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Paper Title - 'Holistic approaches to reaching and assisting clients experiencing vulnerability or disadvantage - Health Justice Partnerships in Australia and beyond – with a focus on the emerging value of secondary consultations'

Dr Liz Curran, Australian National University Legal Workshop*

Introduction

**** Show article in HJP on Power Point, 'The Age' Newspaper, 2015**

This paper will examine the emergence of Health Justice Partnerships (HJP) in Australia and will discuss some research being undertaken by Dr Curran, to not only measure service effectiveness but to also examine and measure positive outcomes and any progress in the social determinants of health as a result of the intervention. The literature identifies a gap as to how one might measure these broader outcomes. Dr Curran has taken the 'bull by the horns' and has formulated strategies examining and measuring the broader impact of legal interventions on social and health outcomes when situated in a health setting and where there is an endeavour to integrate legal services with non-legal services. At the time of writing this pre-paper in early May 2015, the analysis of the most recent data findings from the HJP trial 'snapshot' research which occurred in late April 2015 is under way and so the conference paper in July will be informed by the outcomes of this research when it is analysed.

*Thanks also to Dr Robert Southgate the research assistant for the Bendigo HJP Evaluation project.

Recent Research and Inquiries in Australia

Research by the Legal Services Research Centre (UK)¹ and the Australian LAW Survey² demonstrates that unresolved legal problems are likely to have deleterious impact on stress and health outcomes. For fifteen years Dr Curran has been advocating integrated and collaborative approaches to legal service delivery as effective in reaching vulnerable and disadvantaged people and for collaborative work for systemic change that improves outcomes in terms of access to justice for community.³ This view is informed by her academic research and her own work for a decade in a legal service that was co-located with a health service in one of the poorest postcodes in Australia.

Noone has also written extensively on the value of integrated service delivery with a legal service being co-located at a community health centre in Melbourne since the late 1970s and has also conducted research on the topic.⁴ In the United Kingdom other research has examined and suggested that 'one stop shops', co-located and integrated legal services are effective ways of reaching clients.⁵

¹ NJ Balmer, P Pleasence, A Buck, A & HC Walker (2006) '[Worried sick: the experience of debt problems and their relationship with health, illness and disability](#)', *Social Policy and Society*, vol. 5, no. 1, pp. 39–51; P Pleasence & NJ Balmer (2009) '[Mental health and the experience of social problems involving rights: findings from the United Kingdom and New Zealand](#)', *Psychiatry, Psychology and Law*, vol. 16, no. 1, pp. 123–140; P Pleasence, NJ Balmer, & A Buck (2008) '[The health cost of civil-law problems: further evidence of links between civil-law problems and morbidity, and the consequential use of health services](#)', *Journal of Empirical Legal Studies*, vol. 5, no. 2, pp. 351–373 and P Pleasence, NJ Balmer, A Buck, A, O'Grady, A & H Genn, (2004), '[Civil law problems and morbidity](#)', *Journal of Epidemiology and Community Health*, vol. 58, no. 7, pp. 552–557

² C Coumarelos, D MacCourt, J People, H.M. McDonald, Z Wei, R Iriana and S Ramsey (2012) 'Access to Justice and Legal Needs: Legal Australia Wide Survey Legal Need in Australia, Law and Justice Foundation of New South Wales, Sydney 27.

³ L Curran L (2007a), 'Ensuring justice and enhancing human rights: a report on improving legal aid service delivery to reach vulnerable and disadvantage people.' (La Trobe University: Melbourne), L Curran (2007b) 'Making the legal system more responsive to community: a report on the impact of Victorian Community Legal Centre (CLC) law reform initiatives.' (West Heidelberg Community Legal Service: West Heidelberg, Vic.) L Curran (2008) 'Relieving some of the legal burdens on clients: legal aid services working alongside psychologists and other health and social service professionals. *The Australian Community Psychologist* 20(1), 47–56 and L Curran, MA Noone (2007) 'The challenge of defining unmet legal need', *Journal of Law and Social Policy* 21(1), 63–89.

⁴ MA Noone, K Digney, (2010) "It's Hard to Open up to Strangers" Improving Access to Justice: The Key Features of an Integrated Legal Services Delivery Model, La Trobe University Rights and Justice Program Research Report. Available at SSRN: <http://ssrn.com/abstract=1799648> MA Noone (2009) Towards an integrated service response to the link between legal and health issues, *Australian Journal of Primary Health*, 15, 203-211 and MA Noone (2012) 'Integrated Legal Services: Lessons from West Heidelberg Community Legal Service. 37 (1) *Alternative Law Journal* 26. Available at SSRN: <http://ssrn.com/abstract=2030556> or <http://dx.doi.org/10.2139/ssrn.2030556>

⁵ A Buck, M Smith, J Sidaway and L Scanlon (2010) 'Piecing it Together: exploring one-stop shop legal service delivery on Community Legal Advice Centres, London, Legal Services Commission and R Moorhead, M Robinson & Matrix Research and Consultancy (2006) [A trouble shared: legal problems clusters in solicitors' and advice agencies](#), DCA research series, no. 8/2006, Department of Constitutional Affairs, London.

In the past two years, the seminal evidence-based Australia Legal- Wide Survey commissioned by National Legal Aid (NLA) (August. 2012), The Allen’s Review of the Legal Assistance Services’ National Partnership Agreement (July, 2014) and the Productivity Commission’s Inquiry into ‘Access to Justice Arrangements’ (December 2014) have all affirmed the virtues of co-location, integrated legal service with non- legal service delivery and effective outreach as valuable and instrumental if access of justice and improved outcomes are to be attained for the most disadvantaged of clients.⁶

It is important to note that, unlike the United Kingdom and Canada, there has been little significant funding for research on advice seeking behaviour and the legal assistance sector in Australia. The New South Wales Law and Justice Foundation did some work in the 2000s but this was largely specific to New South Wales. It was not until the work was commissioned by NLA that evidence based national research has been conducted on any scale in Australia. This has been complemented by further recent research by Cunneen and others in 2012 on Aboriginal and Torres Strait Islander legal need.⁷

About this Paper

Since August 2014 Dr Curran has been advising the Victorian Legal Services Board (LSB) in the development of common measures of outcomes in HJP settings due to her previous and current involvement in other related or linked projects. The LSB is a statutory authority which as well as regulating the legal profession uses interest on solicitor’s trust accounts for grants which are assessed on applications for funding of service innovations.⁸ The LSB funded five HJPs in 2014 in Victoria.

Dr Curran is evaluating/has evaluated a range of HJPs including a family violence program⁹, a project examining urban mortgage stress/ wellbeing and a program where a lawyer is based

⁶ See Above note 2 and Australian Productivity Commission. (2014) *Access to Justice Arrangements: draft report (Overview)*, (Canberra, Australian Government Productivity Commission), p. 2. Available at: <http://www.pc.gov.au/projects/inquiry/access-justice/draft>, accessed 12 September 2014 and Allen Consulting Group. (2014) *Review of the National Partnership Agreement on Legal Assistance Services, Final Report*, June (Melbourne, Australia, The Allen Consulting Group). Available at: http://www.acilallen.com.au/cms_files/NPA%20Review_LAS%20report_final.pdf, accessed 1 July 2014 .

