

Health-Justice Partnership Development Report 2016

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and

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Health-Justice Partnership Projects

Health Justice Partnerships (or HJPs) integrate legal assistance as an integral element of the health care team. They require the development of a sophisticated partnership between the legal and health professions and their organisations to jointly address the health and social circumstances which often manifest in the form of legal needs.

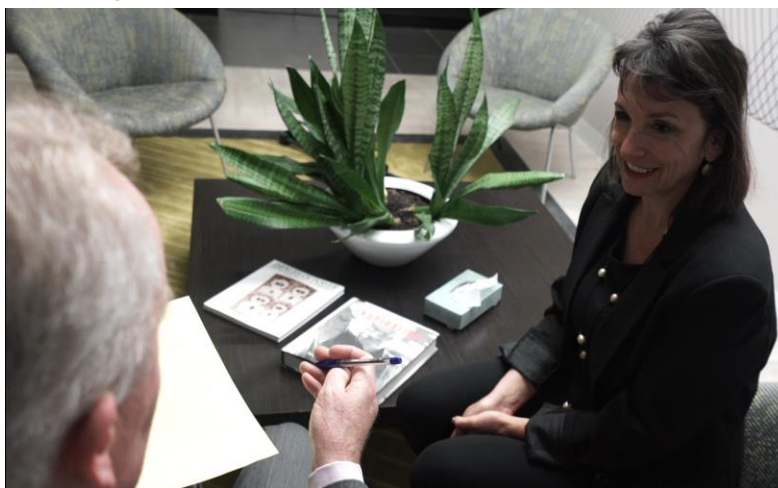
Eight HJPs were funded as part of the Victorian Legal Services Board's 2014 Grants Program. Funding had previously been provided by the Board to four other HJPs and several have been funded since. There is significant diversity amongst the projects funded; the nature of the partnerships, the issues and the demographics targeted. Given the LAW Australia - wide survey¹ highlights that traditional models of lawyering have limited utility for people who are excluded, HJPs involves lawyers going to the places vulnerable people are likely to be and working with the non-legal professionals that they are likely to turn to, to assist in problem identification and resolution in a client centred way.

About this Report

This report focuses on the projects funded through the Board's 2014 Major Grants Round, which allocated \$2.6 million across 8 projects, and on an additional three projects that received funding outside this round

¹ Coumarelos, C., MacCourt, D., People, J. McDonald, H.M., Wei, Z., Iriana, R. & Ramsey, S. (2012) *Access to Justice and Legal Needs: Legal Australia Wide Survey Legal Need in Australia*, (Sydney, Law and Justice Foundation of New South Wales). Available at: [http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/\\$file/LAW_Survey_Australia.pdf](http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/$file/LAW_Survey_Australia.pdf)

Click image below for Health Justice Partnership Video.



which are also following this model. This report outlines the aims of the projects and provides a snapshot of outcomes and highlights in the first year of operation. Most projects have received multiyear funding.

In keeping with the Board's Grant program the project activities aim to create outcomes leading to improved laws and their administration, improved access and equity, improved legal services, and better informed and educated consumers of legal services.

About the Victorian Legal Services Board Grants Program

The Victorian Legal Services Board (the Board) is responsible for managing the Public Purpose Fund. The monies for this fund are largely derived from the interest on clients' funds held in trust by solicitors.

Under the Legal Profession Uniform Law Application Act 2014 (Vic), the Board may make allocations from the Public Purpose Fund to support a wide range of organisations and activities for law related purposes. In 2014 the Board identified Health-Justice Partnerships as a theme for its Major Grants round.

Evaluation Workshops

The Board engaged Dr Liz Curran of Australian National University to facilitate quarterly workshops with these projects, in order to offer guidance and support particularly regarding evaluation. Dr Curran has considerable expertise in this area from decades of research and practice. The workshops provide a framework for support, collaboration, guidance and ideas in a safe environment where people can speak honestly about barriers, breakthroughs, evaluation approaches and innovations allowing learning and project development. Through this we are working to create an evidence base for what works and to establish whether the HJP approach is effective.

Dr Curran has sought to develop some common evaluation approaches across the Board funded projects rather than each HJP coming up with a different model. She has generously shared an array of evaluation methods, based on her considerable research experience on approaches to measuring and evaluating HJPs. Dr Curran also shared findings from other HJPs particularly preliminary findings from ARC Justice and Bendigo Community Health Service.



