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LAWWORKS CLINICS NETWORK REPORT APRIL 2013 - MARCH 2014

This report details the pro bono work being delivered in clinics registered as part of the LawWorks Clinics Network for the period of April 2013 to March 2014, together with a summary of the impact experienced by clinics following the introduction of the Legal Aid, Sentencing and Punishment of Offenders Act 2012.

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Analysis of pro bono legal advice work being done across the LawWorks Clinics Network between April 2013 and March 2014

The LawWorks Clinics Network Report 2013/2014

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Introduction

LawWorks and the LawWorks Clinics Network

LawWorks is the operating name for the Solicitors Pro Bono Group, a national charity (Registered Charity No. 1064274) with offices in London and Cardiff. LawWorks supports lawyers to volunteer their professional skills to assist individuals and community groups who cannot afford to pay for legal help and who are unable to access legal aid or other forms of financial assistance. LawWorks is not a frontline service – we work with a range of stakeholders, including legal teams, legal aid providers, law schools and other charities to identify and support opportunities for pro bono volunteers to help those most in need.

LawWorks supports and develops a growing network of legal advice clinics across the country. Setting up and supporting free legal advice clinics has been a long-standing feature of LawWorks work and the LawWorks Clinics Network now totals 175 clinics. While each clinic is unique, they generally involve a partnership bringing together a mix of law firms, legal teams and law schools with advice agencies and other charities to support individuals in the local community.

With funding from The Tudor Trust and The Law Society of England & Wales, LawWorks is able to help with the development of new clinic services from initial idea stage through to piloting and launch, as well as providing ongoing support and consultancy to established clinics. This support includes:

- **Consultancy:** LawWorks works with stakeholders to identify local need and provides support through the stages required to set up a new legal advice clinic.
- **Training:** LawWorks runs free, CPD accredited training sessions covering many areas of social welfare law and advice skills.
- **Troubleshooting:** LawWorks provides advice and guidance to clinics on issues such as regulatory requirements, volunteer recruitment and clinic expansion.
- **Resources:** Members of the LawWorks Clinics Network get free access to software such as legal research tools, secure document storage solutions, and well as a suite of factsheets, toolkits and template resources for use in clinics.
- **Networking:** LawWorks runs in-person and online networking events connecting clinic stakeholders to discuss common issues and share best practise.
- **Awards:** LawWorks runs annual awards recognising excellence in the pro bono work being done by lawyers and law schools.

LawWorks supports clinics in the network to collect monitoring and evaluation data on the work being done at clinics, and the clients that access their services. LawWorks collates and analyses this data to produce a national picture of the contribution that pro bono advice clinics in the network are making, and highlights emerging trends and issues which clinics across the network are experiencing. This report presents the data collected from clinics for the work conducted during the period of April 2013 – Mar 2014, the period immediately following the introduction of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO), and analyses it in comparison with the previous year.

LASPO resulted in an almost 80% reduction in civil legal aid¹ and led to a significant number of advice agencies being closed or reducing their services across the UK². This is very relevant to clinics given that law centres and other advice agencies are vital stakeholders in many clinic partnerships. While free legal advice clinics could never be seen as equivalent to the services being provided under legal aid, with nowhere else to turn clinics are seeing a significant increase in the demand for their services at a time when the infrastructure required to host pro bono clinics is being reduced. This report presents the impact of the LASPO changes as experienced by clinics.

We would like to thank the clinic coordinators that provided statistics to inform this report and acknowledge the tireless work of the thousands that volunteer their time at free legal advice clinics, and the vital advice workers, supervisors and support staff that make each clinic possible.

¹ Ministry of Justice (2014) *Legal Aid Statistics in England and Wales 2013-2014*, accessible at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/328901/legal-aid-statistics-2013-14.pdf, p19

² Law Society Gazette (2014) *My Legal Life: Julie Bishop, Director of the Law Centres Network* [online] <http://www.lawgazette.co.uk/people/my-legal-life/my-legal-life-julie-bishop/5042611.article>

Methodology

The main source of data for this study was from clinic coordinators, a nominated individual from each of the clinics registered as part of the LawWorks Clinics Network. Information comes from online data collection performed every 6 months requesting statistics from clinics on areas of law delivered, number of enquiries and client information. 57% of clinics returned data for the period of Apr 2013 – Sept 2013 and 61% of clinics returned data for the period Oct 2013 – Mar 2014.

In addition, clinic coordinators were asked to complete an online survey that was performed in July 2014, exploring the impact of LASPO on their clinic in the period Apr 2013 – Mar 2014. 25% of clinic coordinators completed this survey.

Executive summary

This report details the pro bono work being delivered in free legal advice clinics registered as part of the LawWorks Clinics Network for the period of April 2013 to March 2014. The main findings of this report are summarised below.

Clinics services

- There are currently 175 clinics in the LawWorks Clinics Network.
- 85% of clinics offer initial advice services, 49% offer written advice services, 26% provide form filling services, 23% offer casework services, and 19% offer representation.
- 63% of clinics offer appointments and 32% run drop in services.
- 20% of clinics provide their service by telephone and 11% offer online services.
- There were over 29,000 enquiries at clinics in the period of April 2013 to March 2014.
- 62% of enquires resulted in the provision of legal advice and 23% of enquiries resulted in the provision of general information or a referral/signposting to other services.

Areas of law delivered in pro bono legal advice clinics

- Employment law and housing law are the most common areas of law delivered in clinics. The breakdown of the largest areas of delivery is as follows: employment 24%, housing 20%, human rights 15%, family/child law 12%, consumer/contract law 11%, asylum/immigration 9%, welfare benefits 5% and debt 4%.
- The delivery of welfare benefits advice in clinics has increased by 103.4% compared to the previous year. Asylum/immigration advice has increased by 76.4% and family/child law has increased by 42%.
- The delivery of debt advice in clinics has decreased by 36.3% compared to the previous year. Employment advice has decreased by 9.9% though still remains the most common area of law delivered in clinics.
- Looking at the country regionally, employment law is the most common area of advice given in most parts of the country, with civil litigation the most common area in the North East, family law the most common in the South West, East of England, and Scotland, and welfare benefits the most common in Northern Ireland.

Pro bono volunteering

- Over 3392 individuals currently volunteer at clinics: 62% are students, 32% are solicitors or barristers, 1% are legal executives, and 1% are paralegals.

- The average month sees over 46,815 hours of pro bono volunteering being done in clinics, with 36,161 hours being delivered by students and 9,368 hours being delivered by solicitors or barristers.
- Of those that volunteer at a clinic, on average each student volunteers approximately 17.2 hours per month and each solicitor or barrister volunteers approximately 8.6 hours per month.

Clinic clients

- 75% of clinic clients earn below the Joseph Rowntree Scale Minimum Income Standard in Britain which was £13,200 per annum at the time.
- 19% of clinic clients consider themselves to have a disability.
- 54% of clinic clients identify as male and 46% identify as female.
- 51% of clinic clients are from ethnic minority backgrounds, a proportion 3.5 times higher than the 14% of the UK general population made up of individuals from ethnic minority backgrounds.
- Over half of clinic clients are aged between 25 and 44. Less than 10% are aged 24 or under, and 7% are over 65.

Impact of Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO) on clinic services

- 84% of clinics have seen an increase in demand for legal advice since the introduction of LASPO.
- Over three-quarters of clinics have seen an increase in the complexity of legal matters since the introduction of LASPO and half are seeing clients come to clinics at a later stage in their legal matter.
- 40% of clinics feel there is less expertise in the areas of law relevant to client needs and 20% are finding it more difficult to provide adequate supervision of volunteers. 14% are seeing a reduction in their clinic's supporting infrastructure, with 27% experiencing reduced capacity to provide pro bono legal clinic services.
- Nearly a third of clinics have experienced an increased willingness of volunteers to provide free advice.
- Less than one in ten clinics feel that the quality of legal advice being given in their clinic has decreased since the introduction of LASPO.
- Nearly a third of clinics consider there to have been an increase in the proportion of unjust outcomes since the introduction of LASPO.

Clinic services: Apr 2013 – Mar 2014

Services offered

The LawWorks Clinics Network currently stands at 175 clinics. Each clinic is unique and offers services to suit local need, the resources available, and skills and experience of the volunteers. Fig. 1 shows the range of services being offered by clinics across the network. Clinics in the network have traditionally focused on providing initial advice to clients. In cases where clients have straight-forward issues and strong legal literacy and legal capability skills an initial advice session can provide the reassurance needed for the client to take the issues forward themselves. Initial advice also provides a space to identify clients eligible for legal aid support, and often clinics provide the gateway to access local legal aid or other funded in-depth support. With the availability of legal aid severely reduced, it is interesting to see that while initial advice is still the most common form of delivery in clinics, nearly a quarter of clinics (23%) now offer casework services.

