



HM Courts &
Tribunals Service

Justice matters

Identifying, understanding, and responding to the multiple complex needs of court service users

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About Revolving Doors Agency

Revolving Doors Agency is a national charity that aims to change systems and improve services for people in the revolving door of personal crisis and crime. We bring independent research, policy expertise and lived experience together to work towards a smarter criminal justice system where the revolving door is both avoidable and escapable. We work alongside policymakers, commissioners, local decision-makers, and frontline professionals to share evidence, demonstrate effective solutions, and change policy. We embed the involvement of people with lived experience in our work, including through peer research, interviews, lived experience teams and forums based in London, Birmingham, and Manchester.

Acknowledgements

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Executive summary

This research was commissioned in 2019 as part of the HM Courts & Tribunals Service (HMCTS) Reform programme. It aimed to develop an understanding of how best to ensure that service users with multiple and complex needs (including homelessness, mental ill health, problematic substance misuse and experience of the Criminal Justice System) can be supported to access the courts and tribunals by calling the HMCTS contact centre for help or support.

36 individuals were included in the research: 21 service users and 15 call agents working within the HMCTS contact centre. Two focus groups were conducted with a total of 14 service users. A further two focus groups were conducted with a total of 12 call agents. Additionally, 3 interviews were conducted with contact centre managers and a further 7 in-depth interviews were conducted with service users, from which 5 service user case studies were produced. All interviews and focus groups were transcribed in full and thematically analysed by two Revolving Doors Agency researchers.

After the data collection phase of the research, a recommendations workshop was held with HMCTS staff at HMCTS Contact Centres and Customer Directorate to explore the research findings and make recommendations.

Findings from focus groups with service users

Across the two focus groups service users routinely described themselves as vulnerable. They also acknowledged that they often needed extra help to navigate courts and tribunals processes. Whilst they could sometimes rely on their own personal support systems to navigate these processes, many did not have access to such support and, even where they did, they often felt they had accidentally found someone to help them. Often this help went beyond support offered through the contact centre and included suggestions about communications, in court support and support from a wider network of organisations. Where this has been suggested we have included it in our findings.

When reflecting on their interactions with courts and tribunals, service users described how they often felt depersonalised and afraid. Service users who took part in the two focus groups overwhelmingly felt that they did not have access to the information they needed to navigate courts and tribunals processes nor how to find such information. No one could recall interacting with the HMCTS contact centre and some felt they would have needed assistance to make the call to the contact centre.

Findings from the service user case studies

The five service users case studies illustrate the variety of issues that individuals with multiple complex needs face when engaging with courts and tribunals because of their vulnerabilities that result from pre-existing issues and/or their new engagement with the courts. The case studies are an in-depth view of the experiences of these service users through courts and tribunals processes and the wider context in which they needed support. In all five case studies service users needed help, support or reasonable adjustments during their cases to support them to engage in courts and tribunals processes. However, none of them contacted the HMCTS contact centre for such help because they did not know this existed or how to engage with the service.

Whilst all five service users had a positive sentencing outcome, they all reported a negative user experience. They all reported feeling anxious and stressed, and two service users reported serious negative repercussions in their life situation during the time they were in contact with the court and tribunal services.

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Findings from the interviews and focus groups with call agents

Call agents working in HMCTS contact centres had a very clear view of their role as providers of practical information and they also understood clearly that they were not in a position to provide advice and guidance around the service users' case or their additional support needs. They did, however, see themselves as having the remit to signpost callers to charities and other servicers that might assist them with these additional support needs. The Social Security and Child Support team in particular saw this as an important part of their role, but were wary of signposting in general as they worried whether they could step into advice giving. The training received to do their job was widely perceived by call agents as sufficiently robust and broad.

Call agents also felt confident that they could identify the caller's additional support needs, beyond their reason for the call, and offer reasonable adjustments and appropriate signposting options, as necessary. Handling aggressive or emotional calls was seen as 'part of the job' for most call agents. Call times were seen as a pressure for some teams (though less so than in the past) and the Social Security and Child Support team particularly appreciated how they felt supported by their team leaders to 'take as long as it takes' to complete a call.

Recommendations for improving the support offered to service users with multiple complex needs

Throughout the research options were explored to help call agents better recognise and respond to callers with multiple complex needs. The first service user focus group identified three options they believed would help them engage better with the contact centre. These options were tested with the second service user focus group who agreed with the recommendations. The three options were:

1. A different approach to questioning;
2. A call back service for those who were emotional, stressed, or aggressive on a call; and,
3. A specialist team that better understand the complex needs of service users.

These options were tested again in both the service user and staff interviews, focus groups and the HMCTS staff recommendations workshop.

Service users were positive about new question development. Staff were less positive as they felt there was not enough resource to do so. Taking a fresh look at questions is a viable option. New questions would need to be developed in conjunction with staff and service users and could allow call agents to approach callers in different ways when they suspect a nonverbalised need.

The focus groups and workshop suggest a call back option cannot be a mainstream response and would not be sufficient to recognise or respond better to complex needs. It could sit alongside the existing service for a small minority of callers. If call backs are used, we suggest this sits within a specialist team. Interviews with managers were reasonably positive about the possibility of a specialist team but were concerned with how it would work operationally. Staff in the focus groups also raised concerns about resources.

Issues for consideration

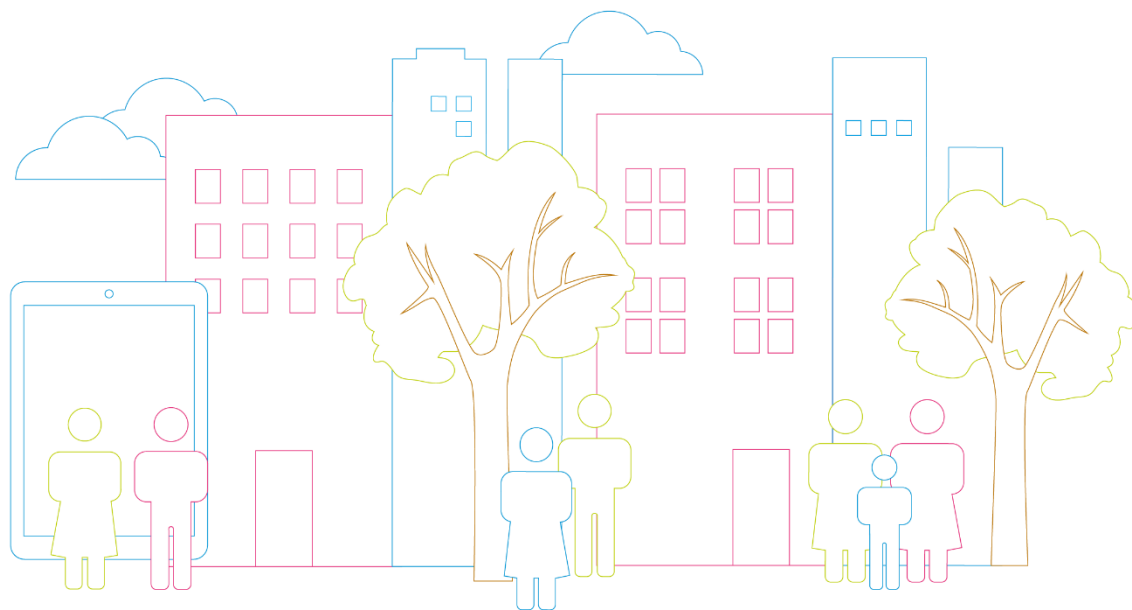
One of the most important issues to arise from this research is the need to develop better communication tools about the contact centre and how it can help callers.

Call agents across the centre are clear about their role. Team culture is also notably strong and call agents feel protected and supported by their team leaders. However, the Social Security Child Support team is different to other call agent teams. While other teams feel freer to offer

signposting to callers, the Social Security and Child Support team has a stronger culture of following the rules precisely because they fear giving the wrong information which most likely limited how much they signposted. This connected to their need not to advise individuals about legal issues, fear of jeopardising legal issues meant that they remained firmly within their call agent roles.