Lessons from Health and Justice Partnerships

Preliminary findings from the workshops have identified some common experience and learnings.

Commonalities

- HJPs do not work effectively unless they are designed and have input from all those who deliver the services and also have a client/patient perspective on what the barriers are and how to engage,
- HJPs take time and relationships of trust can be fragile,
- Common language between professionals that is clear and transparent is essential, professional roles need to be worked through and understood especially different ethical codes
- Issues such as IT around confidentiality need to be set up and
- The 'right' (approachable, friendly) staff need to be employed by an HJP for it to work.

Some of the findings and learnings in the following table² have been shared with workshop participants by Dr Curran from her research for Bendigo HJP (funded by Clayton Utz) and research for the Consumer Action Law Centre which is a Multi-Disciplinary Practice evaluation. These have also been identified by Workshop Participants in the course of their projects which suggest some further commonalities across the HJPs.

². See also Curran, L, *Preliminary Findings on the Value of Secondary Consultations in Reaching Hard to Reach Clients and in Building Professional Capacity (August 26, 2015)*. Available at SSRN: <http://ssrn.com/abstract=2786435>

- **Ethical issues (e.g. Conflict of interest, confidentiality) are not insurmountable.** Clear communication, transparency and good processes and dialogue assist to find work arounds as all professional's work in a client care model that tends to make them problem solve.
- **Legal Secondary Consultations are critical** – help workers help clients, understand the legal system, professionals can get advice on their own obligations ethical and legal which increases confidence – extends reach of the HJP, builds on knowledge, builds professional capacity and responsiveness, correct misunderstandings. Consultations need to be counted and considered as a legitimate and critical part of the advice process rather than just focussing on client advice as these assist non-legal professionals
- **Lawyer being on-site critical to success as 'opportunistic' so reaching more clients** who have not otherwise been able to get legal help often in a time of crisis or when there may be a risk to safety.
- **Clients seen have multiple and complex problems** and so client numbers may be lower as they have often many issues some of which have never been identified and so have escalated that need to be resolved. The HJP are reaching people with complex issues and so the work takes time.
- **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.
- **Legal Secondary Consultations correct misunderstandings.** Trust and relationships take time to build and to be tested and to change practice. These secondary consultations are essential factors in building the trust and faith in lawyers (often due to poor stereotypes or experiences of lawyers) and build a sense of preparedness to refer clients. Evaluation processes should be inclusive of partners and if done within a continuous reflection, learning and development model ensure lessons can be learned along the ways and services recalibrated.

Tools to Evaluate HJP

The diverse projects have adopted different approaches to evaluation given resources and imperatives of their HJP service. The different HJP methodologies reflect resources, internal capacity, the nature of the service and what they want to measure. Some of the evaluations discussed below have hospital, agency, departmental and university ethics approval processes to complete. The level of resources available for evaluation is also variable. Some evaluations of the HJPs funded services are being done in-house due to limited resources for evaluation, others are process evaluations and some are quantitative and qualitative.

Common threads for measurement identified by Workshop Participants as critical for a HJP and in evaluation:

- 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

Agreed proxies

Workshop participants agreed in October 2014 on a set of common proxies which would be measured & these have been affirmed in future quarterly workshops. It is reasoned that if these proxies exist they are indicators of a positive outcome and/or positive impact on the social determinants of health. These proxies are based on those developed by Dr Curran previously and for Bendigo HJP Project:

- **Engagement** - client/patient/professional and staff
- **Capacity** - client/patient/professional and staff
- **Collaboration** - client/patient/professional and staff
- **Voice** - client/patient/professional and staff
- **Empowerment** - client/patient/professional and staff
- **Improved advocacy** – client/patient/professional and staff, systemic change.

Key Messages from Evaluation

1. Services working together can make a difference to community members building robustness and organisational change that leads to longer term working models that are sustainable (**It works**)
2. Through smart collaborative practice we can reach people who can't otherwise be reached through one stop shop, connected, innovative, well trained staff (**It makes a difference**)
3. Improved outcomes that are effective and efficient with an evidence base that will save money (**It's cost effective**)

Justice Connect Senior's Law partner with CoHealth Footscray

Justice and Health Come together in North West Melbourne is a program focusing on elder abuse and other legal issues confronted by seniors in Melbourne's west.