Services offered by clinics, in percentage

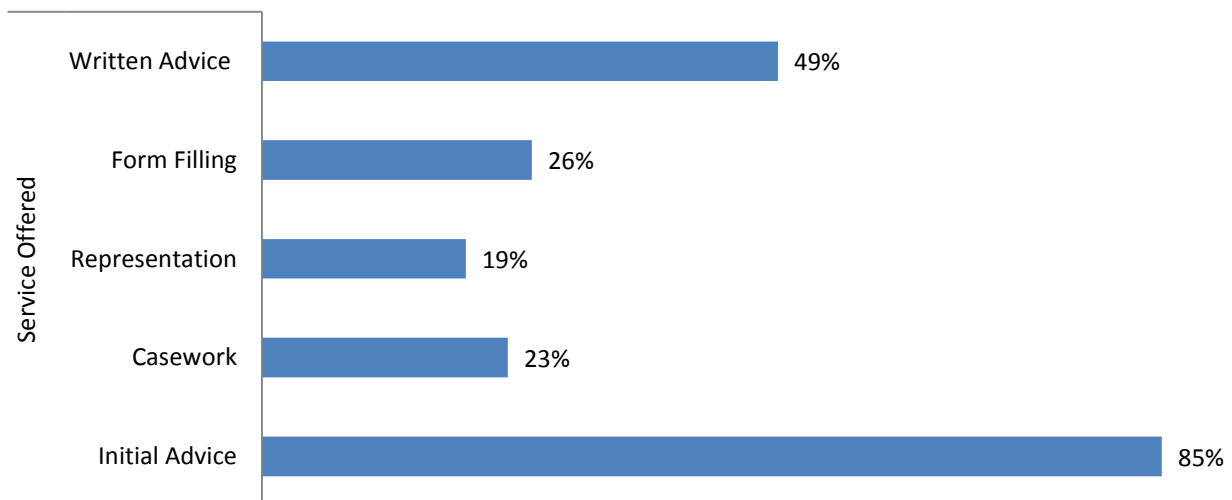


Figure 1

Delivery method

The method of delivery varies from clinic to clinic, and Fig. 2 breaks this down by type. It is clear that in-person delivery is still the most common with Appointment-based and Drop-In services available in 63% and 32% of clinics respectively. An increasing number of remote access clinic services are now available, which is particularly relevant in ensuring the availability of clinic services beyond London and the bigger cities where clinics are often based. Over the last year, LawWorks has been working with the legal team at Skype to make it easier for clinics to engage in virtual clinics. Services that can be accessed remotely are a particular focus of

our work in Wales where geography and transport links make it extremely difficult for clients based in rural areas to access pro bono support.

Method of delivery by clinics, in percentages

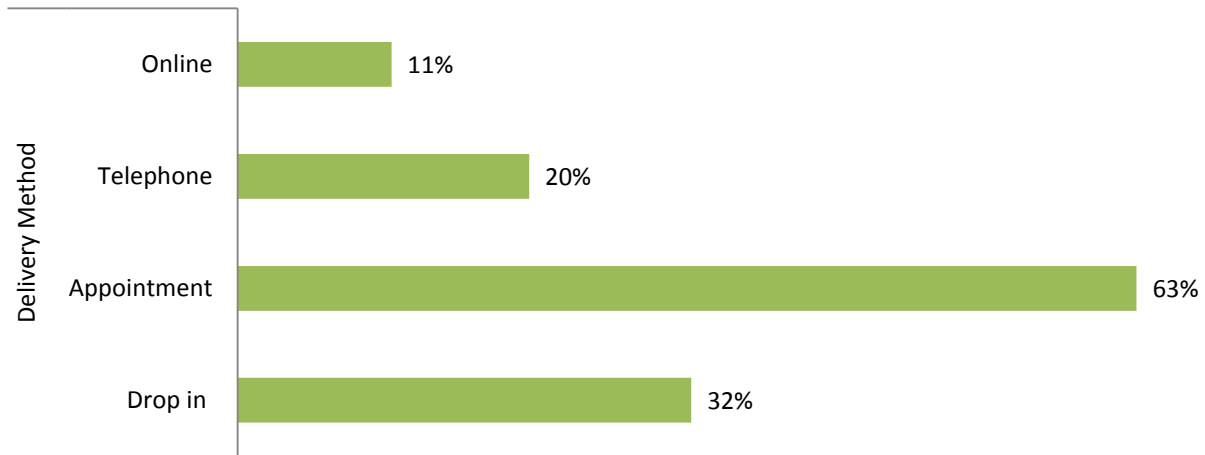


Figure 2

How enquiries are dealt with

There were over 29,000 enquires at clinics registered with the LawWorks Clinics Network in the period of Apr 2013 – Mar 2014. With clinics only able to offer specific services (as detailed above in terms of service and delivery method) as well as potentially being limited to specific areas of law (as detailed later in this report), it is inevitable that clinics will not be able to provide legal assistance to everyone that turns up at a clinic. We asked clinic coordinators to monitor the enquiries they received and how these enquiries were dealt with. The results are shown in Fig. 3 below.

The majority of clients at clinics were provided legal advice (62%), with nearly a quarter being given general information or being referred to another service (23%), and a small yet significant number not being given help (15%). Of these 15% not being helped, further data is required to know the reasons behind this. It could be that these are clients that could have been given assistance but the clinic has limited capacity, for example a clinic with 10 appointments per week and 20 individuals requiring advice. It could be that those clients have issues more complex than the clinic is able to advise on, for example a complex family case which might have previously been referred to a specialist legal aid provider. This would support findings from Citizens Advice who reported that 92% of Citizens Advice Bureaux are finding it difficult to refer people to the specialist legal advice they need since cuts to legal aid came into effect last year³.

³ Citizen’s Advice Bureau (2014), “Nowhere to turn’- Citizens Advice Speaks Out on Impact of Legal Aid Cuts” [online] http://www.citizensadvice.org.uk/index/pressoffice/press_index/press_20140708b.htm

A more detailed examination of the reasons behind clients not being given help will be conducted for future reports. This will offer insight into how best to increase the help clinics can provide to members of the public. It is worth noting that the second half of this reporting period saw a significant increase in the number of clients not given help at clinics (24% for the period of Oct 2013 – Mar 2014). It will be interesting to see if this trend continues and to explore the reasons behind it.

How enquires were dealt with

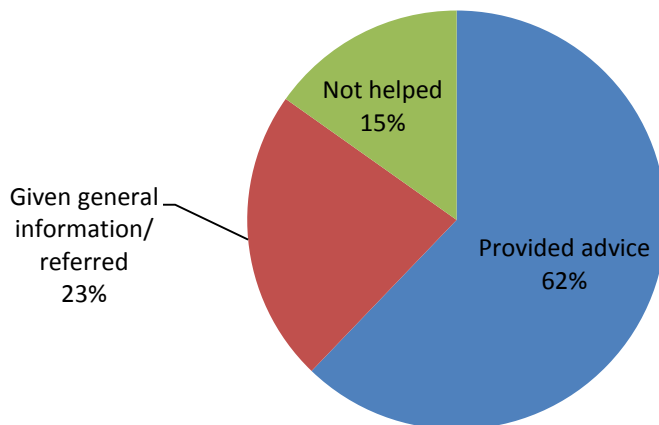


Figure 3

Areas of law

Clinics provide legal advice in a range of areas, the breakdown for Apr 2013 – Mar 2014 is shown in Fig. 4⁴. Nearly a quarter of the advice delivered across the network is in employment law (24%), with a fifth covering housing law (20%). Other significant areas include human rights (15%), family/child law (12%), consumer/contract law (11%), asylum/immigration (9%), welfare benefits (5%) and debt (4%). The results show that clinics are offering a broad spread of services across civil law and specifically in the areas of social welfare.

⁴ Please note that the 'other area of law' category has not been included in this graph.

Areas of law advice provided in, by percentage

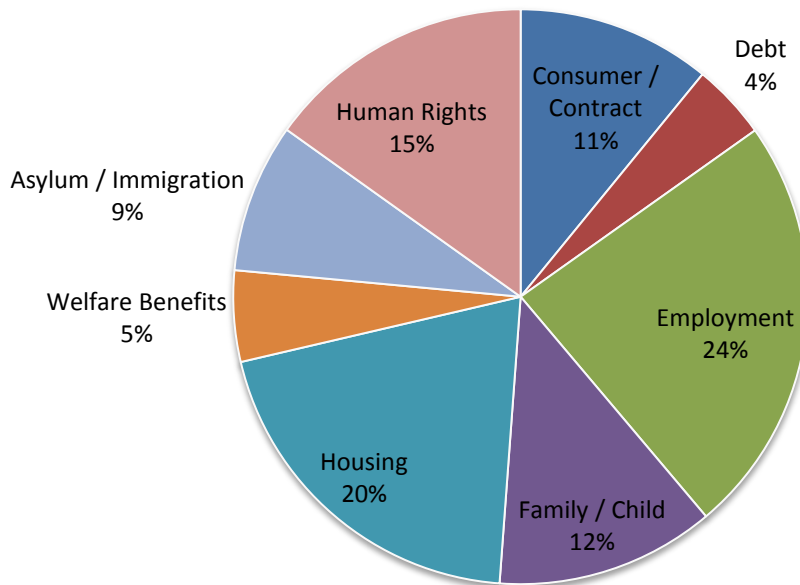


Figure 4

Before analysing the breakdown of the areas of law delivered in clinics over the reporting period and drawing comparisons with the breakdown in previous years, it is worth recapping how LASPO affected the provision of legal advice in certain areas relevant to the work of clinics.

Although all legal areas of social welfare were affected by the cuts, some legal areas had more of a decrease in workload than others, as can be seen in the Ministry of Justice report on Legal Aid⁵. There is a breakdown of the reduction in scope for LASPO⁶ below, alongside the subsequent reduction in legal aid cases as reported by the Ministry of Justice in June 2014⁷.

Welfare Benefits

No civil legal aid is available for welfare benefits cases, except for those in the Upper Tribunal, the Court of Appeal or the Supreme Court. As such, welfare benefits cases have seen a 100% reduction in workload by the Legal Aid Agency.