Signposting is a very valuable tool that the call agent can use to refer the caller to appropriate sources of support but is not used systematically. Callers will get varying information depending on which call agent picks up their call. Signposting needs more investment to equip staff with the information and tools that they need to offer the same service to every caller. Call agent staff are highly aware that such investment has resourcing implications but also recognised how it would help them deal more appropriately with callers with complex needs. More broadly, these perceived concerns around resourcing reduce the openness of call agents to suggest changes or engage in 'blue sky' thinking.

The development of new questions to support callers to discuss their multiple complex needs, for which appropriate signposting options could be provided, would be welcomed. The strongest and most viable option to test further is a specialist team, co-located with the call agent team, that could offer support to the call agent in providing more consistent signposting, support wider team development and up-skilling, and provide call back options to callers and a central point to share good practice.



1. Context, methodology and sampling

Context

This research, undertaken in 2019, aimed to develop an understanding of how best to ensure that service users with multiple and complex needs (including homelessness, mental ill health, problematic substance misuse and experience of the Justice System) can be supported to access courts and tribunals by calling the HMCTS contact centre for help or support.

To meet this aim, this research:

- explored how service users who have multiple complex needs explain these needs when they contact HMCTS contact centres
- explored how call agents understand the multiple complex needs of service users and assist them with those needs
- sought to provide practical recommendations to HMCTS as to how call agents could be better supported to respond appropriately to service users with multiple complex needs.

Methodology

36 individuals were included in the research: 21 service users¹ and 15 contact centre staff working within the HMCTS contact centre. Two focus groups were conducted with a total of 15 service users. A further two focus groups were conducted with a total of 12 call agents. Additionally, 3 interviews were conducted with contact centre managers and a further 7 in-depth interviews were conducted with service users, from which 5 service user case studies were produced. The case studies were developed to obtain a more in-depth view of the experiences of service users through courts and tribunals processes and the wider context in which they needed support. All interviews and focus groups were transcribed in full and thematically analysed by two researchers from Revolving Doors Agency. It is worth noting that none of the service users included in the research could recollect ringing the contact centre.

An iterative approach to data collection was taken with the methodology adapted as findings emerged. For example, when new themes and questions emerged in the first focus groups these would also be discussed in later focus groups. In particular, initial ideas for later topic guides drew heavily on the first service user focus group. Additionally, the interviews with senior contact centre staff were not originally planned but were conducted as a result of emerging understanding of how important the culture of the contact centre was.

After the data collection phase of the research had been concluded, a recommendations workshop was held with HMCTS staff in Contact Centres and Customer Directorate to provide a space for HMCTS staff to discuss the recommendations and how they could be implemented in practice.

Sampling

Sampling for the service user focus groups

Two focus groups (one in London and another in Birmingham) were conducted with 15 service users in total. Information about the multiple complex needs of these service users are in tables 1 and 2 below. A screening tool was developed to ensure the sample included experience of courts/tribunals and of multiple and complex needs. Across the two focus groups 4 service users were female and 11 were male. All participants in these focus groups had experience in the last 2

¹ One service user took part in a focus group and was interviewed.

years of courts and/or tribunals cases, including the criminal, civil (civil money claim) and family (divorce, probate) courts, as well as tribunals (Social Security and Child Support). All participants had experience of multiple complex needs, associated with two or more of: mental ill-health, domestic abuse, previous imprisonment, and challenges with substance misuse.

It is worth noting that no one in the sample could recall calling the contact centre and no one had any knowledge of the contact centre or how to contact it, but all felt that they would had they known of its existence. However, every member of the sample had experience of seeking help via a telephone line, often about highly sensitive personal issues.

Throughout the report the term 'service users' is used to refer to those service users with multiple and complex needs who were sampled for the purposes of this research.

Table 1: Information about service users who took part in the London-based focus group (8 participants in total)

Gender (Age)	Participant Details
Male (30s)	<p>Multiple complex needs: Mental ill-health, homelessness, substance misuse, imprisonment and had a neurological condition.</p> <p>Engagement with HMCTS: Experience of civil and family courts and of appealing a benefits decision.</p>
Female (30s)	<p>Multiple complex needs: Severe mental ill-health, homelessness, substance misuse, and imprisonment.</p> <p>Engagement with HMCTS: Experience of civil and family courts and of appealing a benefits decision.</p>
Male (50s)	<p>Multiple complex needs: Mental ill-health, homelessness, substance misuse, and imprisonment.</p> <p>Engagement with HMCTS: Experience of civil and family courts and of appealing a benefits decision.</p>
Male (20s)	<p>Multiple complex needs: Mental ill-health, homelessness, substance misuse, and imprisonment.</p> <p>Engagement with HMCTS: Experience of appealing a benefits decision.</p>
Female (40s)	<p>Multiple complex needs: Mental ill-health, homelessness, substance misuse, and imprisonment.</p> <p>Engagement with HMCTS: Experience of civil and family courts, appealing a benefits decision, and of a tribunal.</p>
Female (50s)	<p>Multiple complex needs: Mental ill-health and homelessness.</p> <p>Engagement with HMCTS: Experience of civil and family courts, appealing a benefits decision and of a divorce.</p>

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Female (50s) Multiple complex needs: Mental ill-health and had a disability and a neurological condition.

Engagement with HMCTS: Experience of criminal courts, civil and family courts, appealing a benefits decision and of a divorce.

Male (50s) Multiple complex needs: Mental ill-health, homelessness, substance misuse, and imprisonment.

Engagement with HMCTS: Experience of civil and family courts and of appealing a benefits decision.

Table 2: Information about service users who took part in the Birmingham-based focus group (7 participants in total)

Gender (Age)	Participant Details
Male (40s)	Multiple complex needs: Homelessness, substance misuse, severe mental illness, and imprisonment.
	Engagement with HMCTS: Experience of appealing a benefits decision.
Male (40s)	Multiple complex needs: Severe mental ill-health, homelessness, substance misuse, and imprisonment.
	Engagement with HMCTS: Experience of appealing a benefits decision and of multiple tribunals.
Male (50s)	Multiple complex needs: Homelessness and imprisonment.
	Engagement with HMCTS: Experience of appealing a benefits decision and of a tribunal.
Male (60s)	Multiple complex needs: Imprisonment and supports a family member who has a learning disability.
	Engagement with HMCTS: Experience of appealing a benefits decision and of a tribunal.
Male (30s)	Multiple complex needs: Homelessness and substance misuse.
	Engagement with HMCTS: Experience of criminal courts and of probate.
Male (40s)	Multiple complex needs: Severe mental ill-health, homelessness, substance misuse, and imprisonment.

Engagement with HMCTS: Experience of appealing a benefits decision and of multiple tribunals.

Male (50s)

Multiple complex needs: Mental ill-health, homelessness, substance misuse, and imprisonment.

Engagement with HMCTS: Experience of family and civil courts and of probate.

Sampling for call agent focus groups and interviews

Two focus groups with call agents were conducted, with a total of 12 call agents taking part across the two focus groups. Four of these call agents were female and 8 were male. Their experience of working in HMCTS contact centres ranged from 7 weeks to 18 years. Additionally, 3 interviews were conducted with contact centre management, 2 team leaders and one member of senior management.



2. Findings from service users

This section combines the findings from both the focus groups and interviews with service users. The case studies, outlined in the next section, were developed to obtain a more in-depth view of the experiences of service users through courts and tribunals processes and the wider context in which they needed support. While the research was focused on support that could be provided by the contact centre, service users discussed the range of support they would need rather than the specific part of HMCTS that would provide it. Seven themes emerged from the thematic analysis and this section is organised around these themes:

- service users felt depersonalised, judged, and voiceless through their interactions with HMCTS
- service users felt anxious, ashamed, and afraid when engaging with courts and tribunals
- service users struggled to understand information about courts and tribunals and processes
- service users struggled to access help in navigating courts and tribunals processes
- the importance of personal support systems to service users
- vulnerability is a key barrier to service users accessing HMCTS services
- HMCTS needs to respond to the multiple complex needs of service users in more appropriate ways

Direct quotations from service users, attributed to the data as either Focus Group (FG) or interview (SU), are provided to illustrate these key themes.

