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ANU Legal Workshop



Seminar: 'REACHING PEOPLE CURRENTLY EXCLUDED BY IMPROVING ACCESS TO JUSTICE THROUGH MULTIDISCIPLINARY PRACTICES': HEALTH JUSTICE PARTNERSHIPS-RECENT RESEARCH FINDINGS'

**22 November 5.30pm – 7.30pm, Lecture Theatre 8, Newton Bg.
Nottingham Trent University. Presentation Slides**

***PRES*ESENTATION SLIDES**

of

Dr Liz Curran, Australian National University(ANU) Legal Workshop & Assoc. Director, international Centre for the Profession, Education and Regulation in Law (PEARL), ANU College of Law,

Visiting Scholar, Nottingham Trent University



About Dr. Liz Curran



Dr Liz Curran is a Senior Lecturer, Australian National University's College of Law. Liz convenes and teaches 'Becoming a Practitioner', Legal Ethics, Consumer Law in Practice and Professionalism in Practice in ANU's MLP/Graduate Diploma of Legal Practice. She is Assoc. Director of ANU PEARL Centre. She still also works as a solicitor on secondment from ANU to Consumer Action Law Centre

Research reports (2011, 2012, 2013, 2015 & 2016) on outcomes, quality and effectiveness for organisations and 'Strategic Approaches to Legal Problem Solving' (March 2013). Published widely on integrated service delivery, access to justice, ethics, clinical legal education and human rights for over a decade. Liz is commissioned from mid-2014 – end 2018 to undertake and advise on a number of evaluations of Health- Justice Partnerships (HJP) in Australia UK & Canada. Also a family violence prevention program (completed May 2015). She has recently given papers on HJP at the International Legal Aid Conference, National Assoc. of Community Legal Centres & Vic Health Care Assoc., International Legal Ethics Conference and International Clinical Legal Education Conferences. She is a regular media commentator in Australia on justice and human rights issues. Australian Centenary Medal Recipient, for legal services to community.



Why HJP?

'Client has mental health issues (adult) with kids. Client bought kids to the paediatrician. Client was told a warrant had been issued and was very bothered. She accessed legal help through the HJP and was 100% less stressed. If it hadn't been there, I mean the HJP, she would have self-harmed when she knew what it really meant she was able to proceed with other arrangements in her life. She is a woman who had very little family or friends and so no reference points. To be able to get access to the lawyer was critical and I have no doubt there would have been a very sad ending to the story if the lawyer had not been easy to access and she would not have otherwise known if there had not been an HJP. ' **(In-depth interview, allied health professional, Bendigo Research)**



Context HJP in Australia (& in some ways Canada)

- Note -Australian Context Different to UK & USA but there are things that are relevant and lessons to be shared mindful of different contexts and settings. Most HJP's target specific populations to enable effectiveness and reach to those excluded.
- *Unlike the predominantly private practitioner ('judicare') 'top down' procurement models of legal aid service delivery in Britain and New Zealand, Australia has a 'mixed model' where legal assistance services are provided by salaried staff.*
- *Unlike the United States, where historically the health system has been provided by private providers (until recent Obama Care model, the main health provision in Australia is publically funded through a universal health care system called 'Medicare'.*



Context HJP in Australia (& in some ways Canada) (Cont.)

- ***Alongside legal aid, and as a compliment, there are community legal centres which are publically funded legal assistance sector required as part of their ‘core services’ under a National Partnership Agreement (negotiated between the services, States and Commonwealth Government) to provide information, advice, case work representation, community and professional legal education, law reform and policy work. Again, this is to be distinguished from the United Kingdom model where law centres are contracted for specific service or service types as determined by government agencies. In Australia services are guided and responsive to client and community need and led and informed by this rather than by contents in a procurement contract as in the UK. Accordingly less fragmented in Australia***



Australia like UK also funding constraints

See 'Government Response To Productivity Commission Ignores Substance And Significance Of The Problems For Access To Justice In Australia'

International Legal Aid Group, 31 October, 2016.

<http://internationallegalaidgroup.org/index.php/papers-publications/articles/19-government-response-to-productivity-commission-ignores-substance-and-significance-of-the-problems-for-access-to-justice-in-australia>

Most Australian HJP not government funded. Funding from philanthropy and due to need to address social justice & fundamental human rights & social determinants of health.

Australia no funding for legal services research unlike UK has had. Traditionally less funding per capita than UK



Research by the former Legal Services Research Centre (UK) and the 'Australian-wide LAW Survey' demonstrates that unresolved legal problems are likely to have deleterious impact on stress and health outcomes.