⁵ *Supra note 1*

⁶ Legal Aid, Sentencing and Punishment of Offenders Act 2012, Sch 1, Pt 1

⁷ *Supra note 1*, p22

<i>Employment</i>
Legal aid is only available to clients who are believed to be a victim of trafficking ⁸ , or for discrimination cases, such as those under the Equality Act 2010 or previous legislation on discrimination ⁹ . Employment law has also seen a 100% reduction in workload.
<i>Debt</i>
Only housing related debt is within scope of legal aid, and it is limited to court orders for the sale of an individual's home, mortgage possession proceedings and certain bankruptcy orders ¹⁰ . Debt has seen a 97% reduction in workload.
<i>Family Law</i>
Family law is now only within scope of legal aid for victims of domestic violence or where there has been evidence of child abuse. Family law has seen a 60% decrease in legal aid work.
<i>Housing Law</i>
Legal aid is only available where the client is at risk of homelessness ¹¹ , in certain cases where there is disrepair that leads to a serious risk of harm ¹² or where protection from anti-social behaviour harassment is required ¹³ . Housing law has since seen a decrease in workload of 46%.
<i>Immigration / Asylum</i>
Legal aid is only available in the case of claiming asylum, human trafficking, immigration detention ¹⁴ , challenges to unlawful detention ¹⁵ and asylum accommodation support ¹⁶ . As a result, immigration and asylum work has seen a 45% decrease ¹⁷ in workload since the cuts.

Table 1

Fig. 5 presents the percentage change in the number of cases dealt with in each areas of law, comparing data from April 2012 – March 2013 with April 2013 – March 2014. The figures show some considerable increases for welfare benefits law (+103.4%), asylum/immigration law (+76.4%), and family/child law (+42%), with more modest increases in consumer/contract law (+3.2%) and housing law (+2.5%). There has been a significant drop in the number of debt cases (-36.3%), as well as smaller decreases in employment law (-9.9%) and human rights (-5.2%).

⁸ *Supra* note 6, Sch 1, Pt 1, s32(2)

⁹ *Ibid*, s43(3)

¹⁰ *Ibid*, s33(1)

¹¹ *Ibid*, s34(1)

¹² *Ibid*, s35(1)

¹³ *Ibid*, s36(1)

¹⁴ *Ibid*, s25(1)

¹⁵ *Ibid*, s20(1)

¹⁶ *Ibid*, s31(1)

¹⁷ *Supra* note 1, p24

Comparison in number of cases by area with previous year

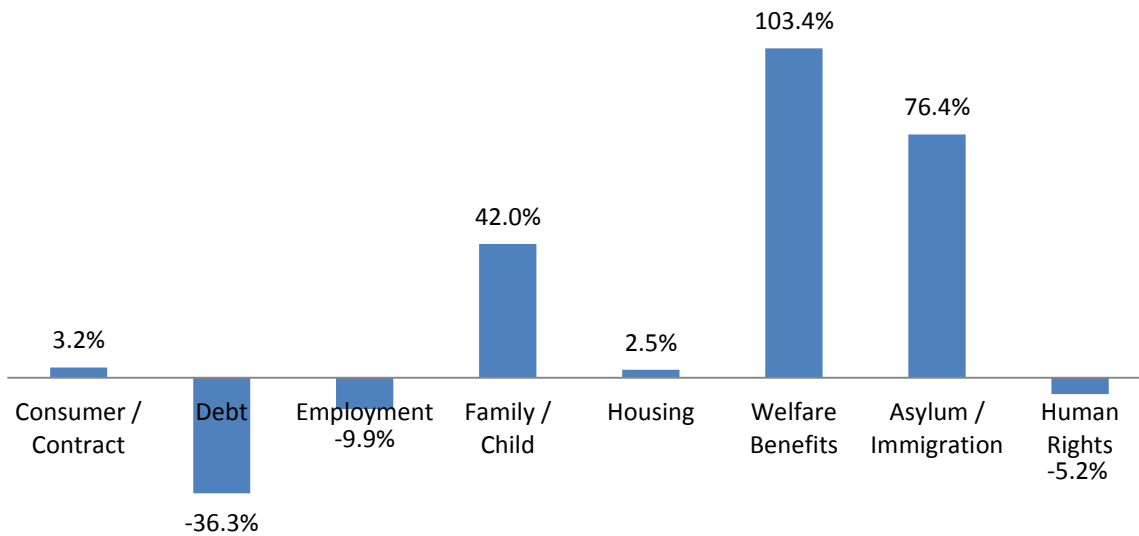


Figure 5

To see how this compares with the decrease in workload reported by the Legal Aid Agency for the same period, Fig. 6 present the two alongside each other.

Comparing increases in clinic delivery with reductions in legal aid workload by area of law

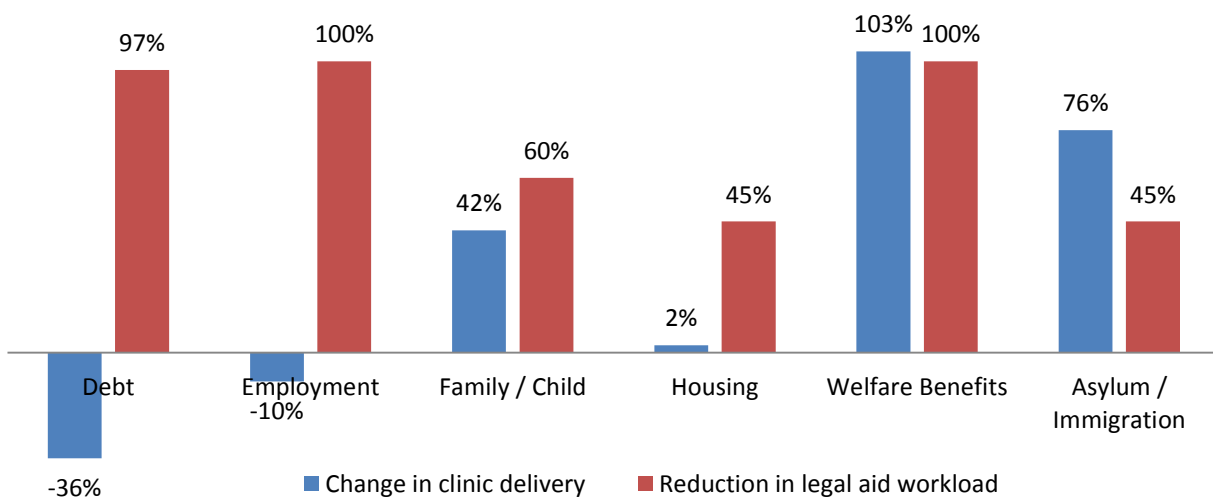


Figure 6

This comparison is somewhat simplistic as the service delivered in clinics cannot be seen as equivalent to that which would have previously been provided by legal aid. There are also a number of factors which affect

the areas of law being delivered at clinics, such as volunteers' expertise and the pre-defined scope of certain clinics such as 'employment law only' clinics. However, it may be useful to shed light on the reasons behind the changes in areas of law being delivered by clinics.

The graph would appear to indicate a strong correlation in the figures for welfare benefits (100% decrease in legal aid with 103% increase in clinic cases), and a reasonably similar pattern for asylum/immigration (45% decrease with 76% increase), and family/child (60% decrease with 42% increase). Interestingly other areas of law have not followed this pattern. Housing law has seen a decrease in legal aid by nearly half and has shown only a marginal increase in clinic delivery (45% decrease with 2% increase).

The figures for employment law appear anomalous in that the area saw a 100% reduction in legal aid and also a 10% reduction in the number of employment law cases being dealt with by clinics. On the face of it, this drop in clinic delivery for employment law seems unusual given the expected demand from people unable to access legal aid. The introduction of a fee system for individuals pursuing claims in employment tribunals may offer an explanation for the decrease in employment law delivery in clinics. Research from Citizens Advice reports that workers are being deterred from pursuing claims in employment tribunals following the introduction of the fees¹⁸. They state that seven out of ten potentially successful cases that could have gone to tribunal are not going ahead, and of those, more than half were not being pursued because of the fees or costs. Between October 2013 and December 2013 there were 79% fewer employment tribunal claims compared to the same period in 2012, a 75% drop compared to the previous quarter when the fees were introduced¹⁹. Between January 2014 and March 2014 there were 59% fewer employment tribunal claims compared to the same period in 2013²⁰. With a backdrop of far fewer people pursuing employment law claims following the introduction of fees, it is understandable that there would be less demand for free legal advice to support their claim.

The figure for debt advice delivery in clinics decreasing by 36% in a period where there was a 97% reduction in legal aid for debt work also appears anomalous. On 1 April 2014 the regulation of consumer credit moved from the Office of Fair Trading (OFT) to the Financial Conduct Authority (FCA). Together with the removal of the group licensing regime for consumer credit activities, these changes have had a significant impact on the

¹⁸ The Guardian, "New fees lead to drop in employment tribunal cases" (2014) [online] <http://www.theguardian.com/money/2014/jul/27/fees-drop-employment-tribunal-cases>

¹⁹ Ministry of Justice (2014) "Tribunals Statistics Quarterly October to December 2013", accessible at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/289342/tribunal-stats-oct-dec-2013.pdf, p8

²⁰ Ministry of Justice (2014) "Tribunals Statistics Quarterly January to March 2014", accessible at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319488/tribunal-statistics-quarterly-january-march-2014.pdf, p8

delivery of debt advice work in clinics. However, these changes took place after the reporting period so cannot be an explanation for a reduction in the delivery of debt work for the period of April 2013 to March 2014 unless clinics started closing down their debt services in preparation for the regulatory changes. Further investigation is required to explore the reasons behind this decrease more fully.