⁷ M Schwarz, F Allison and C Cunneen (2013) 'A Report of the Australian Indigenous Legal Needs Project', Cairns, James Cook University, See <http://www.jcu.edu.au/ilnp/public/groups/everyone/documents/technical_report/jcu_131180.pdf> accessed 17 January 2014 and M Schwarz, F Allison and C Cunneen (2013) 'The Civil and Family Law Needs of Indigenous People in Victoria', Cairns, James Cook University.

⁸ Curran is also a grants assessor from time to time for the LSB.

⁹ L Curran (April 2015) 'Why Didn't You Ask?' – Evaluation of the Family Violence Project of Loddon Campaspe Community Legal Community Legal Centre', Loddon- Campaspe Community legal centre and the Legal Service Board, forthcoming.

within a health service in a regional setting in Bendigo. In this paper she will outline preliminary findings and approaches to measurement being implemented.

The Bendigo project requires Dr Curran not only measure the impact of the service but, in 'ground-breaking' research, to establish measures for social determinants of health that many other jurisdictions have lamented lack any concrete measurement. Although Dr Curran will refer to her work for these other projects the main focus of this paper will be on the Health Justice Partnership evaluation research in Bendigo which is a project being undertaken over two years with an evaluative process embedded in the service since its start up. Dr Curran provided pro bono advice over summer 2013-14 in anticipation of service start-up in January 2014. ANU was commissioned so that Dr Curran can conduct the research and develop the methodology in July 2014. Professor Mary Anne Noone of La Trobe University and Dr Alex Phillips (an expert in community health) are consultants to the project.

Just prior to the ILAG conference Dr Curran commenced the first 'trial' snapshot over two weeks from 20 April until 1 May 2015 which adds to an earlier focus group with community members and two professional staff focus groups previously undertaken in February 2015 and July 2014 respectively. This is the first of three snapshots to be conducted eight months apart to endeavour to gather information in the short, medium and longer term of the funded HJP Pilot.

As a result of the rich data emerging from the recent 'snapshot' Dr Curran has decided that 'secondary consultations' will be one of the aspects explored in this paper. Why? Because it is emerging as one significant and effective factor in reaching 'hard to reach clients' and in building capacity of non-legal professionals to better assist clients with their legal needs.

Setting the Scene - CLCs and Community Health Centres in Australia

The peak body of CLCs the National Association of Community Legal centres described CLCs as:

... independently operating not-for-profit, community-based organisations that provide free legal and related services to the public, focussing on the disadvantaged and people with special needs. There are some generalist CLCs that provide services on a range of legal issues to people within their geographic area. There are some CLCs that offer specialist legal services in areas such as child support, credit and debt, environmental law, welfare rights, mental health, disability discrimination, tenancy, immigration, employment, the arts, etc. There are some CLCs that provide services targeted to particular groups, such as Aboriginal and Torres Strait Islander people, children and young people, women, older people, refugees, prisoners, and the homeless. There are around 190 CLCs across Australia.

The clients of CLCs are those who face economic, social or cultural disadvantage, are often experiencing multiple inter-related problems, and frequently their legal problem may affect their and their family's entire life circumstances. CLCs are located throughout Australia in

metropolitan, regional, rural and remote locations. They are part of their communities and respond flexibly to the changing needs of those communities, offering creative, effective and targeted solutions to legal problems. CLCs also consult and involve their communities in their operations and management, always striving to make their services accessible and appropriate, to listen to their communities about their understanding of their needs and the solutions they want. It is the relationship with their community that distinguishes CLCs from other legal services.

While providing legal services to individuals, CLCs also work beyond the individual. CLCs undertake community development, community legal education, capacity building and law and policy reform projects that are based on people's needs, are preventative in outcome and strengthen and empower the community they serve'¹⁰

Community Health Centres in Australia

Like CLCs Community Health Services (CHS) emerged in the 1970s during the Labour Whitlam Government and emerged after recommendations from the Henderson Poverty Inquiry which had been commissioned by the previous Liberal McMahon Government in 1972. The 'BetterHealth' website explains:

'CHS sit alongside general practice and privately funded services, and other health and support services, to make up the majority of the primary health sector in Victoria. State-funded primary health care predominantly refers to dental, allied health, counselling, nursing services and health promotion.

Most community health program funding supports flexibility in the delivery of services, and enables them to develop models of care that meet the needs of their local communities. However, specific initiatives deliver particular services to vulnerable population groups. Community health services focus on health promotion, and disease prevention and management, which are designed to improve the health and wellbeing of local residents, as well as take pressure off the acute care health system. Community health services aim to improve the health and wellbeing of local residents by:

Encouraging people to actively participate in their own health care

Working together with other primary health care providers such as general practitioners (GPs) to provide coordinated care

Liaising with other health agencies and service providers to fill service gaps

Encouraging individuals and community groups to actively participate in the centre's activities, including service planning, fundraising and volunteer work

Promoting prevention of lifestyle-related diseases and conditions

¹⁰ Source http://www.naclc.org.au/cb_pages/clcs.php accessed 4 May 2015.

Developing health care programs and activities to improve social and physical environments in the community.¹¹

There has been a common history between the two sectors even though, in the main, they have operated apart and often in silos. Given the recent research discussed above, some CLCs and CHCs in Australia are considering or partnering to form HJPs to address unmet need and support of and for clients/patients.

What are HJPs? Background to Health Justice Partnerships in Australia and elsewhere

The Bendigo Health Justice Partnerships is modelled on the US Medical-legal partnership movement (<http://medical-legalpartnership.org/>) which has been operating successfully since the mid-1990s.¹² Peter Noble, Executive Officer at ARC Justice was funded by the Clayton Utz Foundation in 2012 to research Medical-Legal Partnerships. The research report [Advocacy-Health Alliances – Better health through medical-legal partnership](#) underpins the philosophy and practice of the project and has catalysed many other similar pilots throughout Australia.

Medical-Legal Partnerships as they are called in the USA and HJP as they are now called in Australia (until February 2015 they were called 'Advocacy Health Alliances (AHA)) broadly encompass three aims:

The provision of a legal service integrated into a health care setting;

Education and training of health care staff to enable effective screening and referral of clients with legal issues and thirdly;

Collaboration and partnership with the health care team to advocate and champion systemic issues.