This model is improving both health and legal outcomes for older people in north west metropolitan Melbourne by including an integrated legal service in the local health service in Footscray. Co-health brings with it extensive knowledge and expertise in social health whilst Justice Connect's Seniors Law brings with it extensive knowledge and expertise in the law and legal issues affecting older people. The program was officially launched after one year on 20 April 2016 by Professor Gillian Triggs.



health justice partnerships

You are warmly invited

To celebrate the launch of the first Health Justice Partnership to address elder abuse, Justice Connect and cohealth, are proudly hosting an intimate evening with

Professor Gillian Triggs, President of the Australian Human Rights Commission

please RSVP here

Professor Triggs will discuss the issue of elder abuse in light of the findings of the recent Royal Commission into Family Violence.

20th April, 2016
Lander & Rogers, Level 12, 600 Bourke St, Melbourne
5.30pm for 6pm start
Invitation only

Project Objectives

The project is aiming to:

- ❖ Improve access to legal assistance for elderly patients/clients including those from CALD backgrounds;
- ❖ Develop culturally specific legal screening tools with prominent CALD communities developing their own framework; and
- ❖ Establish clear understanding of what legal issues are affecting what cultural groups and educating staff at CoHealth to recognise unmet legal need.

Elder Abuse

A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust which cause harm or distress to an elder person.

Project Development

During the first year, the partners developed an intensive professional program (PD) which is addressing four key areas:

- ❖ The relationship between health and legal issues;
- ❖ Elder abuse;
- ❖ Legal issues for older people; and
- ❖ Working with lawyers.

Participants of PD sessions also received an elder abuse risk assessment framework and screening tool for legal issues. This was developed by the HJP lawyer and then adopted according to information provided by various health professionals.

Over 100 health professionals were involved in the intensive PD program and they were from the allied health, intake, aged residential outreach, hospital admissions risk program (HARP) team, homelessness, mental health and adult day centre staff.

- **98% agreed**, after PD, they are more likely or already confident in their ability to identify abuse, and have a better understanding of working with lawyers
- **98% agreed**, in future, they will ask about abuse
- **100% agreed**, in future, they will refer clients to the HJP lawyer

Clients experiencing elder abuse – Better access to legal help, sooner

Of the legal issues helped with, almost half (49%) arose in the context of elder abuse. These included: guardianship and administration (G&A), POAs, family law, property, family agreements, family violence intervention orders and wills.

There are many reasons why an older person does not want to seek legal help if they are experiencing elder abuse. With the availability of secondary consultations to health professionals, older people in this situation can still receive the benefit of legal information through a trusted worker who can continue to support them and build their capacity.

The most common request for legal help was secondary consultations with health professional for their clients. The HJP lawyer provided 96 secondary consultations to health professionals from different teams on a variety of legal issues.

Impact and Learning

In just the first year the partners have seen evidence of:

- ❖ **improved relationships** between professionals, due to co-location and the availability of secondary consultations.
- ❖ **better understanding of different sectors**, including a better understanding of what it means to speak to a lawyer, improved awareness of broader reforms in the health

sector and better navigation of legal services.

- ❖ **better collaboration**, especially in the development of Professional Development (PD) and Community Legal Education sessions and the provision of a more client-centred service.
- ❖ **changes in policies, procedures and practice** of the respective partners, with respect to the legal and professional implications of multi-disciplinary practice as well as engagement with legal services.
- ❖ **improved capacity to address elder abuse** within teams – as a result of PD sessions – and organisation-wide – with the development of a policy framework outlining cohealth’s response to abuse and violence.
- ❖ **better reach** to help disadvantaged clients who otherwise would not have been able to access legal help.

- **Over 135 legal issues** addressed
- **Over 100 health professionals** received direct PD on elder abuse, other legal issues and working with lawyers
- **More than 420 older people** attended community legal education on elder abuse and powers of attorney
- These older people were from high-priority community groups, including Turkish, Vietnamese, Chinese and high-rise residents.

The partners have identified **four key elements** that make the service better for older people who are experiencing elder abuse:

- ❖ Having an approachable lawyer co-located at the health service improved relationships between professional and build up trust.
- ❖ Adopting a more client-centred service with coordinated client appointments and a

seamless “feedback loop”.

- ❖ Promoting the use of secondary consultations
- ❖ Supporting workers with ongoing professional development.

