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Moving Towards a Client-Centred Approach to Legal Advice: Examining the Potential of Qualitative Empirical Research to Explore Empowerment in a University Hosted Interdisciplinary Student Run Clinic

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Abstract:

This paper applies the notion of empowerment to clients seeking legal advice. We advocate for the adoption of a different approach to client care in the legal setting modelled on that adopted in the UK by the NHS in healthcare. We argue that moving towards a client-centred approach to legal advice giving may help to provide a possible solution to the lack of public funding for legal advice by enabling more clients to take more personal action to manage their legal issues than at present.

This article explores the potential for the use of qualitative research approaches - widely used in health research to understand the perspective of patients - in a law nursing clinical setting. Specifically, it will consider how qualitative research can be used to seek out and understand clients' viewpoints and particularly to explore how people can be empowered to make sense of their health and wellbeing and their legal needs, when informed by legal and health advice. Furthermore, it will consider how qualitative research can be used to evaluate clinical legal education provision in Law Schools and their efficacy, and in particular to have such evaluations informed by the narrative of clinic clients' viewpoints. The article will consider how the findings of such research methods can be used to inform and develop legal and clinical practice, with a view to improving professional service delivery and potentially establishing a different holistic approach to client care approaches in the legal profession.

The University of Portsmouth will host an interdisciplinary (Law and Nursing) student clinic, with the aim of providing educational opportunities together with legal and health advice to some of the most vulnerable people in the local community. An innovative research programme that will run in tandem with the clinic will explore the relationship between motivation, well-being and empowerment.

I INTRODUCTION

The healthcare professions have been moving towards a patient-centred focus for some time, a process which involves provision of relevant, appropriate and useful information to the patient, together with the essential skills needed for patients to begin to manage their own health and well-being. Such empowerment is a fundamental concept in healthcare and is a common feature of discussion about the self-management of individuals' long-term conditions. Whilst definitions vary, a conceptual map of patient empowerment by Bravo et al. (2015) identifies elements such as autonomy, partnership working, shared decision-making, self-efficacy, knowledge and skills, and adaptation.

Empowerment has entered the healthcare discourse due to the recent shift in power from the healthcare professional (and particularly the doctor/ physician), in favour of shared decision-making and a more humanised approach to care which acknowledges the patients' experience and viewpoint (Brown, Elston and Gabe 2015; Todres, Galvin and Dahlberg 2007). For those affected by long-term conditions, being empowered enables the individual to develop a greater understanding of their condition, to engage with decision-making, to feel they have control over their condition, to share their experiences with others and to experience well-being (Nygårdh et al. 2011; Small et al 2013; Elvidge 2014; McDonald 2014; Bravo et al 2015). According to Bravo et al (2015) the underpinning ethos required to effect patient empowerment must exist not only at the level of the patient, but also with the healthcare provider and health service more widely. Illustrations of the latter two include:

Examples of healthcare provider-level interventions include patient centred training interventions [36], shared decision-making [37], motivational interviewing [38], counselling, health coaching, and signposting to support services. Examples of healthcare-system level interventions include training programmes for clinicians and/or patients, with or without supporting educational materials [36] (Bravo et al 2015, p.10)

In contrast, the literature in the legal field demonstrates a long-standing assumption that the lawyer retains a position of power, due to the knowledge discrepancy between themselves and the client (Moorhead, Sherr and Paterson 2003).

This paper argues for the adoption of a different approach to client care in the legal setting modelled on that adopted in the UK NHS, one based around the concept of empowerment. The paper will consider this at the level of the individual and of the service provider. Public funding for legal aid has been reducing year on year since 2005¹ and in the current economic climate with the uncertainty of BREXIT it is unlikely to recover in the near future. This means that adoption of a sustainable model of access to justice and greater understanding of legal rights and duties by the community is imperative. We argue that moving towards a client-centred approach to legal advice giving, which empowers the client, provides a possible solution to the lack of public funding. Qualitative research offers an opportunity to explore, in the first instance, whether and how empowerment can occur for legal clients. Lawyers and law students thus need to collect and use the data that qualitative empirical research methods can provide. This paper offers an introduction to such research approaches, to how qualitative research might be undertaken in legal and clinical practice through a discussion of how it might apply in an innovative law/nursing clinic being established at the University of Portsmouth. This provides a significant contribution to the CLE literature by providing an assessment of the best qualitative research methods for effective evaluation that takes into account client views in a systematic and rigorous fashion.