In addition, to the work of Peter Noble, Lynda Gyorki, of the Inner City Legal Service in Melbourne as a result of a Churchill Fellowship has also examined HJPs and this took her

¹¹ Source http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Community_health_centres?open accessed 4 May 2015

¹² T Beeson, B D McCallister and M Regenstein (2013) 'Making the Case for Medical Legal Partnerships: A Review of Evidence, The National Center for Medical Legal Partnership, School of Public Health and Health Services, The George Washington University, 2- 13 and J D Colvin, B Nelson B, K Cronin and J and Newman (2012) 'Integrating social workers into medical-legal partnerships: comprehensive problem solving for patients', *Soc Work*. 2012 Oct; 57 (4):333-41 and M Robinson, D Cottrell (2005) 'Health professionals in multi-disciplinary and multi-agency teams: changing professional practice', *Journal of Interprofessional Care* 19(6), 547–560.

overseas as well and she has published a helpful report.¹³ This was inspired by her own work for a HJP in a hospital setting between Inner City Legal Service at the Royal Women's Hospital in the Sexual Assault Unit. The latter pilot has also recently been positively evaluated by Melbourne University.¹⁴

About the Bendigo Health Justice Partnership

The Bendigo Health Justice Partnership involves a partnership between a Community legal Centre and a Community Health Centre.

The Advocacy and Rights Centre, Bendigo (ARC) (specifically one of its programs, the Loddon Campaspe Community Legal Centre) and Bendigo Community Health Service (BCHS) have formed a partnership to run the Health Justice Partnership (HJP) to better reach those clients experiencing disadvantage, otherwise unlikely to gain legal help. The clients/patients are largely serviced by the BCHS site at Kangaroo Flat an area of concentrated disadvantage and public housing. Three teams have particularly been identified as providing the catchment of clients for the HJP model.

These teams are:

Counselling and Family Services: comprised of social workers, general counsellors and a financial counsellor, aims to work with children and families to strengthen their capacity and resilience, outside of the formal child protection system;

Child Health Invest: includes child counsellors, AOD (Alcohol and Drug) workers, paediatricians, social workers and nurses and runs a specialist Autism Assessment Program. Also provides a supported play group and the services of a child advocate; and

The Early Years team operates the Bendigo Family Day Care scheme and supports families of children with a disability aged less than 6 years.

The overall goal of the evaluation is to:

Provide the project team and funding bodies with:

a range of monitoring and evaluation tools, methodologies and processes

¹³ L Gyorki (2014) 'Breaking Down the Silos: Overcoming the Practical and Ethical Barriers of Integrating Legal Assistance into a Healthcare Setting', Inner Melbourne Community legal centre and The Churchill Trust Fellowship, 2014, see (https://www.churchilltrust.com.au/media/fellows/Breaking_down_the_silos_L_Gyorki_2013.pdf) accessed 27 April 2015

¹⁴ K Hegarty, C Humphreys, K Forsdike, K Diemer S Ross (2014) 'Acting on the Warning Signs: An Advocacy Health Alliance to Address family violence through a multi-disciplinary approach, Evaluation Final Report, University of Melbourne (copy provided to author).

a detailed impact assessment that examines the appropriateness, effectiveness and efficiency of the HLP Pilot and its impact on the lives of clients who are serviced by the project.

The HLP pilot project aims to address the social determinants of health capable of legal redress. The partnership is based on the understanding that many vulnerable and disadvantaged people do not consult lawyers for problems that may be capable of a legal resolution; instead they see their trusted health worker. Having a lawyer working alongside health workers aims to provide preventative and strategic advocacy to holistically address barriers to client health and wellbeing. The project is informed and supported by a related project at LCCLC focussing on the legal needs of women that experience family violence for which Dr Curran recently completed and evaluation.¹⁵

The Challenges:

The evaluation framework incorporates the outcomes, objectives and outputs associated with all four elements of the project including direct service provision, education and training, policy change and stakeholder engagement. This has required incorporating the requirements of both the health and allied health and legal sector within the specified data collection process. Clients are asked to participate in an intensive monitoring and evaluation process that will follow their journey and document the activities and outcomes to use as case studies and to supplement the quantitative data. ANU Ethics approval and Ethics approval of the BCHS were obtained in January and April of 2015.

Control Groups have been deemed unethical in this research type given the complexity of lives and vulnerabilities of participants, the small numbers of clients/patients of CHS in the evaluation and who use the service and the implications of service refusal. In addition, given funding for the evaluation it is also not feasible.

The data collection process for CLCs known as 'CLSIS' is flawed. It is 'clunky' and often does not disclose data or is unreliable and duplicates information. This has been acknowledged in a number of reviews.¹⁶ Accordingly, additional data on cross referrals and secondary consultations has been gathered during the snapshot period to ensure collection but in a low burdensome way as the data for CLSIS is required to be collected by funding and service agreements but is not useful or reliable. Any methodology had to be as minimal as possible so as to not impede service delivery and yet capture what was needed to be captured. Both CLCs and CHS have significant funding constraints and often low staff to client ratios for caseloads. It was for this reason that a snapshot approach was favoured by staff. This is discussed later in more detail in this paper.

The Literature

¹⁵ See above note 9.

¹⁶ See above note 6.

On conducting a literature review it appears that one of the key challenges for the project (if it is to examine the outcomes for individuals and the flow on effects on family and community of the services' work) is that there is sparse detail on how to actually measure the social determinants of health beyond 'tick a box' or process driven approaches to measure concrete, realistic indicators of what outcomes and key indicators of social determinants of health look like for people. Even so the existing research has informed the design of this project¹⁷.

The World Health Organisation has stressed through its Commission for the Social Determinants of Health that outcomes can only occur when systemic issues such as poverty, inequity, access and resourcing of services and government policies are also addressed. For this reason the fourth stage of this project will examine collaborations which involve systemic responses.

Much of the literature discusses the conceptual frameworks necessary for measurement and gaps in existing evidence based approaches¹⁸ but do not tackle the concrete 'how tos' in measurement of social determinants of health at a micro level that can inform services and programs more broadly. This evaluation seeks to tackle this gap. In April 2014 the National Centre for Medical Legal Partnerships put out for exposure and comment some outcomes. Most are very broad such as 'better health outcomes', 'better education' 'better income' which are still vague and this project hopes to identify outcomes which are both more specific, broken down and hence more meaningful.¹⁹ In this way this project in Australia can also hopefully assist in the USA and other jurisdictions in furthering the conversation around measuring such alliances and their impacts on individuals, their families and the community. In this project in Bendigo evaluating the HJP we decided to ask the affected community itself what better social and health outcomes would look like to them and what would be an effective legal intervention in a Community Focus Group in February 2015. This revealed rich data and has informed the project's design and process in the way we approach the evaluation itself. The information was elicited through use of a scenario based on previous

¹⁷ J Pope (2012) 'Making Bendigo a Child Friendly City: A set of indicators of Child and Young People's Well-Being to galvanise action' Department of Planning and Community, St Luke's Bendigo, Victoria. <https://www.stlukes.org.au/File.axd?id=9bea31a7-a4bc-4a03-86e7-b28dc69c5a94> accessed 29 July 2014; Health Matters, The Victorian Health Care Association, Issue 1, May 2014, 5 (www.vha.org.au accessed 7 August 2014); Loddon Campaspe Community Profile, accessed 29 July 2014 <http://www.communityprofile.com.au/loddonmallee>; World Health Organisation (WHO) and Commission on Social Determinants of Health, 'Closing the Gap in a Generation: Health Equity through Action on Social Determinants of Health', http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf?ua=1 (accessed 7 August 2014), 28, 33, 36,

¹⁸ World Health Organisation (WHO) and Commission on Social Determinants of Health, 'Closing the Gap in a Generation: Health Equity through Action on Social Determinants of Health', http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf?ua=1 (accessed 7 August 2014), 37-39 and Commission on Social Determinants of Health, 'Frequently Asked Questions – What are social determinants of health?' <http://www.cdc.gov/socialdeterminants/faq.html#h> accessed 7 August 2014.

