

## **Research Specification: the experiences of consumers in vulnerable circumstances with different legal services providers**

### **Purpose**

The Legal Services Board (LSB) wishes to commission research to explore the experiences of consumers in vulnerable circumstances (and those caring for them) in accessing legal advice from regulated practitioners and their experience of the advice itself. Specifically, we are interested in focussing on people with the following health issues:

- mental health problems
- dementia.

For each group we wish to find examples of what worked well and areas for improvement. This includes steps that help to empower consumers, good practice by regulated legal services providers and points for relevant bodies to address.

All research and underlying data will be published externally and freely available to academics, frontline regulators and others. All data will be anonymised.

### **About the LSB**

The LSB has been set up to reform and modernise the legal services market place in the interests of consumers, enhancing quality, ensuring value for money and improving access to justice across England and Wales. The LSB will achieve this by pursuing its regulatory objectives and providing regulatory oversight for the nine approved frontline regulators.<sup>1</sup> Further information about the LSB can be found on our website: <http://www.legalservicesboard.org.uk/>

### **About mental health**

One in four people is likely to experience a mental health problem during their lifetime, with 75% of people receiving no help from the NHS. These are unlikely to be 'static' conditions, and may be overcome with treatment. Stable employment and housing are factors contributing to someone being able to maintain good mental health. The 'employment gap' between those with mental health problems and the general population increases with the severity of those problems. People in marginalised groups are at greater risk of experiencing mental health problems, for example, those who are homeless, BAME, lesbian, gay, bisexual and transgender, disabled or have had contact with the criminal justice system.

Appreciating the range and incidence of common and more serious conditions<sup>2,3,4</sup> these individuals may seek legal advice on a range of issues, including on but not limited to those problems. From the perspective of accessing and using legal advice

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<sup>1</sup> The Law Society, General Council of the Bar, Council for Licensed Conveyancers, The Chartered Institute of Legal Executives, The Chartered Institute of Patent Attorneys, The Institute of Trade Mark Attorneys, Association of Law Costs Draftsmen, Master of the Faculties, Institute of Chartered Accountants in England and Wales.

<sup>2</sup> <http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/>

<sup>3</sup> [http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/MHN%20key%20facts%20and%20trends%20factsheet\\_Fs1356\\_3\\_WEB.pdf](http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/MHN%20key%20facts%20and%20trends%20factsheet_Fs1356_3_WEB.pdf)

<sup>4</sup> <https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf>

the affected person may need adjustments to be made by a legal advisor to help them express their wishes clearly or to understand advice.

This is an area where the LSB has some data on individuals who have self-identified as having a mental health problem (a summary accompanies this specification at **Annex A**). However, there is limited qualitative research on the experiences of those with mental health issues in relation to their use of legal services.

A possible comparison is the NHS, which has published aspirations that people with mental health problems should be able to say:

- *I have help to support [which might be peer, community or mental health services] me access benefits, housing and other services I might need.*
- *Services and professionals listen to me and do not make assumptions about me, they respond flexibly and change the way they work as my needs change.*

### **About dementia**

Dementia is an umbrella term for symptoms caused by different diseases (for example, Alzheimer's and vascular dementia), such as memory loss, confusion and personality change. It can affect anyone.

Dementia is a growing issue. There are around 850,000 people in the UK with dementia (two-thirds are women). It is estimated that by 2025 this number will have increased to around 1 million and by 2050 it is projected to exceed 2 million. The likelihood of developing dementia rises with age; one in three people over 65 will develop it, although over 40,000 under 65 are affected. The Department of Health estimates that 59 per cent of people with dementia in England have a formal diagnosis. There are approximately 700,000 informal carers caring for loved ones, which is expected to rise to 1.7 million by 2050.<sup>5</sup>

As it affects a person's mental abilities, a person with dementia will usually need help from friends or relatives, including with decision making. The NHS recommends to those who have just been diagnosed steps that may involve getting legal advice, for example, making a will and putting a lasting power of attorney in place.<sup>6</sup> As above, from the perspective of accessing and using legal advice the affected person may need adjustments to be made by a legal advisor to help them express their wishes clearly or to understand advice.

Research is being carried out increasingly into therapeutic intervention. There is less on the experiences of those with dementia (and their carers), and does not appear to be any in relation to legal services. This is also an area where we have limited quantitative data (for example, compared to mental health). By comparison, work has been done recently to help retailers become more dementia friendly (as part of the Prime Minister's Challenge on Dementia, a key strand of which focuses on developing

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<sup>5</sup> <http://www.alzheimersresearchuk.org/about-dementia/facts-stats/10-things-you-need-to-know-about-prevalence/>

<sup>6</sup> <http://www.nhs.uk/Conditions/dementia-guide/Pages/dementia-diagnosis-plan.aspx>

dementia-friendly communities to support people with dementia to live well in their community).<sup>7</sup>

## Background

The Legal Services Consumer Panel<sup>8</sup> (LSCP) produced a guide for legal services regulators on consumer vulnerability in 2014.<sup>9</sup> The frontline regulators in turn have requirements in place, which mean that practitioners should be able to recognise and respond appropriately to vulnerability. For example, the Solicitors Regulation Authority's competence statement expects practitioners to identify and take reasonable steps to meet the particular service needs of all clients including those in vulnerable circumstances.<sup>10</sup> The Costs Lawyer Standards Board<sup>11</sup> and Institute of Chartered Accountants in England and Wales<sup>12</sup> and Solicitors Regulation Authority<sup>13</sup> have created guidance on vulnerability for practitioners. Vulnerability also features in frontline regulators' 'Risk Outlook'.<sup>14</sup>

Qualitative research in 2012 sought to understand the legal needs and experiences of deaf and hard of hearing people.<sup>15</sup> This was followed in 2013 by research into what happens when people with learning disabilities need advice about the law.<sup>16</sup>

Reforms around this time, which include the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO)<sup>17</sup> and changes to courts and tribunal fees, are likely to have affected (amongst other people) those with mental health problems and dementia. This includes the reduced scope of legal aid in areas of law such as housing, debt and welfare benefits. Although we anticipate that these will come up in discussion, and may offer some comparisons with the work noted above, we are not seeking to assess their impact, since this falls outside our statutory remit.

Due for publication shortly, we anticipate research by the frontline regulators into client care letters will provide relevant insights. More generally, other work that may be applicable includes research on the quality of legal services for asylum seekers<sup>18</sup> and into the scheme that allows the public to access barristers without first instructing a solicitor or other third party.<sup>19</sup> In addition, research currently in progress to understand the experiences of consumers in family, children's and social welfare law may be

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<sup>7</sup> Retail Task and Finish Group and Alzheimer's Society Guide to making shops more friendly:

[https://www.alzheimers.org.uk/site/scripts/news\\_article.php?newsID=2639](https://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=2639)

<sup>8</sup> The Consumer Panel is an independent arm of the LSB, created to provide high quality, evidenced-based advice to the LSB and others on the consumer interest in the regulation of legal services.