II THE CLINIC

This section explains and justifies the potential of an Interdisciplinary Student Clinic (IDSC) for students of nursing and law. The potential comprises impact on social determinants of health and interdisciplinary learning in professional undergraduate education. This is of international importance, since while the global population continues to demonstrate overall improved health

¹ See <https://www.gov.uk/government/collections/legal-aid-statistics>.

and longer lives,² inequalities in health continue to exist. The social determinants of health still exert disproportionate negative influences on the most disadvantaged in society, at local, national and international levels. There is a growing body of research exploring how welfare advice services can be used in the United Kingdom (UK) to positively address health outcomes. The IDSC provides a setting for the provision of health and legal education to be merged to benefit both the community and the students involved.

Within the UK, demographic change (an ageing population, more long-term conditions) has prompted a need for a reconfiguration in the health and care workforce. The aim of this reconfiguration is to support a transition in nursing talent away from a mainly acute setting, to a more community care-based workforce. Providing good care to such a diverse population, in terms of age and increased complexity, brings specific challenges for nurses and allied health professionals and the systems they work in. This means that the health professionals concerned are required to think and work differently, in terms of how healthcare is provided. In addition, this trend in demographics prompts health professionals to encourage self-management, so that people are willing and able to take responsibility for their own health and health decisions. We argue that graduate nurses who have new perspectives, taken from outside of the traditional nursing curriculum, will be better equipped to support people to make healthier decisions during their lifetime. Furthermore, we argue that this approach can be applied to students who address legal problems.

Nurse education in the UK is closely regulated by the Nursing and Midwifery Council (NMC), who are in the process of revising the standards of proficiency for registered nurses. The proposed new standards of proficiency for registered nurses have a much greater emphasis on promoting health and self-empowerment than previously and this is in keeping with both the World Health Organisation's and International Council of Nursing's definitions of nursing (WHO, 2018: <http://www.who.int/topics/nursing/en/>, ICN, 2018) and UK policy. The nursing profession has often focused on managing the care of people who are already ill, disabled or dying and this has been reflected in nursing education.

The need continues for effective collaborative and interdisciplinary working that truly crosses boundaries. Much is written in the health literature concerning the need for interdisciplinary practice from a defensive perspective. In the health system in the United Kingdom, one in ten hospital admissions are associated with error (Vincent, 2011) and half of these errors are avoidable (NPSA, 2007). There are multiple examples where dysfunctional interdisciplinary team working has compromised people's safety or where medication errors occur, through prescribing or administration errors (NPSA, 2007). Vincent (2011) argues that there is a clear need and importance of learning from such errors and near misses in order to improve patient safety. Education, as to risk and possible earlier intervention to prevent poor health outcomes, may from a health point of view be enhanced with joint learning and legal education on risk and prevention through an IDSC such as the one at the University of Portsmouth.

By introducing the IDSC, we are building upon a successful model, taken from legal education. Clinical Legal Education in the UK has grown rapidly over the last 20 years and now features as part of the curriculum in the majority of Law Schools. Kerrigan's definition, "learning through participation in real and realistic interactions coupled with reflection on this activity", (Kerrigan and Murray, 2014) fits with the model being discussed in this paper. The legal setting differs from health, in this regard, as there is substantial work in health settings exploring teams, team dynamics and interdisciplinary working. Effective teamwork, according to Ellis and Bach (2015) is regarded as a key pillar in providing a safe culture within which to provide healthcare.

The traditional view of clinical legal education in the United Kingdom (UK) does not include any element of interdisciplinarity, although joint initiatives do exist in other jurisdictions. A recent analysis by Dignan et al of the 2014 survey of UK Law School clinic and pro bono provision makes no mention of an interdisciplinary approach. Law Clinics, it is suggested, are seen as vehicles to enhance the learning of law in law students and to address legal problems of clients. There is

² World Health Organisation, 2018: <http://apps.who.int/gho/data/view.main.SDG2016LEXREGv?lang=en>.

little literature to be found on initiatives to develop an interdisciplinary approach to law clinics in the UK.

There is a growing body of research exploring how welfare advice services can be used in the UK to positively address health outcomes. One aspect of this research has involved welfare advice services such as the Citizens Advice Bureau (CAB). There are a number of excellent collaborations between CAB and Health Service providers including Gateshead, Sefton, and Haringey. Woodhead, Khondoker et al (2017) have conducted empirical research on the effect of co-located welfare advice and found that the advice “improves short-term mental health and well-being, reduces financial strain and generates considerable financial returns” for the recipients. They recommend further research in this area to ascertain the impact of advice in different health settings. The IDSC provides just such an opportunity and the ideas explained in this paper represent a new approach.

III THE MERITS OF USING QUALITATIVE RESEARCH IN CLINIC

Whilst it is unlikely for the team at the University of Portsmouth to influence the legal profession level ethos, the IDSC clinic setting that provides training for the students and supervising staff provides an opportunity to test and evaluate the ideas being explained in this paper. Thus, it is possible to speculate about potential to influence empowerment at both the individual and service provider level ethos. It offers an ideal opportunity to engage legal academic staff and students in empirical research and to explore the impact of this unique learning environment on the local community and the empowerment of the individuals involved.