¹⁹ T Beeson, B McCallister and M Regenstien (2013) 'Making the Case for Medico- Legal Partnerships: A Review of the Evidence', The National Centre for Medical Legal Partnerships Department of Health Policy, School of Health and Health Policy, George Washington University, 7-8 and Medical- Legal Partnership (2014) Literature Matrix, Department of Health Policy, School of Health and Health Policy, George Washington University, (copies provided to the author on 28 July 2014.)

cases in the BCHS. Participants noted that the scenario resonated with their own experiences and were very open and honest about what aspects might make a difference in terms of making a positive outcomes.

This project is also not situated in a hospital setting where some work on developing social indicators of determinants of health has been done looking at hospital admission reductions as indicators.²⁰ Our setting is a community health setting which is a very different setting and involves often ongoing connection and contact with clients/ patients and engages multi – disciplinary practice with social workers, paediatricians, psychologists over a longer period of time than hospital interventions. Expertise from the community health sector has been sought and obtained and will inform this project through discussions with Dr Alex Philips who works in the community health evaluation and monitoring area.

The literature review has revealed that the aim of the project, in examining the impact of the service on the social determinants of health, and discussions with Dr Philips in thinking about the project's design have revealed that this is a complex area and that concrete measures have not really been developed in a community health setting. As noted broad measures like 'better health outcomes, better housing' 'better income' have been identified in the literature but these are too wide and woolly for this project as they do not provide enough information about what these things mean or constitute in actual lives of people affected.²¹ Often what is measured is that something is done i.e. transactional.²² This does not reveal what is actually happening for the clients as a result of service intervention.

The literature does indicate that there can be proxies which if present suggest that social determinants of health and outcomes are being achieved.²³ An example of this is that, if an isolated person starts to be engaged in a community based program such as a 'Men's Shed' and has regular attendance this demonstrates he is less socially isolated, less likely to be depressed and an indicator that his mental health and well-being is improved.

Poverty and low living standards are powerful determinants of ill-health and health inequity. They have significant consequences for ECD and lifelong trajectories, among others, through crowded living conditions, lack of basic amenities, unsafe neighbourhoods, parental stress, and lack of food security. Child poverty and transmission of poverty from generation to

²⁰ Centers for Disease Control and Prevention, 'Social Determinants of Health', <http://www.cdc.gov/socialdeterminants/faq.html#b> accessed 7 August 2014 and Healthy People 2020 Leading Health Indicators Progress Update, <http://healthypeople.gov/2020/LHI/LHI-ProgressReport-ExecSum.pdf>

²¹ National Centre for Medical – Legal Partnerships and Milken Institute School of Public Health, (9 July 2014) George Washington University, 'Background and related information about the MLP measures development process', (copy provided to the author)

²² For an example see and Healthy People 2020 Leading Health Indicators Progress Update, <http://healthypeople.gov/2020/LHI/LHI-ProgressReport-ExecSum.pdf>

²³ Above note 18 and World Health Organisation (WHO) and Commission on Social Determinants of Health, 'Closing the Gap in a Generation: Health Equity through Action on Social Determinants of Health', http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf?ua=1 (accessed 7 August 2014) and Healthy People 2020 Leading Health Indicators Progress Update, <http://healthypeople.gov/2020/LHI/LHI-ProgressReport-ExecSum.pdf>

*generation are major obstacles to improving population health and reducing health inequity*²⁴

The hope is that the tools developed through this project evaluation can be utilised across the Health Justice Partnership sector in Australia and beyond in future broader funded projects. For this reason, the first 'snapshot' which cast the net wide and has used a range of tools to see what outcomes look like then looks to examine key and recurring themes to narrow what outcomes look like and then to focus on these in the two future snapshots (enabling a short, medium and longer term view) and build the research on what has been informed and extracted from the initial process.

The Approach

Utilising an action research approach with key relationship holders, Dr Curran has designed a data collection and assessment process including:

- a.** client legal, health and well-being outcomes tools (that can also be specifically applied in the family violence context, ie. to women experiencing family violence that are identified by health service providers and suitable for referral for legal assistance). This would include baseline data capture and multiple tools used to triangulate data by health / legal professionals.
- b.** health and legal service partner outcomes tools, to measure changes in knowledge / behaviour of the legal/health partners achieved through the HLP pilot. This would include baseline data capture of knowledge, attitudes and practices.
- c.** Proxies of areas, which, if they are present, will mean that positive outcomes exist have been identified. These are set out in the four areas discussed below (based on the literature and community and stakeholder – including those engaged in delivering the service- discussions). The WHO Commission on Social Determinants of Health also recommends a community based approach is desirable.²⁵

The project team wants to look beyond the services processes to what is actually achieved for clients in terms of the social, legal and health outcomes and how these intersect as a consequence of holistic co-located practice. This evaluation through week long snapshots (the first snapshot was over two weeks as it was a trial of methodologies) over two years seeks to examine short, term medium term and longer term outcomes.²⁶ The social determinants of health which have been settled upon in hospital settings are very different to those in community health although there may be some flow on effect if stress and anxiety and a range of social and other health needs are met at the community health

²⁴ Above note 18, 84.

²⁵ Above note 18, 183.

²⁶ Above note 18, 198.

centre. For this reason time has been spent working out a methodology which in the first instance 'mines' to find out what clients/patients of the BCHS and professionals and the literature says indicators of social determinants of health might look like and what the outcomes might be. Having cast the net broadly to mine the issues/factors identified as affecting social determinants of health with community, professionals and stakeholders through the first snap shot trial, an analysis of key themes is now underway to inform further snap shots and ensure they are more focussed.

Dr Curran has previously undertaken evaluations of legal assistance services as to their quality, effectiveness and outcomes.²⁷ This project aims to not only measure the quality outcome and effectiveness of the service but also looks more broadly at the actual social and health changes over time that occur through holistic services that situate the legal services within a health and allied health setting at a community health centre and how these might be measured. Due to the broader context, Dr Curran has identified that outcomes for a service might not in fact become indicators in a study of what leads to broader outcomes for individuals in the community as a result of a Health Justice Partnership. In order to do this the project looks at whether the HLP project addresses the social determinants of health capable of legal redress. The following four elements (which were identified and have been confirmed through data in the first snapshot and the focus groups) if proven to exist and found to be present are proxies for improvements in health and social outcomes. Most were informed as areas that lead to better social and health outcomes and as determinants of these by international studies.²⁸

Overall Achievements/Outcomes:

Proxy One - Capacity²⁹ - of clients, worker of Bendigo Community Health Service (BCHS) and the Legal Services lawyer/s.