<sup>9</sup> This applies BSI 18477 (2010) (Inclusive service provision: Requirements for identifying and responding to consumer vulnerability) to legal services in 'Recognising and responding to consumer vulnerability, A guide for legal services regulators' (2014):

<http://www.legalservicesconsumerpanel.org.uk/ourwork/vulnerableconsumers/Guide%20to%20consumer%20vulnerability%202014%20final.pdf>

<sup>10</sup> [http://www.sra.org.uk/solicitors/competence-statement.page#heading\\_toc\\_j\\_1](http://www.sra.org.uk/solicitors/competence-statement.page#heading_toc_j_1)

<sup>11</sup> <http://clsb.info/wp-content/uploads/2014/06/Vulnerable-Consumers13.1.15.pdf>

<sup>12</sup> <http://www.icaew.com/~media/corporate/files/technical/legal%20and%20regulatory/probate%20and%20abs/icaew%20guide%20to%20dealing%20with%20vulnerable%20clients.ashx>

<sup>13</sup> <http://www.sra.org.uk/documents/solicitors/freedom-in-practice/vulnerable-people.pdf>

<sup>14</sup> For example, the Bar Standards Board: [https://www.barstandardsboard.org.uk/media/1751659/bsb\\_risk\\_outlook.pdf](https://www.barstandardsboard.org.uk/media/1751659/bsb_risk_outlook.pdf); and the Solicitors Regulation Authority: <http://www.sra.org.uk/risk/outlook/risk-outlook-2016-2017.page>

<sup>15</sup> [http://www.legalservicesconsumerpanel.org.uk/publications/research\\_and\\_reports/documents/Legal%20Choices%20Silent%20Process%200.pdf](http://www.legalservicesconsumerpanel.org.uk/publications/research_and_reports/documents/Legal%20Choices%20Silent%20Process%200.pdf)

<sup>16</sup> <http://www.legalservicesconsumerpanel.org.uk/ourwork/vulnerableconsumers/Legal%20Advice%20Learning%20Disabilities%20Final%200Report.pdf>

<sup>17</sup> <http://www.legislation.gov.uk/ukpga/2012/10/contents/enacted>

<sup>18</sup> <http://www.sra.org.uk/sra/how-we-work/reports/asylum-report.page>

<sup>19</sup> <https://www.barstandardsboard.org.uk/media/1754315/public-access-final-report.pdf>

relevant.<sup>20</sup> A table of other possible research resources accompanies this specification at **Annex B**.

## **Aims and objectives**

The overarching aim of this research is to improve our understanding of how consumers with mental health issues and with dementia (and those caring for them) experience legal services, as well as the impact of those vulnerabilities on obtaining legal advice. The legal services may, but need not necessarily, be related to the individual's vulnerability.

Our aim is to deliver research that is of practical benefit in informing our and others' work. It should summarise and illustrate the experience of these individuals in finding and attempting to use/using legal services, including satisfaction with and the impact of advice once the process is concluded. More specifically the research should seek to answer the following research questions:

- what, if any, features of the legal services market are particularly relevant to these vulnerable circumstances?<sup>21</sup>
- what circumstances contribute to these individuals being vulnerable when purchasing legal services?
- do these circumstances result in adverse outcomes when using lawyers, and if so how<sup>22</sup>
- to what extent are the legal needs of those in the study are being met
- taking account of relevant existing/ongoing work and initiatives, what approaches could improve accessibility, service experience and outcomes?

This may expand the available knowledge base for different types of vulnerability, including exploring any common themes.

In addition, it is possible that this research may inform our position on regulation of non-commercial bodies, which are likely to be among suppliers of services to vulnerable consumers.<sup>23</sup>

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<sup>20</sup> <http://www.sra.org.uk/sra/news/press/family-law-research-start.page>

<sup>21</sup> Those identified in the LSCP's guide for legal services regulators on consumer vulnerability are: access barriers, barriers for particular groups, barriers to shaping services, choice barriers, concern about costs, information asymmetries, lack of quality indicators, redress barriers. We are also interested in relevant positive market features.

<sup>22</sup> Although it should be noted that cases can be lost even when the legal representation is without fault.

<sup>23</sup> Section 23 of the Legal Services Act 2007 (the Act) created transitional protection for non-commercial bodies (which are not for profit bodies, community interest companies and independent trade unions) who carry out reserved legal activities from the requirement to be licensed as an alternative business structure by a licensing authority. This transitional period will only come to an end by order of the Lord Chancellor, on the recommendation of the Legal Services Board. Individual authorised persons (defined in section 18(1)(a) of the Act) who work in bodies benefiting from this transitional protection will be regulated as individuals by an approved regulator (defined in section 20). Some information on our work in this area, which recognised that clients of these bodies are often among the most vulnerable of consumers, but which concluded that steps to introduce licensing should be deferred, is available here: [http://www.legalservicesboard.org.uk/projects/widening\\_access\\_to\\_justice\\_and\\_the\\_legal\\_services\\_market/index.htm](http://www.legalservicesboard.org.uk/projects/widening_access_to_justice_and_the_legal_services_market/index.htm).

## Issues and scope

People with mental health problems and dementia may be users of general legal services, for example they may want advice on consumer problems. There may also be specific instances where they need legal advice and assistance, such as:

- accessing the support they are eligible for
- accessing satisfactory health care
- arrangements in relation to mental capacity<sup>24</sup>
- restrictions on and deprivation of liberty<sup>25</sup>
- employment and housing rights.

Our expectation is that a qualitative methodology will be the most suitable approach. However we anticipate that finding a good sample for each group will be a key risk in this project, given that it will involve interviewing individuals who are hard to reach and may present ethical considerations. Access to these clients and expertise in relation to survey design, suitable interviewing style and ethical considerations, may be assisted by relevant charities and academics (among others).