Regional variation

The LawWorks Clinics Network extends across the UK with registered members in England, Wales, Scotland and Northern Ireland. Nearly half of clinics in the network are based in London (48%) and to ensure that the data is not skewed to heavily by what is going on in that one city, Fig. 7 present the most common areas of law being delivered in clinics across the country.

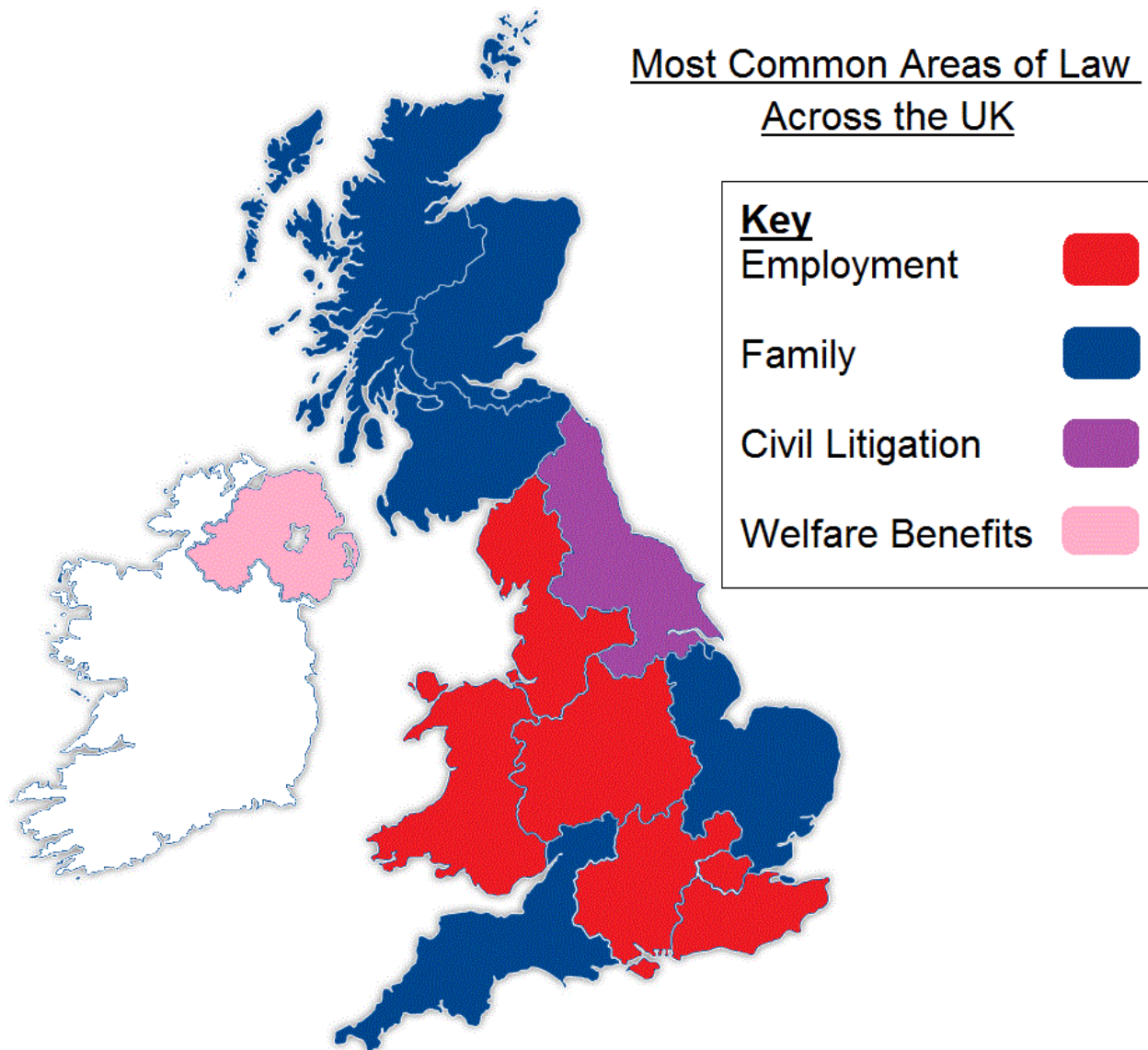


Figure 7

Certain areas of law stand out across the UK, namely employment and family law. Family law only accounts for 7% of cases in Greater London, yet as the graph suggests family law is the largest area of demand in other regions of the country, something which was backed up by our impact of LASPO clinics survey where 44.8% of commenters noted family law as an areas of particularly increased demand since the introduction of LASPO.

Breaking down the areas of law in more detail for each region is beyond the scope of this report, but for more information about the balance of advice delivered in clinics by area of law for a specific region contact LawWorks²¹.

²¹ For this information please email clinics@lawworks.org.uk

Pro bono volunteering at clinics

Volunteers

Beyond the traditional roles of volunteer lawyers providing advice at legal advice clinics, there are a number of other volunteer activities required to operate a successful service. Administration such as preparing rotas, taking phone enquiries, making appointments, supporting clients and dealing with follow up issues can often be overlooked when thinking about the volunteering work being done at clinics. The number and make up of volunteers shapes the service being provided in terms of range, scale and frequency, and this is something that varies considerably from clinic to clinic. While the exact figure fluctuates, Fig. 8 below shows the make-up of the 3,392 people currently volunteering at clinics in the network.

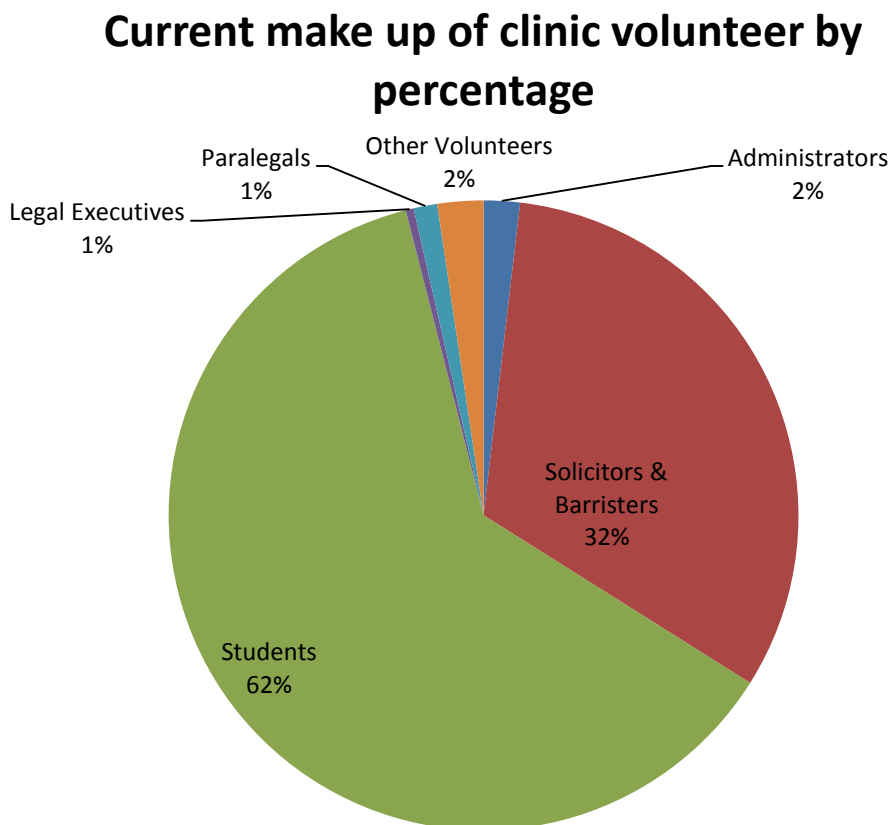


Figure 8

The pie chart highlights that around a third of volunteers (32% or 1,088 volunteers) are solicitors or barristers, nearly two-thirds (62% or 2,106 volunteers) are students, with smaller amounts of administrators (2% or 63 volunteers), paralegals (1% or 41 volunteers), legal executives (1% or 14 volunteers) and other

volunteers (2% or 80 volunteers). With 46% of clinics in the network either based at a law school or partnering with a law school²² it is unsurprising that there are so many students volunteering at clinics. It is also understandable that there would be more students than lawyers volunteering at clinics given that the work of many students would be supervised by a smaller number of academics or local volunteer lawyers. Students and other unqualified volunteers can conduct a range of activities in clinics beyond administrative support, including running client interviews, researching the law, and drafting and delivering advice where adequate supervision is in place.

Training and supervision is not only an issue for students and non-qualified volunteers. Qualified volunteers giving advice in an area of law they are unfamiliar with may need to undergo training or shadowing and rely on support from advice agency personnel or other volunteers with the relevant skills and experience to handle complex cases. With the impact of LASPO having a considerable impact on capacity in many of the advice agencies that host and support clinics, a decrease in capacity to provide this support to non-expert pro bono volunteers would have a significant impact on the services that clinics can offer. The impact that LASPO has had on clinics' infrastructure, providing supervision and capacity to run clinics is covered later in this report.