Proxy Two - Collaboration³⁰ between clients, worker of Bendigo Community Health Service (BCHS) and the Legal Services lawyer/s and other relevant partners.

Proxy Three - Empowerment³¹, Advocacy³² and Voice³³ clients, worker of Bendigo Community Health Service (BCHS) and the Legal Services lawyer/s and involvement in systemic work for change informed by on-the-ground experience.

²⁷ L Curran (2013). *Encouraging Good Practice in Measuring Effectiveness in the Legal Service Sector*, Legal Workshop Australian National University College of Law, 21 May. Available at: <http://www.plelearningexchange.ca/database/solving-problems-strategic-approach-examples-processes-strategies/> accessed 19 June 2014; L Curran(2012) 'We Can See there's Light at the End of the Tunnel Now': *Demonstrating and Ensuring Quality Service to Clients*, Legal Aid ACT, (Canberra, Legal Aid ACT). Available at: http://www.legalaidact.org.au/pdf/Light_at_the_end_of_the_Tunnel_Legal_Aid_Services_Quality_and_Outcomes.pdf, accessed 14 May 2014

²⁸ Above note 18.

²⁹ Above note 18, 188-189

³⁰ Above note 18, 22-23.

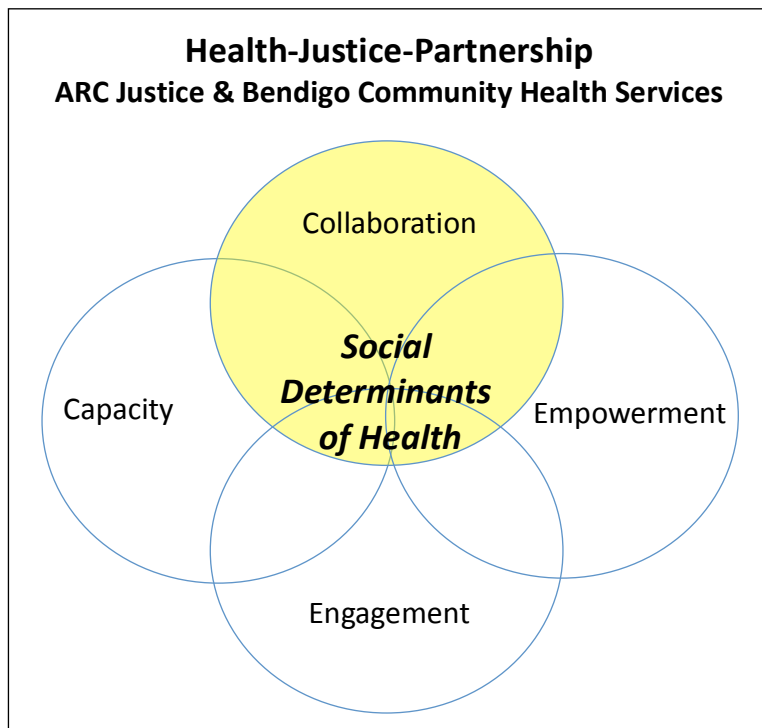
³¹ Above note 18, 155, 158, 162.

³² Above note 18, 163, 165.

³³ Above note 18, 163, 165.

Proxy Four - Engagement³⁴ (including learning and life skills development) clients, worker of Bendigo Community Health Service (BCHS) and the Legal Services lawyer/s

The other key theme emerging from the April-May 2015 trial snapshot is that there is an overlap in these proxies which can relate and enhance each other. This is represented in the Zen Diagram of Dr Southgate the HJP Bendigo Project Research Assistant below:



If these areas are present (demonstrated) and there are reports of improvement and intention and implementation of these in practice and application then these are outcomes as they can be used as proxies for improvements in social determinants of health. Empowerment includes having a voice and advocacy.³⁵ Other factors which are going to be considered that indicate effective and quality service will include **quality service, holistic (joined-up) early intervention, and prevention**. This research design was also be informed by previous work of Curran³⁶ which has been refined and adapted to suit a Health Justice Partnership.

In addition, the design is informed by work undertaken by the Medical- Legal Partnership in the United States (www.medical-legalpartnership.org). The United States has a very different health legislative and policy setting to Australia with a largely private health insurance model and significant financial barriers to access to health and financial

³⁴ Above note 18, 57, 60, 159, 91.

³⁵ Above note 18,

³⁶ Curran, L. (2012) *'We Can See there's Light at the End of the Tunnel Now': Demonstrating and Ensuring Quality Service to Clients*, Legal Aid ACT, (Canberra, Legal Aid ACT). Available at: http://www.legalaidact.org.au/pdf/Light_at_the_end_of_the_Tunnel_Legal_Aid_Services_Quality_and_Outcomes.pdf, accessed 26 September, 2014; A Crockett and L Curran (2013) 'A Practical Methodology for Measuring the Quality and Outcomes and Legal Assistance Services' Vol 32 (1) *University of Tasmania Law Review*; L Curran (2013) 'Legal Review: Not all in the Statistics' Vol. 87 (7) *Law Institute Journal*, 36 – 39.

implications in using the health system that do not apply in Australia which has a universal publically funded health care system through Medicare. Nevertheless, there are still useful lessons and suggestions that are relevant to Australia and other countries that can be taken from the United States experience. Dr Marsha Regenstein³⁷ has suggested the development of measures for Medical Legal Partnerships, or as they are called in Australia, Health Justice Partnerships as follows:

Stages of Measures Development

- 1: Understand the landscape
- 2: Review the relevant literature
- 3: Collect tools and measures currently used in field
- 4: Identify a framework for measuring the impact of MLP activities
- 5: Develop the measures
- 6: Assess the draft measures**
- 7: Broader review of measures
- 8: Field test the measures
- 9: Go live with the measures

