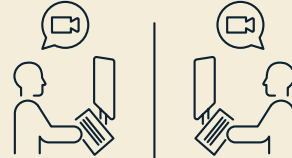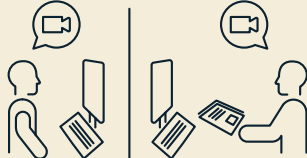
Implementing Remote Delivery

As mentioned in the executive summary, since the outbreak of COVID-19 centres have been allowed to deliver the DS service either in person, over the phone, or via online software.

DS users have also been provided with options in relation to the type of Digital Support they can receive through the DS service. Since Phase 2, there has been the option for a centre to either: complete the form for a DS user (with consent being provided from the user); support the DS user to complete the form themselves; or help them to prepare to complete the form.

It is a core principle of the DS service that DS users should be able to receive Digital Support in a way that works for them. Enabling centres to employ a range of delivery channels and support methods has allowed them to provide a person-centred service through providing DS users with a range of support options.

4.1   How support was delivered in Phase 4

		Type of support		
		Centre completed and submitted the form by proxy (i.e. DS users were provided with an assisted typing service[24])	Centre helped the DS user to complete and submit the form themselves	Centre supported the DS user to prepare to complete the form
Channel	Support delivered face-to-face	Advisor — User	Advisor — User	Advisor — User
	Support delivered over the telephone	Advisor — User	Advisor — User	Advisor — User
	Support delivered via an online tool	Advisor — User	Advisor — User	Advisor — User

[24]   Gov.uk, Designing assisted typing support. Available at: https://www.gov.uk/service-manual/helping-people-to-use-your-service/designing-assisted-digital [Accessed 30.07.21]

4.2   Which were the most used channels and types of Digital Support in Phase 4?

During Phase 4, the country has continued to move in and out of lockdown, and therefore, as expected, the majority of support provided was provided remotely (i.e. over the phone and/or via online software).

During Phase 4, 91% of appointments were delivered remotely and 9% were delivered in person. The majority of remote support was delivered over the phone, with most forms completed using an 'assisted typing' service[25] (following consent from the DS user).

Digital Support provided by Delivery Channel[26]

Delivery Channel	Phase 4
Remote - telephone	374
Remote - online software	47
Face-to-face	40
Total	461

Type of Digital Support provided[27]

Type of Support	Phase 4
Completed and submitted the form by proxy	352
Helped the DS user to complete and submit the form	69
Supported the DS user to prepare for the process	33
DS user changed their mind before submission	7
Total	461

[25]   Gov.uk, Designing assisted typing support. Available at: https://www.gov.uk/service-manual/helping-people-to-use-your-service/designing-assisted-digital [Accessed 30.07.21]

[26]   This data refers to fundable appointments up to the end of June, (Phase 4 will continue until the end of July 2021)

[27]   This data refers to fundable appointments up to the end of June, (Phase 4 will continue until the end of July 2021)

4.3 How were face-to-face and remote delivery integrated to deliver Digital Support?

Twenty three of the 24 centres who participated in the pilot during Phase 4, delivered DS appointments. Twelve delivered only remote support, and 11 delivered a mixture of face-to-face and remote support.

Channels used to provide Digital Support[28]	Number of Centres[29]
Face-to-face only	0
Telephone only	8
Online software only	0
Face-to-face, telephone and online software	5
Face-to-face and telephone	5
Face-to-face and online software	1
Telephone and online software	4

Centres integrated Digital Support into their wider delivery model in a number of ways:

- Digital Support was delivered via one channel, reflecting a centre's wider delivery model: Some centres delivered all their services (including Digital Support) via the same channel;

- Digital Support was delivered via one channel, but a centre used multiple channels in its wider delivery: Some centres used a variety of channels to deliver services, but only offered one channel through which a DS user could receive Digital Support;

- Digital Support was delivered via different channels (where lockdowns permitted): Some centres provided Digital Support via a range of channels, and triaged users depending on the type of support that would be best for them. In some instances DS users received support through different channels at different stages of the DS journey. For example, an SSCS DS user may have been triaged on the phone by the online centre, received Digital Support via an online tool, before dropping off documentation to support their appeal in person.