Pro bono hours

In order to gauge the scale of volunteering work being done at clinics, coordinators were asked how many hours of volunteering was done in an average month by each of the different types of volunteer. Fig. 9 presents the cumulative figure for the number of hours being delivered across the network by each type of volunteer. It is worth noting that these figures are representative of an 'average month' and as such when estimating an annual figure readers should note that summer months and December can often see less activity within clinics because of university exams and holidays.

²² This figure rises to 63% when excluding clinics based in Greater London.

Pro bono hours per month, listed by type

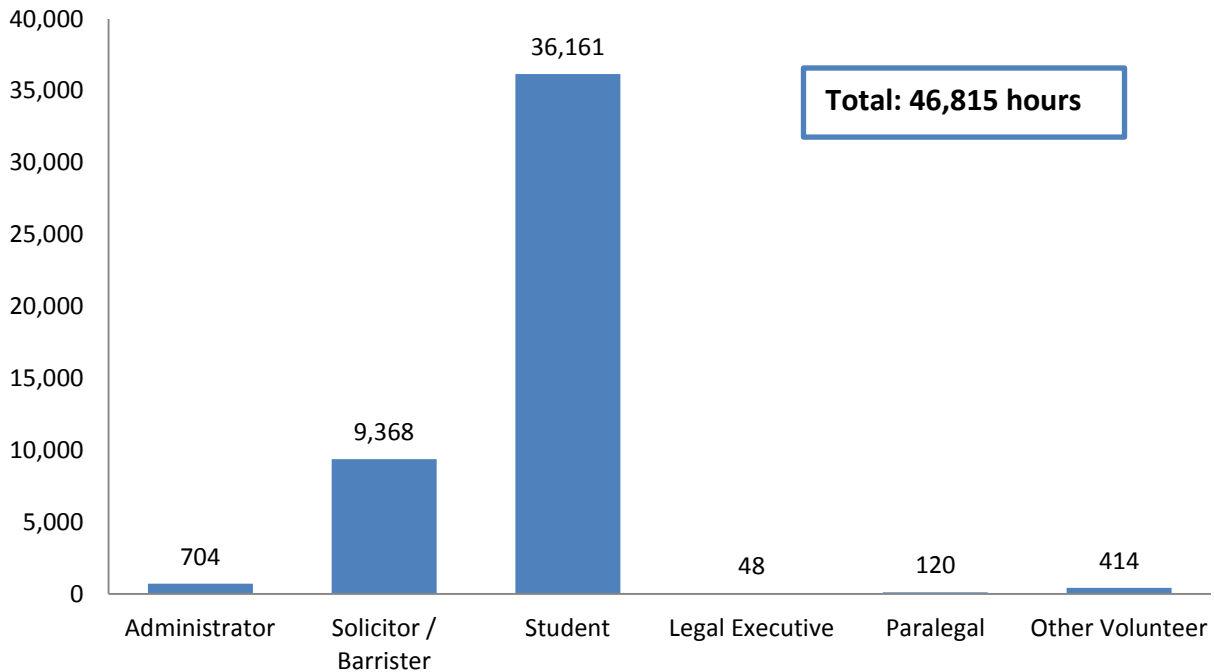


Figure 9

The figures above highlight the considerable amount of time being volunteered at clinics across the network. In the average month 46,815 hours are being delivered by volunteers. Students deliver the greatest number of hours at 36,161 hours per month, which represents over three-quarters (77.4%) of the total hours being volunteered. Solicitors and barristers provide 9,368 hours per month representing a fifth (20%) of the total hours. Smaller amounts of time are delivered by administrators (704 hours or 1.5%), paralegals (120 hours or 0.3%), legal executives (48 hours or 0.1%) and other volunteers (414 hours or 0.9%). The percentage breakdown of hours delivered across the network by volunteer type can be seen in Fig. 10. It is worth noting that while the student volunteering hours are considerably higher than the other categories, their time is dependent on the support provided by the university staff and qualified lawyers that supervise their work at clinics.

Volunteer hours per month by type, in percentages

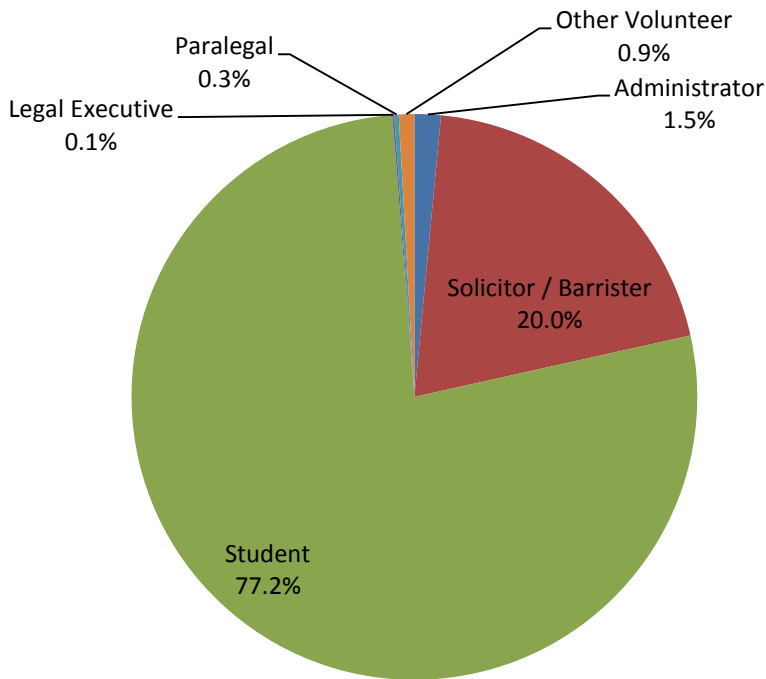


Figure 10

Comparing the information in Fig. 8 (breakdown of volunteer type) and Fig. 9 (hours delivered by volunteer type) it is possible to provide an approximate estimation of the hours being volunteered per volunteer across the network. Fig. 11 shows the results of this calculation, suggesting that each student volunteers an average of 17.2 hours per month, each administrator 11.2 hours, each solicitor or barrister 8.6 hours, each legal executive 3.4 hours, each paralegal 2.9 hours and other volunteers providing 5.2 hours per month each. For future reports it would be interesting to have a more detailed breakdown of the ‘Solicitor and Barrister’ category, particularly looking at the level of experience the volunteers have.

Approximate number of hours delivered per volunteer

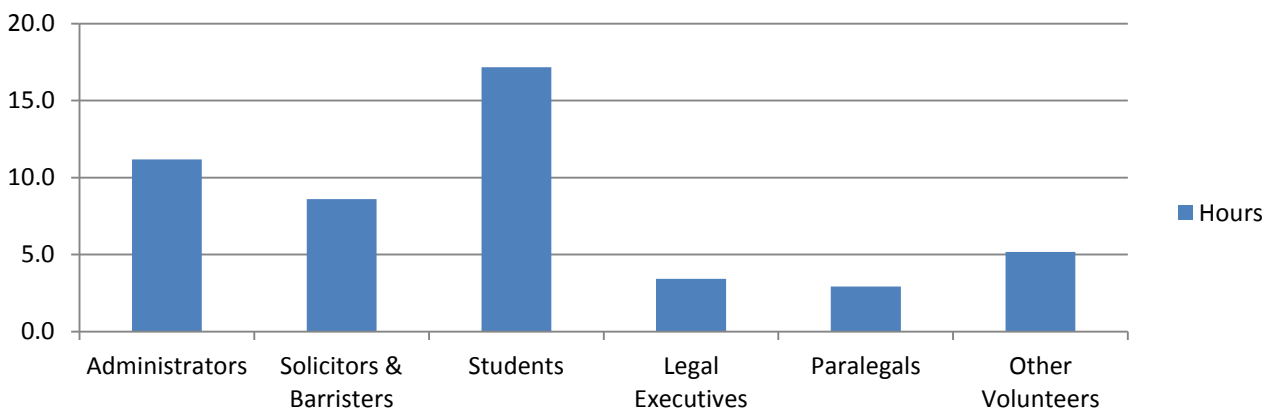


Figure 11

Clinic clients

The European Human Rights Commission had stated that the legal aid cuts could “*have a disproportionate impact on individuals with protected characteristics (in particular gender, race or disability)*”²³. In this reporting period, LawWorks has asked clinic coordinators to collect anonymous monitoring information from clients accessing clinic services. This information allows us to gain an insight into the circumstances of a typical client accessing a free legal advice clinic. Clinics have provided information on clients’ income, disability, gender, ethnicity and age²⁴ and the results are presented below.

Income

Income is a particularly relevant piece of information for pro bono advice clinics as it is the key factor in determining whether or not a client can afford to fund their own legal assistance or if they could receive legal aid for an issue still within scope. Clinics were encouraged to collect data mapped against a specific indicator for income standard based on a study from the Joseph Rowntree Foundation²⁵. This study surveyed members of the public to define a socially acceptable minimum standard of income, for which the average individual would be able to afford day to day and essential items. At the time clients were accessing the services being analysed in this report this income standard was set at £1,100 per month or £13,200 per year. Fig. 12 shows that across the network, three-quarters (75%) of clients accessing services earned below the threshold considered a minimum income standard in Britain. It is worth noting that the Joseph Rowntree Foundation increased the minimum income standard to £16,284 in 2014²⁶ which could suggest that the number of clients earning below the minimum standard would have been higher.