Identifying a Framework

Social Determinants Theory

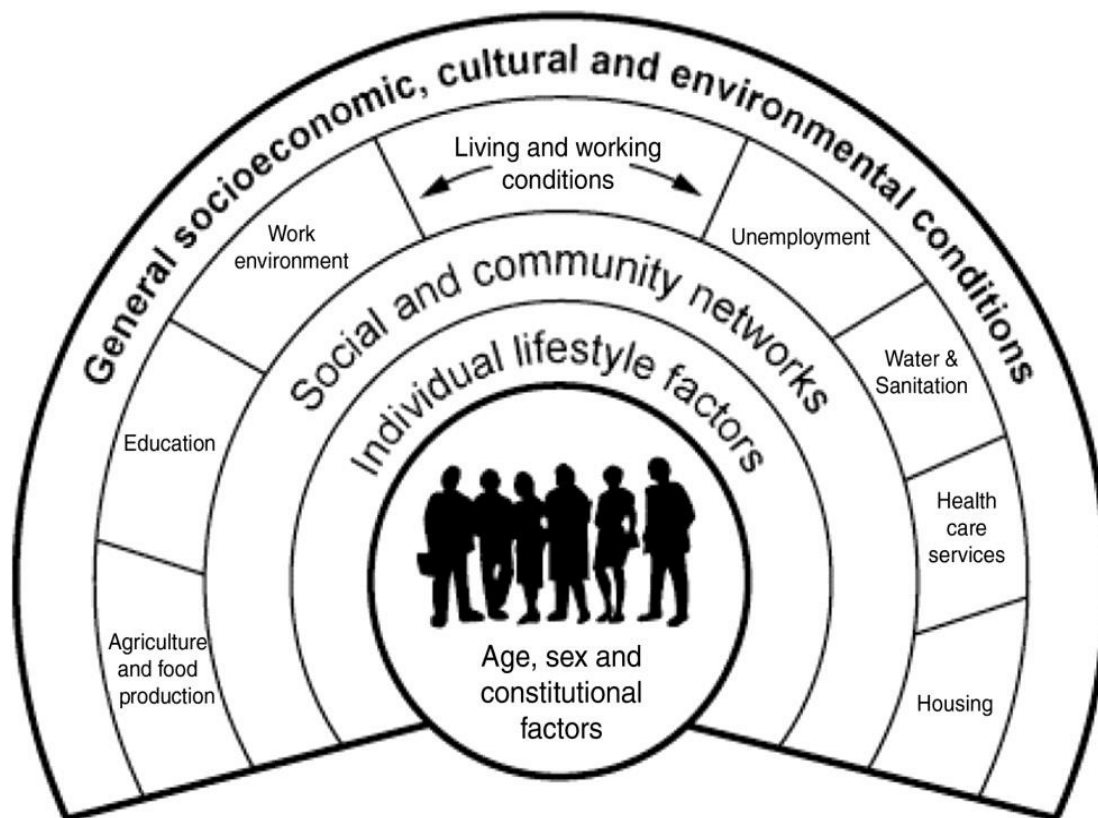
- Complex, integrated structures - health inequities

- Perception of health must be cross-disciplinary

- Supports primary health care and promotes prevention

- A framework that leads to questions about health and social welfare impacts

³⁷ M Regenstein (Version April 10, 2014) Developing Measures for Medical Legal Partnership, National Center for Medical Legal Partnership, Milken Institute of Public Health, The George Washington University (PDF provided to the author in April 2014)



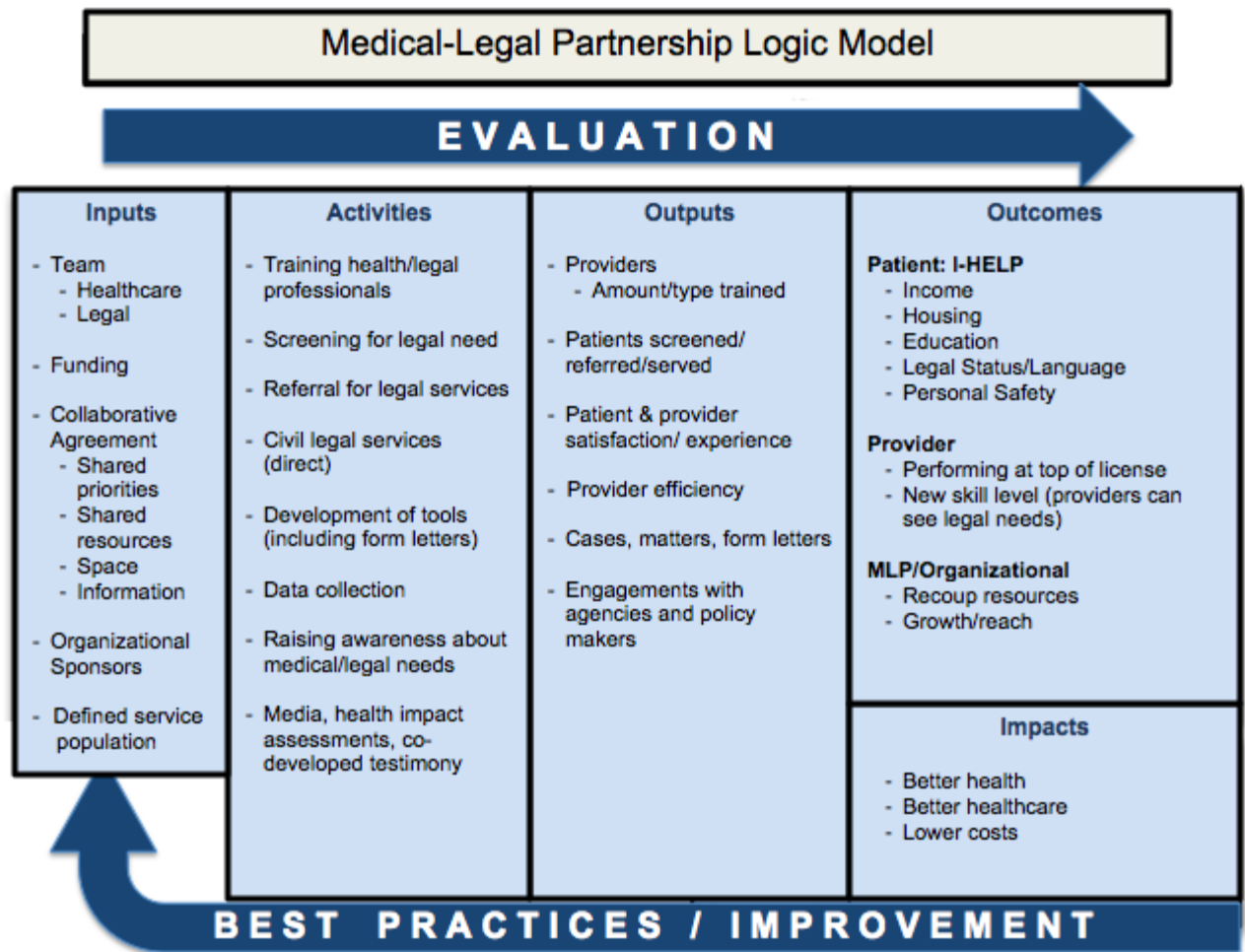
Dahlgren and Whitehead (1991)

It is noted that some of the research methods are relevant to hospital setting and not community health settings given the longer period of engagement, resources and lower numbers than exist in hospitals however the items on screening, legal need identification, gaining help, and receipt of training are relevant. Curran has written elsewhere³⁸ and noted in her paper at ILAG in 2014 with A Crockett - the dangers in a legal practice setting of using the term 'client satisfaction' given the role and legal professional ethical obligations of a lawyer and so 'Client Feedback' is used in all Dr Curran research evaluations.

³⁸ A Crockett and L Curran (2013) 'A Practical Methodology for Measuring the Quality and Outcomes and Legal Assistance Services' Vol 32 (1) *University of Tasmania Law Review*; L Curran (2013) 'Legal Review: Not all in the Statistics' Vol. 87 (7) *Law Institute Journal*, July 2013, 36 – 39.