We argue that the features as described in the above quotation from Bravo et al as examples of healthcare provider interventions, such as client centred decision making, training and signposting to increase legal skills, are applicable to a client going through a civil legal process. The individual seeks knowledge about their legal rights given their particular situation, is involved in partnership working and shared decision-making, acquires the skills to follow the appropriate process either in person or through an agent, and may go through adaptation to a new set of circumstances. It is possible that the legal professional can, through the ways they work with their clients, support individuals to be empowered to manage more aspects of their legal problems than at present and that this increased control and competence can arguably then enable these clients to experience greater well-being. Indeed, it could be argued that there is a moral imperative for the legal professional to work in this way. However, clients’ perspectives of this kind of empowerment, whether and how it can be achieved and how the co-location of legal and health advice can support it are absent from the existing literature. This paper will thus consider the qualitative approaches which might be used to gain insights into the experiences of those gaining legal and health advice within the context of an innovative law/nursing clinic, discuss the benefits and drawbacks of these methods, and consider how this data analysis can relate specifically to the concept of empowerment in legal practice. This is a new approach to client care, the use of empirical research methods to collect and analyse client viewpoints and then to promote empowerment, if adopted by the legal profession in the UK has potential for far reaching consequences.

IV QUALITATIVE RESEARCH APPROACHES AND THE EFFECTIVE EVALUATION OF A LAW/NURSING CLINIC

This section provides a discussion of the challenges and drawbacks of a variety of qualitative research methods that may enable CLE educators in Law Schools around the world to develop innovative evaluation of their clinics. Feedback from clients is collected but rarely made the subject of a rigorous and reliable empirical research project.

Qualitative research approaches are those which collect and analyse data in the form of words (verbal or written), observations (usually written down in note form) or images. This is in contrast to quantitative approaches, which collect and analyse numerical data. Quantitative research is undertaken from an objective stance, which seeks to confirm or refute hypotheses through

measurement. In contrast, qualitative research is conducted from an interpretivist stance. This acknowledges the multiplicity of ways in which individuals experience the world (and thus the multiple 'realities' which exist) and the status of the researcher within research as the interpreter of these. As such, the qualitative researcher does not intend to discover a single objective reality, but instead seeks to describe, understand, interpret or conceptualise participants' worlds.

In contrast to nursing research, where qualitative approaches feature strongly (Holloway and Galvin 2017), only a very small amount of research in the legal arena offers qualitative insights into the experiences of those seeking advice (Moore, Yaroshefsky and Davies 2018, though see for example Moorhead and Robinson 2006, and Smith, Buck, Sidaway and Scanlan 2013). Smith et al, assert

"Adopting a qualitative methodology, the research provides a detailed picture of the advice dynamic, offering new insights into the advice-seeking behavior of vulnerable clients with multiple legal problems"

The approach to research provides a robust evidence base for policy makers and researchers to use. Legal practitioners are not trained in these methods and do not elicit robust data sets from their clients partly as a result of the lack of skill.

Qualitative research methods do have great potential if used by lawyers with their clients and it is surprising that there is this omission in legal education. This is despite a number of similarities between those going through a legal process and patients, who each experience the need to acquire and interpret information, to apply that information specifically to one's individual circumstances, potentially to adapt to a change in one's circumstances and so on. Whilst qualitative research is considered by some to lack generalisability, this results from a misunderstanding of how the concept can be applied. Instead, the findings from qualitative research can be considered to be transferable, with the concepts and theories developed having relevance to similar situations and issues (Morse et al. 2011). The main benefit of qualitative research is the depth of insight it offers into the lived experience of others and the social processes which take place, and thus the potential to change practice to ensure that it is supportive to individual well-being (Holloway and Galvin 2017).

Research undertaken with clients of the multidisciplinary clinic has the power to inform not only our understanding of what it is like to be a client, but also to offer opportunities to improve practice, whether from a health or a legal perspective. It will enable the professional - whether a student or qualified - to see the empirical research process and how this can be used to gain insights into the experience of clients. By understanding the process gone through by a client in being empowered to manage their own legal issues and thus to increase their experience of wellbeing, by interpreting the meaning attributed by a client to the consultation, to wellbeing or to empowerment, and by recognising the cultural elements which impact upon a client, it is possible to change practice in ways which promote empowerment of individuals and thus their wellbeing.

