Client Engagement in Pro-Bono Clinics

A report for LawWorks

By:

Alain Thomas Consultancy
Lawnswood, Sandy Lane,
Parkmill,
Swansea SA32EW

Alain.thomas@btinternet.com

31.07.2019

Contents   **Page**

Executive Summary

This report aims to help develop the client engagement activities of LawWorks in Wales. It is informed by the outcomes of a workshop held in July 2019 involving pro-bono clinic co-ordinators and the findings of a questionnaire sent to all pro-bono clinic providers by LawWorks, prior to the workshop.

The workshop, which was co-facilitated by LawWorks and an external facilitator, used a mix of discussion and participatory techniques which allowed an in depth exploration of the type of engagement activities currently carried out, the reasons for engaging with clients and possible ways of increasing user engagement. There was a great deal of agreement among participants about these issues which gives confidence that the findings are representative of the providers involved.

However participants had mixed views about whether engagement was something they wanted to do more of or not so it is not possible to draw clear conclusions about this.

This report summarises the outcomes of the workshop and incorporates the findings of the questionnaire. It suggests options for LawWorks to support and work with pro-bono clinic co-ordinators to develop engagement with clients.

Most pro-bono clinics currently gather feedback from service users and use both positive and negative feedback to improve their services. Positive feedback also helps with marketing and funding applications.

The largely positive feedback they received provided clear evidence of the beneficial impact of the clinics for many clients, and also showed the importance of offering a non-judgemental listening ear, even when there was no realistic chance of a positive outcome.

Sometimes it is not possible to act on feedback and in such situations all that can be done is to explain honestly why this is, and try to manage expectations.

The report identifies ways in which pro-bono-clinics could improve the quality of their feedback by collecting more of it, using different methods to collect feedback and making better use of the feedback they collected.

This report makes quite detailed and specific suggestions about possible ways of improving the quality of feedback for LawWorks and the pro-bono clinics to

None of the pro-bono clinics currently involved clients in service design. This was because there were barriers to such involvement, mainly: clients were often very stressed and anxious when they used the clinics and just wanted to move on after the conclusion of their case; it was felt that some clients would not be able or capable of being involved; it would be difficult to recruit a representative cross-section of clients, and the clinics lacked the resources (time and finance) necessary to overcome these barriers and successfully engage with clients.

The workshop used the "solution tree" technique to identify ways of reducing or removing some of these barriers. This report develops the outcomes of the solution tree exercise and makes tentative suggestions towards greater client involvement in design. In most cases these suggest starting a process or conducting a pilot project.

1.0. Introduction

This report aims to help develop the client engagement activities of LawWorks in Wales.

It is based upon the outcomes of a workshop and the findings of a questionnaire.

The workshop took place on July 1st in Cardiff. Participants were four pro-bono clinic co-ordinators representing three providers, and two members of LawWorks staff.

The workshop was jointly planned and led by an external facilitator and another member of LawWorks staff. It explored the nature and extent of client engagement activities currently carried out by pro-bono clinics, and what additional activities they may be able to conduct. The workshop used a mix of discussion and participatory methodology including brainstorms followed by sorting and prioritising and the solution tree technique. The workshop programme is appended (Appendix 1).

The questionnaire (Appendix 2), was sent to all pro-bono clinic providers by LawWorks, prior to the workshop. Five providers responded including the three who took part in the workshop. The questionnaire explored what kind of engagement activities providers currently carried out with their service users.

Although the number of providers taking part in the questionnaire or the workshop is quite small there was great deal of convergence and complementarity in the findings regarding the type of activities they carried out, the reasons they engaged with users, the difficulties they faced and how they might be able to do more. The workshop also allowed for a good deal of probing, checking and in depth exploration and development of topics. There is therefore good reason to be confident that the findings around these areas are representative of the providers involved.

However participants had mixed views about whether engagement was something they wanted to do more of or not so it is not possible to draw clear conclusions about this.

No representatives of advice clinics led by law firms responded to the questionnaire or took part in either the workshop so this report may not reflect their views.