"As soon as we get a referral we make one phone call to the client, the introductory call, where we start building rapport. Then we say we will phone you, how do you want me to phone you, do you want to use Zoom, do you want me to WhatsApp call you, do you want me to simply phone you?"
Centre staff/volunteer

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[28] This data refers to the support channel used for the fundable appointment. Other support channels may be used at different points in the support journey.

[29] This data refers to fundable appointments up to the end of June, (Phase 4 will continue until the end of July 2021)

4.4   Delivering support via telephone

As mentioned in Chapter 4.2, due to the impact of COVID-19 most Digital Support had to be delivered remotely during Phase 4 — and the majority of this remote support was delivered by phone.

The DS users and centres interviewed during Phase 4, described a range of factors which contributed to the high prevalence of telephone support. Some of these factors related to the barriers (described in Chapter 1.2) that had promoted DS users to seek support through the DS service in the first place:

- Limited or no digital access: Some DS users did not have internet access in their home, or did not have an appropriate device to access online software. In these cases, phone support was often the only option.

  "It can be difficult to do screen sharing etc, if someone only has a smartphone."
  Centre staff/volunteer

- Limited digital skills: Some DS users did not have the digital skills required to be able to log-on or operate online tools like Zoom.

  "I think clients prefer phone sessions because it's a more familiar technology and they need fewer skills and/or resources."
  Centre staff/volunteer

- Lack of confidence or motivation to receive support via online tools: Some DS users were wary about trying new technologies and preferred to stick to a communication channel that they were familiar with. Part of the reluctance that some DS users had about trying online platforms was due to the perception that they were complicated to use, and as a result, that the Digital Support appointment would take longer.

- Reluctance to be seen in home environment: Some DS users preferred speaking over the phone because they did not want staff and volunteers to see their private space.

  "We find that people may be reluctant to get support via video as they don't want to be seen in their homes"
  Centre staff/volunteer

- Mental ill-health: For some DS users who were experiencing anxiety or depression, speaking to someone over the phone could be a less stressful way of engaging with support.

  "If I'm face to face I'm worse...I panic more. When I start panicking I get embarrassed and anxious easily"
  DS User

Beyond DS user needs, the decision to provide support over the phone was also sometimes a result of the organisational needs of a centre. For example if:

- The centre did not previously have a remote support offer and phone support was the easiest to implement: Prior to the outbreak of COVID-19, some centres had been delivering all their services face-to-face, and as a result had limited technologies in place to deliver remote support. In order to ensure continuity of service these centres often opted for the support channels that were easiest to implement — and in most instances this was telephone support. As it became clear that social distancing measures were here to stay, many centres did start to expand their remote offering — but phone support usually remained the cornerstone of their delivery.

  "At the moment we mainly use phones... we only use video in very limited circumstances due to limited capacity within the organisation."
  Centre staff/volunteer

- Staff/volunteers needed training and support to deliver the service using an online tool: Some centres mentioned that their staff/volunteers did not have the ability to deliver across multiple platforms (and particularly through online tools such as Zoom). A lack of staff/volunteer motivation to deliver via these platforms could also be a barrier for centres.

  "When we went remote working, some volunteers didn't want to do it online. Some older volunteers were not comfortable with digital skills."
  Centre staff/volunteer

- Some centres were worried about security: Some centres were worried about using unfamiliar platforms like Zoom given the sensitive nature of the information being discussed.

"We only use video in very limited circumstances…[we have] concerns about Zoom security"
Centre staff/volunteer

Many of the DS users who were interviewed valued the opportunity to be supported over the telephone rather than in-person. Although a combination of the factors described above often meant there was little option but to provide support over the telephone, in some cases this would have been DS users' preferred method of support.

"I found it a lot easier over the phone. It worked out better for me…I was in my own environment, I find it hard when I'm around people I don't know, I'm not very good at talking about my feelings"
DS user

4.5   Delivering Digital Support via online tools (e.g. Skype or Zoom)

Although only 10% of DS appointments were conducted via online tools, there are still learnings to be gained from the appointments that were delivered through this channel. The centres that did deliver DS appointments via online tools mentioned that there were some benefits to doing so. For example, centres mentioned it helped make it easier to build rapport when talking via video; that it was easier for DS users to show staff/volunteers supporting documentation through video; and that screen sharing was also helpful in supporting the DS user to understand the process.