A range of methodological approaches are common in qualitative research. These theoretical viewpoints enable the researcher to seek different kinds of insights into the worlds of participants. Those relevant to this topic area will be outlined below, and their potential use in the context of the interdisciplinary clinic considered. In each instance, there is a need to consider such ethical concerns as informed consent, confidentiality, honesty and integrity, the impact of the research on the participant and the researcher's competence to undertake the research, and ethical approval should be sought before commencement of the research. Ways of collecting empirical data which may be adopted for the different methodological approaches are detailed later in this paper and their challenges and benefits are discussed.

A Grounded Theory

The benefit of grounded theory approaches lies in its ability to develop an explanatory theory which seeks to explain what happens in a particular set of circumstances. It would be possible to explain, through grounded theory, how the provision of health and legal advice, their delivery, participants' understanding of this advice and their willingness or ability to act may facilitate or

prevent the achievement of wellbeing. Data could be collected which would inform a theory of empowerment, considering how elements of the clinical and legal consultation lead to the individual feeling empowered or disempowered. A grounded theory approach would also have the potential to explain the process from the professional perspective, enabling a comparison of the two processes which might reveal areas of overlap or discrepancy between the two viewpoints. The particular benefit of this approach is the potential for new insight the data collected from clients provides. The linked challenge is the access to a range of clients willing to give informed consent in a clinic situation in order to provide a robust data base for analysis.

Theories developed could be used in practice by legal and healthcare students and professionals. They explain the process undergone by clients, enabling professionals to better understand this and to recognise where their words or actions may influence the health and wellbeing of their client. Law students in the IDSC would be introduced to a new approach to advice-giving, the aim of which is to ensure that the client is able to access their legal rights themselves rather than instruct the legal professional to take steps on their behalf. The blending of the Nursing and Legal curriculum, as described by Curran, Ryder and Strevens (2018), would provide law students with access to new learning modules such as motivational interviewing and shared decision-making. Empowerment theories would be applied to client care skills that have traditionally been seen as a defensive mechanism for legal professionals based upon the idea of setting out the terms of engagement to prevent misunderstandings and potential claims. The empirical research methods employed in the IDSC will provide students with a new dimension of feedback on their activities. Students and professionals will also be able to identify where in the process the intervention of others, including the other professional group, could benefit the client and be able to direct them accordingly. A grounded theory approach could be used to further develop the conceptual framework described by Bravo (2015); this is a recognised element of this methodological approach, in addition to the development of novel theories.

A grounded theory approach involves an iterative process, where data collection is followed by analysis, which informs further data collection, leading to the development of a theory. Data may be collected through a number of different routes and may include quantitative data, though they are most usually gained through interviews and potentially observation. Participants should ideally be interviewed on a number of separate occasions, increasing the costs of a potentially time consuming and thus expensive research process.

Data are analysed by firstly coding the data, in order to identify ideas mentioned by participants. Where possible and applicable, the words used by participants are adopted to describe a specific idea (*in vivo* coding). The data are compared, across the same interview (or other types of data), between interviews and between different forms of data, with similar ideas being given the same code. Codes evolve as the idea becomes clearer across the data. These codes are then grouped together into categories, which are then described fully such that the parameters between each category are apparent. The links between the different categories are identified and described. Finally, a provisional theory is developed, grounded in the data collected. This is repeated with each set of data collected, until saturation - a point where no new ideas are emerging from the data - is reached.

Glaser and Strauss (1967) originally described a grounded theory approach which enables the researcher to record facts relating to an external reality and to discover a theory that is grounded in the data collected (Strauss & Corbin, 1998; Glaser, 2002; Charmaz, 2006; Corbin & Strauss, 2008). They wrote from a symbolic interactionist perspective, this is a theoretical viewpoint which argues that the meaning things have for people determines their actions towards these things (things being people, organisations, objects, events and/or circumstances). This meaning is founded on social interactions, and interpretation is used by an individual to amend the meanings they have towards a thing, in a particular circumstance.

More recently, Charmaz (2006; 2014) has described a constructivist approach to grounded theory. We recommend this as most appropriate to the topic under consideration herein. A constructivist perspective advocates that knowledge is not discovered, but is interpreted,

constructed and reconstructed by individuals and/ or society. The theory developed is contextualised by the place, time, wider context and culture in which the participant is providing data and the researcher is interpreting it.

This empirical research approach offers the potential to benefit clients directly, by offering insights into how clients can be empowered and make sense of their health and wellbeing, and how professionals can support this. Teaching students, through the IDSC, ways of using this knowledge can lead to improvements to practice and a change in the professional mindset towards one which is concerned with and facilitates the wellbeing of the individual. The linked challenge is the time-consuming nature of this approach.