The sample for mental health problems and for dementia should involve:

- self-identified or formally diagnosed individuals (and their carers) who are using legal services, or have used/tried but failed to use them in the last 12 months
- problems or symptoms from across the range of those that are common and more serious
- legal services supplied by regulated firms<sup>26</sup> and other non-commercial bodies (with at least half the sample from the former).<sup>27</sup>

We expect tenders to set out in detail

- target sample sizes and within those
  - the division between those who are using, have used or have tried but failed to use legal services
  - the range of problems or symptoms that will be included
- the rationale for the above
- how those samples will be found
- the timetable for gathering these samples, including a breakdown of different stages involved

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<sup>24</sup> <https://www.gov.uk/power-of-attorney/overview>

<sup>25</sup> Where [Independent Mental Health Advocates](#) (to whom access is a statutory right for people detained under most sections of the Mental Health Act, subject to Guardianship, or on a community treatment order) and [Independent Mental Capacity Advocates](#) (who act as safeguards by representing people who lack capacity in some important decision-making processes) may be relevant.

<sup>26</sup> For example, private firms through to local government legal services.

<sup>27</sup> For example, law centres, Citizens Advice, unions or other charities, where the organisation itself that delivers regulated legal activities may not be regulated.

- how ethical considerations will be identified and addressed, including what informed consent will involve for the different groups identified as above and the steps that will be taken to avoid harm or detriment, and on anonymity that will be offered participants in relation to reporting.

Tenders should be developed on the basis that the LSB will not be able to assist in finding study participants.

## **Deliverables**

### *Outputs*

Final outputs will include a written report, to include an executive summary, which is suitable for publication and addresses the project aims and research questions in full. This must include:

- case studies providing a narrative of the experience of individual clients (and their carers)
- identification of the major vulnerabilities within each group (including by reference to the LSCP guide for legal services regulators on consumer vulnerability)<sup>28</sup>
- examples of good practice and areas for improvements from practitioners, for example established practices that need to be adapted to meet the needs of one or both of these groups
- examples of approaches or techniques that consumers find useful in getting legal services
- identification of general themes, for example most used legal services and barriers to using legal services, and specific issues
- taking account of relevant existing/ongoing work and initiatives, identification of practical approaches that could help different actors associated with this area
- identification of areas where further research may be of benefit

As an organisation the LSB is interested in exploring different ways our research can be presented way so it is accessible to our stakeholders and has maximum impact. For example, one option is that, in addition to the main report, short tailored summary reports are produced targeted toward key groups of stakeholders, for example, frontline regulators, representative bodies of legal services practitioners and relevant charities. Each would include an executive summary and address points from the research that are relevant to the respective group. However, we are interested in exploring different options and tenders should include proposals with costings.

The types of consumer problem and legal activity covered in the research and the terminology used should be consistent with our framework for market segmentation.<sup>29</sup>

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<sup>28</sup> This applies BSI 18477 (2010) (Inclusive service provision: Requirements for identifying and responding to consumer vulnerability) to legal services in 'Recognising and responding to consumer vulnerability, A guide for legal services regulators' (2014): <http://www.legalservicesconsumerpanel.org.uk/ourwork/vulnerableconsumers/Guide%20to%20consumer%20vulnerability%202014%20final.pdf>

<sup>29</sup> [http://www.legalservicesboard.org.uk/news\\_publications/latest\\_news/pdf/a\\_framework\\_to\\_monitor\\_the\\_legal\\_services\\_sector.pdf](http://www.legalservicesboard.org.uk/news_publications/latest_news/pdf/a_framework_to_monitor_the_legal_services_sector.pdf)

It is essential that the reports and underlying research are sufficiently robust that we can use them externally. We expect that this work will be of interest to our stakeholders, which includes parliamentarians, government, the judiciary, the legal profession, and the consumer and advice sector.

The LSB will retain ownership of the report and underlying data, which must be delivered in a publishable format.

### *Project plan*

Tenders should include a project plan and time schedule for the work that identifies the main task and key milestones that will be used to monitor progress. The plan should be accompanied by a resource profile, giving a breakdown of the resources in person days allocated to each task.

### **Tender evaluation criteria**

All projects are subject to the LSB's [standard terms of contract](#). Tenders will be evaluated on best value for money and will be assessed on the basis of:

1. overall cost. Please include appropriate breakdowns
2. evidence of a track record of working with consumers in vulnerable circumstances
3. expected sample size and range of those using, used or tried but failed to use legal services and problems or symptoms for the two areas of mental health problems and dementia, and a detailed plan and timescale for how these will be secured
4. expected extent of and approach to engagement with relevant organisations and academics<sup>30</sup>
5. the extent to which tenders are clearly written and meet the specified objectives, present a sound methodology, identify any potential problems, and propose suitable solutions
6. addressing outputs and ensuring that these are in line with requirements and the required timing of the project
7. proposed team composition, expertise and management and the organisation's diversity policy
8. how ethical and diversity issues would be addressed in the research, and evidence of adherence to a recognised code of conduct relating to ethics.

### **Duration**

The research should commence in November 2016. Tenders should set out dates for completing all key milestones such as information gathering, analysis, synthesis and

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<sup>30</sup> For example, some might be appear to be (but are not limited to):  
Citizens Advice: <https://www.citizensadvice.org.uk/>  
Mind: <http://www.mind.org.uk/about-us/>  
Mental Health Foundation: <https://www.mentalhealth.org.uk/our-work>  
Dementia UK: <https://www.dementiauk.org/>  
Alzheimer's Society: <https://www.alzheimers.org.uk/>

report writing. The draft report should be submitted by 24 February 2017, along with an overview of the findings, which should be presented to the LSB by the research agency. The finalised report is due by 30 March 2017.

**Legal Services Board contact details**

Tenders with any queries about policy issues relating to the research specification should contact: Bryony Sheldon on 020 7271 0093 or by email to [bryony.sheldon@legalservicesboard.org.uk](mailto:bryony.sheldon@legalservicesboard.org.uk).

**Tenders must be submitted by 5pm on Monday 31 October 2016 to Chidinma Alufuo (chidinma.alufuo@legalservicesboard.org.uk)**

Interviews with shortlisted consultants will take place in the week commencing 7 November 2016.