"I prefer to do it that way because I can show them what I'm doing…to help them understand it…and also there are certain bits where there is a disclaimer…so I don't have to read it out to them I can show it to them"
Centre staff/volunteer

Chapter 5

The Benefits and Challenges of Enabling More Flexible, Locally Determined Delivery

5.1   The benefits of enabling more flexible, locally-determined delivery

Allowing centres to deliver the DS service remotely was vital to enabling continuity of service during periods of lockdown and over a year on from the outbreak of COVID-19, remote support has now become embedded within many centres' delivery models.

As described in Chapter 4, enabling centres to employ a range of delivery channels and support methods has allowed them to provide a person-centred service through providing DS users with a range of support options.

"We've shown we can help people remotely if that's what they want. It's about what's most suitable for the client, rather than making them fit into our model"
Centre staff/volunteer

Centres also mentioned a number of additional benefits to delivering the DS service remotely, or through multiple channels:

- It was easier for some DS users to participate in their DS appointment, which allowed centres to expand their reach: Some centres mentioned that being able to deliver the DS service remotely helped them to reach people they had previously struggled to reach when delivering face-to-face — such as those who would have had to travel considerable distances to visit a centre; those who could not afford the transport costs to visit a centre; and those that find it difficult to leave the house due to their physical or mental health.

"Face-to-face is difficult for me, the telephone worked out well because of childcare and my mobility issues."
DS user

"It's quite good actually, because [region] being a vast rural area with no public transport to speak of…we're actually a lot more accessible to large parts of [region] than we ever were before COVID."
Centre staff/volunteer

- Some centres were able to reduce the waiting times between first contact and the DS appointment: Some centres mentioned that being able to deliver the DS service remotely meant they could arrange appointments more quickly because they were not hindered by practical constraints such as room availability.

"Prior to lockdown we were delivering face-to-face. This entailed phoning up clients, arranging a time and booking private rooms for appointments…we would also need to get to the meeting room early and make sure it was neat, tidy and conducive to someone telling them private information. We also had to allow for people getting lost, needing to park."
Centre staff/volunteer

- 'No-shows' and cancelled appointments were less disruptive for centres: Some centres mentioned that delivering remotely allowed them to be more flexible in how they dealt with 'no-shows' and cancelled appointments. When delivering face-to-face it was often too short notice to re-allocate a 'no-show' appointment. When delivering remotely this was less of an issue.

"We have had a number of occasions where we have made the appointment for the client to turn up and for various reasons they can't make it on the day...we've gone through all the arrangements...to be let down at the last minute...sometimes it is a case that they have lost confidence to come out of their environment, come to a strange office and meet strange people...that takes a lot out of them...when you do it online, it's completely different...because when you make the appointment its almost immediate, if they cancel it doesn't have much of an impact."
Centre staff/volunteer

5.2 The challenges of enabling more flexible, locally-determined delivery

Phase 4 also helped to identify the challenges presented by remote delivery. Some of these challenges related specifically to COVID-19 restrictions. For example:

- Centres found it difficult to provide support options for DS users in lockdown conditions: Although some centres theoretically had the ability to deliver both in-person and remote support, their ability to deliver face-to-face was often constrained by lockdown and social distancing regulations. The type of remote support centres were able to provide in lockdown conditions was also influenced by organisational constraints and staff capability (as previously discussed in Chapter 4).

- Centres were concerned that a lack of face-to-face provision meant vulnerable people were unable to access support: There are some people for whom remote support is not suitable, (e.g. people without access to a phone, or those that live in rural areas with no internet connection/ reception), and centres were concerned that these people were going without support. Some centres also mentioned that they had sometimes found it difficult to get in touch with DS users for their appointment, following an initial triage call.

"Some people don't have a phone let alone a laptop...you can't even ring them...there's no way they could take part in submitting an appeal even if it was someone else doing it for them."
Centre staff/volunteer

- Without access to a physical location some centres were concerned some DS users would not know how to access support: When trying to resolve an issue, the first instinct for some DS users is to visit a centre in person.