This report summarises the outcomes of the workshop and incorporates the findings of the questionnaire. It suggests options for LawWorks to support and work with pro-bono clinic co-ordinators to develop engagement with clients.

2.0. Feedback.

The questionnaire established that the main type of user engagement was gathering feedback. All respondents collected feedback, some in a more structured way than others. The principal uses made of the feedback appeared to be to help with marketing or funding applications, to improve services and help the provider better respond to client needs. The first part of the workshop explored current engagement practices in more depth: why participants engaged with service users, what use they made of feedback including negative feedback, how they gathered and analysed the information, and how they might improve the quality of feedback.

2.1. Why do you engage?

A brainstorm exercise was carried in response to this question and the answers were sorted into broad themes.

The responses confirmed the two main reasons participants engaged were to improve services in order to better meet the needs of clients (seven comments) and to help with marketing and funding applications (six comments).

Other reasons were: to help with student development (two comments), to encourage more volunteers and to build a constituency for access to justice (one comment each).

During discussion, more detail emerged about the main themes.

One participant said that they used the feedback to tweak their services to better meet the needs of vulnerable groups such as the Roma/Gypsy community.

Another said they followed up specific cases to check whether they had delivered what the client wanted. Their feedback therefore helped shape changes to the service.

Sometimes it was difficult to act upon the feedback received. For example one participant said that people wanted a quicker response. They were looking at how they could do this but were not sure how. A challenge was that students had to give advice at same time as studying so it was often difficult to move quickly. In this situation the feedback had highlighted a concern for clients but there was no solution other than to manage expectations and help clients understand why the process felt slow to them and to provide accurate information about turnaround times so clients knew what to expect

Some participants mentioned how feedback had provided evidence of tangible benefits for clients. For example one case had led to a client recovering NHS fees. This resulted in a thank you letter from the client. The outcomes of cases like this

were easy to quantify and the client's letter added useful illustrative detail. The hard figures together with the qualitative feedback from the client could be used for funding applications or marketing purposes.

However, although the service aimed to achieve positive outcomes for clients, this was sometimes not possible.

"Someone may have had a difficult time but there may be no legal remedy".

Also the service was overstretched and it was difficult to go into cases in depth which could reduce the chances of success.

It was important to be realistic and honest about this.

"Being honest about the chance of success and the time it will take".

"Our role is to say this is reality! Giving bad news".

It was important to show respect for the client and to be non-judgemental. There was a view that this, in itself could be helpful because the client would feel they were not alone and that there was at least a chance of a positive outcome. This could help reduce stress for the client.

"A lot of time is spent listening to the issue".

"The power of listening and doing something to address the issue".

It was difficult to evaluate these unquantifiable benefits for the client yet participants felt they were important and that they constituted a substantial outcome of the pro-bono clinics.

One participant said that in their case they gave feedback to students about the way they had handled the case. This direct feedback to students helped them learn and improve.

2.2. What do you do with negative feedback?

Two main themes emerged from the discussion about how participants dealt with negative feedback.

The strongest theme was that participants valued negative feedback because it allowed them to improve their services.

"Negative feedback tends to be most helpful as we can do something with it".

Several participants gave examples of how they used negative feedback to improve what they did. One said that recurring themes were discussed at weekly supervisors'

meetings. Another stressed the need to pass on negative feedback sensitively, especially to students.

One participant said that in order for negative feedback to be received and acted upon it was necessary for the recipient organisation to accept they had made mistakes and to encourage a culture where people could do this.

However some comments suggested that negative feedback might not always result in changes being made. For example, one participant said that they listened more to positive feedback than to negative.

Two participants noted that much of the negative feedback suggested changes that were out of their control so they could not act on it.

Two participants also said that they did not receive a lot of negative feedback. One said this was because the service was free and the other that most of the criticism was so apologetic in tone and they often didn't realise it was negative feedback.

Participants were asked whether they analysed feedback systematically.

Two providers conducted annual reviews of the data then collated analyses over several years to identify trends. One also sought out quotes to use for funding or marketing.