²³ The Low Commission (2014), “*Tackling the Advice Deficit; A Strategy for Access to Advice and Legal Support on Social Welfare Law in England and Wales*”, p15, 1.28. Accessible at: <http://www.lowcommission.org.uk/dyn/1389221772932/Low-Commission-Report-FINAL-VERSION.pdf>

²⁴ Clients were given an option of ‘Would prefer not to indicate’ for each category. These results have been omitted from the statistics presented in this report.

²⁵ The Joseph Rowntree Foundation, (2008) “*A Minimum Income Standard for Britain: What People Think*”, p36. Accessible at: <http://www.jrf.org.uk/sites/files/jrf/2226-income-poverty-standards.pdf>

²⁶ Joseph Rowntree Foundation, (2014) “*A Minimum Income Standard for the UK in 2014*”p34. Accessible at: <http://www.jrf.org.uk/sites/files/jrf/Minimum-income-standards-2014-FULL.pdf>

Income: Above or Below Joseph Rowntree Scale (£13,200)

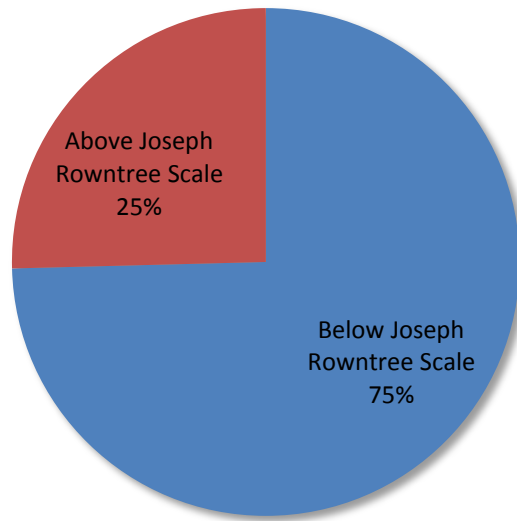


Figure 12

Disability

The cuts to legal aid ran in parallel to major changes to the support provided by the state, such as the move from Disability Living Allowance to Personal Independence Payment from April 2013 as a result of the Welfare Reform Act²⁷. The Baring Foundation warned that these changes and the general complexity of disability benefit would lead to increased need for legal aid in order to navigate the system²⁸. Statistics from clinics show that 19% of clinic clients consider themselves to have a disability as shown in Fig. 13 below.

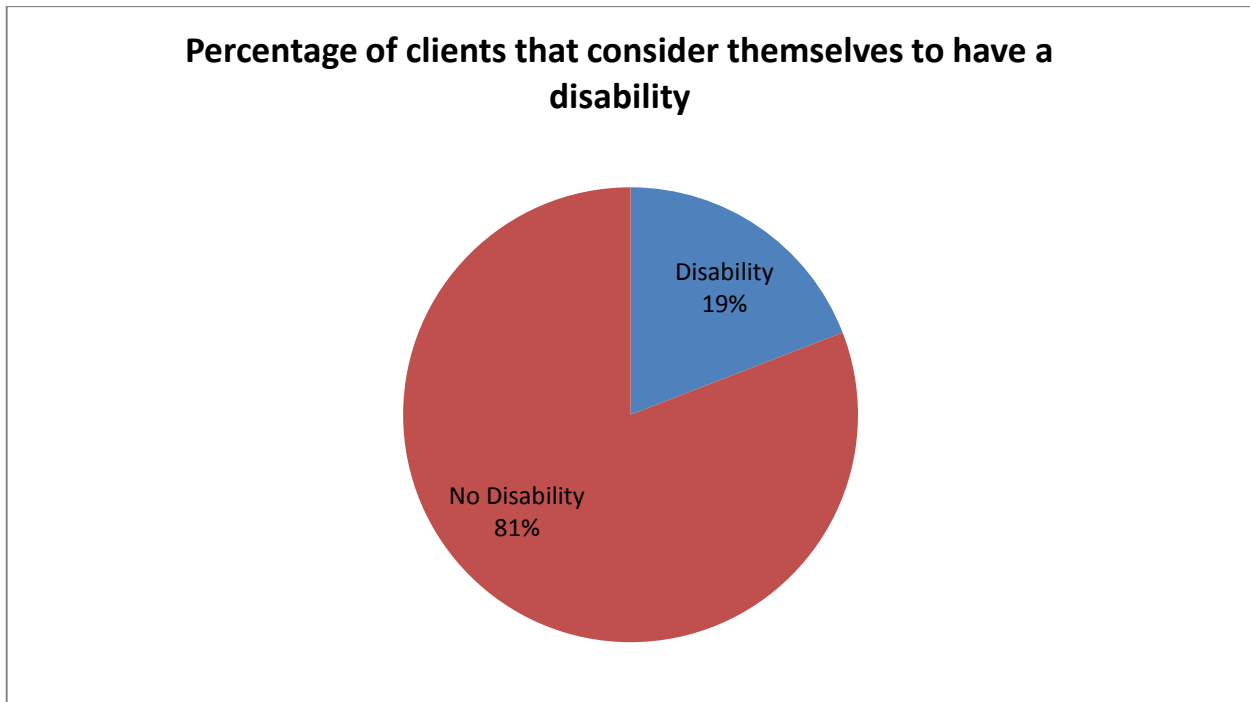


Figure 13

In order to assess if this is an over or under representation of clients with a disability compared to national averages, we have drawn comparisons with data from the most recent Family Resources Survey of 2012/13 of the Department of Work and Pensions (DWP)²⁹. Interestingly, the figures directly mirror the national figures. At first glance this appears to make sense until you consider that adults with a disability are twice as likely to live in-low income households as adults without a disability.³⁰ Therefore, adults with a disability are more likely to have been affected by the legal aid cuts and welfare reforms, and less likely to be able to afford to pay for a lawyer privately. It has been reported that individuals with a disability are less likely to

²⁷ Welfare Reform Act 2012, Part 4 'Personal Independence Payment'

²⁸ The Baring Foundation, "Legal Aid in Welfare: the Tool we can't Afford to Lose" (2011), p12. Accessible at: <http://www.baringfoundation.org.uk/LegalAidinWelfare.pdf>

²⁹ Department for Work and Pensions, "Family Resources Survey, United Kingdom, 2012/13" (2014), p61. Accessible at: <https://www.gov.uk/government/statistics/family-resources-survey-2012-to-2013>

³⁰ New Policy Institute and Child Poverty Action Group, "A route out of poverty? Disabled people, work and welfare reform" Accessible at <http://www.poverty.org.uk/40/index.shtml?4>

know their rights³¹ which may mean that fewer pursue legal matters so would be less likely to attend clinics. Physical restrictions may make it harder for some clients with a disability to access clinics, particularly in-person clinics which would require travel. All clinics should ensure that their service is accessible to as wide a range of individuals as possible. It will be interesting to see if the proportion of clinic clients with disabilities increases as more virtual and remote access clinics become available in the future.

Gender

Clinics submitted data on the number of men and women that had access to their services. Fig. 14 highlights the split, with 54% of clients identifying as male and 46% of clients identifying as female. Comparing this to population data, there is an over-representation of male clients, who make up 49% of the general population³².

Gender of clinic clients

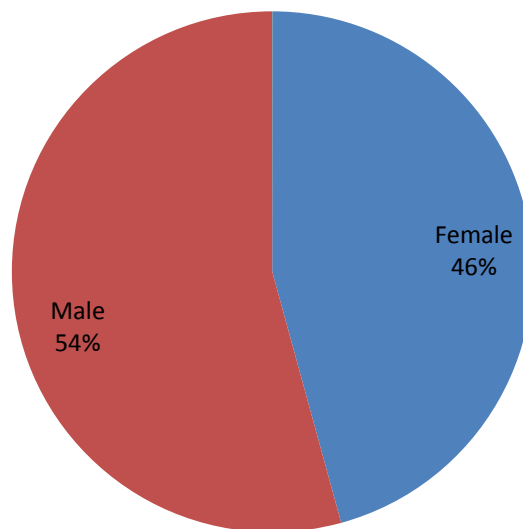


Figure 14

Many legal issues can result from a client's gender: women are more likely to experience discrimination in the workplace particularly with regards to maternity leave³³, are more likely face unfair decision making in

³¹ Nigel J. Balmer, Alexy Buck, Ash Patel, Catrina Denvir and Pascoe Pleasence: Legal Services Research Centre, "Knowledge, Capability and the Experience of Rights Problems" (2010), p30. Accessible at: <http://www.lawforlife.org.uk/wp-content/uploads/2010/05/knowledge-capability-and-the-experience-of-rights-problems-lsrc-may-2010-255.pdf>

³² Office for National Statistics (2014), "Annual Mid-year Population Estimates, 2013", p10. Accessible at: http://www.ons.gov.uk/ons/dcp171778_367167.pdf

³³ The Women's Resource Centre (2010), "Statistics about Women in the UK", p22. Accessible at: <http://thewomensresourcecentre.org.uk/wp-content/uploads/inequalitystats.pdf>

terms of asylum applications.³⁴ They are also more likely to be affected by the austerity cuts in terms of being out of work³⁵. Legal aid remains in place for certain matters where the client has been the victim of domestic violence or there are children involved who are at risk of child abuse,³⁶ and this applies to both genders. Rights of Women submitted evidence to the Justice Select Committee stating that the definition of domestic violence was too narrow and that 50% of women experiencing domestic violence were not able to secure the required evidence to access legal aid³⁷. With this in mind, one might expect there to be a slightly higher proportion of female clients accessing clinics, particularly given that women make up 51% of the general population. It would be interesting to know why men are more likely to visit a pro bono clinic. An investigation into any potential barriers putting women off attending clinics could produce interesting results.