Overall, service users describe negative feelings, a sense of struggling to interact with the courts and tribunals system and a real need for both practical and emotional support to navigate courts and tribunals processes.

Service users felt depersonalised, judged, and voiceless throughout their interactions with HMCTS

The majority of service users expressed the view that they did not feel they were treated like a person by HMCTS during their court cases, regardless of what role the member of HMCTS staff had or whom they had contact with regarding their case. They described feeling like 'a number', 'a statistic' or as being on 'a conveyor belt' when interacting with HMCTS:

'They don't speak to you. They judge you'. (SU 2 Female FG)

'I ain't got a clue what they're going on about, yeah. And I just sat there like, just watching them you know, do their talks and that, it was like yeah...I trusted no one but it just would have been nice to have someone who was sat with me' (SU 6, Female)

This issue is explored further in the next section of this report, through case studies, where many did not feel they had a voice in the process and felt detached and unsupported as a result.

Service users felt anxious, ashamed, and afraid when engaging with courts and tribunals

Most service users in the research felt anxious, afraid, ashamed, embarrassed, and often panicked about what impact the issue they were in contact with HMCTS about would have on their lives. These feelings were about the process itself from once they were aware of the court case, in the

run up to the case and especially when they did not understand what was happening during the court case itself:

‘Very anxious and I didn’t really want to tell anybody because I felt guilty and ashamed so I sort of just done it by myself.’ (Female FG)

‘But I spent weeks and weeks sleepless nights thinking what am I gonna do, this is, this is going to ruin me’. (Male FG)

Anxiousness was expressed on two levels. Firstly, because they were in contact with the court system and felt ill-equipped to deal with courts and tribunals processes. Secondly because of the potential wider impact courts and tribunals involvement could have on their lives. This issue is explored in more detail in the next section through case studies. For example, one man who had been out of prison for some time and who had turned his life around through education and work, worried not only about the court experience but also how the case could impact on this positive progress since leaving prison:

‘I was at the best place...the speed and the distance I went down ...and hit a rock...I have changed my life around...this time was different. I am no stranger to courts. They are all equally negative (experiences)...But this was nerve racking.’ (Jack*: Case study 5 *Pseudonym)

Later in this section the issues of aggressive and emotional calls are raised by both call agents and service users. Service users described how this often happened when they were anxious and fearful, although this was not always recognised by the call handlers who were trying to help them. This is an area where call agents need to be particularly aware of service user needs as their emotions can distract from the issues at hand.

Service users struggled to understand courts and tribunals processes

Throughout the focus groups and interviews it was evident that service users struggled to understand:

- why they were going to court and/or a tribunal
- what they should do to prepare for their case/tribunal
- what was happening during their case/tribunal

For example, one male service user who took part in a focus group spoke of being confused about why he was being asked to attend court. He believed he faced a much bigger penalty until he attended court:

‘I was at work and they send a letter to work (about deduction of earnings)...it weren’t until I phoned them up to find out what the deduction of earnings was for...and then obviously that was no insurance and all that sort of thing. So it weren’t until I went (to court) I said look I was insured and then it was reduced down to a parking fine in the end.’ (Male FG)

Another male service user who took part in a focus group spoke about being uneducated about the court system and how not understanding courts processes left him feeling that he did not have much control:

‘What would have made that experience more bearable...was education, some insight into the court proceedings. I had never been up on such a charge...the legal stuff. What’s going

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to happen. What's going to happen next...I probably could have taken more control'. (SU 7, Male)

This is an important issue that runs through all the service user's focus groups and interviews and will be further illustrated through the case studies in the next section. The best source of process information about the courts and tribunals systems is HMCTS. The issue of a lack of understanding of courts and tribunals processes crosses all forms of communication with HMCTS. It is particularly concerning that no service user had contacted HMCTS for support despite all having received letters from HMCTS about their case and many having gone through the court system multiple times. Most service users in this research would have communicated with HMCTS about their case but did not know how they could. Providing service users with the contact centre number on all written communication would be valuable but it should also be recognised that some service users felt they would need additional support to contact HMCTS.

Service users struggled to access practical help to navigate courts/tribunals processes

In addition to not understanding courts/tribunals processes, service users across the focus groups and interviews struggled to find support to better understand these processes. This can be divided into several issues:

- service users needed extra help to navigate the court and tribunal system both before and during their case
- HMCTS services were either not visible to them or were seen as difficult to use
- online services were seen as a difficult to use or inaccessible
- there was no awareness of HMCTS contact centres.

Support from sources outside of HMCTS were often accidentally accessed, the individual came across, or was introduced through their personal contacts, to a source of help rather than being signposted to such help through official channels:

'Not everyone's got key workers and people to go with them'. (Female FG)

'You have to go online nowadays, what a lot of people (are) not as computer literate. A lot haven't got computers'. (Male FG)

Currently most service users in this research are reliant on informal access to support, especially when they are not already supported by a key worker. As a result of not understanding how they contact the HMCTS contact centre, service users are not only missing out on information and support around court and tribunal processes but also signposting to other charities and services by call agents. The service users who took part in this research also felt that they were more likely to access information through more traditional platforms, such as posters or leaflets in court buildings, rather than through digital platforms.

The importance of personal support systems to service users

In addition to the practical support needed to understand and navigate court/tribunal processes, most service users also had emotional support needs. Their personal support networks were often identified as crucial to supporting them to manage the emotional challenges of going through the court system. Family members were identified as being particularly important not only in supporting the individual with their emotional support needs but also in helping to navigate the system:

'(My son is) struggling to read these messages and then somebody phoned and said to him well if you are struggling you need somebody with you who can read it out like. I am not here all of the time.' (Male FG)

'My dad's 82, he's worked here all his life but when my dad got parking tickets he just freaked because he doesn't understand the system, so if it wasn't for the fact that I worked as an officer of the court in immigration and all the rest of it. He wouldn't have been able to engage you know.' (Female FG)

Others without family ties often accidentally found emotional and practical support (such as a charity or someone offering free support), but this was not always the case. In the case below, a support worker from Crisis took time to persuade the service users that they could help.

'I took a leap of faith...I was actually sat in a room in the refuge and Crisis kept (saying)... "come out"... I just went sometimes. She says well would you be willing to engage with us and see if we can help you get through. So I did.' (SU 4, Female)

In another case help was accessed through being told by acquaintances of a barrister who offered help:

'Someone introduced me to a barrister who gives his time freely who was to support me at the court'. (Male FG)

Many service users with additional needs are not systematically accessing the support that HMCTS can offer and are instead accidentally finding their own sources of support or are not accessing any support at all. HMCTS can provide information about courts and tribunals processes, can also arrange for reasonable adjustments to be made, and provide signposting to specific charities and services for support, thereby offering support to users.

Vulnerability is a key barrier to service users accessing HMCTS services

Most service users described themselves as vulnerable because they had experienced a combination of two or more of the following (from the sampling frame):

- homelessness;
- mental ill-health;
- substance misuse or addiction; and,
- previous imprisonment.

Often because they were dealing with multiple issues at the same time, these service users often accessed several services simultaneously, but not always successfully. As a result, they do not always trust a new service.

'I would also add...we are all vulnerable, at some point in our lives, regardless, but particularly women and particularly people from BME backgrounds...because of the language barriers, the cultural barriers.'(Female FG)

'You got a vulnerable person with complex needs who's also an alcoholic and got drug issues and suddenly there is a warrant to take the house off them. Blokes on their doorstep every 15 minutes or something, it terrifies you....then you got to go to court, there is no one there to help you when you get in. That's why they collar me. To say this is the usher, we sit here, we wait until we get called, you have got a duty solicitor. They will speak for you.' (Male FG)

Consequently, HMCTS call agents need to be aware that services users may have several other issues that they are dealing with at the time of a call, in addition to issues related to their courts/tribunals case. Reasonable adjustments are sometimes needed but it is clear from this

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research that service users want HMCTS to better understand and provide more support and signposting around their needs, beyond dealing with just the case.