## Annex A

### Vulnerable consumers research 2016: Existing data analysis

#### Civil and Social Justice Panel Surveys

Analysis of the 2010 and 2012 Civil and Social Justice Panel Surveys (CSJPS) offers some insights into mental health (in contrast, limited data is available in relation to dementia), particularly in relation to the area employment law.<sup>31,32</sup>

*'As can be seen from Figure 2.4, 2010 CSJPS respondents who reported mental health problems were associated with higher prevalence of all 15 legal problem types investigated, and prevalence was also usually more pronounced for more severe problems; the main exception being problems concerning money (but not debt or welfare benefits).'*<sup>33</sup>

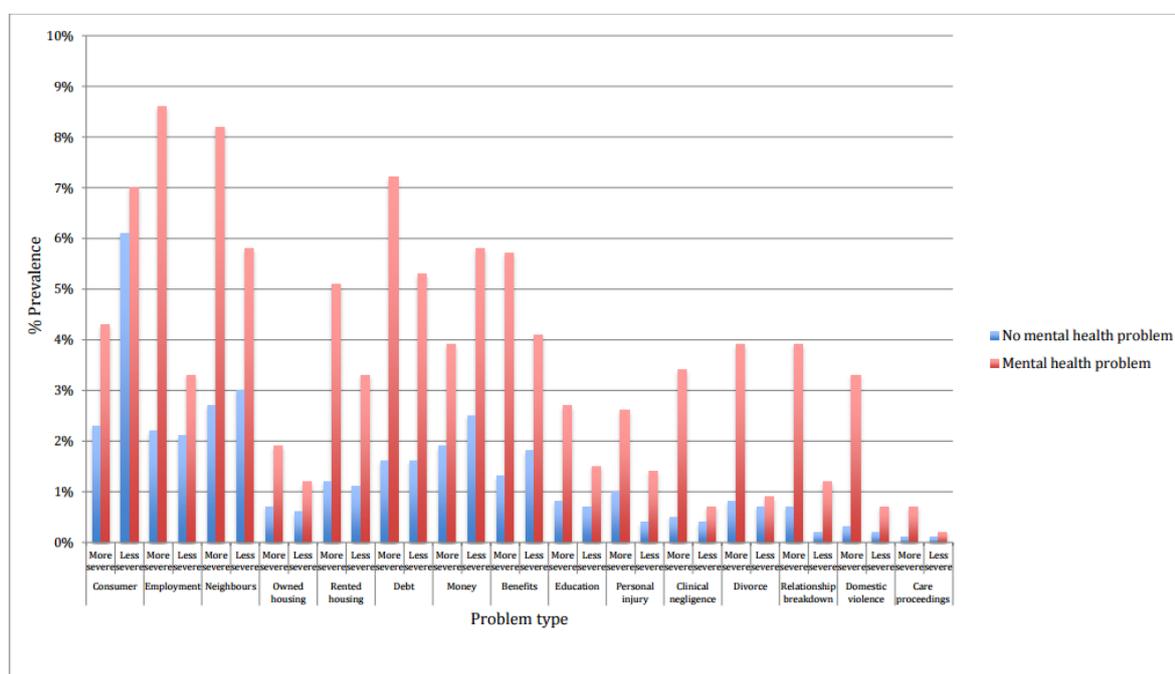


Figure 2.4: Prevalence of legal problems by type, severity and self-reported mental health (CSJPS 2010).

*'There was, though, some evidence of a relationship between mental health (measured using the mental health summary measure (MCS) of the SF-12 health survey) and problem-solving strategy. While testing the MCS terms simultaneously suggested that it was not particularly influential,<sup>68</sup> there was at least some tendency for those with better mental health scores to use 'law firms' more often, when contrasted with 'doing nothing', and to a lesser extent, when contrasted with 'handling alone/informal advice' and 'other advice' (higher scores indicate better mental health). Figure 3.7 shows the relationship between MCS scores and problem-solving strategy.*

<sup>31</sup> How people resolve 'legal' problems, 2014: <https://research.legalservicesboard.org.uk/wp-content/media/How-People-Resolve-Legal-Problems.pdf>

<sup>32</sup> We note that the CSJPS does not apply the framework for market segmentation discussed above. The data relates to problems reported as experienced within the preceding 18 months.

<sup>33</sup> How people resolve 'legal' problems, 2014: <https://research.legalservicesboard.org.uk/wp-content/media/How-People-Resolve-Legal-Problems.pdf> Page 25

The most noticeable effect is the increase in the use of 'law firm' with improving mental health score, though the increase is fairly modest compared to some more influential predictors.<sup>34</sup>

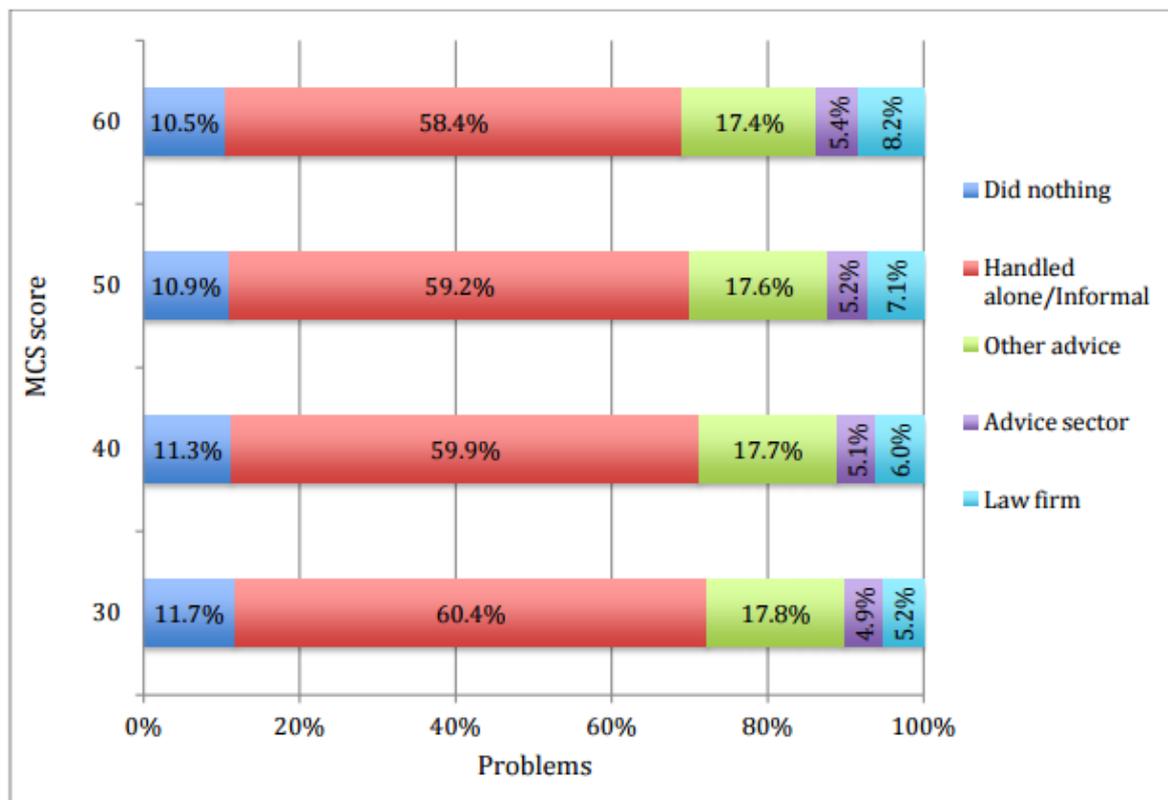


Figure 3.7: The relationship between MCS (mental health) score and problem solving strategy, controlling for other variables. Higher scores indicate better mental health<sup>67</sup>

On reasons for instructing a lawyer, '[m]ore generally, those who reported a mental health problem (and, though to a lesser extent, any health problem) more often said they had been referred to a lawyer, or that going to a lawyer had been suggested to them.' For those that did not obtain advice, those who reported mental health problems were more likely to wish they had obtained advice than others (13 per cent vs. 5 per cent). In addition, '[p]oor mental health was associated with a significant increase in the likelihood of problems being reported as 'ongoing' and a decrease in other outcomes.'