The third did not analyse feedback systematically because their programme was long term and had a different dynamic.

2.3. Have you any real-life examples of how feedback has impacted your service?

Participants provided a number of examples of how feedback had led to them making changes in the way they delivered their service. These were varied and are listed below.

"We used it to change how we do things, for example to streamline the recruitment process".

"Students wanted more experience. We streamlined the recruitment process".

"We offer outreach in the community. We offer projects close to where students live and the clients get more local service".

"We had one case. The advice we gave was correct but the client wasn't happy. On reflection we should have ended case sooner".

"We ran a client interview with eight students observing. The client felt intimidated so we changed it".

Other comments concerned difficulties about obtaining good quality feedback.

"*We are often second guessing needs because it's hard to get*".

"*We can't always respond to client feedback for structural reasons*".

"*A lot of feedback is informal, a chat after an interview*".

2.4. Improving the quality of feedback

Participants were asked how they might collect more feedback. They made the following suggestions:

- Follow up by phone at intervals, perhaps quarterly or annually.

- Have more formal systems.

- Collect feedback at different stages.

- Use different methods or people to gather feedback.

- Raise awareness of the importance of feedback among those interviewing clients.

- Devise a form to be used at interview

The group explored how they could collect better feedback for example by using different methods.

- Use focus groups or a client advisory group

- Use different methods (i.e. form, telephone, face-to-face, electronic)

- By involving different people (i.e. students, staff not involved in case, outreach provider, focus groups)

- Reconsider the questions we ask

- Allow more time for interviews

- Ask clients face to face

One participant added: *"It depends what "better feedback" means".*

Finally, they were asked how they might make better use of the feedback they gathered.

- Ask the client(s) what they think of the use made of the feedback

- Formally store it and analyse it as part of regular review processes

- Shorter/more regular review periods

- Demonstrate/publicise changes made to service ('You said, we did')

- Collate responses

- Being open to mistakes and to change. Improve the culture and become less defensive

3.0. Involving clients in service design or planning

The questionnaire found broadly that no clinics engaged clients in designing services although there were examples of user engagement other than gathering feedback. These included:

- Involving clients in public legal education work.
- Using clients as research participants.
- Using comments as part of testimonials.

The second part of the workshop explored how far it might be possible to involve clients in service design or planning. Participants identified the barriers to this and then selected some important but tractable barriers and explored ways of reducing or removing them by using the "solution tree" technique.

3.1. Barriers

A relatively small number of barriers were identified, some of these quite serious.

A number of barriers were associated with the characteristics or circumstances of the client group.

Many of the clients may be in acute need when they seek advice. This is not a good time to ask for feedback as they are likely to be stressed and pre-occupied. It was suggested that an obvious solution to this would be to ask them some time after the conclusion of their case.

However it was argued that some clients would just want to move on once their problem has been dealt with. It was also pointed out that some of them would be in prison.

Another barrier was that many of the client group were not able or capable of being involved and some would not want to be asked.

Providers also felt that they lacked the time and resources which would be needed to engage clients in service design. There was a strong feeling that trying to do so might lead to resources being spread too thinly.

The group also identified difficulties in ensuring that the clients who were engaged would be representative of the broader client group in terms of ethnicity, age etc. There was a concern that those who became involved would base their contributions on their own circumstances.

Participants were also concerned that clients might suggest courses of action which would be unrealistic, either because they lacked specialist knowledge or they were unaware of resource constraints.

Finally, there was a general concern that it was difficult to attract people to focus groups or meetings and that this could be a particular problem with this client group.

3.2. Reducing or removing barriers

The "solution tree" technique was introduced to the group. This involves taking a problem, in this case a barrier, and first of all asking why the problem exists. This allows a process of drilling down into the causes of the problem to take place and understanding is gained which may help to identify solutions. The next stage is to consider how something might be done to reduce or remove the problem, identifying some general possible solutions and then drilling down into levels of greater detail. If carried out well, the solution tree technique is capable of producing a quite specific action plan to address a problem.