HMCTS needs to respond to the multiple complex needs of service users in more appropriate ways

Service users believed that complex needs are easily recognised. For them, simply making a call to the contact centre should label them as having needs. Anger during calls for help came up as a theme throughout the interviews and focus groups. Service users felt that expressions of anger or frustration should be recognised by call handlers as a signal that the service user was 'vulnerable' and unable, as a result, to express themselves in that moment:

'Thinking about this, someone who's making a phone call wouldn't be making a phone call just for the sake of making a phone call to start with'. (Male FG)

'For everybody's angry or frustrated reaction there's a reason behind it'. (Female FG).

This issue was discussed throughout the service user interviews and focus groups and later in the call agent interviews and focus groups. Several recommendations to address these issues, including call backs to service users and a specialist in-house HMCTS team are discussed in more detail later in this report.



3. Service user case studies

Five case studies are explored in this section to illustrate the variety of issues that service users with multiple complex needs face when they become involved in court and tribunal cases. The research asked participants to consider the support they would need throughout their case rather than focusing specifically on what support they would want from the HMCTS contact centres. In all case studies the individuals were dealing with many other practical and emotional issues beyond their interactions with HMCTS. In several cases, the issues they faced were exacerbated by the court case and not having their needs met during their contact with HMCTS.

In all the following case studies service users set out how they needed help, support or reasonable adjustments during their case to support them to better understand and engage with courts and/or tribunals processes. All the service users reported a positive outcome to their cases but also a negative user experience, which in some cases led to a deterioration in their lives. All reported feeling anxious and stressed just by being involved in a court case. In two cases service users reported serious negative repercussions for their life situation during the period they were in contact with the court and tribunal services.

All the service users in these case studies had needs that HMCTS could have helped with through reasonable adjustments, signposting or better information about courts and/or tribunals processes. No-one phoned HMCTS for help because they were unaware that they were able to and in many circumstances service users did not have other support structures in place. As a result, no-one got the help they needed, no-one felt they understood court and/or tribunal processes adequately, and no-one knew that they could have benefited in terms of reasonable adjustments. All would have sought help had they been aware of the contact centre or other ways of accessing HMCTS support, though some recognised they would have needed help to make the call or access online resources. Therefore, it is critical that clear contact information is provided to service users on the written communication that they are provided with.

Case Study 1: Jane (pseudonym), female, homelessness, mental ill-health, problematic substance misuse and experience of prison

Context for the case: Jane was renting privately in the UK and received housing benefit to help her to afford her rent. She then decided to move abroad to marry and live with her partner, but soon after had to return to the UK to look after her ill mother. Her brother died during this time and her new husband also divorced her. She was living with her mother whilst looking after her but was thrown out of her mother's home after a row, making her homeless. She then spent a period sofa-surfing, and by the time she approached her local council's housing department for help, she had not taken her prescribed medication for a month:

'I have bipolar, anxiety, depression and self-harming. I have been homeless once when I was 18 and the other (time) not so long ago.... all my life I have been abused by my mum from the age of 2 or 3. My uncle raped me when I was 2 or 3 years old and then my dad's friend did it. Then I had a history of rape and domestic abuse'.

Preparing for the case: A few months later Jane received a letter from the court alleging that she had committed deception by collecting £20,000 housing benefit while she had lived abroad. At this point she had been homeless for around five months and was living in a hostel. She didn't see any number she could ring on the court summons letter to ask clarifying questions. 'My solicitor would have told me...or I would have shown it to my support worker, and she would've done it (rang the HMCTS contact centre)'. Her reaction was to hurt herself:

'I was starting to self-harm again because of all the stress ... more trauma and trauma'.

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Whilst Jane was vulnerable and could speak with her solicitor about her additional support needs and fears, the court did not get any information about these circumstances until the day of the trial. Had someone spoken to the court, these issues could have been alleviated:

'I told my solicitor I suffer from multiple complex needs and I had a fear of being locked into places from a trauma I had from a long time ago where an ex-partner locked me in a cupboard.'

At court: Jane described being forced to stand in a 'box that was locked' in the court. Her solicitor mentioned her past trauma, referenced above, to the judge and she was allowed to stand outside the dock. Unfortunately, the next time Jane appeared in court she had a different judge who forced her to stand in the 'box' until she was 'nearly physically sick'

'My solicitor kept saying this lady is not of any threat, she is non-violent and she suffers with this ... but anyway I still had to and then the judge recognised that I should go and speak to social services in er, in the building...(without) the social services in the Magistrates Court coming in it would have took longer...because it already made me nervous to speak and...so imagine I have gone through all that trauma and then he's going on and on and on and on and I was going home and I was abusing. I was self-harming'.

Whilst waiting for her next hearing Jane's mental and physical health worsened. Alongside self-harming, she was sleeping little and self-medicating with drugs:

'I just put myself to sleep with the medication that the psychiatrist give me, because I didn't want to stay awake to think and then I had a few friends there they just, they didn't know what was happening, they said this, this is not like you'.

The help of social services at the magistrates court, a service operating out of the court, was crucial to her outcome in the case:

'(There were only) two people in that court that actually cared about how I felt, one was my solicitor and the other one was the social services...because when I explained to her what exactly I had been through in my life she says "you don't need prison, lovely"'.

Jane needed to ensure the Judge understood her mental health conditions and that reasonable adjustments were made to enable her to participate. HMCTS could have had a clearer process for users to provide information to assist the judge with understanding her needs in advance. The contact centre could also have potentially signposted her to other services that might have helped with the other issues she was dealing with. This role is particularly relevant where individuals like Jane have little or no support

Case Study 2: John (pseudonym), male, 39, severe mental illness

Context for the case

John was recently released from prison after being given an IPP (Imprisonment for Public Protection) sentence. As a result of the IPP his original sentence of 2 years became 10 years, with parole hearings every 2 years to decide whether he was ready to be released. Just before his first parole hearing eight years ago, an officer recognised that John had signs of severe mental illness and John was forcibly removed from the prison landing to a secure health care unit. Initially he refused to cooperate as:

'Not taking anything, or not cooperating with them. After a month of that I thought forget it man. I am fighting a losing battle. So I waited till...the ward round and I opened up to the doctor. This was in 2009. Opened up to the doctor and I told him what was going on. He diagnosed me with paranoid schizophrenia.'

After being released from prison John was housed in a hostel designed to care for those with mental ill-health. The benefits system, however, had changed a great deal in the 10 years he had been in prison and as a result he struggled to access the benefits he was entitled to:

'I mean that's what they said to me. Go to the Job Centre. So I went...and then they sent me to the council and then they told me that they couldn't help. So I am stuck. They said the only thing you can do is wait for your benefits, and I mean like, what do I do, while I am waiting...I ain't even got a bank account yet. You know what I mean'.

Once his Employment and Support Allowance (ESA) payments were sorted one of the hostel staff suggested that he might also be eligible for a Personal Independent Payment (PIP):

'So I asked the hostel can you please help me? They said "we can't it's our policy we don't get involved in that". So I had to do it all myself.'

The tribunal

At this point John entered a cycle of applying for PIP payments and then appealing decisions when his applications were rejected. He took his appeals to a tribunal who requested evidence in a specific wording that he simply did not understand nor appreciate was essential to specify. This almost resulted in him giving up his application to appeal.

'I got knocked back once. I appealed, I got knocked back again, appealed again. Got knocked back again. The third time they took it to a tribunal. Went to the tribunal. They said I understand what's written in front of me but...it's written by you and there's no words that stick out to us about your illness and your diagnosis. They said that you need, we can't give you it at the minute, you get me.'

There was no one to help John during this appeals process at the tribunal. It was only when his Community Psychiatric Nurse (CPN) changed that he got the support he needed to make a successful appeals application to the tribunal:

'By the time six months come I weren't even thinking about it (the appeal), I threw it out the window. (A new CPN) came in. I was seeing him a couple of times...he told me you might be able to apply for your PIP again now after six months and I said would you help me? He said yeah...I need, I said I'll do the forms I just need you to do a little like letter or just write down about my diagnosis with certain words. That's what they are asking for words that would stick out to them. Boom straight you got it, boom, back-dated. You know, not even a tribunal or nothing'.