Ethnicity

Clinics were asked to submit data on the ethnicity of the clients that accessed their services. The statistic collection was based around broad ethnic categories to account for the variation in the level of detail being recorded about ethnicity across the different clinics. This has allowed results to be combined to form a national picture. As Fig. 15 shows, nearly half of clinic clients are of ‘White’ ethnicity (49%), a fifth are of ‘Black’ ethnicity (20%), nearly a fifth are of ‘Asian’ ethnicity (18%), 3% are of ‘Mixed Race’ ethnicity, with 10% of ‘Other’ ethnicity.

³⁴ *Supra note 33*, p16

³⁵ Women’s Resource Centre (2012), “*Factsheet: Women and the Cuts 2012*”, p3. Accessible at: <http://thewomensresourcecentre.org.uk/wp-content/uploads/women-and-the-cuts.pdf>, p3

³⁶ The Law Society, (2013) “*Legal Aid Changes: Key Information and Advice*” [online], <http://www.lawsociety.org.uk/advice/articles/legal-aid-changes-key-information-and-advice/>

³⁷ Rights of Women, (2014) “*Evidence to the Justice Select Committee on the Impact of Changes to Civil Legal Aid Under the Legal Aid, Sentencing and Punishment of Offenders Act 2012*”, 9. Accessible at: http://www.rightsofwomen.org.uk/pdfs/Policy/Rights_of_Womens_evidence_to_the_Justice_Select_Committee_2014.pdf

Ethnicity of clinic clients

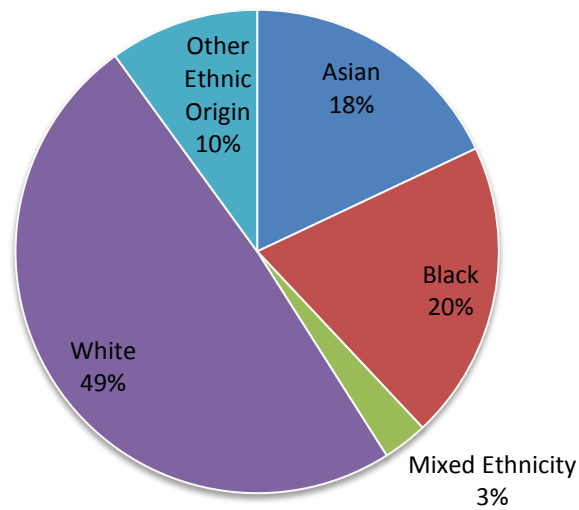


Figure 15

Comparing the ethnicities of clinic clients with the Office of National Statistics (ONS) data on ethnicity across the population, it is clear that there is a much higher proportion of individuals from ethnic minority backgrounds accessing clinic services when measured against data from the most recent ONS³⁸ census. Together ethnic minorities make up 14% of the UK general population, whereas individuals from ethnic minority backgrounds make up just over half of clinic clients (51%). Fig. 16 presents clinic clients' backgrounds together with census data and highlights that the proportion of 'Asian' clinic clients is more than double the proportion in census data, and 'Black' clinic clients represent almost 6 times the proportion in census data. Compared to census data there is also a 0.8% increase for 'Mixed Race' clinic clients, a 9% increase for 'Other Ethnic Origin' clinic clients, and a 36.9% decrease for 'White' clinic clients.

³⁸ Office for National Statistics (2011), "Ethnicity and National Identity in England and Wales", p3-4. Accessible at: http://www.ons.gov.uk/ons/dcp171776_290558.pdf

N.B. no statistics could be found for the UK as a whole. Statistics for Scotland can be accessed here: <http://www.scotland.gov.uk/Topics/People/Equality/Equalities/DataGrid/Ethnicity/EthPopMig>. No clinic client data is available from Northern Ireland.

Ethnicity of clinic clients against UK Census data, by percentage

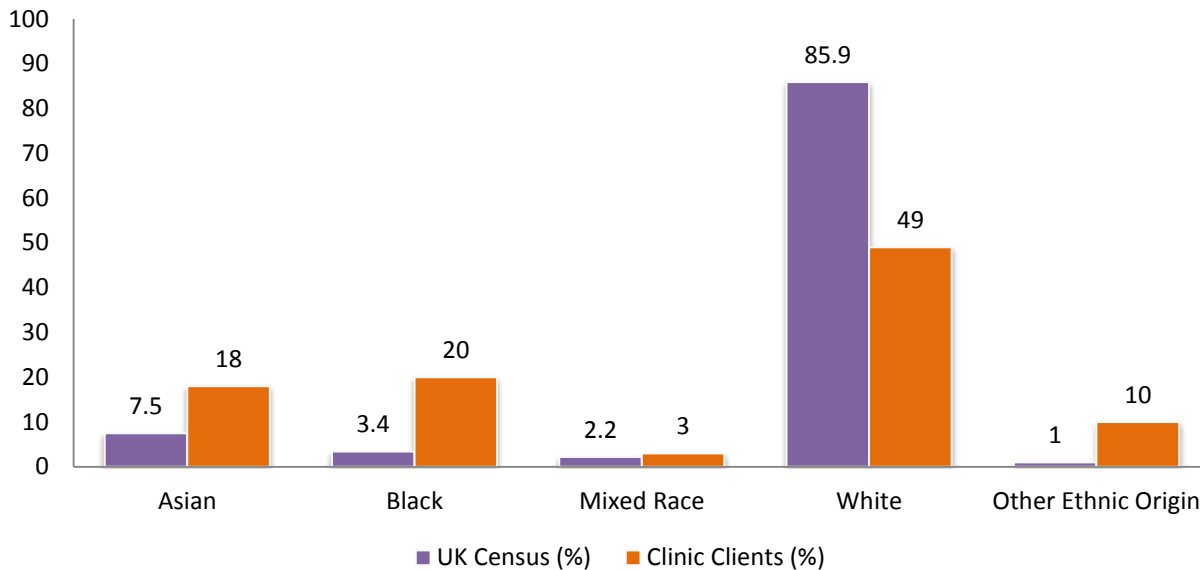


Figure 16

As discussed above, the legal aid cuts were predicted to have more of an impact on individuals with certain protected characteristics, including race. Studies show that individuals from ethnic minority groups are more likely to be in poverty and are more likely to face discrimination³⁹, particularly in deprived areas⁴⁰. Individuals from ethnic minority backgrounds are more likely to face racism and stereotyping⁴¹ which can affect progression in employment⁴². Combined, these findings may suggest that individuals from ethnic minority backgrounds may be more likely to face legal issues and be less likely to have the means to pay for legal advice privately. These factors combined could explain why there is a high proportion of individuals from ethnic minority background seeking assistance at pro bono advice clinics.

Age

More than with any other category, the age of clinic beneficiaries can be somewhat hard to determine, as it may not be the clinic attendee that benefits from the advice in question as the 'client' may only be acting as a representative. If a child or young adult has a legal issue, they may have a parent/guardian who would be

³⁹ Helen Barnard, the Joseph Rowntree Foundation, (2014) "Tackling Poverty across All Ethnicities in the UK", p2. Available at: http://www.jrf.org.uk/sites/files/jrf/JRF_Roundup_Tacking%20poverty_3022_aw.pdf

⁴⁰ *Ibid*, p3

⁴¹ Maria Hudson, Gina Netto, Filip Sosenko, Mike Noon, Philomena de Lima, Alison Gilchrist and Nicolina Kamenou-Aigbekaen, the Joseph Rowntree Foundation, CEMVO Scotland and Voice4Change England, "In-Work Poverty, Ethnicity and Workplace Cultures", P45-49. Accessible at: <http://www.jrf.org.uk/sites/files/jrf/poverty-ethnicity-workplace-culture-full.pdf>

⁴² *Ibid*, p6

the one seeking advice on their behalf, such as with an education issue. Equally, if someone has a parent or elderly relative that cannot attend a clinic themselves they may seek advice on their behalf. Fig. 17 presents the data collected from clinics on the age of clients accessing their services. Over half of clients (51%) are between 25 and 44 years old. 1% of clients are under 18 and 7% of clients are over 65.