The problem of finding it difficult to recruit participants for a focus group was addressed as a full group in order to demonstrate the technique. Participants then worked in pairs on two other problems.

The outcomes of the solution tree exercises are shown in the tables below.

Exploring the causes: Why, why why?	The Problem	Searching for solutions: How, how how?
They are not engaged, not interested, it is not a priority for them. They lack time, they are bombarded with requests/information They don't think it's going to benefit them	**It is difficult to recruit the client group to focus groups.**	Add a question to the feedback form asking for permission to contact them. Target sub-groups such as people with mental health issues. Offer incentives or presents to encourage attendance. Pizza, wine!

Exploring the causes: Why, why why?	The Problem	Searching for solutions: How, how how?
Lack of knowledge Lack of resources, particularly lack of time. Client will not appreciate the constraints Lack of precedents Lack of co-decision models	**Co-design may lead to unrealistic suggestions**	Communicate the clinics' lack of resources Managing expectations as to resources from the outset. Learn from others e.g. literature review

Exploring the causes: Why, why why?	The Problem	Searching for solutions: How, how how?
Too busy – the workload means there are not enough staff/resources Too busy – it's the clinic versus staffs' research interests Too busy – other demands on time – lecturers as well as supervisors, other roles	**Lack of time and resources**	Seek feedback at different stages: Use external contacts/networks to assist Generate new resources – involve recent graduates, charities, seek funding, involve law firms Involve more/other staff (non-clinic) Develop/use networks - Joint working/outside involvement Call on university resources – admin staff?

3.3. Other ways for clients to be involved.

Various other contributions were made to the workshop, at different times which suggested other ways to improve feedback or for clients to be involved in co-designing or co-delivering the service. This section draws these together.

Co-design

Past clients could be invited to become members of steering groups or sub committees for the clinics.

It was suggested that focus groups, despite difficulties in encouraging attendance, were felt to be a useful method of involving some past clients in co-designing services.

Co-delivery

Past clients could be offered voluntary administrative roles in clinics. This would also help address the issue of lack of resources.

Past clients could be invited to talk about their experiences at roundtables, clinics or conferences.

Feedback

More in depth feedback could be sought. It was pointed out that clients have already given consent to be approached in the 'Better Information Project' from 2018 so would be likely to do so if asked.

Seeking feedback by giving a clipboard to clients whilst in the waiting room would be more likely to elicit a response rather than sending a form later. This would also allow the clinic to respond more quickly to issues as they would know about them sooner.

Create a culture of awareness regarding the importance of feedback among staff, volunteers and clients.

Use informal methods to collect feedback which would be more comfortable for the clients i.e. conversation.

Involve someone who is not connected to the case to ask for feedback. This would make it less likely that the client would say positive things so as not to offend a person who may have helped them.

In the case of phone line advice, current practice is to ask for feedback at the end of the call. This may be unavoidable but it is unlikely that a client will give negative feedback to a person who has just spent time trying to help them. In this situation the questions asked need to be very carefully phrased e.g. "I am very keen to learn and improve in my role, could you suggest just one thing that I could do differently next time that would improve the service for the next person I speak to"?

Possibly use CAB staff to elicit feedback as there many clients will also use their services. Many people thought this could work well for them although some also identified possible conflicts of interest which would need to be resolved.

Go to where we can expect to find groups of people we want to engage with. One provider gave the example of small groups of students "firms", who already meet together and suggested these might be a ready-made group to consult.

4.0. Summary and options

4.1 Summary

This section summarises the key points which may influence the options going forward.

Providers currently focus on gathering feedback.

They do this because it is useful to them by helping improve their service and enabling them better to help their clients.

Feedback is also useful with grant applications and in demonstrating the value of their work generally.

Most providers are open to negative feedback and use it to make changes to improve their service when they are able. They provided clear examples of how they had used feedback in this way.

However they sometimes found it difficult to elicit feedback.

Some providers analyse the feedback systematically to identify trends which enable them to make the changes which are most needed.

Most providers are open to improving the quality of the feedback they gather, using new methods of gathering feedback and trying different ways of making better use of feedback.