This time John had a very different experience when he attended the tribunal as he had the support of his CPN who accompanied him to the tribunal:

'Tribunal was alright, it was a little, I won't even say daunting, I just went in there all calm and relaxed, I had my support worker with me and I mean I was on my own and she came with me, because she didn't agree with what the decision...she didn't agree with any of it, she said it's not his fault, he didn't get the help, it's the CPN's fault. But she was with me, you know what I mean, I just took it like a parole even, it was three ladies. That was what my parole was like, three ladies making a decision about what you want...'

The HMCTS contact centre could have helped John to better understand the benefit of appeal process. He would have particularly benefited from information about how long it would take, who would be at tribunal and what his outcomes meant. Call handlers could also have signposted him to another service that might be able to support his completion of PIP applications

Case Study 3 Laura (pseudonym), female, early 30s, victim of domestic violence

Context for the case

Laura had been in a long relationship with her ex-partner who was the father to her youngest child. At the time that the case was heard she was no longer with him but there were still on-going domestic violence issues, which culminated in her partner taking the child after beating Laura. At this point, no one in her life was aware of the domestic abuse she was experiencing, but Laura contacted the police for the first time when her partner took the child:

'For a residency order. My ex-partner attacked me and took my daughter. I couldn't get her back because he was on the birth certificate...I needed something in place so that he couldn't do that again. Or if he does she can be returned to me...the molestation order is to keep him away from me. I had visible marks on me. The police were saying if we arrest him for assaulting you, you can get her back...it was the first time I had reported him...I was anxious, upset, angry. I am a bit scared because I have never put it out there like that...phoning the police, you don't tell the police stuff'.

Laura's ex-partner brought the child back to her after the police became involved, but she was unaware that the police could press charges without her consent. Her ex-partner was arrested for assault and for intimidating her to get the charges dropped. She describes this as 'the beginning of the violence', exacerbating an already volatile situation. She described how he might have pushed or shoved her before, but that he had not hit her. She did not see the pushing and shoving as violent. Whilst Laura successfully got a residency order for her child and then a non-molestation order from the court for herself, the relationship resumed with periodic fighting and violence, which resulted in her neighbours calling the police. As a result of breaking the non-molestation order her ex-partner went to prison

The case

Laura's ex-partner challenged the non-molestation order and attended court to do so. As the victim she also attended court, which resulted in them both attending the same waiting area. When her ex-partner saw her, he kicked off:

'I've been through the courts as well for criminal reasons. So I feel anxious. With him coming as well...(I didn't really) feel secure...when he came to the court and done that there is only one security guard – that didn't make me feel overly safe'.

Laura described how she did not understand the court process for this appeal and how she did not expect to have to fight the case, thinking that it would be 'cut and dried' because of his actions. She had contact with a charity in the courts who helped her to fill in forms but that was only because Laura happened to notice the service whilst she was at the court, this support had not been pre-arranged. She was not aware of the charity previously and was not proactive in looking for help, but approached the service when she became aware of it at the court.

As non-molestation orders are time limited, Laura had to return to court every few years to renew the order. Only in one case did she have additional support, from a probation officer, because that order was sought in an emergency situation:

' The courts need to explain what support is available. What you can do to make it safer...Sometimes things become second nature to you. Not everyone is like that – they don't know about the charity, special measures can be put in place.'

Once the non-molestation order is granted it has to be served. Laura thought that the court would do that, but it was later explained that it had to be served by the Police and so she phoned the local police as they knew the history of the case:

'I think what women have to go through is a lot. It's already traumatic what has brought you to make the application. The process could be smoother.

Laura needed to better understand the court process. She also needed to have special measures put in place to protect her from her ex-partner whilst she was in the court itself. Laura did not know how to contact HMCTS or how they might help her. If she had contacted HMCTS, call handlers could have provided more information about non-molestation and child residency order procedures. They could also have helped her feel safe, to arrange for her to wait separately in the court building before and during the hearing

Case Study 4: Amy (pseudonym), female, early 30s, multiple complex needs

Context of the case

Amy was homeless and living in temporary accommodation. She was moving on a regular basis between hostels and B&Bs. Her most recent move was into a property where she had her own room and facilities but was expected to make monthly utility payments. She describes herself as being in active addiction as well as having a range of mental health issues which make it challenging for her to manage her money. It was at this point that Amy's ESA benefit payments were stopped unexpectedly:

'They'd sent me a letter for a medical for my ESA and they sent it to the address that I was at before. I'd moved literally a week or so, like, beforehand into a different temporary accommodation...you don't get notified, they just stop your money...So, I phoned them up and they says, 'Oh, you know, you didn't turn up for your medical.'

Amy recounted how she had notified the DWP (Department of Work and Pensions) of her change of address and that she had proof of doing so. The DWP sent a letter notifying her of a medical appointment, however, the letter had already gone to her previous address without her knowledge:

'I phoned them to do the change of address. You know, apparently the letter had already gone. Yeah? So, what I don't understand is, while I was on the phone doing that they would have been able to see that that letter had gone out, so why didn't they tell me, you know?'

Amy described how, at this point, she got lucky because her temporary accommodation was a private flat. Her biggest fear was getting into debt because the utilities were set up to pay monthly. Her living conditions deteriorated:

'And all that time, my money was stopped...my solicitor...kept telling me that, "Oh, they're going to have to pay you the money". And I'm like "at the end of the day, you know, I'm living in temporary accommodation and I've had my gas and electric cut off because of this". And obviously I couldn't go shopping and I got Support Workers offering um, to take me to a food bank and I'm like, "How am I going to prepare the food? I've got no gas and electric because I can't pay the bills."

The hearing

Amy describes attending a two-day hearing. She felt her solicitor was the only one speaking on her behalf and felt that the others in the tribunal were 'rude' and 'horrible'. She did not understand the process as this was the first time she was in contact with the courts and found it 'very daunting'. Whilst Amy won her appeal it was:

'9-10 weeks before I even received any money off the DWP and when I did, it was just a normal two weekly payment. So, I was like, well hang on a minute. I haven't had any money off you for how many months yeah? And you send me a 2-week payment...I didn't get my back pay until about 5 or 6 months after the court'.

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As Amy failed to pay her utility bills she was evicted from the flat and had to move back into hostels. She explained how this was:

'not good for my mental health and stuff. It wasn't good for me and my addiction either because you know people in hostels...use'.

She then quickly lost access to her hostel place because she was found to be in possession of needle packs during a random search, and as a result she became street homeless:

'It was like my using (drugs) didn't really get chaotic until I ended up on the streets then you know, I didn't have any rules to follow and that I could use what I wanted and it didn't take long for me to start using more and more and more and it was like, whaaa...'

Amy had no understanding of the format of the tribunal process at all, feeling that she was not part of it when it took place:

'Well you know what, it would have been nice if someone would, would explained to me what was going on because I didn't have a clue. And it was...it was almost like I was in the room yeah, and these people are talking about me but they, they're not talking about me like I'm there, that's how I felt. It was like, wow hello, I'm here. You know...I definitely didn't have a voice.'

Amy, like in all the case studies in this report, had not contacted HMCTS for more information because she didn't know she could. If she had, her worries might have been relieved a little just by knowing what to expect during the tribunal and talking this through with someone. HMCTS could have helped her by providing information on what was happening throughout her case and why. Signposting might have also relieved some of her worries about money that may have prevented her eviction and subsequent homelessness.

Case Study 5: Jack (pseudonym) male, late 30s, multiple complex needs

Context of the case

Jack has a long history of involvement with criminal justice. Before his most recent case he had received several prison sentences in addition to multiple contacts with the courts for driving offences, non-payment of TV licence and other smaller offences. He had experienced a lot of loss in his life, including close family members dying in his early adulthood. His drug use started in his early adulthood, and he describes how he used drugs to self-medicate and try to make himself feel better. His mental health also deteriorated as a young adult because of these traumatic events, starting with depression and anxiety before escalating into ideation around self-harm. Jack had spent his adult years since prison volunteering and in education. His life was on a positive trajectory when he next came in contact with the courts.