Centres and DS users also experienced some wider challenges to remote delivery beyond the impact of the COVID-19 restrictions:

- The waiting period between contacting a centre and waiting for a remote appointment could cause uncertainty for some DS users: Some DS users became anxious if they were unable to speak to a person when making initial contact with the centre (for example, if they had reached an answering machine).

"Initially I was stressed as I didn't know when they would return my call. I have a phone that only works when it is plugged into the wall and I missed a couple of calls from them....when we had agreed on an appointment time and date I felt more reassured."
DS user

- Some centres found building trust and rapport with DS users was more difficult when supporting someone remotely: Some centres mentioned it was more difficult to make DS users feel at ease when delivering remotely, and that it could be more difficult to gauge when DS users needed a break.

  "Things like body language are important because you need to show that you are not judging them, you are listening to them... a couple of them have stated 'you are probably finding this ridiculous, I'm very embarrassed to explain this to you'... because they can't see how you are finding the information...you have to be constantly assuring them you are listening and not judging them."
  Centre staff/volunteer

- Sharing information/documentation was more difficult when delivering remotely: Some HMCTS forms require supporting evidence to be provided e.g. a PIP appeal may require supporting medical records. When support is delivered face-to-face, a DS user can bring this supporting evidence along to their DS appointment. However, when an appointment is delivered remotely it can be more difficult to share this information. Centres mentioned that some DS users did not have the literacy or language skills to know what information they need to share, and others did not have the digital skills to be able to scan and/or email a document independently. During lockdown, these barriers meant some DS users had to post or hand-deliver documents, or get help from family and or friends.

  "In early January, I had a person drop off paperwork, a double bag. They couldn't email it and didn't know what was in the letter."
  Centre staff/volunteer

- Gaining written consent could be more time consuming when delivering remotely: In Phase 4 the service delivery guidelines were updated to allow centres to capture consent to type on behalf of a user ('assisted typing'[30]) using any process they had within their organisation (as long as this process was robust and recorded). Although this update was communicated to centres, not all of them were immediately aware that this change had been made, which meant they continued to try and collect consent via the previous paper consent form. Sometimes centres also needed to collect written consent for additional support that they were providing for a DS user. In these instances centres had to post documents to DS users and wait until the documents were signed and returned before they could provide support.

- Remote appointments sometimes took longer to deliver: Some centres mentioned it took longer to provide support remotely than it did face-to-face. This was due to both the channel and DS user needs. Centres mentioned they were having to read out information they could have previously shown to people; they were having to spend a longer length of time building rapport; and DS users with low levels of literacy or ESOL needs could find it difficult to share the information required for the form.

  "I can take a bit longer because we are reading everything back to people — terms and conditions and what is happening next."
  Centre staff/volunteer

[30] Gov.uk, Designing assisted typing support. Available at: https://www.gov.uk/service-manual/helping-people-to-use-your-service/designing-assisted-digital [Accessed 30.07.21]

- Some volunteers/staff were unable — or unwilling — to deliver remotely: Some centres mentioned that they did not have the same capacity to deliver remotely that they had previously had face-to-face because volunteers/staff either did not have the technology/digital skills to be able to deliver remotely, or did not want to deliver in this way.

  "We've lost —or they've not been active — three quarters of our volunteers. The way we work, for security anyone working from home needs a laptop. People's motivation for volunteering was getting out, the social side, they don't want to volunteer sitting at home."
  Centre staff/volunteer

- As face-to-face channels open up centres are concerned it may become more difficult to manage staff/volunteer capacity across channels: Although centres are keen to provide DS users with options, this has the potential to raise problems if there is demand for a particular channel over and above the number of staff/volunteers resourced to deliver via that channel.

  "The danger of that though is that if you do offer face-to-face, people are very eager to come in and see someone but then that would be for us to try and encourage them, if they can facilitate a Zoom session...that's in some ways easier given the fact that it's quite difficult in the space that we have in [the centre]...and obviously the amount of volunteers we have to support the demand."
  Centre staff/volunteer

Chapter 6

The HMCTS Digital Support Pilot: Lessons Learned

From 2017 to 2021, HMCTS and Good Things Foundation have worked collaboratively to design the DS service, evaluate how well the service is meeting DS user needs, and update the service design to provide a better experience for DS users.