B Phenomenology

Phenomenology is considered to be both a philosophical approach and a methodology. It is important to acknowledge the philosophical origins of phenomenology, and to ensure that research undertaken in this tradition stays true to its origins. However, the approach has the potential to further our understanding of how people make sense of their health and wellbeing. Specifically, a phenomenological approach could usefully be adopted to explore individuals' experiences of the consultation, whether a health or a legal consultation, and the meaning of this for the individual. In doing so, it would enable us to better understand how an occurrence such as that of seeking professional advice is experienced by the individual, the meanings ascribed to it and the impact of the consultation of their health and wellbeing. This would give us a picture of the individual patient/ client ethos which is the first step to understanding empowerment.

The perspective of the student regarding the consultation could also be investigated, enabling the consideration of how the advice-giving is perceived by the different parties (student and client). Alternatively, one could explore the essence of the experience for which advice is being sought (for example, the experience of living in poor quality housing, or of going through a relationship breakdown), enabling legal and healthcare practitioners to better understand the effect of such events on their clients and to be better prepared to support individuals. Such research findings might be used to inform best practice recommendations for educators and those running the IDSC in both law and health.

As a philosophy developed primarily by Husserl, phenomenology seeks to question what it is to exist, whether and how physical and mental phenomena exist, and how we know of these (Galvin & Holloway, 2015; Parahoo, 2014). These philosophical underpinnings and development in the French and German languages means that some elements can be difficult to conceptualise in English, particularly as there are no direct translations for many aspects. A researcher using a phenomenological approach seeks to understand the essence of a phenomenon - the intention is to understand the lived experience of the individual. The phenomenon in this approach is frequently the day-to-day experience which would not usually elicit any particular focus from the individual. Thus, examples from the nursing literature include the experience of chronic low back pain (Day, 2009), experiencing a sibling's onset of psychosis (Sin, Moone, Harris, Scully & Wellman, 2012), caring for a partner with Alzheimer's disease (Todres & Galvin, 2009) and being diagnosed with diabetes (Johansson, Ekebergh & Dahlberg, 2009). Data is collected through unstructured interviews, where participants have the opportunity to speak about their experiences of the phenomenon under consideration, and/ or observations. As with other qualitative approaches, phenomenology takes some time to engage with and analyse the data, making it a potentially costly approach. The detailed analysis can result in a lengthy discussion of the findings, which may be difficult to apply to practice without further work. However, such work is often undertaken in the preparation of manuscripts for publication, and the effort involved does not negate the usefulness of this type of approach.

A number of branches of phenomenology exist, including descriptive and hermeneutic. Descriptive phenomenology maintains the Husserlian tradition, developed further into a research methodology by Giorgi and colleagues, seeking to describe the 'essence' of a phenomenon. To do this, the researcher considers what participants say about the phenomenon and selects those

aspect which are core to understanding it. Features which are peripheral to this are disregarded (Galvin & Holloway, 2015). The researcher 'brackets' (sets aside) their own beliefs and perspectives of a particular phenomenon in order to ensure that the experience and meanings ascribed by an individual are fully understood (Galvin & Holloway, 2015). Essences are considered to be recognisable to anyone who has experience of that phenomenon, and are thus generalisable. A step wise approach is taken to analysis, involving a read-through of the data in order to gain a general sense of the experience, followed by identification of meaning units. These are then considered in greater detail, in order to determine how the meaning unit can best be described, before the phenomenon's essential elements are identified. These are then integrated into a whole, enabling a full description of the essence of phenomenon (Parahoo, 2014).

In contrast, hermeneutic phenomenology assumes that the participant's experiences of a phenomenon do not exist in isolation, but instead build upon a lifetime of lived experience. In addition, the researcher makes use of their own knowledge, whether gained through experience or through reading. A phenomenon is reflected on by the researcher, who uses participants' experiences, their own knowledge and, where appropriate, existing theoretical frameworks, to interpret a phenomenon. This is undertaken throughout data analysis, which begins again with a read-through of the data, followed by identification of themes. The researcher and participant then work together to determine how closely the themes identified fit the participant's experience (Parahoo, 2014).

A phenomenological approach has the potential to support the wellbeing and empowerment of individuals by presenting a learning opportunity whereby students and professionals can see what it is like to experience a particular circumstance (or phenomena), and to alter their practice to account for this in ways which are enabling for the individual. The IDSC offers an ideal opportunity to implement such changes to practice. Practising lawyers do collect client feedback but will both phrase the questions posed and analyse the resulting data in commercially focussed ways.