The case

Jack was charged with an offence that took place in the family home. This was both a shock to him but was also a threat to his now settled existence and positive reputation:

'I was at the best place...the speed and the distance I went down ...and hit a rock...I was explaining to the officers what has just happened...I am not the type of person you think I am. I have changed my life around...this time was different. I am no stranger to courts. They are all equally negative (experiences)...But this was nerve racking. ...I was acting in self-defence and I presumed that would come to the light of day...it was a shock as I was (in education)...the last time was when I was living the old life. When the judge said remand I was in shock.'

After an initial hearing Jack was released on bail, subject to him wearing a tag and moving to another city. He contacted all the relevant organisations involved in his life in his previous location,

the educational establishment he was studying at and organisations he was volunteering with in the community prior to his remand. He recounted how no-one who knew him could believe that he was arrested and that he considered himself vulnerable:

'My vulnerabilities are...I have suffered depression from a young age...a deep dark monster that lives in me and sometimes take over. Anxiety. I am an ex-drug user that was always my way of dealing with things or not dealing with them.'

Four months after he was released on bail Jack's trial in the Crown court formally began. In the period between being charged and his trial he had a few conversations with his legal representative. From speaking to his representative, however, he did not know the detail of what was going to happen during the trial itself. He described how: "I just knew my charge and plea. It's a trial." Jack explained how no-one had asked him if he understood the process of the trial, including his legal representative. No-one had asked him if he needed anything, though he had a vague recollection of someone in the reception of the court asking him something. Jack did not know that he could call the HMCTS contact centre to find out more information about court processes and possibly have help during the trial:

'I am that type of person...I would have no problem picking up a phone and asking questions...but is hard to go back in time and say what I was needing...you are very much like a rabbit in the headlights all the way through'

He describes being affected by his mental health issues throughout this period, not sleeping, feeling anxious and needing support. Signposting to mental health services or even to the NHS might have been relevant.

Jack was remanded because he could not return home as that was where the alleged offence had taken place. To release him on bail the authorities needed an alternative address for him to reside at until the trial. Jack was not aware of this issue and spent the next month in prison. Had he known this was an issue, he would have provided an alternative address in the community. Throughout his story there was a clear sense that he did not perceive that he was being fairly treated:

'I have always walked away from my cases, guilty or not, I have asked myself what have these highly educated people done that I could not do myself...no emotion, no sense of the pain it caused...that's that alienation thing. I have to trust the professional...in any other context it would not have been done in such a quiet, civilised manner'.

Jack's trial lasted three days. He was found guilty and given a community sentence, but he said:

'I felt everything had been undone'.

His life has since moved on successfully, mainly through education and volunteering work. HMCTS could have given him a better understanding of the court processes, particularly about what he could expect to happen in the run up to and during his trial. He recalls suffering badly from mental ill-health through this period and might have been helped by signposting to mental health services. Signposting to other services to support his wider issues might also have helped him feel that he could maintain the positive progress he has made in his life after his previous prison sentence

Key Themes from the case studies

All the service users in these case studies had needs that HMCTS could have helped with through reasonable adjustments, signposting or better information about courts and/or tribunals processes. The case studies suggest there were a number of different points at which better signposting and information may have supported users. No-one phoned HMCTS for help because they were unaware that the contact centre existed. This might have provided one route through which service users could have understood court and/or tribunal processes better or requested reasonable

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adjustments. All would have sought help had they been aware of how to do so, though some recognised they would have needed help to contact HMCTS. To help with this, clear contact information for the contact centre should be provided on written communication along with signposting and guidance.



4. Findings from interviews and focus groups with contact centre staff

This section combines the findings from both focus groups with call agents and interviews with senior contact centre management. It is organised by the five key themes that emerged, which were that call agents:

- had clarity as to what their role involved
- felt their training was adequate to perform their role but can and should make it clearer that reasonable adjustments can be requested and the judge be informed of these needs
- want to identify the needs of callers and signpost more effectively but need more support to do so
- felt they were highly skilled and perceptive in identifying caller needs
- felt they were highly skilled and perceptive in handling emotional, distressed, or aggressive callers

Direct quotations from contact centre staff attributed to the data as either Focus Group (FG) for call agents or interview (M) for senior contact centre managers, are provided to illustrate these key themes.

Call agents had clarity as to what their role involved

In both focus groups and staff interviews there was a clear perception of the call agent role:

- to give practical information
- not to act as an adviser, a counsellor or in any other professional capacity for the callers.

This role clarity was especially strong in the Social Security and Child Support team within the contact centre. Whilst call agents had a strong desire to help callers, this role perception placed clear and fixed boundaries around how far they would go to help service users:

‘I wouldn’t want ownership of a case and be responsible for somebody’s welfare. It’s not what we are here for...we are not mental health professionals’. (FG)

‘You know to assist and signpost and move that person you know along the process as helpfully as possible, but know that they’re not counsellors, or mental health workers or anything like that’. (M, 3)

Most call agents felt their training was adequate to perform their role

In both focus groups with call agents it was clear that training was perceived as robust and broad and as having improved significantly in recent years. It was also the view of many that gaining experience by taking calls was the best way to learn the job:

‘For me personally I think your training started once you got on the phone, not when you are in a classroom being told what you can say and what you can’t say. You need to actually talk to people and realise the situations and know where you can help and where you can’t.’ (FG)

‘It’s the situation they are in not me. So I don’t take anything personal. The training has helped with that’. (FG)

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When asked what was missing from the current training package, participants highlighted they would like:

- to visit court and tribunal buildings so that they could explain the layout from their own personal experience; and,
- more awareness of some of the issues callers dealt with, such as domestic abuse or mental ill-health. This was seen as beneficial for giving them more context for their conversation with the caller.

There was also a desire from call agents in both focus groups to have access to a visual depiction of the court or tribunal space to share with callers.

In the interviews with senior contact centre managers these additional training needs were broadly supported. However, resourcing was raised as an issue that would limit expanding the training programme in these ways:

'Well that's a really good idea actually, if you had some imagery. It's all words on the Government website. If you had like a little cartoon sketch of this is what a hearing looks like.' (FG)

'For me personally I don't know anything about mental health. So maybe one thing that we can do potentially is get somebody whose an expert in mental health and just have a quick presentation. Half an hour, one hour, because a lot of our calls are to do with mental (health).' (FG)

Call handlers want to more accurately identify the needs of callers and signpost more effectively but need more support to do so

A clear theme running through both the focus groups with call handlers and the interviews with senior contact centre managers was the desire to signpost callers to services or charities more effectively. Signposting was taken very seriously as an important part of the call handler role. Call handlers described how they often researched effective signposting options out of hours because they wanted to be able to offer something to callers around their additional support needs. Call handlers also had an awareness of the limitations of signposting in that they could not solve every issue through this function:

'I think sometimes it's offering and signposting them to some practical support that could help them rather than saying "oh you can ring Mind"...that's not gonna help fill the forms in no.' (FG)

'Mind and Samaritans people already know about these things so they are like "oh no I have already spoken to them and they have not helped me"...so the thing is I think with the SSCS they need something new for people'. (FG)

'I do research, all sorts of thing and try and remember stuff...I know where the Citizens Advice Bureaus are and where they have closed down and stuff' (FG)

The existing signposting database on knowledge bank was not seen as up to date enough to support effective signposting. During both focus groups call handlers were asking each other about what resources others knew about to help them to signpost more effectively, suggesting a need to create more spaces and mechanisms within the contact centre for sharing signposting expertise and reflections. The Social Services and Child Support team were particularly tentative about straying into offering advice about an individual case though like the other call agents they wanted to help where they could:

'I think they're encouraged to do everything that they possibly can to signpost that person to the correct place for advice whilst being empathetic. But I would be very worried about them going further than that...just because they might be giving information to the (service users) that might not be suitable for them' (M, 3)

Consequently, whilst call handlers are aware of the varied needs of callers, they did not at present have enough tools at their disposal to always help callers. Further investment is needed in the knowledge bank and additional training provision to up-skill call handlers and support them to signpost more effectively.