The research conducted during the pilot uncovered organisational and contextual factors that facilitated community-based/support organisations to implement the DS service. Some key insights are outlined below.

How to ensure a smooth implementation process for centres:

- Central provision needs to enable community-based/support organisations to best serve their users, in their local context;

- The DS service design guidelines need to be flexible enough to enable centres to integrate the DS service within their existing delivery models (in a straightforward way).

How to ensure a smooth onboarding process for centres:

- Onboarding should be tailored to the expertise of centres — for example, centres offering accredited legal advice and centres offering specialist welfare and benefits advice may require a less detailed induction about HMCTS services than non-specialist support centres;

- When running a network of centres it is important to consider how service delivery changes will be communicated to centres to ensure these messages are not missed — part of this is likely to require keeping the frequency of communication to a minimum.

The contextual factors that can facilitate centres to deliver Digital Support:

- Existing expertise in supporting HMCTS services;

- Experience using digital forms;

- Good relationships with relevant local organisations (that include those that come into frequent contact with users eligible for the service e.g. welfare and benefits advice centres);

- Effective triaging, where all staff and volunteers have the understanding to identify a user's needs, and the most appropriate support channel for them;

- Existing case management processes (to enable centres to track DS user progress more easily and identify potential DS users);

- A process to collect consent and share relevant documents remotely;

- Mechanisms for managing staff and volunteer resource across multiple channels;

- Staff and volunteers who are willing to use, able to use, and see the benefits of digital services and platforms.

What needs to be in place to meet DS users' needs:

- The key priority for DS users is to receive support for, or to resolve, their issue;

- Remote support needs to be clearly signposted — DS users need to know who to contact, and how;

- DS users need the ability to use the type of support channel (e.g. phone, face-to-face, or online tool) that is right for them;

- DS users need to be supported through the type of Digital Support (e.g. 'assisted typing' or support to complete the form) that is right for them and their issue;

- Additional support provided alongside Digital Support (such as emotional, procedural and legal support) is highly valued by users accessing the DS service — and can help to reduce the barriers to accessing HMCTS services online.

What needs to be in place to deliver efficient and effective referrals between HMCTS and centres:

- Clear triaging criteria to recognise a DS user's needs, and a range of digital support options — including non-digital (paper) options – for the DS user to choose from;

- The ability to provide centres with sufficient context about DS users' support needs;

- A process which enables referrals to be made with minimal administrative burden for centres;

- A clear process for providing centres with information about DS user outcomes;