C Ethnography

An ethnographic approach focuses on the behaviours of individuals in their natural environment, seeking insights into cultural elements of participants' worlds. In nursing, ethnographic research might involve gaining an understanding of the culture on a particular ward, in a particular environment, or amongst a specific group of healthcare professionals or patients. Previous research has produced ethnographies of older people receiving nursing care in the home (McGarry, 2008), of recently qualified nurses' entry into the profession (Bjerknes & Bjork, 2012) and patients' and families' perspectives of safety at the end of life (Collier, Sorensen & Iedema, 2016). With regard to the interdisciplinary clinic, an ethnographic approach might explore the culture of the individual professional groups, the culture of the professional students delivering the clinic, or cultural aspects of the lives of those who attend the clinic. This could be useful in understanding how the culture of the clinic supports the individual in becoming empowered or, conversely, prevents them from feeling empowered. Ethnography can also be used to understand the culture of the academic staff working with the students in the clinic, and could identify areas of best practice where, for example, the culture amongst staff encourages students to consider the wider lived experience of the client, the effect this has on their health and wellbeing and how they might amend their practice accordingly.

Ethnography is amongst the oldest of research approaches; for centuries, individuals have travelled to, considered and written about other cultures. Modern forms of ethnography can be conducted from a number of different theoretical perspectives, including symbolic interactionism, hermeneutic phenomenology and feminism (Parahoo, 2014).

Data collection in ethnography is unstructured and includes as a minimum, observations of individuals within a setting. These will be recorded in fieldnotes which include both details of the setting under consideration and the interactions of those within it. This may be complemented with interviews or focus groups, or analysis of documentation or even questionnaires. Such forms

of data collection involve immersing oneself in the setting, which can be time consuming. There is also a risk of the researcher losing perspective and becoming one of the group being studied (known as going native). Data analysis is undertaken throughout the research, with findings written up as a thick description which includes both situations and analysis of the culture within a particular setting.

Ethnographic approaches can facilitate empowerment by offering insights into a culture which may or may not be considered to be enabling. In doing so, they can highlight areas where cultural change may be necessary in order to empower clients. Such changes can then be taught to and adopted by students in the IDSC.

The methodological approaches detailed above each have the potential to be used to improve our understanding of how individuals make sense of their health and wellbeing and can be empowered to achieve this through advice from health and legal professionals. The following section will consider in more detail the specific ways in which data can be collected when adopting a qualitative research approach to explore empowerment in the legal clinical setting. One or more of these methods might be selected for use in the methodological approaches detailed above.

V QUALITATIVE DATA COLLECTION METHODS

A number of data collection methods can be useful in gaining insights into how individuals accessing health and legal advice can experience and make sense of health, well-being and empowerment. Perhaps the most widely used of these is interviews, either one-to-one interviews or focus groups, where a small number of people who share an experience are brought together. However, other forms of qualitative data collection offer potential benefits, including visual methods such as photo elicitation, and observation. These are considered separately to the above approaches as a single method of collecting data might be adopted for all methodologies, but additionally some methodological approaches will involve collecting data in more than one way.

Whilst qualitative data collection methods are designed to place the participant at the centre of the research process and to enable them to share their expertise of the phenomenon under study, reaching and involving participants can be a particular challenge when those individuals are more difficult to access. Such 'hard-to-reach' individuals are often those at greatest disadvantage in society. The IDSC is located in the city of Portsmouth, in an area which has been identified by the UK government as being one of the worst in the country for deprivation (Department for Communities and Local Government, 2015). Thus, the methods selected to involve these people need to be ones with which members of this group are likely to engage. The methods discussed below are recommended on this basis.

A One-On-One Interviews

One-on-one interviews can be undertaken in person, by telephone, over the internet (for example, using Skype) or even in writing, usually via email (Hunt and McHale, 2007). These involve a single researcher and a single participant taking part in a conversation based around the topic of interest to the researcher. Whilst this may seem similar to the conversation held between a patient and healthcare professional, or between a client and legal professional, the research interview is designed instead to gain insights into the views of the participant, with the researcher acknowledging the role they play but also recognising that the expert in this scenario is in fact the participant. The literature indicates that the different modes of interviewing can each be used to similar effect, that is to gain information from the participants about their views on a particular topic, and that, at least in the health field, practical concerns such as cost and access to or issues with the use of technology impact more on the choice of mode than their suitability for gaining insights. Face-to-face interviews are more expensive and time consuming (Carr and Worth 2001; Holt 2010). Interviewing by telephone or online enables the participation of people who otherwise would not have been able to take part (Mazar et al. 2015).

Interviews are useful in exploring with participants their views around empowerment and well-being, as they enable the individual to speak about what matters to them, whilst retaining the focus on a particular topic. Whilst the one-to-one approach means that the participant does not need to have concerns about how they may be viewed by other participants, it is essential that the interviewer build a rapport with the individual, advised in the literature as being easier in a face-to-face situation, in order that they feel able to share their thoughts and feelings. When interviewing from a distance, it is possible to establish rapport through pre-interview conversations (Mealer and Jones 2014). Particularly in a healthcare situation, participants may recognise that they are not always acting in accordance with recommendations from HCPs, and the interviewer needs to make sure that the participant is comfortable enough to share this.