In both focus groups, but also supported by interviews with senior contact centre managers, there was a strong perception that call agents could identify the additional support needs of callers unrelated to the reason they were calling, so beyond the basic query about their case/tribunal. Call agents also felt they were skilled in identifying trigger words that would help them focus their line of questioning to uncover these additional support needs and neither call handlers or senior staff felt that needs were missed on these calls. However, when questioned further, call handlers offered little evidence that they had a broader understanding of callers' needs beyond mental ill-health or physical disabilities, and indeed they themselves identified a need for further mental health training. There was also a strong sense of frustration from both call handlers and senior managers around the human fallout when other parts of the system do, or are perceived to do, things incorrectly. The Social Security and Child Support contact centre team appeared to be particularly affected by this issue.

'Usually (needs) comes out straight away'. (FG)

'So that's part of communicating isn't it. Listening. Not just listening to what they are saying but listening to how they are saying it, what they are not saying. You know if it sort of goes a bit silent you think they've not got that. So do you want me to repeat that again'. (FG)

"oh I can't get out of the house" that kind of thing, they've already told you so you can't say...go down to your local library and go on the internet because they have got no money so they can't even afford a phone. All little bits like that...you can't signpost them to the internet because they haven't got that'. (FG)

Call agents were highly attuned to identifying circumstances when reasonable adjustments at court/in tribunals may be appropriate for callers with physical or literacy needs. While call agents did seem to perceive that they were highly attuned to mental health needs, there was no sense in either focus group that there was a wider understanding of mental health (though it was flagged as being an area they needed more training in):

'Reasonable adjustment is purely facilitating for practical difficulties such as deafness, visual impairment, illiteracy. Learning difficulties. But it doesn't mean they get their hand held through the process or get it done any quicker'. (FG)

'If they say to you "I'm visually impaired, I only have braille very large type", a reasonable adjustment is they are entitled to documents in those formats...The reasonable adjustment is not about people's circumstances in relation to the case, it's about their capacity to deal with the process'. (FG)

'Then on some areas say for example someone phones up and they are trying to explain say like "I've got Asperger's do you know what that means". If you don't know what Asperger's is and you say "well no actually I don't" '. (FG)

Handling emotional, distressed, or aggressive calls: Perception of high-level skills

Throughout both focus groups with call agents it was clear that handling emotional, distressed or aggressive calls was seen by call handlers as 'part of the job'. When discussed, these calls tended to blend into one issue and as equally difficult to deal with. All felt that the in-house training had helped them deal with this issue and most could explain how they could deal with these calls. This is especially true of the Social Security and Child Support team who perceived that just under half of their calls would fall into this category. Managers agree that their staff, for the most part, handled challenging calls well and managers were highly supportive and protective of their call agents. This was most evident on the Social Security and Child Support team:

"You know I've been effed and j'effed and all sorts at, but you take it because I would rather do that than (you) go home and beat the wife or the kids. That's how I look at it in my head. Let me be your punching bag. Let me...you know let me take it'. (FG)

'Each call is individual and the training has helped with like, okay I might just need to calm this down a bit, start talking a bit slower, some people talk fast and you might want to continue at their speed or you might want to slow it down a bit.' (FG)

'You know especially with my team, they will tell me all about the call...and I'll say "don't worry, there's nothing you can do about it". You know they'll pass it to me if they think that I need to listen to it and then it's on my shoulders. And that's what I tell them.' (M, 1)

While most call agents described dealing with emotional, distressed, or aggressive calls as 'part of the job', this was not the case for all call agents. For one call agent, for example, there were limits to what was acceptable in terms of swearing and verbal abuse, particularly when it was perceived as personal.

'I do agree to a certain extent but I don't think there should be a line cut off, I mean obviously they are going to be vulnerable and they are gonna try and get out of the system, but I think as call agents we should, we need to give them the warning and if they do keep on continuing and you are not going to get anywhere with them. Then you've advised them and then you can end the call'. (FG)

'...it's a service we provide, and you can't always turn an aggressive (service user) around. But if you leave them...even if you can't solve their problem. Leave them in a better place than when they came on the phone'. (M, 2)

Variation in pressure to end calls across call agent teams

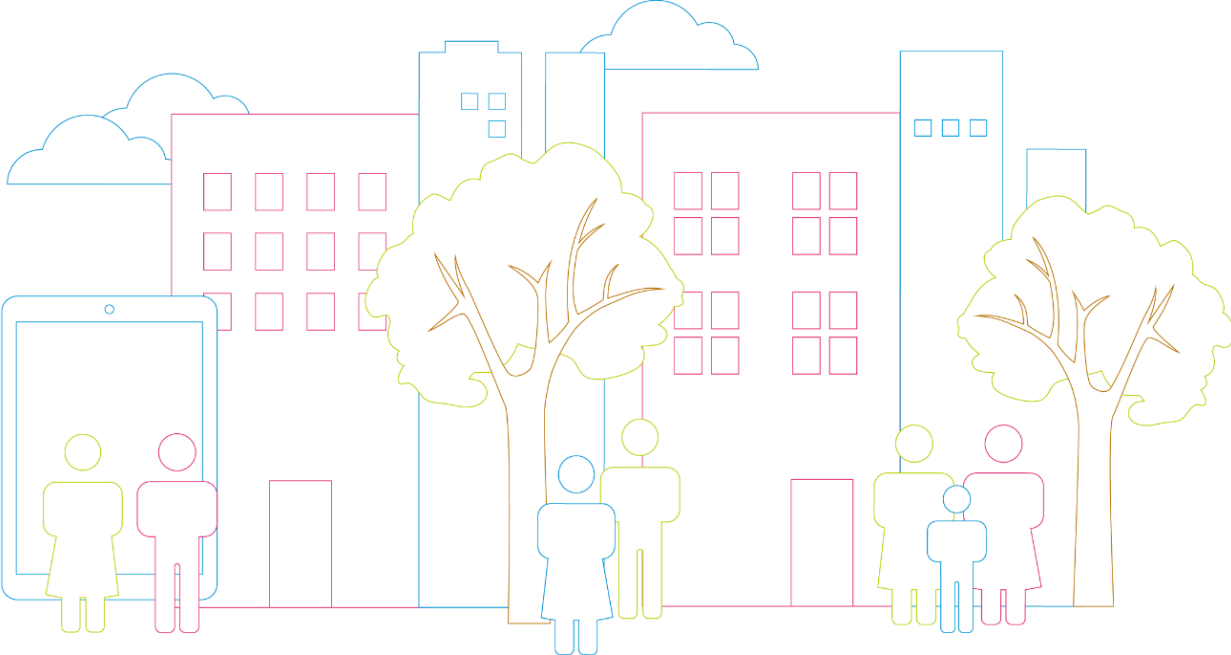
Timing of calls was an important theme in both focus groups with call agents. Most agents felt that they needed to move quickly from call to call though no-one described this as a problem. The Social Security and Child Support team, however, were very much of the view that the call took as long as it took because they were dealing with complex cases, and they had management support to take this approach:

'I know we are under a lot of pressure here to get through as many calls as we can because it is just one call after another. So sometimes I don't feel as if I am doing the job as well as I'd like to because of the pressure of so many people ringing in'. (FG)

'It's very pressured but there is absolutely the support there that if people need a break after a difficult call then that's absolutely fine and that's supported, so it's not as rigid in that, in that sense'. (M, 3)

'From day one I've never felt any pressure to wrap up, obviously they do look at your stats, but we have always been told it's not a call centre, we are there to provide a service'. (FG)

All the call agents acknowledged that time pressures had improved in recent years and managers, for the most part, were acknowledged as supportive.



5. Options and recommendations

Throughout the research, options were explored to help call agents better recognise and respond to callers with multiple complex needs. The first service user focus group identified three options they believed would help them engage better with the contact centre. These options were tested with the second service user focus group who broadly agreed with these options. The three options were:

- a different approach to questioning
- a call back service for those who were emotional, stressed, or aggressive on a call
- a specialist team that better understands the complex needs of service users.