- A clear process for signposting DS users on to further support if required.
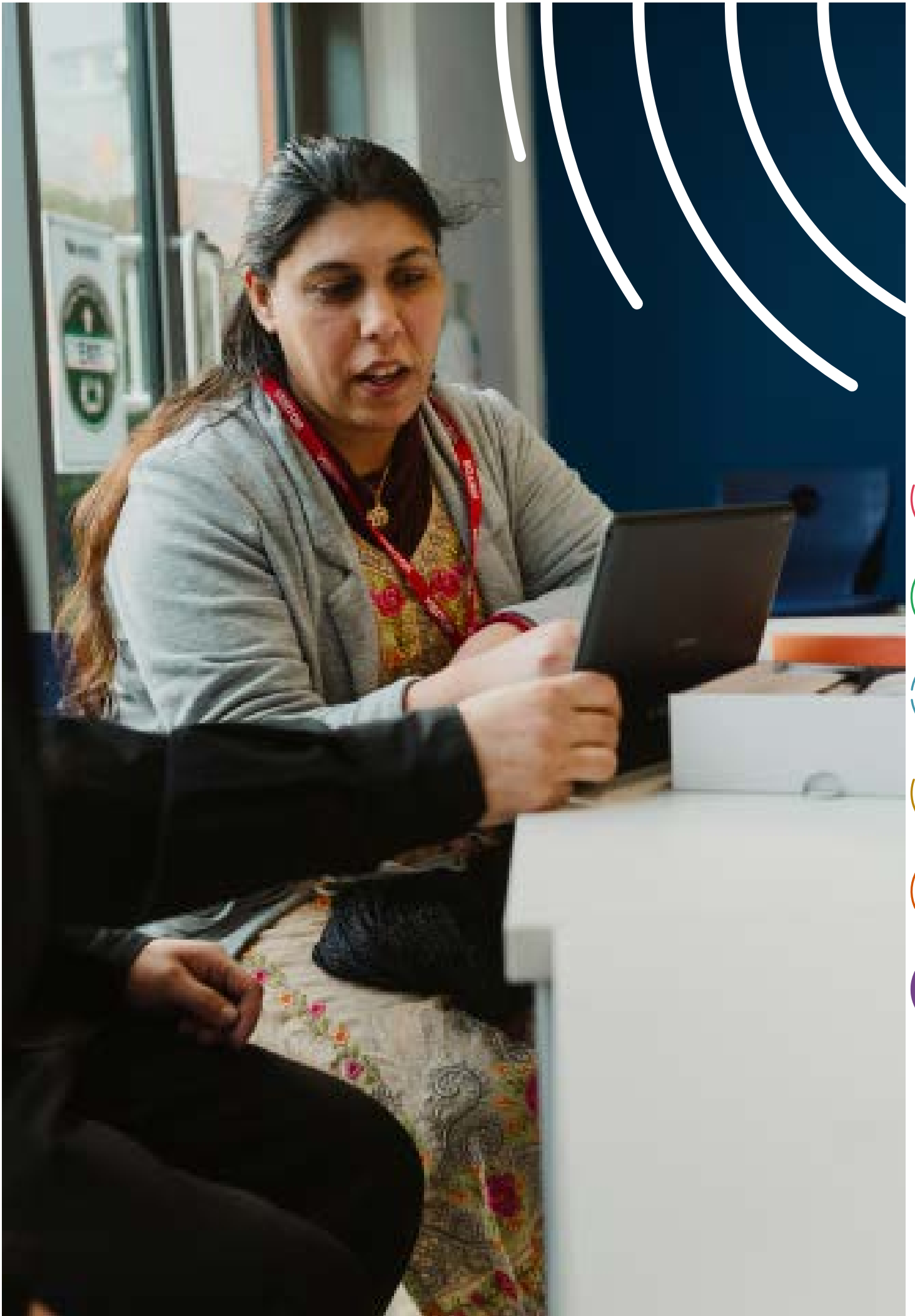
Appendix 1: Methodology

This report brings together the qualitative and quantitative findings from Phases 1 to 4 of the pilot. The findings have been drawn from performance data (captured in Phases 1, 2, 3 and 4), and qualitative research (conducted between September 2017 — June 2021).

Appointment Data

A range of service-level and demographic data has been collected using Good Things Foundation's customer relationship management system, CaptureIT. Centres were required to input the user data into CaptureIT at the end of each appointment. This data has allowed the service team to monitor the usage of the DS service, and understand: referral routes into the service, the support provided in a DS appointment, and the outcome of a DS appointment.

In Phase 4, a limited range of DS user characteristics were also collected. For the DS users who provided demographic information:

- 4% of DS users were 24 years and under; 41% were aged 25 to 44 years old; 52% were aged 45 to 64 years old; and 3% were 65 years old or above;

- 53% of DS users said they were female, and 46% said they were male;

- 24% of DS users said they had ESOL needs.

Qualitative Research

Qualitative research was conducted between September 2017 — June 2021 to understand how centres were delivering the pilot, and how successfully the service met the needs of DS users.

Research largely took the form of in-depth interviews, with:

- DS users who had interacted with the DS service;

- Staff/volunteers delivering the DS service.

Qualitative research with DS users

52 interviews were conducted, the majority with DS users over the phone:

- 11 interviews were conducted in Phase 2; 21 were conducted in Phase 3; 20 were conducted in Phase 4;

- 43 of the interviews were with SSCS appellants and 9 were with non-SSCS DS users (including who were supported with Help with Fees, Single Justice Service, Divorce and Civil Money Claims);

- 14 interviews were conducted with DS users who had been referred into the service by an HMCTS referral, 38 interviews were conducted with DS users who had been identified through a non-HMCTS referral;

- 5 DS users also consented to researchers observing their DS appointment.