The partners contributed to the following Government Inquiries:

- ❖ Justice Connect Seniors Law [submission](#) to the [Royal Commission into Family Violence](#)
- ❖ Justice Connect Seniors Law [submission](#) to the [Parliamentary Inquiry](#) into Elder Abuse in NSW as well as [evidence](#) provided by the Seniors Rights Service (NSW) to the parliamentary committee

The project’s full first year report is available on the Justice Connect [website](#).

inTouch Multicultural Centre Against Family Violence partner with Monash Health, Maurice Blackburn Lawyers, & Jean Hailes Centre for Women’s Health

inLanguage, inCulture, inTouch: Integrated model of support for CALD women experiencing family violence

This project is working to ensure that women from Culturally and Linguistically Diverse communities who live within the catchment area of the Dandenong Magistrates’ Court and who face family violence can get access to integrated, culturally responsive support. In partnership with legal and health stakeholders, this project is building capacity of health professionals to better understand and provide more appropriate support to CALD women.

“We look forward to bringing together social workers and lawyers in a health context to address the needs of women experiencing violence,” Kate MacRae, Director Monash Health



The project officially was officially launched by Ben Carroll MP, Parliamentary Secretary for Justice on behalf of the Hon Martin Pakula, Victorian Attorney General in March 2015.

(Photo) L to R: Michael McGarvie, Victorian Legal Services Board; Maya Avdibegovic, InTouch; Faye Spiteri, InTouch; Kate MacRae, Monash Health; Fiona McLinden, Monash Health; Malar Thiagarajan, Monash Health; Steve Walsh, Maurice Blackburn.

Project Objectives

The project aims to:

- ❖ Facilitate access to justice by providing direct legal support to CALD victims of family violence through expansion of InTouch Legal Centre to South Eastern Region;
- ❖ Expand the integrated model to include health component by adopting a HJP model and tailoring it to meet the needs of CALD clients;
- ❖ Build capacity of health practitioners in responding to CALD victims of family violence through provision of cultural competency training and collaboration.

Project Development

inTouch Legal Centre, with support from legal firm, Maurice Blackburn, is working with Dandenong Hospital and providing training to hospital staff to identify and respond to the clinical signs of family violence in women. The centre will also deliver cultural training to help clinicians understand their patients' experiences of family violence.

FAMILY VIOLENCE LEGAL SERVICE FOR MULTICULTURAL WOMEN
Do you feel confident to identify family violence for multicultural women?
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GETTING HELP

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CPD points available
Contact: Roshan Bhandary Mb: 0438 042 936
Email: pm@intouch.asn.au

JeanY Hailes
Victorian Legal Services BOARD + COMMISSIONER
inTouch
MonashHealth

- ❖ Held 3 major outreach sessions / events held to promote the project and 280 people have been exposed to the model and services;
- ❖ Developed and delivered pilot training program to health practitioners at the primary health setting;
- ❖ Held 5 training sessions and reached 185 people from health and social work background.
- ❖ 31 referrals received from social work department in hospital so far
- ❖ More than 500 Dandenong hospital staff received FV in CALD communities / general family violence law training
- ❖ Currently conducting training sessions for maternal and child health nurses in Dandenong, Casey and Cardinia
- ❖ HJP expanded to include Refugee Health Service (part of Monash health Community at Thomas St, Dandenong) - staff received training and are now referring clients to the InTouch lawyer, with the possibility that the Dental unit will refer in the near future

Census data had shown that the South Eastern Region accepts more refugees than any other region in Victoria and is the highest new settlement region in Australia. Refugees and newly arrived migrants are most vulnerable clients as they have limited awareness and knowledge of legal and support systems in Australia.

Impact and Learning

Since it has started, the project has:

- ❖ Established referral pathways with Dandenong court registrar and other CLCs for warm referrals;
- ❖ Provided 135 clients with supported at the court by bi-lingual FV worker;

Yarra Ranges Community Legal Centre partner with two municipalities and Eastern Domestic Violence Service

The MABELS Project - Mothers & Babies Engaging & Living Safely - is a Health-Justice Partnership working in the Maternal & Child Health (MCH) setting.

The MABELS Project vision is to prevent and respond to family violence within the Maternal and Child Health context by improving the responses of maternal and child health and legal and support services in a co-ordinated and integrated manner, with a focus on mothers engaging with Maternal & Child Health (MCH) Services.