These options were tested again in the service user interviews, call handler interviews and focus groups and the HMCTS staff recommendations workshop. The remainder of this report discusses each of these options in turn in the light of both staff and service user feedback. Each quotation is attributed to the source of data:

- Service User Focus Group (SU FG)
- Call Agent Focus group (CA FG)
- Staff Interview (M, for manager)

Option 1: A different approach to questioning

The service user focus group suggested a list of questions which they felt would be appropriate for call handlers to ask them in order to help call handlers better recognise their complex needs:

‘Is there anything you can let us know before we start this like? Is there anything about you that you feel we should know before we start this and we can help you as best we can.’ (SU FG)

‘(at the start of the call) Is there anything that can help me understand your situation?’ (SU FG)

‘Is this stressful?’ (SU FG)

‘Are there any more problems which you are facing which I may be able to help you with where I can steer you in the right direction?’ (SU FG)

When these suggested questions were shared with call agents and senior contact centre managers it was evident that they did not see these questions as appropriate in this format. They had two primary issues: the belief that these questions would go beyond their remit and a fear of callers taking offense.

‘Just looking at those cursory reading all 4 of them totally inappropriate in our role...Because we can show empathy, but we can’t actually ask them. We can’t be asking people those questions’. (CA FG)

‘No I wouldn’t. I think asking any direct questions like that would make the (service user) feel that they’re making assumptions about them, or asking something that’s none of their business. They’re just ringing for information about their tribunal you know and they’re being asked personal questions. I think that would not be good.’ (M, 3)

However, that is not to say that there is no room for further refining the questions asked by call handlers. At the later staff recommendations workshop, for example, there was support for questions that linked more closely to the process. One suggested question, raised by call agents, which might be useful to trial at the end of calls is:

Explain the next step in the process and ask, 'Do you think you will need any help with that?'

Taking a fresh look at questions is a viable option. New questions would need to be developed in conjunction with staff and service users and could allow call agents to approach callers in different ways when they suspect a non-verbalised need. It was clear during the research that staff were very constrained at present by the restriction on asking open-ended questions as that was how they had been trained.

Option 2: A call back service for callers with complex needs

Service users who took part in the focus groups saw a call back service as valuable, particularly when individuals were angry or emotional on a call. Most could put themselves in a place where they had lost their way on a call because of emotion, fear or anger and felt they were 'different people' later on, once they had time to relax. In the service user interviews it had a more mixed result. Some would rather just get the information they needed there and then, whilst others could see the value in getting a call back once a member of the contact centre team had carefully considered their request for help. It is also worth acknowledging that there were several service users who would not have made the call at all because they do not like speaking on the telephone. Support from a third person is the way that many of these service users would prefer to interact with the contact centre (this requirement for a range of support being offered to users to meet their needs has been captured in the recommendations):

'They should have a call back option as well. If you leave your details, unable to get, leave you're details and we'll call you back within 24 hours.' (SU FG)

'With the call back you can obviously be prepared with the information if someone leaves a message saying I need help with this benefit, this court fine, this, this and this and the person ringing back can go right I've got all the information here, how can I help?' (SU FG)

'The idea that somebody might be too upset and can't continue the conversation. To know somebody is actually gonna, you know to have that, hand reaching towards you that so really the gesture or sense.' (SU FG)

Both call agents and managers were less enthusiastic about this suggestion, the main barrier being a perceived lack of resource. They queried how you would keep the business running while having this flexibility, though a few of the managers interviewed could see its merit.

The focus groups with call agents and HMCTS recommendations workshop suggested that a call back option cannot be a mainstream response and would not be sufficient to recognise or better respond to callers with complex needs. It could, however, sit alongside the existing service for a small minority of callers. If call backs are used, we suggest this sits within a specialist team (see option 3):

'As much as we would want to help them it's all about signposting them and making sure that they, after that call they know what they need to do at the end of it. We are not there to listen to you know in a nice sort of way that's not our role'. (CA FG)

'Yeah and I, I agree that there's probably value in it, but we would need to change the whole set up and at the minute the resourcing isn't set for that.' (M, 3)

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'No...because er, because there's people in the queue and we're here to answer them calls, we're not, we're not a call centre so we don't call out'. (M 1)

Option 3: A team with specialism in complex needs

Service users who took part in the focus groups proposed a separate team within the contact centre that better understood their complex needs and could advocate for the value of building lived experience into the training, design, and ongoing development of the contact centre. The interviews with service users concurred, but they were pushing more towards a face-to-face service (though this did come up in the focus groups, too).

This should be taken within the context that those interviewed had complex needs, were generally in recovery from a range of complex issues and were distrustful of services. Where services had worked for them in the past, it tended to be because they had built up a one-to-one relationship with someone:

'It all comes down to having lived experience in these places...because we can be more empathic...no one wants a counsellor out of a text book...because you can wrap them round your finger. They want someone who's been where they (are), who can identify and empathise.' (SU FG)

'People with lived experiences are much more powerful than just someone just writing forms and all that...they've been through it already so they can say well this is what I've done. Why don't you just reach out to this number? They'll be able to help you more better than other service people will be able to.' (SU FG)

'I think it's easier, it's easier for myself to go and talk to a person face to face and then you can sort of see whether they want to help you or not'. (SU FG)

'It's almost a lived experience service. Imagine if it was us lot who set this phone line up. If people know this service I am ringing (SU FG)

Interviews with managers were reasonably positive about the possibility of a specialist team, but were concerned with how it would work operationally. Staff in the focus groups again raised concerns about resources:

'But I think...if someone is particularly vulnerable. Might be shaky...Could be hanging on by their little finger nails. I think having the ability to put somebody through on the telephone (would be helpful), because at the moment, for a reasonable adjustment, we have to send an e-mail.' (M, 2)

'If everybody was trained to a similar standard, it doesn't matter who you get through to. They'd be able to help and signpost you. I think you know, that need wouldn't come out... (until) you're halfway through a call...so they're triaging...they might as well be dealing with it.' (M, 3)

A specialist team could have a wider remit including supporting better signposting and wider staff development, aspects that were requested by call handlers themselves.

In addition to the service user options discussed, call handlers also raised the suggestion of making the letters that went to service users more user-friendly. This was supported by those who attended the recommendations workshop:

'So (we are) kind of online coaching to get there, but the letters that come back from courts often it's (from the service user) like tell me in plain English what this means you know'. (CA FG)

'I say probably 25 percent of calls you get is people calling you asking you what does this mean'. (CA FG)



6. Other Issues for consideration

This report has outlined the findings of a research project examining the role of HMCTS call agents in identifying, understanding, and responding to the needs of callers with multiple complex needs. Based on research with service users, call agents and senior managers several recommendations have been developed. This section provides an overview of the key issues that emerged from this research which should underpin any further research conducted in this space.

Better communication with service users about the existence of the contact centre and its role is key – as is wider information about support.

None of the service users in this research knew that the contact centre existed or how they could access it, and no one remembered seeing the contact centre telephone number on any written communication sent to them by HMCTS. The service users who took part in this research also felt that they were more likely to access information through more traditional platforms, such as posters or leaflets in court buildings, rather than through digital platforms.

Several service users would not have made the call at all because they do not like speaking on the telephone, support from a third person is the way that many of these service users would prefer to interact.

Staff felt that letters and other communications could be re-designed to make them more user friendly for this group. Call agents reported that callers commonly ask to have the letters explained in 'plain' English.

Call agent role perception is very strong.

Contact centre and team culture reinforces this strong role perception. Team leaders are very protective and supportive of their staff which is positive. There is a strong sense across all teams of 'following the rules', particularly around the boundaries of their roles.

The Social Security Child Support line is different from other contact centre lines because of their fear of going beyond their remit and as they deal with a higher number of callers with complex needs and more emotional, aggressive, and upset callers.

Signposting is a very valuable tool to the call agent but is not systematically provided to all callers.

Signposting needs more investment to equip staff with the information and tools they need to offer the same service to every caller.