Following each DS appointment, DS users were asked for their consent to be contacted about participating in the research. Those who consented were contacted by phone by a researcher, and interviews were then arranged with participants who were willing to take part in an interview.

In Phase 1 of the pilot, Good Things Foundation and HMCTS also ran 5 user research sessions with two participating centres. These sessions combined DS user interviews and usability testing, prior to the release of online services for PIP and ESA appeals, and Divorce. In Phase 2 of the pilot HMCTS conducted user research and data capture within courts to understand whether users come into court or call courts pre-application or during their application.

Centre Research

A total of 52 interviews were conducted with staff/volunteers delivering the DS service:

- 35 interviews were conducted with 21 of the 22 centres that were still in the pilot at the end of Phase 4

  - 11 centres have been interviewed once, 6 have been interviewed twice and 4 have been interviewed three times
  - 5 interviews were conducted in Phase 2; 11 interviews were conducted in Phase 3; and 19 interviews were conducted in Phase 4

- An additional 17 interviews were conducted with 16 of the 22 centres which left the pilot.

Interviews were conducted both in person (Phases 1 to 3) and remotely (Phases 3 and 4)

Workshops/Design Sessions

In Phase 2, HMCTS ran a design session with Good Things input at Birmingham Courts and Tribunal Service Centre to explore support provided and referrals from HMCTS to local support organisations.

In Phase 3 of the pilot Good Things Foundation ran a virtual workshop with centres still involved in the pilot to collect feedback on their experience of delivering the pilot, and to gain their input into the ongoing design of the service.

In Phase 4 of the pilot Good Things Foundation ran a virtual design session with centres to collect their feedback on the HMCTS referrals process, and work with them to create solutions to the challenges they were facing.
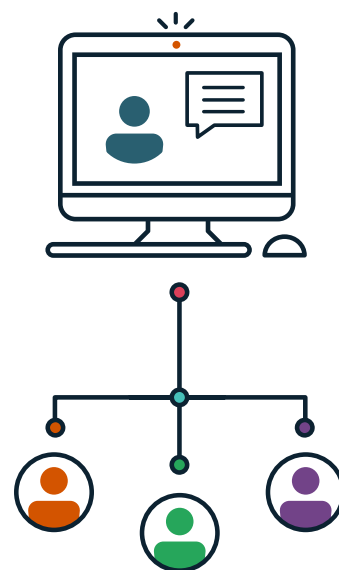
Appendix 2: Participating centres

Centre	Phase 1	Phase 2	Phase 3	Phase 4	Delivering at end of Pilot
Action Station, South Tyneside	●	●			
Bangladeshi Youth and Cultural Shomiti			●	●	●
Bristol Law Centre			●	●	
Bromley by Bow Centre	●	●	●	●	●
CAS Community Solutions			●		
Cheadle Citizens Advice			●	●	●
Citizens Advice Cornwall				●	●
Citizens Advice Denbighshire		●	●	●	●
Citizens Advice Halton			●	●	●
Citizens Advice Manchester			●		
Citizens Advice North Somerset			●		
Citizens Advice Staffordshire North and Stoke on Trent			●		
Citizens Advice Stroud and Cotswolds Districts		●			
Citizens Advice Torfaen		●	●	●	●
Community Advice and Law Service (Leicestershire)			●	●	●
Community Law Service (Northampton and County)			●	●	●
Crofton Park Community Library		●	●		
Cyngor ar Bopeth Gwynedd Citizens Advice			●	●	●
Destinations@Saltburn		●	●		
Doncaster Central Library	●	●	●		
Edlington Hilltop Centre	●	●	●		
Emmanuel Westly Foundation			●		
Food and Education Enterprise			●		
Golden Centre of Opportunities			●		

List of participating centres (cont.)