Reaching the first year mark, the Project was launched by Rosie Batty, Family Violence Campaigner and 2015 Australian of the Year on International Women's Day in March 2016.



Rosie Batty, Family Violence Campaigner and 2015 Australian of the Year with project staff at the MABELS launch.

Project Objectives

The project is working towards a successful health justice partnership that focuses on the prevention and early intervention of family violence by:

- ❖ increasing the capacity of Maternal Child and Health Services to respond to women and children experiencing family violence.
- ❖ demonstrating a successful advocacy health alliance model that focuses on the prevention and early intervention of family violence.
- ❖ identifying key learnings and recommendations to be considered for the prevention and early intervention of family violence for women and children through an advocacy health alliance.

Statistics show that women who are pregnant or who are early parenting are at significantly increased risk of experiencing family violence.

Project Development

MABELS Project clinics

MABELS Project's Mid-term Evaluation report points to significant successful family violence early intervention. Within the first six months of the clinics' operation, the number of women referred for support (**89**) in these two municipalities is almost equal to the total number of women referred to domestic violence services from MCH services in the North-East Region in 2013-2014 (**95**), with the North-East region covering about one quarter of the state of Victoria.

This dramatic increase in the number of referrals and support by the two MCH services is particularly significant. It demonstrates the increased capacity of the MCH services to respond to women and children experiencing family violence. It also suggests that the integrated approach to this work at MABELS is significantly changing practice of the services, and showing the impact an integrated approach has on the operation of the family violence system.

Professional development

30 MCH nurses attended training/education sessions provided for the MCH nurses prior to commencement of the MABELS Project clinics, which covered:

- ❖ Project background and the proposed operation of MABELS Projects clinics;
- ❖ What is family violence, self-care and debriefing;
- ❖ How to identify legal issues and make appropriate referrals – introduced EDVOS and role of DVA;
- ❖ Understanding the legal process in family violence, including family violence legislation, intervention orders and professional obligations.

The focus group feedback clearly indicated that nurses at both co-located and non co-located sites felt that the MABELS Project enhanced the capacity of the service to respond to women and children experiencing family violence.

“The client doesn’t have to take a giant step in the big wide world out there in dealing with this...She can take the step with the help of MCH nurses”

“Boosts self-esteem for clients, clarifies, someone listening to them, know their rights – even if choose not to take it up, at least they know their rights”

Quotes from MCH nurses

From the perspective of MCH Nurses, key reasons why the MABELS Project clinics ‘work’ include:

- ❖ The timely response of the service (ranging from on-the-spot, to up to three days);

- ❖ The reliable response of the service (nurses feel confident referring a client, as they know they will be contacted); and
- ❖ The flexibility of the response (MABELS staff have consulted clients off-site, eg. at a local TAFE in one instance, when the client preferred this setting).

Impact and Learning

The MABELS Project has had a clear intention from commencement to implement activities carefully and not to move to the next step until all parties are ready and the safety of women and children has been prioritised.

Partners observed that the MABELS partnership is working because:

- ❖ The ‘right’ councils are involved – ie. the councils work well together, they share some common demographic patterns, and have some interesting contrasts, the individual councils are highly committed to the project
- ❖ It is an equal partnership - ‘no one partner thinks they’re pivotal, no one is precious’ – each member has a specific role, each member contributes, and each member adds value to the partnership; and
- ❖ all members have the skillset to work in partnership.

In short, MABELS Project has:

- ❖ Increased the expertise and capacity of MCH services to identify and respond to family violence, through training and collaboration;
- ❖ Based family violence clinic teams (community lawyer and domestic violence advocate) in MCH Centres providing direct assistance and support to approximately 90 women and children in the first six months;
- ❖ Focused on learning and evaluation of this pilot model for potential replication.

Inner Melbourne Community Legal partner with the Royal Women's Hospital

Acting on the Warning Signs (AOWS) Stage 2 - Addressing violence against women through the hospital setting project

This project was first funded in 2011 and extended for a further two years in 2013. This partnership aims to empower and protect a significant number of Victorian women by providing legal assistance and training within the hospital setting. It was the first of its kind in a major, metropolitan hospital in Australia and now sees a lawyer on-site at the Women's five times per fortnight. This allows women to obtain free help from a lawyer while visiting the hospital. The project successfully combines health professional education, early intervention and outreach legal assistance into an integrated approach to patient care promoting the social model of health. The project has generated significant momentum and achieved whole-of-hospital support and improved legal access for vulnerable women.