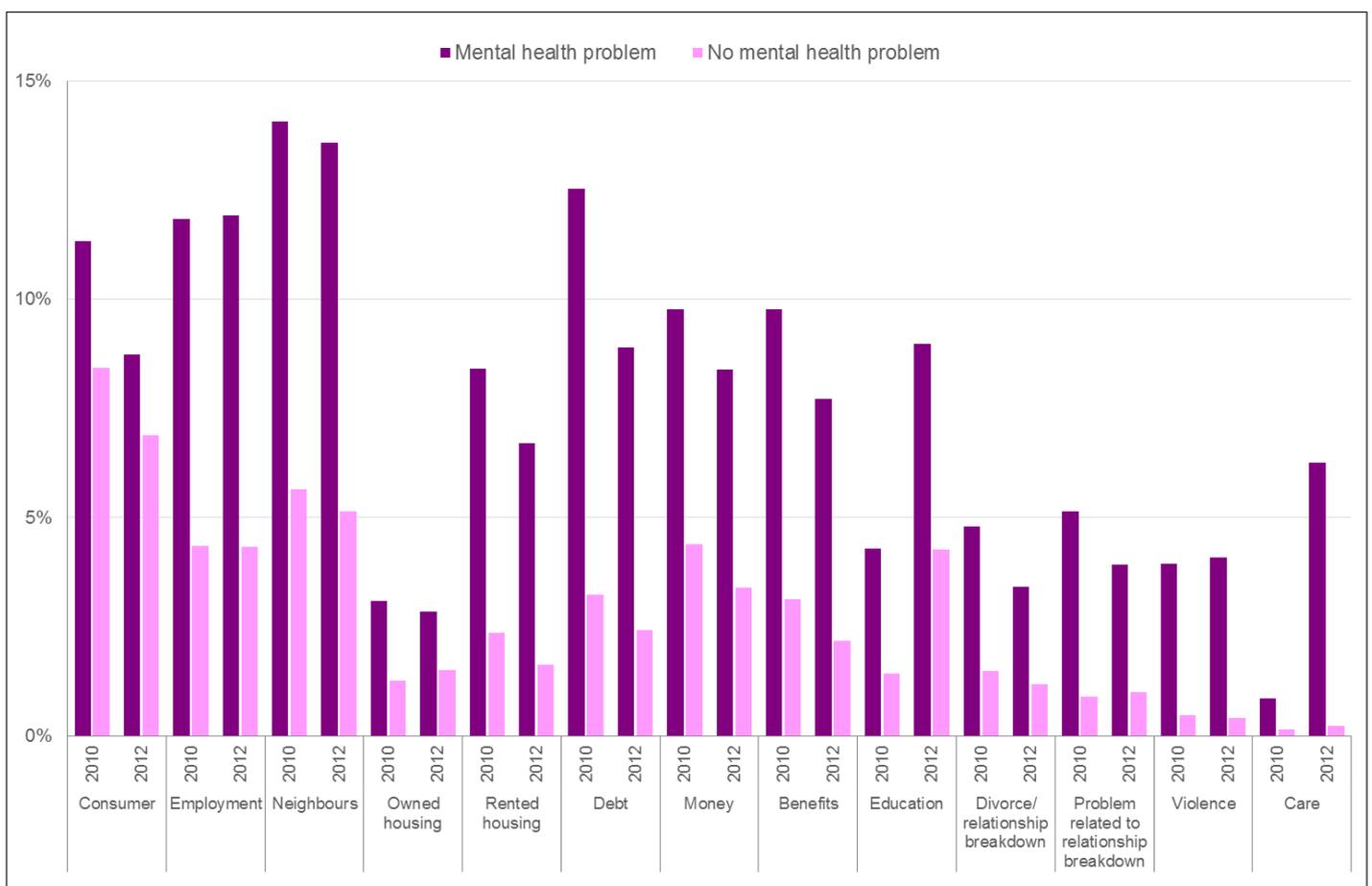
'The key influences on problem outcome identified through the multilevel models were 'problem resolution strategy', 'mental health', 'problem characterisation' (specifically 'legal' and 'criminal' characterisation), 'perceived knowledge of rights', 'problem type', 'problem severity' as well as 'adverse consequences' (including 'physical ill-health' and 'fear' in particular) and 'psychological factors' ('emotional stability' in particular).'

'There was evidence of a strong relationship between mental health (measured using the mental health summary measure (MCS) of the SF-12 health survey) and problem outcome. Specifically, higher MCS scores (and therefore better mental health) were

<sup>34</sup> How people resolve 'legal' problems, 2014: <https://research.legalservicesboard.org.uk/wp-content/media/How-People-Resolve-Legal-Problems.pdf> - Page 40

associated with a significant increase in the likelihood of ‘court/tribunal/process’, ‘putting up with the problem’ and particularly ‘resolved independently/resolved self’ and ‘agreement’ outcomes, when contrasted with problems being ‘ongoing’. Figure 5.6 shows the relationship between MCS scores and problem outcome. As can be seen, the most noticeable effect is the increase in ‘ongoing’ problems with worsening mental health.’