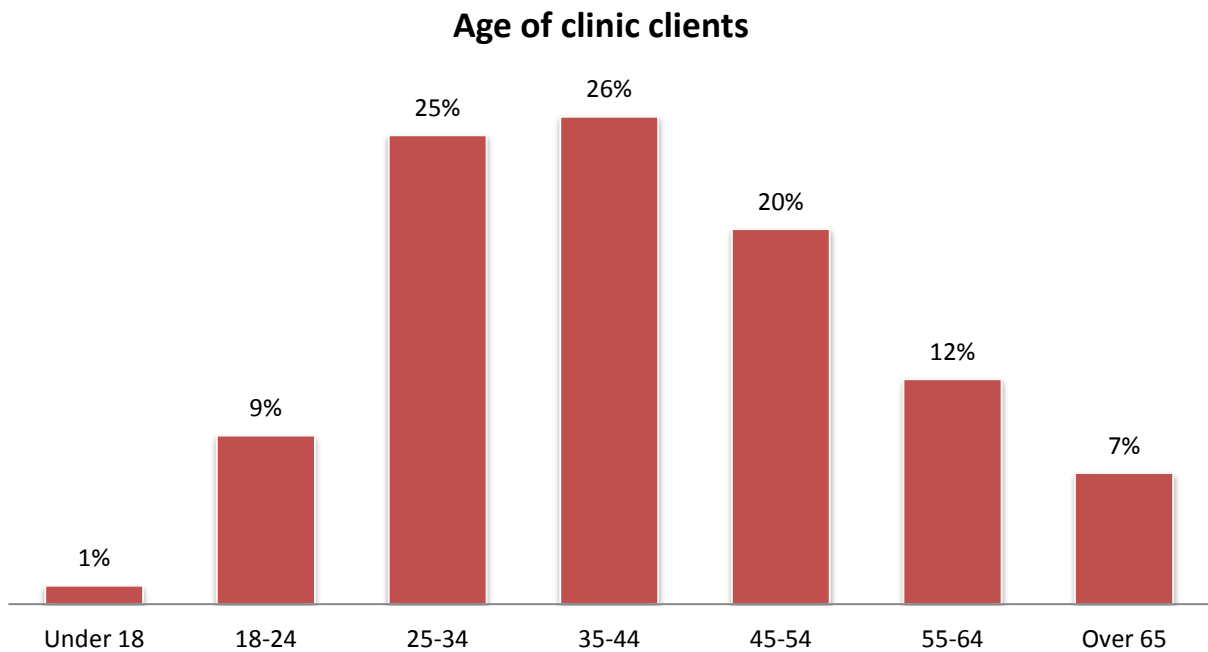


Figure 17

Less than 10% of clinic clients are under the age of 24. Studies show that 16-24 year olds are much less likely to seek out advice⁴³, despite having a large number of issues that require legal help⁴⁴. When they do seek help they are more likely to approach youth work professionals than traditional advice services⁴⁵ and this may explain why a small number are accessing clinic services.

⁴³ http://www.youthaccess.org.uk/uploads/documents/Advice%20Publications/YPs_Access_to_Advice_briefing.pdf, p3

⁴⁴ *Ibid*, p1. Please note that these figures were calculated prior to the legal aid cuts, which means that the current figure may be substantially higher.

⁴⁵ *Ibid*, p5

Impact of changes to legal aid on clinics

LawWorks conducted a survey inviting clinic coordinators to share their experiences of the impact of LASPO on their clinic in the period Apr 2013 – Mar 2014, the first full year following its introduction. The results, as shown in Fig 18., provide a valuable insight into the issues specifically affecting clinics following the implementation of the legal aid changes.

Perhaps unsurprisingly given the near 80% reduction in civil legal aid in this period⁴⁶, an increase in demand for legal advice has been experienced by the vast majority of clinics (84%). Over three-quarters of clinics (76%) are seeing an increase in the complexity of legal matters clinic clients have. This may relate to the fact that half of clinics (50%) are seeing clients attending at a later stage in their legal matter. This change is understandable given that the traditional model saw clinics providing initial advice and where necessary referring more complex cases to local legal aid providers. Removing that referral option, clinics are left without anywhere to refer the complex cases which require more in-depth support.

A fifth of clinics (20%) are finding it more difficult to provide adequate supervision of volunteers, two-fifths (40%) feel that there is less expertise in the areas of law relevant to client needs and 14% are seeing a reduction in their clinic's supporting infrastructure. Over a quarter of clinics (27%) are experiencing reduced capacity to provide pro bono legal clinic services and nearly a third (31%) have reduced access to day to day clinic funding.

Nearly half of clinics (45%) are seeing higher need for reliance on social services and three-fifths of clinics (60%) are seeing an increase in the number of challenging clients. One respondent noted that since the introduction of LASPO clients are "*generally more frustrated and more frequently aggressive*". This could be related to 'referral fatigue' - individuals feeling they are being passed from organisation to organisation, retelling their story and not being given any help. If individuals feel that they have been unfairly treated and are unable to access the legal support needed it is understandable that they would feel frustrated with a system denying them access to justice.

14% of clinics have experienced increased difficulty in sourcing and retaining pro bono lawyers and this could be related to the demand for legal expertise in specific areas relevant to clients' needs, something highlighted above. It is heartening to hear that nearly a third of clinics (31%) have experienced an increased

⁴⁶ Ministry of Justice (2014) "*Legal Aid Statistics in England and Wales 2013-2014*", accessible at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/328901/legal-aid-statistics-2013-14.pdf, p19

willingness of volunteers to provide free advice since the introduction of LASPO. One respondent noted that they had been *“taken aback by the help and support and time given by local solicitors to help those who otherwise would have no legal help at all”*.

It is positive to note that despite the significant increase in demand less than one in ten clinics (8%) feel that the quality of legal advice being given in their clinic has decreased, though nearly a third (29%) consider there to have been an increase in the proportion of unjust outcomes.

Clinics experiences post-LASPO by percentage of clinics

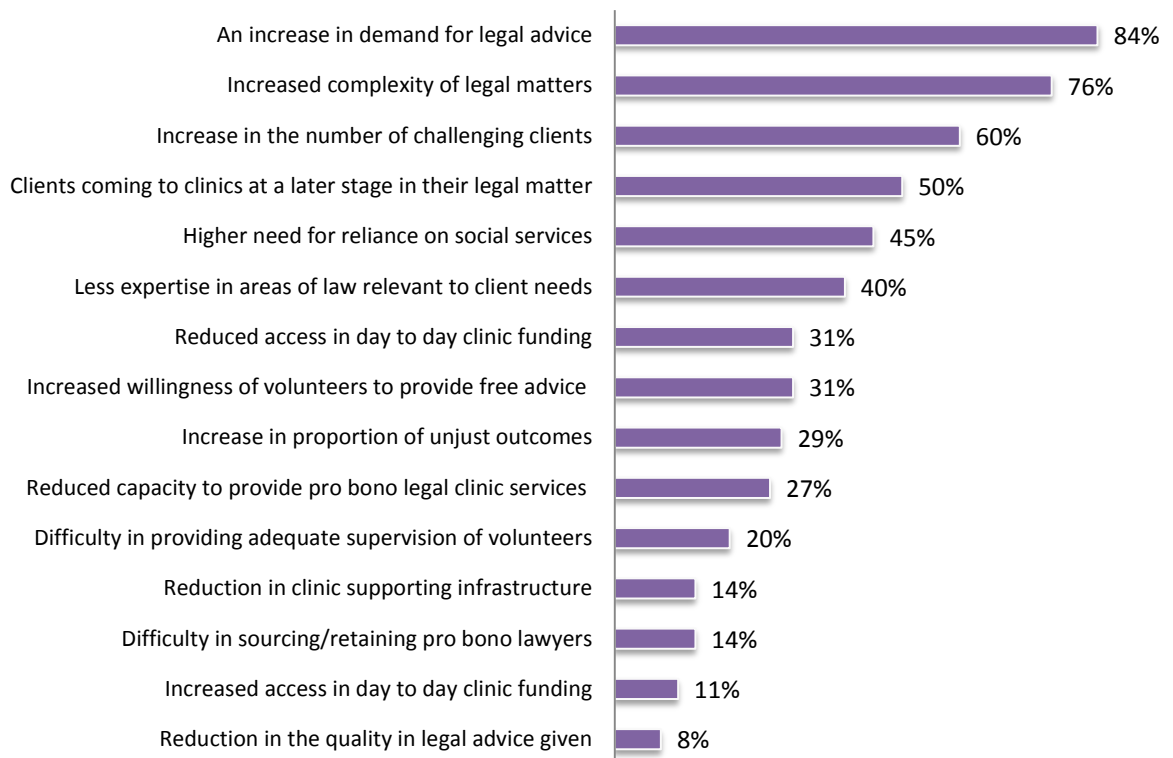


Figure 18

Conclusion

This report highlights the significant scale of pro bono work being delivered in free legal advice clinics across the country with thousands of volunteers providing tens of thousands of pro bono hours each month. Employment and housing law remain the most common areas of advice given in clinics, representing nearly half of the total number of cases dealt with across the LawWorks Clinics Network. The advice sector has gone through significant change following the introduction of LASPO and it is clear that this has impacted on the advice being given in clinics, most notably, the significant increases in the amount of advice being given in welfare benefits, asylum and immigration, and family law.

Clinics are supporting particularly vulnerable members of the community with the majority of clinic clients living below the minimum income standard, coming from ethnic minority backgrounds and a significant number of individuals with disabilities accessing the services.

Following LASPO nearly all clinics are experiencing an increase in demand for legal advice at a time when the underpinning infrastructure that supports clinics is facing considerable challenges. It is worth pointing out that the results presented in this report are generated from clinics which are still in operation. A number of clinics have closed or reduced their services following the introduction of LASPO, such as the *Harehills and Chapeltown Legal Advice Clinic* which shut down following the closure of the local law centre. The experience of those clinics is not represented in the data which informs this report.

It is clear that there is a willingness of volunteers to support clinics, but there are issues around a lack of expertise in the areas of law relevant to clients' needs. LawWorks will be supporting volunteers, clinics and advice agencies with this in the coming months.

LawWorks will continue to provide assistance to clinics in the LawWorks Clinics Network, supporting them to maintain the quality of advice that their valuable services provides to vulnerable members of the community. In the next year LawWorks will be working with clinics to identify the impact clinic services are having on clients to identify best practise, inform future clinic development and ensure that pro bono resources are being targeted in ways that achieve the most effective results for clients.

The LawWorks Clinics Team

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