The on-site legal service is complemented by the provision of training to health professionals to identify and respond to patients experiencing family violence. Over 370 staff have been trained at the Women's through this work.

The organisation also made a [submission](#) to the [Royal Commission into Family Violence](#)



Poster advertising the service at the hospital.

Project Objectives

Building on the success from the Stage 1, the Stage 2 is focusing on:

- ❖ broadening the reach of the education component;
- ❖ harnessing the role of “clinical champions”;
- ❖ refining the outreach model to meet increased demand for legal assistance;
- ❖ evaluating the effectiveness of the legal assistance; and
- ❖ advancing the model of Health-Justice Partnership.

Project Development

Five multi-disciplinary family violence training workshops were provided at the Royal Women's Hospital (the Women's) during 2014/15 and 100 health professional attended the workshops. Many of the health professionals who attended the training regard it as a worthwhile learning experience and

would recommend it to their colleagues.

An experienced evaluation officer is in place to monitor the project's outcomes. Changes in awareness and knowledge of family violence will be analysed and be reported in the final evaluation reports due in late 2016. It is also seeking to evaluate whether the patients seen at the Women's would otherwise have seen a lawyer and whether the legal intervention has any impact on their wellbeing.

The Executive, clinicians and other allied health professionals at the Women's have expressed full support for the AOWS project. The legal assistance outreach clinics are recognised as an embedded service in the hospital and well integrated as part of the hospital's other services.

Impact and Learning

An external evaluation of the Acting on the Warning Signs project conducted by the University of Melbourne showed that 98% of clinicians surveyed felt that the training was a positive learning experience.

The evaluation also showed that:

“seven of the eight women [who attended the IMCL outreach and were surveyed] believed that receiving legal advice had a positive impact upon their psychological and emotional health immediately during or after the consultation”.

179 separate instances of legal advice to 94 clients were provided and 48 casework files were opened for the period from 01/08/2014 to 31/07/2015

Over 370 staff at the Women's have been trained since the beginning of project in 2011

Click on the image below to watch a video about the partnership with the Royal Women's Hospital



Goulburn Valley Community Legal Centre and Primary Care Connect in Shepparton

Therapeutic Justice in the Goulburn Valley

This partnership is harnessing the passion, expertise and skills of Goulburn Valley Community Legal Centre (GVCLC) and Primary Care Connect (PCC) in Shepparton to facilitate responses to clients with complex care needs. It is building positive legal and health/wellbeing outcomes for clients, building interdisciplinary knowledge and respect, and focusing the agency resources to achieve more therapeutic outcomes for identified clients at the Shepparton Magistrates Court.

Project Objectives

The project is aiming to:

- ❖ Establish clear referral pathways from both health staff at Primary Care Connect and the Shepparton Magistrates Court for intensive assessment and support for target clientele, specifically those with multiple and complex

health needs including among others, alcohol and other drug addictions and mental impairment.

- ❖ Integration of legal and health services through the delivery of legal services by GVCLC in partnership with Primary Care Connect services at Shepparton. This will drive mutual learning opportunities on interrelated subject matters for legal and health staff. Greater collaboration between all stakeholders will improve client engagement and maximise the opportunity for fair and effective legal outcomes.
- ❖ Improved health and welfare outcomes for target clientele including measures of resilience, well-being, engagement with support services and decreased contact with the criminal law system.

Project Development



The project officially launched on Friday 13 November 2015 and reported in Shepparton Weekend News "Justice for the vulnerable" 14 November 2015.



Therapeutic Justice Program Launch

**13 NOVEMBER 2015
1-2PM
OLD COURT HOUSE
SHEPPARTON**

Goulburn Valley Community Legal Centre and Primary Care Connect invite you to the launch of our Therapeutic Justice Program by the Honorable Chief Magistrate Peter Lauritsen.

In 2014 the Victorian Legal Services Board funded GVCLC and PCC to deliver a Therapeutic Justice Program at the Shepparton Magistrates' Court.

This innovative and collaborative service helps people with complex health and related legal issues to minimise their chances of re-offending.