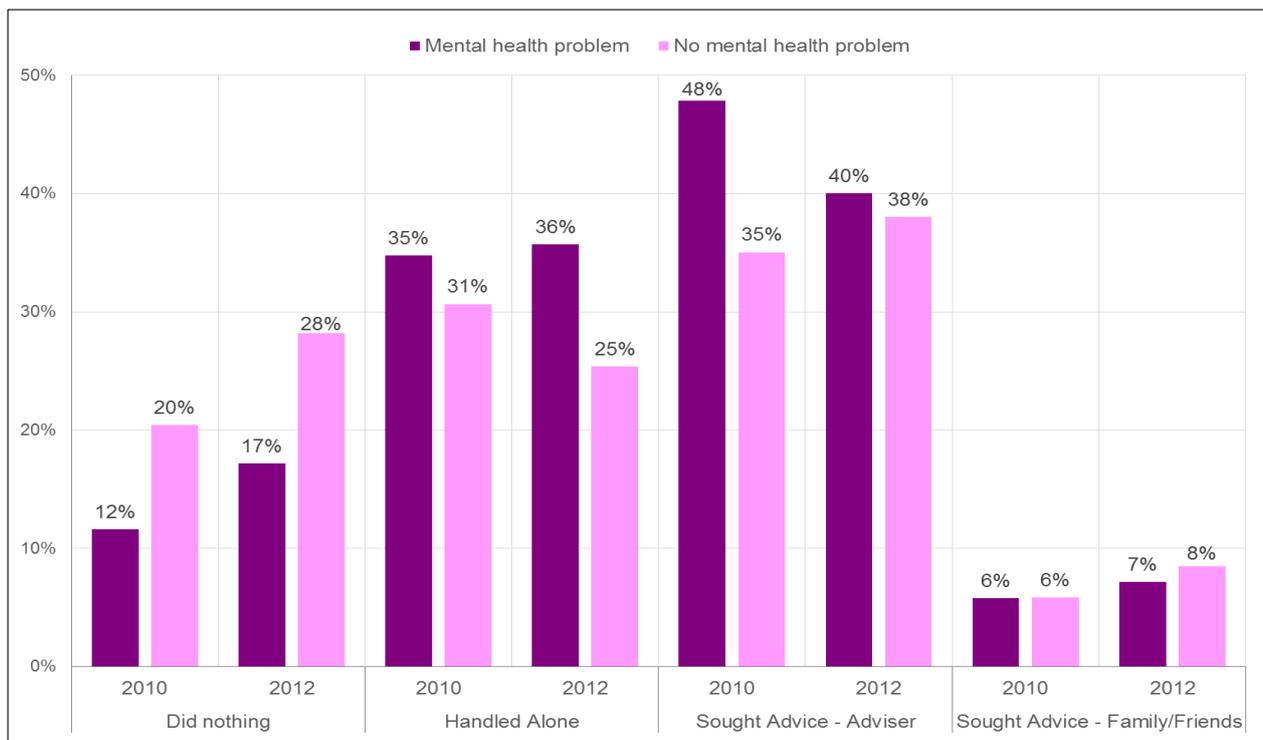
Some Further analysis using the CSJPS dataset includes that in both the 2010 and 2012 survey (wave 1 and 2) 15% of all respondents reported having suffered from stress, depression or some other kind of mental health problem since start of reference period (583 of 3,806 respondents in 2010 & 596 of 3,911 respondents in wave 2012). The chart below shows the prevalence of different legal problems for those with a mental health problem compared to those without a mental health problem.



In both 2010 and 2012, 12% (59 of 583 in 2010 & 71 of 596 in 2012) of respondents with a mental health problem experienced an employment problem within the reference period (compared with 4% of individuals without a mental health problem). The table below shows the distribution of different employment problem types for those with and without a mental health problem.

	2010		2012	
	Mental health problem	No mental health problem	Mental health problem	No mental health problem
Being sacked	4%	8%	6%	8%
Being made redundant	19%	23%	14%	24%
Being threatened with the sack	9%	6%	10%	3%
Being unfairly rejected for a job interview / unfairly not selected following interview	10%	4%	4%	7%
Getting pay or a pension to which you were entitled	13%	15%	6%	13%
Other rights at work, e.g. maternity leave, sickness pay, holiday entitlement, working hours	25%	9%	8%	11%
Changes to terms and conditions of employment that made things worse	20%	24%	15%	30%
Unsatisfactory or dangerous working conditions	14%	9%	10%	3%
Unfair disciplinary procedures or other treatment	19%	5%	14%	10%
A grievance not being taken seriously or adequately dealt with	14%	9%	21%	9%
Harassment at work	17%	8%	18%	6%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>n</b>	<b>69</b>	<b>140</b>	<b>71</b>	<b>143</b>

How employment problems were dealt with for those with and without mental health problems is shown below. However, it should be noted that while there are differences, the sample size is too small for these to be considered statistically significant.



Finally, a lower proportion of individuals with a mental health problem did nothing in response to their employment problem (12% vs 20% in 2010 and 17% vs 28% in 2012). A higher proportion of individuals with a mental health problem handled their problem or sought advice from an adviser.

However, we would highlight that the data discussed above is from 2010 and 2012. This pre-dates changes that were introduced by the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO), which reduced the availability of legal aid when it took effect from 1 April 2013. Within segments including crime, family, welfare and benefits, employment, immigration and injury, the reforms removed a major source of free-at-the-point-of-delivery advice and representation for around 30% of the population of England and Wales who would have qualified for legal aid previously in the event of a legal problem that passed the relevant merit test.

Additionally, reforms that took effect from July 2013 tightened access to employment tribunals, and introduced upfront fees that are payable by claimants. Further reforms in April 2014 were designed to reduce the number of tribunal claims, through mandating notification to the Advisory Conciliation and Arbitration Service. There have also been reforms to the scope of judicial reviews implemented in 2013 and 2015.

### ***Individual Legal Needs Survey***

While more recent and still informative, the Online Survey of Individuals' handling of legal issues in England and Wales 2015 is not directly comparable with the CSJPS.<sup>35,36</sup> In particular, this is because it covers both physical or mental health problems. However, some points of note are that overall, 28.5% of individuals reported having a physical or mental health conditions or illness lasting or expected to last for 12 months or more.

Areas of law where there was a significantly **higher** proportion of individuals with a physical or mental health condition expected to last more than 12 months, compared to total respondents were:

- a) Family (32.5%)
- b) Civil Liberties (41.0%)
- c) Crime (47.2%)
- d) Injury (32.2%)
- e) Welfare and benefits (47.1%)

Areas of law where there was a significantly **lower** proportion of individuals with a physical or mental health condition expected to last more than 12 months, compared to the total respondents were:

- a) Conveyancing and Residential (14.5%)
- b) Employment (23.1%)
- c) Consumer (23.2%)
- d) Property, Construction and Planning (24.8%)

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<sup>35</sup> Online Survey of Individuals' handling of legal issues in England and Wales 2015: <https://research.legalservicesboard.org.uk/wp-content/media/Online-survey-of-individuals-legal-issues-REPORT.pdf>

<sup>36</sup> This applies the framework for market segmentation discussed above. The data relates problems reported as experienced within a 12 month timeframe.

e) Wills, Trusts and Probate (22.3%)

Overall (i.e. not by segment) a significantly **higher** proportion of those with a physical or mental health condition (when compared to those without a physical or mental health condition) took no action in response to the legal problem and a significantly lower proportion handled their problem alone.