Providers do not currently involve clients in designing services.

There are serious barriers which have prevented them from doing this.

One set of barriers concern the characteristics of the client group: they are likely to be stressed and pre-occupied when they seek advice and many just want to move on when their problem is over. The time they are in contact with the clinic is therefore not a good time to engage them. Some also questioned whether clients would see any benefit in engagement and felt that some would not be able to take part in service design.

Another set of barriers was that providers lacked the resources to involve clients in service design. They felt they did not have enough time, financial resources, or knowledge of how to do this.

A third issue was that it would be difficult to engage with clients who are representative of the whole client base. It was possible that those who became involved would only speak for themselves.

However, the solution tree exercise and the discussion around it showed that some providers are willing to consider new approaches to involving clients in service design.

4.2. Options

This section sets out some options towards more and better client engagement.

The suggestions are based upon the outcomes of the workshop and it is hoped that participants will recognise their contributions.

They have been ordered in two sections, one covering feedback and the other involvement in service design or delivery.

Most of the suggestions are directed at LawWorks in that LawWorks has an over-arching support role for the pro-bono clinics and have commissioned this report. So when a phrase like "should be encouraged" is used, it is implicit that the intention is that LawWorks should do the encouraging. However these are suggestions which aim to improve practice so providers reading this report may feel that they need no "encouragement" and they may decide to implement any of the suggestions themselves.

In some cases the suggestion is to begin a process leading to further change, rather than to implement a specific change. In these situations LawWorks is named as potentially having a lead role.

The suggestions regarding feedback are clear and quite detailed because there is an evident commitment among providers to gathering good feedback and these suggestions came from them. It is therefore anticipated that most will be well received. The remaining task for LawWorks and providers is to decide which of the suggestions should be priorities.

The suggestions regarding involvement in design are more tentative and in most cases suggest starting a process or conducting a pilot. This is because there are some barriers in the way of involving clients in service design and more work, will be needed to overcome these and devise appropriate mechanisms. This is also new territory so pilot projects are an appropriate way forward.

Feedback

In order to improve engagement it will be essential to be able to contact clients after they have received advice. Clients should be asked to give their permission for this during the time they are receiving advice. Providers should be encouraged to make this standard practice if it is not already.

Providers should be encouraged to use a range of methods to gather feedback and consult with clients. The precise methods will depend on the provider but in general, a combination of two types of method: quantitative and qualitative should be used.

A feedback form or questionnaire is currently used and this is an appropriate quantitative method. It can also gather some qualitative information through the use of open "comment boxes". Consideration could be given to devising some common core questions to be asked across all providers. This could make possible an overall analysis of the quality of service and impact of pro-bono clinics. Analysing the findings at this level could be a role for LawWorks.

Consideration should be given to how the questionnaire/feedback form is administered. For example clients could be asked to fill it in whilst in the waiting room and the form would only be sent to clients if they had not completed one at that time. This would make it more likely that a client would fill in a form as they would have time available when waiting.

Providers should be encouraged to use an appropriate qualitative method alongside the mainly quantitative questionnaire/feedback form. This could be: a follow up telephone interview or a specially convened focus group or workshop. A follow up telephone interview is a relatively quick and cost effective way of collecting qualitative information. Providers may need some training or guidance in for example running focus groups and this could be a role for LawWorks.

Providers should be encouraged to elicit helpful negative feedback from clients for example by asking a question in a way that makes it clear the feedback would be useful to the advisor. For example: "I am very keen to learn and improve in my role, could you suggest just one thing that I could do differently next time that would improve the service for the next person I speak to"?

Encourage more providers to carry out a systematic analysis of the feedback they receive.

Encourage providers to analyse feedback at more frequent intervals. Participants in the workshops analysed the information annually and looked for trends over several years. There would be benefit in analysing at perhaps six monthly intervals to be able to make changes more quickly.

Encourage providers to demonstrate and publicise the changes made to the service following feedback along the lines of "you said-we did".