Individuals only consult lawyers for about 13 - 16% of their legal problems and a key access point for disadvantaged individuals is the health/allied profession. Legal problems have a detrimental impact on the health and wellbeing of individuals.



Why a Health Justice Partnership? (cont.)

The Health Justice Partnerships see lawyers working alongside health and allied health professionals to reach clients with a range of problems capable of legal solutions e.g. debt, family violence, poor housing, consumer issues, care and protection, human rights, access to services.

Below a short video explains and HJP

<http://lsbc.vic.gov.au/?p=4990>

It is NOT medical defence work which is a common misconception (conflict of interest). It is about going to where the people are who need help but who would otherwise not gain it for a range of problems capable of a legal solution. Rather than waiting for them to come to the lawyer (the traditional model of lawyering).



Curran's HJP Projects (Cont.)

- Bendigo HJP a partnership between a community legal centre, ARC Justice Ltd (ARC Justice) and the Bendigo Community Health Service in a rural and regional area of Victoria, Australia with a focus on clients whose children have disabilities. (Conducting the longitudinal ANU evaluation over three years which concluded in October 2016. Final Report forthcoming).
- Victorian Legal Services Board and Commissioner (LSB) a state-wide statutory body with a grants program— facilitating workshops where common measures have been developed across eight LSB funded HJP projects (sixteen partners) and supporting their evaluation efforts (Advisory Consultancy). State-wide 2016).

Curran L and the Victorian Legal Services Board and Commissioner (2016) Health Justice Partnership Development Report. http://www.lsbc.vic.gov.au/documents/Report-Health_Justice_Partnership_Development-2016.PDF (accessed 25 August 2016)



Curran's HJP Projects (Cont.)

- The Aboriginal Medical Legal Service (AMLS) based at Royal Prince Alfred Hospital (RPA) a partnership with Redfern Legal Centre. This is the first hospital based Medical Legal Partnership in NSW (An advisory role pro bono with the hospital evaluation team as limited funding from October 2015 - current). Urban.
- Hume Riverina Community Legal Service (auspiced by Upper Murray Family Care) – ‘The Invisible Hurdles – Better outcomes for young people experiencing family violence in North East Victoria’ funded by the LSB Rural and MDP and HJP with three partner agencies including, Albury Wodonga Aboriginal Health Service (AWAS), Flexible Learning Centre (FLC) and North East Support and Action for Youth Inc. (NESAY). (Conducting the longitudinal evaluation over two years which concludes in June, 2018).



Curran HJP Projects & MDP(cont.)

- Advising on evaluations and start-ups in Ontario Canada for Halton Community Legal Services, April 2016- 2019. (Advisory Consultancy).
- Advising on start-up and evaluation the Community & Advocacy Legal Centre Belleville. (Advisory pro bono since 2015).
- MDP, Consumer Action Law Centre, Victoria, Australia (Advisory pro bono since June 2012 - current). Report Consumer Action Law Centre (2016) 'Evaluating Consumer Action's Worker Advice Service'. Available at <http://consumeraction.org.au/evaluating-consumer-actions-worker-advice-service/> accessed 4 September, 2016.



Curran's HJP Projects (+MDP)

- Portsmouth University Multi -Disciplinary Student Clinic Evaluation (Start-up and evaluation conducted by Portsmouth University. (Advisory Consultancy, Pro bono, August 2016- current).
- Mortgage Wellbeing Service HJP - a project partnership between Community West (BMCLC) and Djerriwarrh Health Services (DjHS). In an urban setting. (pro bono consultancy withdrew end 2015).



Other HJP Projects (Cont.)

- There are a number of other HJP burgeoning since 2012 in Australia, Canada, UK and USA. For information on 'how to' see (rather than re-invent the wheel):
 - National Centre for Health Justice Partnerships in Australia (commenced approx. April 2016)
<https://healthjusticecop.wordpress.com/>
 - Health Justice Partnerships Toolkit finalised early 2016.
(<http://www.justiceconnect.org.au/our-programs/seniors-law/health-justice-partnership/health-justice-partnerships-toolkit>). (Pro bono Advice)
 - USA - <http://medical-legalpartnership.org/>
 - Also Gyorki Report (Note she interviewed Nottingham Law Centre). Great Ormond St Hospital etc. See references below.