A significantly **higher** proportion of those with a physical or mental health condition sought advice in the following segments (when compared to those without a physical or mental health condition):

- a) Civil Liberties (31.7% vs 21.1%)
- b) Welfare and Benefits (37.8% vs 28.7%)

A significantly **lower** proportion of those with a physical or mental health condition sought advice in the segment (when compared to those without a physical or mental health condition) of Consumer (14.7% vs 19.4%).

A significantly **higher** proportion of those with a physical or mental health condition were dissatisfied with service in the following segments (when compared to those without a physical or mental health condition):

- a) Civil Liberties (30.6% vs 9.2%)
- b) Injury (14.5% vs 9.1%)

A significantly **higher** proportion of those with a physical or mental health condition Handled their problem alone in the segment (when compared to those without a physical or mental health condition) of Consumer (77.8% vs 72.0%)

A significantly **lower** proportion of those with a physical or mental health condition Handled their problem alone in the following segments (when compared to those without a physical or mental health condition):

- a) Civil Liberties (32.8% vs 45.0 %)
- b) Welfare and Benefits (45.3% vs 57.4%)

A significantly **higher** proportion of those with a physical or mental health condition took no action in the following segments (when compared to those without a physical or mental health condition):

- a) Family (18.7% vs 13.5%)
- b) Injury (32.3% vs 23.6%)
- c) Welfare and Benefits (17.1% vs 13.9%)

A significantly **lower** proportion of those with a physical or mental health condition took no action in the following segments (when compared to those without a physical or mental health condition):

- a) Civil Liberties (32.8% vs 45.0 %)
- b) Welfare and Benefits (45.3% vs 57.4%)

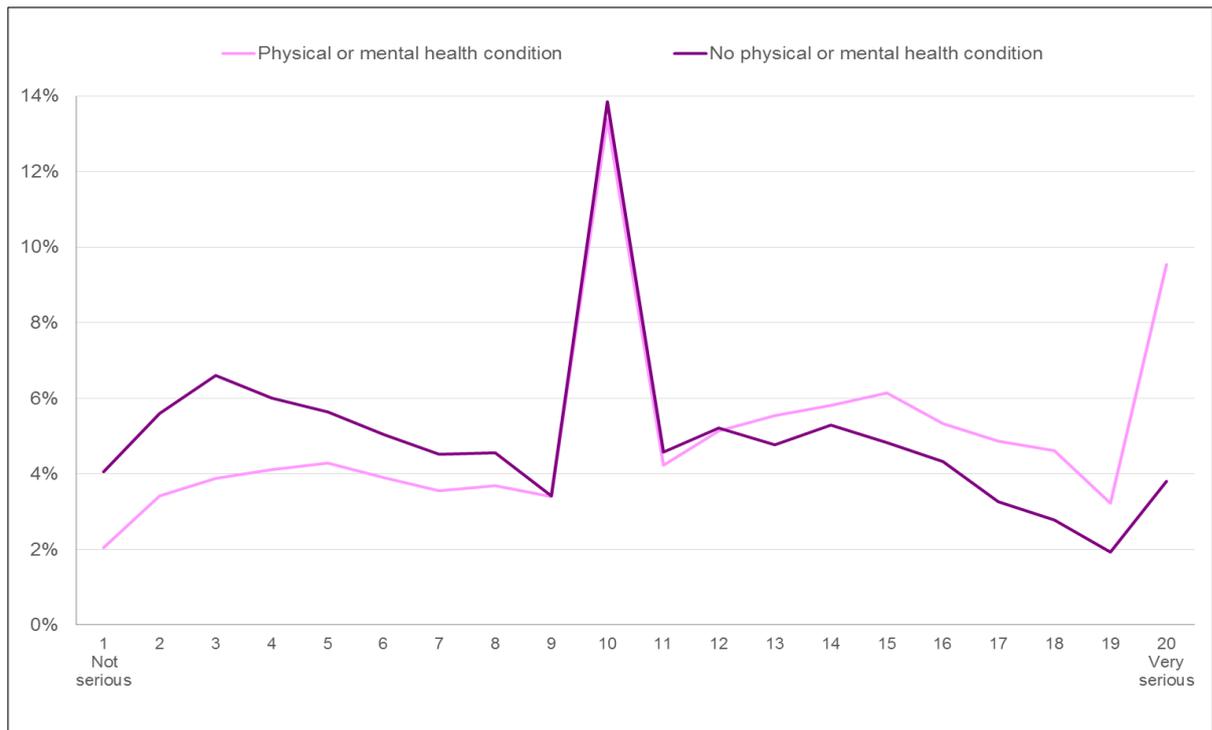
Overall, of those who sought advice, 10.5% of those with a physical or mental health condition were **dissatisfied** with the service they received (compared with 8% for individuals without a physical or mental health condition).

Reasons for **dissatisfaction with service** are shown in the table below. Areas where these is a significant difference are highlighted.

What were the reasons for your dissatisfaction?	Mental or physical health condition	
	Yes	No
Delays to the amount of time the matter took	49.4%	42.5%
Mistakes were made by them in dealing with the matter	38.5%	27.8%
I was not kept up to date on progress	46.0%	42.2%
Legal advice proved to be wrong	17.3%	13.1%
The quality of service provided was poor or not up to scratch	46.0%	33.6%
I was not treated very well by staff	25.9%	14.1%
The person dealing with me did not seem to know what he or she was doing	29.3%	23.4%
The person dealing with my matter was more junior than the person I was led to believe would be dealing with it	13.2%	5.9%
Lost paperwork	10.3%	7.8%
The final bill was higher than I expected	10.9%	12.2%
Breach of confidentiality	2.3%	1.6%
Failed to follow my instructions	15.5%	5.3%
Poor value for money	12.7%	11.6%
Communication was lacking / untimely	1.1%	0.3%
Had to change lawyer / solicitor / several times / staff inconsistencies / staff churn	1.7%	0.9%
They did not want to take on my case / told there was no case	1.2%	0.0%
Unhappy with the outcome	4.0%	1.2%
Unhelpful / useless / not proactive	2.3%	1.3%
Other	1.7%	1.9%
Don't know/ can't remember	2.3%	6.3%
Not stated	0.6%	0.6%
<b>n</b>	<b>174</b>	<b>320</b>

As the table above shows, of those respondents who were dissatisfied with the service they received, those with a mental or physical health condition were significantly more likely to say the reason that they were dissatisfied was that **they were not treated well by staff** (than respondents without a mental or physical health condition who were dissatisfied with service) – 25.9% vs 14.1%.