Process Measures	Legal/Service Measures	Intermediate Health Measures
Client was appropriately screened for legal needs	Client's legal issue is resolved/unresolved	Client increased access to health services
Legal needs were appropriately identified	Client obtained or maintained household income	Client reduced Emergency Room Use
Appropriate referral was provided	Client received retroactive benefits	Increase in number of clients with regular provider
Client obtained legal help	Client completed/received legal documentation	Client reduced overnight hospital stay
Client increased understanding of legal rights	Client increased access to services	Client perceived stress reduced
Client was connected with another resource		Client self-report health status
Client was satisfied with services		Client self-efficacy
Residents or Providers received legal training		
Residents or Providers increased their legal knowledge/understanding		
Residents or Providers increased confidence in working with legal services		

(Regenstein 2014)



(Regenstein 2014)

Regenstein, Beeson et al³⁹, have conducted a literature review in the area of evaluating Medical- Legal Alliances and conclude that the measurement of social determinants of health, which this research evaluation is seeking to explore, are complex and that there is a dearth of concrete measures available to determine these in the setting in which the HLP sits and so these are expressed often broadly as they have been in the above table described as ‘Outcomes’. This research evaluation design for the ARC seeks to start to determine what concrete measures of social and health determinants look like also building on the work of those in the public community health sphere in Australia.⁴⁰ It is noted that Dr Alex Phillips has been consulted on this research evaluation design and is currently a member of the

³⁹ T Beeson, B D McCallister and M Regenstein (2013) ‘Making the Case for Medical Legal Partnerships: A Review of Evidence, The National Center for Medical Legal Partnership, School of Public Health and Health Services, The George Washington University, 2- 13.

⁴⁰ T Triado, Julie White, A Brown (2013) Community Health Quality Health Improvement Initiatives, Department of Health (<http://www.healthcaregovernance.org.au/docs/forum-1-quality-in-vic.pdf> accessed 26 September 2014) and see also Health Living Network (2012) Healthy Communities Initiative Quality Framework Guide, Australian Government Department of Health and Aging, (www.healthylivingnetwork.com.au accessed 26 September 2014).

Community Health Practice Indicators Working Group. The issue that the approaches discussed above reveal is a tendency to focus on processes being in place through often a 'tick a box' process. ANU (through Curran's) brief for this project from ARC is to go beyond a process approach to also include actual outcomes and changes in the wealth and well-being of patients/clients, worker practices that facilitate these and steps towards systemic reform through qualitative data as well as ensuring processes facilitate the outcomes.

Buck et al⁴¹, in the United Kingdom has also been informed the project design for HLP and also informed Curran's previous research evaluations for Legal Aid ACT, Consumer Action and Footscray Community Legal Service. Buck used a triangulated methodology was used with qualitative data gathered through: observations of advice sessions; Interviews with both clients and advisors immediately following the advice sessions; follow-up, in-depth interviews with clients and advisors. The author notes that Buck's methodology was informed by the work of Moorhead and Robinson⁴² as was Curran's research for Legal Aid ACT in 2011 mentioned above. Curran has decided against observational research and file reviews for a range of reasons including ethical concerns in view of the vulnerability of many clients/patient, the limitations of file review based on her practice experience in revealing the true complexity and nature of legal and community health work that is often not captured in documents (hence the professional journal and client interview after lawyer interview approach), client legal privilege issues and cost. It may be re-visited as a method in further research in this area if determined appropriate.

Noone's seminal work has also heavily informed the project design. Noone undertook research in 2008-2010⁴³ into a co-located practice in Melbourne at the West Heidelberg Community Legal Service and Banyule Community Health.

Rationale for Phase pilot & snapshot approach

Phase Two Snapshot 1 [pilot snapshot] cast the net wide to identify themes and these are being analysed currently and mined to ascertain the recurring and priority themes. The first snapshot was in this sense a trial (hence its longer duration than snapshot 2) and tested the instruments and our approach. Although these are being examined and tweaked rich data has already been obtained and participation rates were encouraging given constraints. This bodes well for the future snapshots and a debrief Focus group is scheduled for 15 May 2015 (after deadline for submission of this Draft Paper to ILAG). Variation/ethics approval to then

⁴¹ A Buck, M Smith, J Sidaway and L Scanlon (2010) 'Piecing it Together: exploring one-stop shop legal service delivery on Community Legal Advice Centres, London, Legal Services Commission.

⁴² Moorhead R, Robinson M (2006) 'A trouble shared – legal problems clusters in solicitor's and advice agencies.' (Cardiff University Matrix Research and Consultancy, Cardiff Law School: London)

⁴³ It is disclosed that Dr Curran was the Director of the West Heidelberg Community Legal Service at the time of this research and participated in the research. Noone M.A. with K.Digney, (2010) "It's Hard to Open up to Strangers" Improving Access to Justice: The Key Features of an Integrated Legal Services Delivery Model, La Trobe University Rights and Justice Program Research Report. Available at SSRN: <http://ssrn.com/abstract=1799648>

be obtained) if deemed necessary to inform snapshots 2 and 3. We see this step-by-step or stepping stone process as being essential to the goal of ***keeping the project grounded in the needs of the community the HJP seeks to assist***. This is particularly pertinent in view of the little actual and concrete evaluation of social determinants of health outcomes we have to draw upon from the community health sphere (evaluations of HJPs in hospital settings where some work has been conducted in the past, albeit not by this investigative group have to date been narrower (in terms of identifying measures/indicators of social determinants of health outcomes) than the scope of this project).

Why a Snapshot Approach? In Australia there is very little money for evaluation and services are keen to evaluate. In this case the CEO of ARC has cobbled together a combination of philanthropic trusts and pro bono assistance to enable the evaluation with a view to its being used in future HJP's. Snapshots rather than recurring data collection over time was favoured by staff and management of the HJP so as not to distract from service delivery, given high case-loads and existing data collection burdens from core funders. The snapshots recur every eight months for the life of the evaluation and pilot HJP service and with three snapshots will allow short, medium and long term comparison with some HJP interventions with clients being re-visited over the life of the project.

Of note, the recent research in public health around measuring social determinants of health notes that one critical indicator of behavioural change is reported intentions to change practice - underlying the project would be a model of capacity not just for clients but where there is continuous learning, reflection and improvement in processes and capacity of workers – e.g. referrals, secondary consultations and training/Community Legal Education (CLE), responsiveness and engagement are ways we can measure social and health determinant outcomes as the research thinking is that such capacity enables the workforce to better work towards the outcomes that lead to better health and social outcomes. This has been incorporated into the snapshots.