It would be useful, in the medium term, to create a culture of awareness regarding the importance of feedback, and engagement generally among staff, volunteers and clients. More thought would be needed about ways of bringing about such a culture change. This could involve some research and/or a further participatory exercise involving the clinics. This may be a role for LawWorks.

If such a culture change were brought about then it may become possible to implement new forms of engagement; for example making the process of gathering feedback more informal, based upon conversations between staff and clients. A culture change would be needed for this because staff would need to be committed to the process, to remember to initiate such conversations and write up the notes immediately afterwards.

Service design

Some providers appear to be open to trying to involve clients in service design. The solution tree exercise showed that there are ways of reducing some of the barriers but it will be important to ensure that whatever approach is attempted does not require too many additional resources.

Lack of resources was identified as a key barrier to involving clients in service design. One of the solution tree exercises identified some useful steps to address this problem including:

- Generating new resources: seek funding, involve charities, recent graduates, involve law firms.

- Involve more/other staff (non-clinic)

- Develop/use networks – joint working/outside involvement.

- Call on university resources – admin staff?

These are all ideas have potential to reduce the problem of lack of resources. LawWorks could work with interested providers to develop these into an action plan which the providers, perhaps with support from LawWorks could implement. This process would complement that of working towards a culture change mentioned earlier.

Focus groups, despite difficulties in encouraging attendance, are potentially a useful method of involving some past clients in co-designing services, and a short solution-tree exercise during the workshop generated some useful suggestions about how to do this. LawWorks could partner with a provider keen to take part in a pilot exercise to run one or more consultative focus groups along the lines suggested by the solution tree. Assuming clients have given permission to be contacted, the focus group would target a sub-category of clients such as clients with mental health issues. Focusing on a smaller and more homogenous segment of the population will alleviate the risk of participants not being representative. It would then be necessary to devote sufficient resources to offer appropriate support (certainly travel expenses), and incentives (such as food). The focus group would input to service design by evaluating the service participants had received which could lead to changes. If the

pilot is successful LawWorks and the Provider could share the lessons and help other interested providers run similar groups.

The outreach approach which identifies places where a number of people from the target population may be found is a tried and tested way of engaging fairly easily and quickly with groups who might otherwise be difficult to access. The workshop touched upon this and identified one possible example of such a location, the "firms" of students. Consulting with providers to try and identify other locations (which may include the local Citizens Advice as mentioned in the workshop), could be a role for LawWorks. If potentially suitable locations are identified then a pilot engagement project could be developed.

Another approach could be to seek to involve past clients as members of steering groups or sub committees for the clinics. A first step would be to identify which steering groups and sub committees exist and identify their principal characteristics: how often they meet, duration, topics discussed, composition etc. to help assess which might be most suitable to involve past clients in. Recruitment of past clients would follow. This would need to be accompanied by a programme of support and capacity building to ensure that past clients have the skills knowledge and confidence to participate effectively. Were a series of focus groups to have already taken place it is possible that participants in these might be interested in more sustained involvement such as through a steering group or sub-committee. Resources would also be needed to meet travel expenses and payment would need to be considered. Working alongside one or more providers to support this process could be a role for LawWorks.

Finally, a suggestion was made in the workshop that past clients could be invited to talk about their experiences at roundtables, clinics or conferences. These might be drawn from participants in focus groups or clients who become members of steering groups or sub-committees.

Appendix One

Workshop Programme

1) Introductions

2) Why do we engage with clients?

3) Feedback of questionnaire findings

4) Facilitated Discussion
- Why do you gather feedback?
- What do you do with negative feedback?
- Have you any real-life examples of how feedback has impacted your service?

5) Is there an appetite for more user engagement? Part one – feedback.

6) Is there an appetite for more user engagement? Part two – involvement in design and planning
- Identifying barriers
- Reducing or removing the barriers (solution tree exercise)

7) Changes following from today

8) Next steps

Questionnaire

1) Do you collect feedback from people who use your service?
- How do you collect it?
- What use do you make of the feedback?

2) Do you involve people who use your service in the design or planning of the service you offer?
- If so how?