One-on-one interviews offer the researcher an opportunity to gain insights into the perspectives of participants regarding how they make sense of their health and well-being, the facilitators and barriers to well-being - which may include information provided by healthcare or legal professionals, the social context in which they are seeking to achieve health and/ or well-being, including for example lifestyle, employment or financial circumstances, and offer insights into how individuals believe they are or could be empowered to achieve well-being, potentially in spite of their individual circumstances. As a result, they can be used in each of the approaches detailed above.

B Focus Groups

Focus groups also offer an opportunity to hold a conversation around a particular topic of interest but involve a number of participants simultaneously. The interaction between these individuals is used as a means of generating data (Kitzinger, 2005), and attention is paid to this interaction during data analysis. Usual recommendations are for focus groups to be no larger than 8 to 10 individuals, which should reflect an appropriately diverse demographic. Focus groups pose more of a logistical challenge than the individual interview; a convenient location needs to be identified, sufficient numbers need to be recruited to the study, to be available at the time and to actually attend the focus group. Where a facilitator is inexperienced, it is possible for a single individual to dominate the group, and others may feel unable or unwilling to contribute, leading to limited data being collected. However, there may be benefits from the interaction between different people with a range of experiences, which recommends their use.

Similar to interviews, focus groups can enable participants to speak about their views around health, well-being and empowerment, and factors which facilitate these. The interaction between individuals encourages each participant to consider, evaluate and reconsider their own interpretation and understanding of a situation, in the light of others' contributions, and highlights the specific use of language. As with one-to-one interviews, participants are enabled to raise and discuss any area of interest within the given topic; whilst a possible challenge to the researcher, this has the potential to provide new and exciting insights into individuals' beliefs, experiences and motivations.

Through the use of focus groups, participants can be enabled to consider their perspectives and understanding of health and well-being. Through interaction with others', they may offer further insights into factors which can facilitate well-being, the use of information in making sense of one's own health, and the social context which influences health and well-being. Insights can be gained into the process of empowerment, how this can be facilitated, and participants' perspectives of it. Whilst clients might not be prepared in a focus group to discuss their specific legal query (or health condition), they could instead offer insights into the process, for instance the discussion might relate to whether clients believed they were treated in a respectful and thoughtful manner, or if, conversely, they felt threatened, dismissed or dehumanised by professionals or the process. As with individual interviews, they can be adopted in each of the methodological approaches detailed above.

C Photo Elicitation

Photo elicitation is a visual method which can be used to enhance the collection of data through interviews. Photographs may be taken by either the researcher or participant or selected from other sources by the participant or researcher. These are introduced into the interview setting and provide a route through which conversations about complex or hidden concepts can be facilitated. Photographs are able to convey ideas which can be difficult to put into words, promoting the exploration of such concepts. Noting the photograph under discussion has the potential to disrupt the flow of the interview (Meo 2010). Though expensive due to the need to purchase equipment and print photographs, the photo elicitation method can help to address the power discrepancy which underlies the relationship between researcher and participant (Lapenta 2011).

Whilst photo elicitation may not seem an obvious first choice to explore with individuals their understanding of health and wellbeing, its use is recommended for several reasons. Firstly, most participants will already be aware of a power discrepancy between themselves and the legal or health professional. Given their potentially vulnerable position, there is a risk that this will be perpetuated in the researcher-participant relationship. Appropriate use of photo elicitation can reduce this discrepancy and enable the participant to be the expert on their experience. Wellbeing and particularly the concept of empowerment can be difficult concepts to discuss, due to their intangible nature. The use of photographs as the basis of a conversation can promote discussion of such ideas. It may also, subject to agreement from all parties, be possible to use the photographs as the foundation of an exhibition which can be displayed following the research, highlighting the role of the consultation in individuals being empowered to achieve wellbeing. Photo elicitation could usefully be used in each of the methodological approaches discussed as a way of enhancing interviews.

D Observation

Data can be collected through observing a particular set of circumstances, with the researcher taking notes of the interactions taking place around them. Observation is of particular use in ethnographic studies, where there is an intention to seek insights into a particular culture, and in phenomenological research. The researcher may take the role solely of an observer - they will play no part in the situation they are observing - or of the participant-observer, where they are involved in the situation but observing alongside this. In some circumstances, they may covertly observe a situation as a complete participant. Taking on the role of participant enables the researcher to collect data without their purpose being known and thus without them having an impact on the behaviour of those being observed. However, there are ethical issues associated with covert observation and thus it is not considered a usual approach to data collection in nursing. Another issue associated with observation is the risk of the researcher becoming involved with the situation they are observing - whether inadvertently or intentionally. Since we are operating a student-led health and legal clinic this is not an approach that fits comfortably. Independent observers would need to be used and could in fact work well in the clinic setting with appropriate ethical clearance and informed consent.