The Research

The general research plan/scheme for this project and its evaluation includes the following "Phases" with provisional dates detailed for each phase:

Phase One - Community Focus-Group (with community members who utilise the Bendigo Community Health Service) **completed** on 16 February 2015;

Phase Two - Snapshot 1 [pilot two-week snapshot] (20 April 2015 to 1 May 2015) **completed** on 1 May 2015;

Phase Three - Snapshot 2 [subsequent snapshot] (9 November 2015 to 12 November 2015);

Phase Four - Snapshot 3 [final snapshot]] (6 June 2016 to 10 June 2016);

Phase Five - Project Evaluation and final report deadline October 2016.

Method

Qualitative and quantitative Instruments for each snapshot (with informed consent of participants) have been undertaken. A triangulated approach is taken to test and verify results between the tools.

Methods for the snapshot include the 360 degree involvement of clients and professional staff, management and stakeholders (the latter identified by the Health-Justice-Partnership) in one or more of the following:

De-brief focus groups

In-depth interviews with professional staff (Part A on DVD on an 'opt in basis' for participants; and Part B discussing two of the same de-identified clients (with prior client consent) to ascertain longer term information of clients HJP engagement at each in-depth interview with professionals over the three snapshots. This aims to gauge short, medium and longer term developments for clients.

Professional journals (a minimum of three entries maintained in a Word Format by *BCHS* professionals and lawyer over the snapshot week);

Client follow-up, by phone, after file closure;

HJP client feedback questionnaire;

SurveyMonkey questionnaire of *BCHS* professional staff (implemented by the *HJP* to collect baseline data from service start-up in early 2013) and before this project evaluation was contracted to ANU but re-surveyed every snapshot providing pre and post service data.

Interview with client after lawyer interview;

Community Legal Education Evaluation Sheets

Short Interview with front line reception staff of *BCHS*

Interview with Relationship Holder (incl. management) (identified by *BCHS* + *ARC Justice*).

Case studies (de-identified) emerging from Open Questions asked in the above methods).

Aggregated data collected on the numbers of secondary consultations by lawyers with *BCHS* staff and cross referrals between the two agencies.

The tools were adapted as a result of feedback arising out of the Community Focus Group (**Phase One**). In addition, as noted above, we sought further expert advice from Dr Alex Philips in the public health sphere and Professor Mary Anne Noone the consultants to this

project on the questions and tools. Now the first snapshot is completed and after analysis of the data we will go back to them for further advice before the two further snapshots are rolled out.

In addition, new data sets (namely the numbers of secondary consultations by lawyers with *BCHS* staff and cross referrals between the two agencies) have been incorporated into existing data collection to reduce the burden on *ARC Justice* rather than create further data collection and Curran has used all of these tools with different questions/emphasis in previous studies. It is noted that the data system CLSIS which CLCs are required to keep by funders is 'clunky' cumbersome and unreliable and elicits little useful data for a study such as this. This has also been observed in the Allan's Review and by the Productivity Commission in their respective reports in 2014.⁴⁴

Progress to Date:

Because this research involves clients with certain vulnerabilities the Ethics process has been undertaken step by step both with ANU Ethics Committee and the Bendigo Community Health Service Ethics Committee. This takes time but has strengthened the approach.

The Community Focus-Group ("**Phase One**") of the project has been completed. In summary, Phase One involved the convening of a Community Focus Group with local community members that use the Bendigo Community Health Services ("*BCHS*") Centre (from Kangaroo Flat and the greater Bendigo region). Participants were recruited through information sheets and posters placed at the *BCHS* Centre reception. The Community Focus-Group activity was successful in attracting some 25 participants (researchers had anticipated 15 participants) all of whom were patrons of the *BCHS* Centre. Feedback from the participants was very positive with participants commenting that it 'was good to have a voice' The research team was reassured as the evaluation project's approach was validated and grounded by community views on common experiences on what a positive legal, social and health outcome would look like to them. This included the verification of the proxies used, as mentioned above. This has further informed the development of the tools for the snapshot phases of the project.

Phase Two was a pilot Snapshot 1 ("**Phase Two**") and finished on 1 May 2015. This involved a two week long snapshot in which we trialled the methodology and mined for recurring themes that emerged as indicators of social determinants of health and we will now prioritise those to be measured. As tools are being piloted we have decided to do the snapshot over two weeks. **Phase One**, namely, the Community Focus Group's feedback, expert advice and the literature and input of the key stakeholders in the project have all informed the questions in the instruments that were utilised for **Phase Two**.

The Debrief Focus Group is on 15 May 2015 will revisit the questions in the instruments and tools used in **Phase Two** with the project partners to see if further tweaking is needed to make them relevant/realistic/less burdensome. These will be fed into the **Phase Three** snapshot.

Phase Four (snapshot three, the final snapshot) ("**Phase Four**") will then proceed as the

⁴⁴ See above note 6.

instruments will have been tested by the **Phase Two** and **Phase Three** so that there is comparative data that is consistent across the snapshots.

The proxies identified which, if they exist demonstrate positive achievement of the project aims attainment of which are being measured/evaluated by this project are: collaboration, capacity, engagement, voice, empowerment and advocacy. It is important to the research and *ARC Justice* that the conduct of the evaluation itself incorporates these proxies. We have examined questions in the tools so as to keep the data collected realistic, measurable, relevant, and reduce bias so it is useable and grounded in the lived experience of the participants.

The questions we have developed for **Phase Two** have been carefully crafted to illicit information on the proxies (using indicators) on whether the project achieves the following:

1. The delivery of legal services in a way that improves client ability / capacity /access to address their legal issues utilising a collaborative, multidisciplinary approach to problem solving, thereby improving health, social and legal outcomes for vulnerable individuals.
2. Increases the capacity of *BCHS* staff to address the social determinants of health by increased legal knowledge, information, secondary consultations and cross referrals.
3. Identifies recurring problems giving rise to a systemic solutions and sees a development of collaborative advocacy strategies between services in the *HJP* aimed at improving client well-being,
4. Establishes a replicable model of care.
5. Contributes to the consolidation of the *HJP* movement in Australia.
6. Builds and maintains a collaborative relationship between *ARC Justice* and *BCHS* through the *HJP* project. For this reason, the evaluation project has used an inclusive, continuous development, reflection and improvement model.

Some Preliminary May 2015 Findings

When this paper is delivered in June 2015 we will have done some further data analysis and emerging themes and these will be reported at the conference in June 2015 in Scotland.

Secondary consultations are defined by Curran as, when the lawyer offers a non-legal professional legal advice or information or advice on the legal processes (what happens at court, giving evidence and writing reports), ethics or on their professional and ethical obligations or guides you through tricky situations. One strong and recurrent theme already identified at the time of writing has been the preliminary evidence that secondary consultations are critical and extend legal knowledge beyond the limited resources of cash strapped community legal centres and legal aid enabling early referral and timely intervention as and when it can be critical.

Dr Liz Curran

ANU Legal Workshop

6 May 2015

Sustainability and the Delivery of Legal Aid

Paper presented at ILAG Conference June 2015, Scotland

Ms Vidhu Vedalankar: CEO – Legal Aid South Africa

In this paper I discuss the **Legal Aid SA sustainability strategy and sustainability**