Centre	Phase 1	Phase 2	Phase 3	Phase 4	Delivering at end of Pilot
Hackney Co-operative Developments (HCD)	●	●	●	●	●
Kensington Community Learning Centre	●	●	●	●	●
Learn.org.uk Ltd			●	●	
Leeds Together Women		●			
Legal Advice Centre (University House)			●	●	●
Lincs Training			●		
Norfolk Community Law Service			●	●	●
North and West Gloucester Citizens Advice			●	●	●
Nottingham Law Centre			●		
Plymouth Citizens Advice			●	●	●
Raise			●	●	●
Rhondda Cynon Taf Citizens Advice		●			
Smartlyte	●	●	●	●	●
St Pauls Advice Centre			●	●	●
Sunderland North Family Zone	●	●	●		
Support Through Court			●	●	●
The Dracaena Centre			●	●	●
The Hope Centre	●	●			
We Are Digital	●	●			
Wai Yin Society		●	●	●	●

Appendix 3: Attended Appointments by Centre and Phase

Centre	Phase 1	Phase 2	Phase 3	Phase 4	Total
Bangladeshi Youth and Cultural Shomiti			33	11	44
Bristol Law Centre			13		13
Bromley by Bow Centre		19	48	32	99
CAS Community Solutions			1		1
Cheadle Citizens Advice			7	21	28
Citizens Advice Cornwall				12	12
Citizens Advice Denbighshire		26	108	44	178
Citizens Advice Halton			23	31	54
Citizens Advice North Somerset			4		4
Citizens Advice Staffordshire North and Stoke on Trent			8		8
Citizens Advice Torfaen		2	10	11	23
Community Advice and Law Service (Leicestershire)			43	31	74
Community Law Service (Northampton and County)			36	11	47
Crofton Park Community Library		4			4
Cyngor ar Bopeth Gwynedd Citizens Advice			39	15	54
Destinations@Saltburn		7	1		8
Doncaster Central Library			1		1
Food and Education Enterprise			9		9
Golden Centre of Opportunities			8		8
Hackney Co-operative Developments (HCD)		4	18	2	24
Kensington Community Learning Centre	1	5	8	7	21
Learn.org.uk Ltd			178	8	186
Legal Advice Centre (University House)			23	16	39
Norfolk Community Law Service			9	17	26

Attended Appointments by Centre and Phase (cont.)

Centre	Phase 1	Phase 2	Phase 3	Phase 4	Total
North and West Gloucester Citizens Advice			28	32	60
Plymouth Citizens Advice			5	14	19
Raise			36	24	60
Smartlyte	1	4	8	26	39
St Pauls Advice Centre			8	20	28
Sunderland North Family Zone		4	5		9
Support Through Court			4	27	31
The Dracaena Centre				5	5
The Hope Centre	2				2
Wai Yin Society		3	9	44	56
Total	4	78	731	461	1,274

Appendix 4: Attended Appointments by Centre and Delivery Channel (Phase 4)

Centre	Face-to-face	Online tool	Telephone	Total
Bangladeshi Youth and Cultural Shomiti	9	1	1	11
Bromley by Bow Centre	1		31	32
Cheadle Citizens Advice		1	20	21
Citizens Advice Cornwall		3	9	12
Citizens Advice Denbighshire		12	32	44
Citizens Advice Halton			31	31
Citizens Advice Torfaen			11	11
Community Advice and Law Service (Leicestershire)	1		30	31
Community Law Service (Northampton and County)	1		10	11
Cyngor ar Bopeth Gwynedd Citizens Advice			15	15
Hackney Co-operative Developments (HCD)	1		1	2
Kensington Community Learning Centre	4	3		7
Learn.org.uk Ltd	2	2	4	8
Legal Advice Centre (University House)			16	16
Norfolk Community Law Service			17	17
North and West Gloucester Citizens Advice			32	32
Plymouth Citizens Advice		1	13	14
Raise			24	24
Smartlyte			26	26
St Pauls Advice Centre	3	6	11	20
Support Through Court	4	4	19	27
The Dracaena Centre	4		1	5
Wai Yin Society	10	14	20	44
Total	40	47	374	461

For more information
about the project, contact
Good Things Foundation on:

e: research@goodthingsfoundation.org
t: 0114 3491619

Good Things
Foundation