Self-reported **seriousness of the legal issue** is shown in the chart below. Overall, individuals who have a physical or mental health problem are more likely to experience legal problems that they perceived to be more severe.



Finally, returning to the impact of the reforms discussed above, the table below tracks response to employment problems (by population rather than specifically by mental health) since 2010:<sup>37</sup>

Year	Take no action	Handled alone	Seek advice
2010	9%	36%	53%
2012	14%	33%	51%
2015	17%	47%	36%

<sup>37</sup> Evaluation: Changes in the legal services market 2006/07 - 2014/15 Annex: <https://research.legalservicesboard.org.uk/wp-content/media/2015-2016-FINAL-Market-Evaluation-Annexes.pdf> - Page 34

The figure below shows decline in the volume of employment tribunals.<sup>38</sup>

**Figure 5. Proxy indicators of demand: Employment, Immigration, Civil proceedings, and IP**

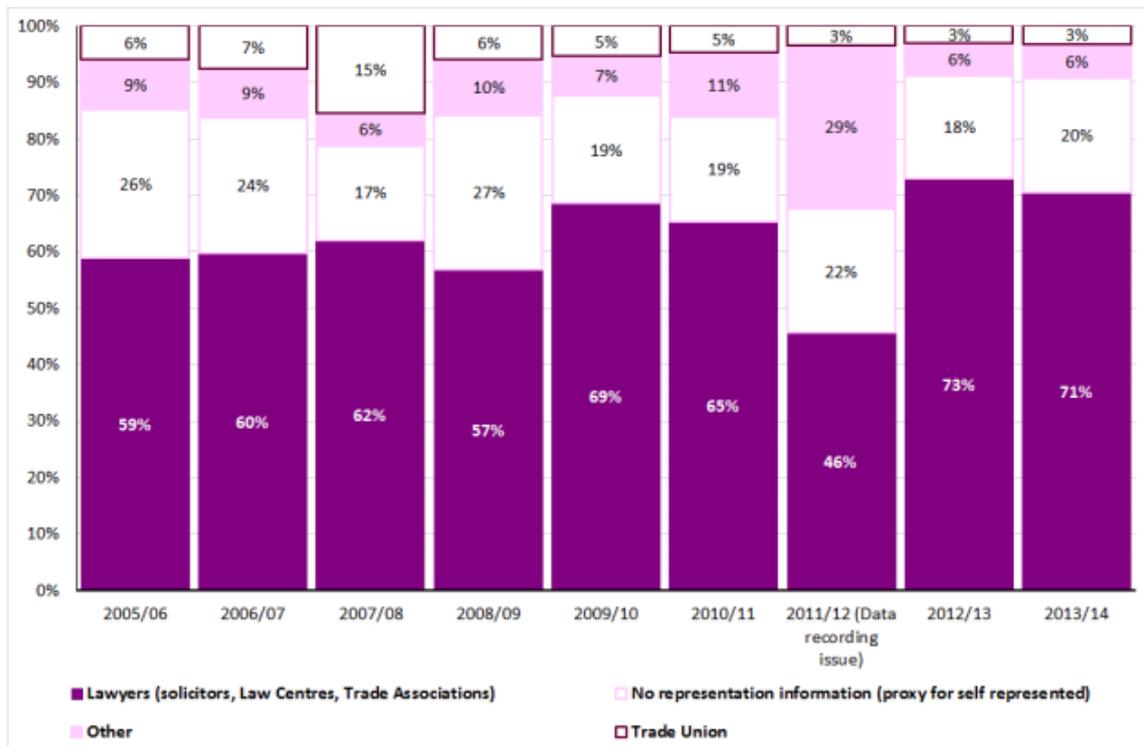


Looking at employment tribunals, the trend (seen in the figure below) over the past 10 years has been for increased use of lawyers, against a background of a fall in the total volume of tribunals over the long term.<sup>39</sup>

<sup>38</sup> Evaluation: Changes in the legal services market 2006/07 - 2014/15: <https://research.legalservicesboard.org.uk/wp-content/media/2015-2016-FINAL-Market-Evaluation-Main-report1.pdf> Page 8

<sup>39</sup> Evaluation: Changes in the legal services market 2006/07 - 2014/15 <https://research.legalservicesboard.org.uk/wp-content/media/2015-2016-FINAL-Market-Evaluation-Main-report1.pdf> Page 78

**Figure 59. Employment: Use of lawyers in Employment tribunals over time<sup>238</sup>**



## Annex B

### Vulnerable consumers research 2016: other research resources

The research noted below may be of relevance to our specification on the experiences of consumers in vulnerable circumstances with different legal services providers.

Research title	Published by	Link
Mental health in the workplace, 2016	Chartered Institute of Personnel and Development	<a href="http://www.cipd.co.uk/binaries/employee-outlook_2016-focus-on-mental-health-in-the-workplace.pdf">http://www.cipd.co.uk/binaries/employee-outlook_2016-focus-on-mental-health-in-the-workplace.pdf</a>
Lowering barriers to accessing services: lessons from other sectors, 2016	LSB	<a href="http://www.legalservicesboard.org.uk/news_publications/publications/pdf/2016/20160331_Lowering_Barriers_Final_Report.pdf">http://www.legalservicesboard.org.uk/news_publications/publications/pdf/2016/20160331_Lowering_Barriers_Final_Report.pdf</a>
Treating consumers fairly - flexible and inclusive services for all (2015)	Citizens Advice	<a href="https://www.citizensadvice.org.uk/global/migrated_documents/corporate/treating-consumers-fairly.pdf">https://www.citizensadvice.org.uk/global/migrated_documents/corporate/treating-consumers-fairly.pdf</a>
Choose and Use research, 2013	LSB	<a href="https://research.legalservicesboard.org.uk/wp-content/media/Understanding-Consumers-Final-Report.pdf">https://research.legalservicesboard.org.uk/wp-content/media/Understanding-Consumers-Final-Report.pdf</a>
The Vulnerable Consumer of Financial Services: Law, Policy and Regulation, 2011	Peter Cartwright	<a href="http://www.nottingham.ac.uk/business/businesscentres/crbfs/documents/researchreports/paper78.pdf">http://www.nottingham.ac.uk/business/businesscentres/crbfs/documents/researchreports/paper78.pdf</a>
Understanding consumer needs from legal information sources, 2011	LSB	<a href="https://research.legalservicesboard.org.uk/wp-content/media/2012-Legal-information-sources.pdf">https://research.legalservicesboard.org.uk/wp-content/media/2012-Legal-information-sources.pdf</a>