The notes taken by a researcher will include a range of details, including activities, interactions taking place and conversations of interest to the research, the effect of these on individuals (facial expressions, actions) and the tone of voice adopted. It is however necessary to consider the possibility that not all interactions and actions will be observed or recorded, particular in an area such as a ward, due to the simple ability of the researcher to be aware of and record every single behaviour.

The use of observation to collect data could usefully be adopted in seeking to better understand how individuals make meaning of their health and wellbeing. This could be through observation of consultations with legal and health professionals, or through observing their actions in their day-to-day lives. It could be used to gain insights into approaches which facilitate empowerment of individuals seeking health and/ or legal advice. From a professional perspective, observation has the potential to collect data regarding the different approaches adopted by legal and

healthcare professionals when working with clients, with insights informing changes to practice which promote health and wellbeing of clients.

The modes discussed can be used to collect qualitative data concerning the client or patient, the relationship they experience with health and legal professionals, their daily experiences and the impact of these on the individual, whether and how they can be supported to achieve wellbeing through the clinical or legal process, and the types of culture which enable this.

VI CONCLUSION

Both health and legal professionals spend their working lives in contact with members of the public, providing information and advice and supporting individuals to find a way forward in their current circumstances. Qualitative research approaches such as those detailed herein offer insights into the lived experience of the client, which are essential in order that professionals can understand the lives of their clients and what matters to them. Empirical research can inform how a professional can best elicit information from a client and how they might address the problem concerning a particular individual. It can offer insights into how they can personalise the communication of advice to individuals' circumstances and requirements. As a result, qualitative research can inform practice, enabling the professional to adopt an evidence-based approach and to address a professional and moral imperative to support the client in achieving well-being. There is little evidence of practising lawyers using such an approach to their client feedback nor of their being taught these skills to fully understand the potential of such. Although practitioners do solicitor client feedback this is usually undertaken for commercial reasons.

We advocate for a new approach to client care to be adopted by legal professionals that encompasses the use of empirical research methods. Undertaking rigorous research into the lived experiences of legal clients has the potential to inform practice in ways that enable individual empowerment. Given the identified links between empowerment and wellbeing, enabling empowerment could result in improved wellbeing for clients in the short to medium term (de Haes and Bensing 2009; Elvidge 2014; McDonald 2014; Bravo et al 2015).

Opportunities to understand how legal and health advice can empower individuals to understand and achieve health and wellbeing are offered by qualitative research. The different theoretical perspectives and methodological approaches provide different routes to achieving this. Grounded theory can enable the development of a theory, based on data, which could explain the process of empowerment and achievement of health and wellbeing, through access to health and legal advice. Phenomenological approaches allow the researcher to understand the essence of a phenomenon, potentially the consultation itself or the life event which has led the individual to seek advice. Ethnography involves gaining an understanding of culture and can be used to provide insights into how specific cultures promote or act as a barrier to individuals' empowerment and wellbeing. Through qualitative data collection and analysis this project will explore a different approach for law students to understanding their client's perspectives and issues. Thus, these future professionals may appreciate a more holistic approach to advising their clients and thus help to develop a new approach to the concept of client care.

The specific circumstances of the multidisciplinary clinic pose challenges for the methods of data collection which might be adopted, as the clinic is usually located in a socially deprived area of the country. Interviews are particularly useful for collecting qualitative data, these may be individual or group, and may be supported by the use of photographs to elicit conversation. Alternatively, data collected through observation of either the health or legal consultation, or the individuals' personal lives, can be analysed.

Members of the legal profession are experts in undertaking legal research; however, there is little emphasis on empirical research in the legal curriculum. The value for the legal profession in gathering qualitative data from their clients lies in the potential to increase professional reputation and trust. The educational value for the students engaged in the IDSC lies in a greater understanding of empirical, qualitative research, an opportunity to understand how the client might be supported to achieve wellbeing, and the potential to consider their own practice in light

of the research findings. The value for the educators lies in a deeper understanding of what matters to the individual stakeholders (academic staff supervisors, students, and client/patients) and of the ways in which legal or health advice can be delivered which empower the individual and support them to achieve well-being and how the application of this understanding might inform reform. This is of paramount importance as legal professionals become increasingly aware of a changing duty towards client care.

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