Common threads/themes emerging from discussions

- Systemic change by using an evidence base and in collaboration policy reform and systems to enhance them, documentation and telling stories and common learnings for advocacy for change
- Increase in people informed about rights
- Increase referral and engagement
- Reciprocal training and capacity building to break down barriers between professionals
- Longer term further afield for replication of the service / setting
- Provide advocacy and resources for better decision-making
- Community capacity to recognise legal health issues
- Evidence of establishment of relationships and change of practice between services, e.g. case studies and samples



Proxies (indicators/benchmarks) Common Measures

Bendigo HJP and LSB 8 Vic. HJP funded projects +RPA (Sydney) -Commonalities across projects

If the below proxies are demonstrated they are good indicators of the improvements to social determinants of health (SDH) and if present then outcomes likely (proxies emerging from public health research and collaborative scoping with clients and service providers).

- **Proxy One – Engagement** (including learning and life skills development) clients & health/allied health professionals and the Legal Services lawyer/s + community.
- **Proxy Two - Capacity** - of clients & health/allied health professionals and the Legal Services lawyer/s + community.
- **Proxy Three - Collaboration between** clients & health/allied health professionals and the Legal Services lawyer/s and other relevant partners + community.



Overall Achievements/Outcomes via Proxies (indicators/benchmarks) Cont.

- **Proxy Four - Empowerment, Advocacy and Voice** clients & health/allied health professionals and the Legal Services lawyer/s and involvement in systemic work for change informed by on-the-ground experience.



In addition measured:

- Other things being measured included (not exhaustive) – stress, anxiety, but for the intervention, early intervention, prevention, hope, de-escalation, holistic service, responsiveness, respect and voice.

See Report Curran & LSB, Health Justice Partnerships Development Report, July 2016. <http://lsbc.vic.gov.au/?p=5002>



Case Study: Bendigo HJP - Method

Embedded Longitudinal Study over three years of a modest service situated in a health centre public housing area with low-socio economic disadvantage. Service targets children with a disability and their parents. One lawyer co-located at the health service site. Quantitative and qualitative data collected using mixed methods and multiple tools to reduce bias and test and verify results. Participatory Action Research using a ‘continuous development reflection and improvement model’



Case Study: Bendigo HJP – Aggregated Participation – Week long snapshots eight months apart due to lack of evaluation funding

- Community Focus Group **(26)**
- Client Interviews **x 10**
- Longitudinal client case studies **(7)**
- In-depth Interviews with health/allied health professionals' **x 18**
(Approximately six health and allied health professionals were re-interviewed in each snapshot to enable short, medium and long term comparisons through the project snapshots).
- There was an increase of health and allied health professionals by the Final Snapshot suggesting increased engagement over the life of the project of the health/allied health professionals in the HJP.
- In-depth Interview with lawyers' **x 6.** (The lawyer staff was consistent and they were re-interviewed in snapshots to enable short, medium and long term comparisons through the project snapshots.)



Case Study: Bendigo HJP – Aggregated Participation (cont.)

- Interview with Reception **x 6** (The reception staff was consistent and they were re-interviewed in each snapshot to enable short, medium and long term comparisons through the project snapshots.)
- Interview with Relationship-holders' **x 18** (includes 10 Managers & 8 external agencies). Three of the managers were reinterviewed in each Snapshot to enable short, medium and long term comparisons through the project snapshots. Similarly, two external agencies were re-interviewed in each Snapshot). For the Final Snapshot a decision was made due to the increased number of in-depth interviews with health/allied health professional staff resource and time wise and in terms of data significance it was best to interview less external agencies in Snapshot Three.



Case Study: Bendigo HJP – Aggregated Participation (cont.)

- On-line Survey of BCHS staff (**53**) across all Bendigo Community Health sites (not just the Kangaroo Flat where the Bendigo Health Justice Partnership was conducted).
- Case Studies from the qualitative data (**23**)
- Aggregated service data provided to the author by ARC Justice from 7 January – 30 June 2016.



Case Study: Bendigo HJP Research Evaluation Findings- Benefits of the model (Final Report submitted October, 2016. Report due end 2016)

- The clients interviewed all noted that their stress and anxiety levels has either reduced a lot 75% or reduced a little 25%. This means that as a result of the intervention of the HJP 100% noted it had a positive impact on their levels of stress and anxiety.
- 100% of clients interviewed reported that their voice was being heard which goes too positively to indicate the proxy around empowerment and client voice was in evidence. Similarly, in terms of the capacity proxy 100% of clients reported that they 'knew more about the legal rights and where they sit in the legal process.' This is suggestive of the fact that clients are empowered and that there is potential for earlier intervention and prevention.



Bendigo Research Evaluations Findings- Benefits of the model - Evaluation of LSB HJPs funded in Victoria (still underway). (Cont.)

- Clients are getting better help and there is a positive impact already e.g. no drug relapse, reduced stress, reduction in suicidal ideation.
- 90% of clients assisted would not have seen a lawyer if it were not for the HJP intervention – reaching clients o/wise not getting help.
- The clients of the HJP are complex and more often than not have more than one legal problem and a multitude of other health and social welfare problems. 90% of those interviewed between 5-10 problems.) They often feel judged and lack trust in services. They will seek help when they feel they are not judged, where they are respected and there is a need for service responsiveness.
Appointments are problematic – time and place can be critical to engagement especially for people who have experiences of trauma or negative previous experiences of the legal system.



Bendigo Research Evaluations Findings- Benefits of the model (Final Report submitted Oct 2016 – forthcoming report due end 2016) - Evaluation of LSB HJPs funded in Victoria (still underway). (Cont.)

- Capacity of professionals to respond to legal issues with confidence has increased ‘empowered’. Capacity of workers both lawyers and non -lawyers is key/critical to being able to support clients in a timely way and when in crisis or ready for help.
- 40% of clients interviewed reported having previous poor experiences with lawyers or the legal system as a deterrent in seeking legal help.
- Clients who have multiple and complex problems reported they were anxious and frightened as they did not know their rights/ position. This impacted on their SDH. The intervention of the Bendigo HJP is reported for the large proportion of clients interviewed as having a positive impact on their HJP and in offering ‘hope’ as they now have someone to negotiate who knows their legal position and ‘now know where they stand’.



Key messages and lessons from evaluation (cont.)

- Non Legal- Professionals reported their own confidence had increased due to the often used Legal Secondary Consultations (LSC) for more than one client and share the knowledge from their LSC with others in their team thus reaching far more clients than the initial LSC. Therefore, LSC has increased the number of people who receive legal information, that the HJP might not otherwise have capacity to assist through the allied and health professionals being able to act as trusted intermediaries.
- Trust and relationships take time and cannot be driven by a 'top down' approach. Note easy. The Bendigo HJP project as it was organic and relationship base was a key strength. The importance of enabling time and building respect and working through issues together and in partnership and collaboration with clients, community, professional, client service staff, management, the executive and Board and the fact the Bendigo HJP project pilot funding that has been over three years have all been critical



Key messages and lessons from evaluation (cont.)

- Clients do turn to 'trusted' health/allied health professionals and may not turn to lawyers without the facilitation and transferal of trust. Some clients will not always turn to a lawyer as they are not emotionally ready and so the health/allied health professional that they trust becomes an important intermediary for them to gain legal help and information at salient times. Health/allied health professionals reported using Legal Secondary Consultations (LSC) to test the lawyer before making a referral and as critical to building trust. They used it to check in and verify facts, for their own personal peace of mind and to reduce their stress.



Cautions for the UK (i.e. Nottingham)

- Social Determinants of Health are hard to measure but it is not impossible to measure them.
- Embedded evaluation to test changes over time critical and helps to build the evidence base that the UK Low Commission notes is needed. BUT given complexity of clients and issues they face quantitative data alone is deficient good qualitative data is critical to explain what lies behind and explain the statistics to work out what works and why or why not. Quantitative data can be misleading. If about impacting on clients lives and not saving money then both critical. Waste of money if just running a service but it's not effective or reaching and engaging.
- Not about saving money or austerity about better client reach and client care to make a difference in lives, engagement, respect, capacity collaboration and empowerment (including systemic work to stop problems as core) all key.



Solutions to Ethics Issues

- **Clear Communication of Ethical Parameters Between Professionals**
- **Discussion of Implications of these Rules and Workarounds that Protect the Client can lead to good ethical results. (forthcoming article on this for Nottingham Law Journal)**



Conclusions

HJP's are reaching those people who legal services have otherwise excluded and effort is worth it to ensure the rule of law is real through true and meaningful access to justice and improved social determinants of health to make people healthier and able to live their lives.

Questions/Discussion



Further Resources

There are other studies underway or completed providing an evidence base that HJP's are having a positive impact on people's lives by reaching people earlier through places where clients are most likely to reveal their story and with legal issues being identified they can get help.

e.g. Royal Women's Hospital, Aboriginal HJP of Redfern CLC and RPA. Curran & LSB Report HJP Development Report 2016.

[http://www.lsbc.vic.gov.au/documents/Report-
Health_Justice_Partnership_Development-2016.PDF](http://www.lsbc.vic.gov.au/documents/Report-Health_Justice_Partnership_Development-2016.PDF)

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<http://ssrn.com/abstract=1799648>

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(https://www.churchilltrust.com.au/media/fellows/Breaking_down_the_silos_L_Gyorki_2013.pdf) accessed 27 April 2015



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