RSVP (for catering purposes) by 6 Nov. via <https://tjplaunch.eventbrite.com.au>

For more info: 5821 9849




Victorian Legal Services
BOARD + COMMISSIONER
Funded through the Grants Program

In the first year they have established the Therapeutic Justice Program (TJP) Reference Group to develop criteria and model for the services delivery of the program and a clear referral pathway. The reference group consist of key stakeholders as members, including representatives from DOJR, DOHHS, VICPOL, Rumbalara Cooperative, GV Health, Court Services Victoria, Judiciary – Regional coordinating Magistrate Stuthridge, ACSO, VALS, Victoria Legal Aid.

The recruitment of an allied health worker, who is based at PCC, has resulted in less work for the lawyer in contacting relevant services and making referrals. The allied health worker acts as a care coordinator that makes all the appropriate referrals, follow ups and provides the lawyers with updates on the client's progress.

Moreover, the lawyer and allied health worker are at court three days a week. The lawyer is also at PCC

4 days a week. Being present 3 days a week at court has resulted in a service being available to offenders/users of the Shepparton Magistrates' Court which has previously not been there. It is particularly beneficial for those offenders that are not engaged with services already that are mandated by the courts.

Having a lawyer located at the community health organisation has resulted in secondary consults with workers that can lead to building trust in clients of PCC to see a lawyer for assistance, or the secondary consult resolves the client's problems.

Working collaboratively with agencies has resulted in identifying issues that the clients have been previously facing and resolving them e.g. appointments with 14 different workers, missing some appointments because attending others.

Impact and Learning

The program has engaged with 58 clients, which is double the number of clients the program set out to assist in the first year. Out of the 58 clients that did engage:

- ❖ 50 resolve plans were drafted for clients to adhere to with three clients having regular reviews on their progress with amendments to their recommendations/goals;
- ❖ 6 clients returned to the program for assistance after their legal matters were concluded in the first instance for further legal assistance and support
- ❖ services; and
- ❖ 2 clients continued to engage with no legal matters on foot.

Informal feedback from private lawyers and VLA is that having the allied worker has reduced their workload but more importantly they found that their client was engaging with services - improving the

flow of processes with different agencies.

Co-location of the lawyer and allied health worker has improved the efficiency of intake and referral process which mean there is less administrative questions for vulnerable clients to answer and more in-depth conversations about their legal issues. In addition, clients are grateful for the support services they have received and how this has impacted on their legal matters and personal lives. One client has also referred his family member to the program.

Comm Unity Plus Services partnering with Djerriwarrh Health Services

The Mortgage Wellbeing Service (MWS)

The health-justice partnership between the Brimbank Melton Community Legal Centre (a program of Comm Unity Plus Services) and Djerriwarrh Health Services was established to respond to extremely high rates of mortgage stress in Melbourne's outer western suburbs. The Melton local government area is an urban growth corridor providing cheaper housing options and a lack of infrastructure within these newly established communities.

MWS is the first collaborative response to mortgage stress in Victoria, delivering free legal and health services from the Melton Community Health Centre. While MWS responds to the immediate needs of clients in terms of negotiating with mortgagees and other creditors, the lawyer, financial counsellor and social worker seek to also address the underlying and systemic issues that cause mortgage stress including family violence, mental ill health, personal injury and other debts and infringements.

Project Objectives

The project aims to:

- ❖ Establish an integrated model of service delivery within a large community health service to target clients experiencing mortgage stress.
- ❖ Improve outcomes for people in Melbourne's outer West dealing with the risk of losing their home due to financial stress, through provision of legal, health and financial casework and support with the aim of systemic law reform.
- ❖ Build the capacity of the sector to provide a holistic approach to address the issues associated with mortgage stress through professional development and community legal education.

Project Development

The establishment of the MWS focused on strong engagement with community service providers likely to engage with clients in mortgage stress, resulting in MWS receiving referrals from a wide range of service providers. This would not have been possible without basing the service within a community health service which is widely known and patronised by the local community. While relying on the operational support of existing legal and health community services, MWS functions as a stand alone service centred on the complex and multiple needs – legal and health – of clients experiencing mortgage stress.

*Mortgage stress occurs when a household spends **more than 30%** of its total income on mortgage repayments.*

The service assists clients to address their mortgage stress, from early identification of financial hardship and mortgage arrears through to responding to court proceedings and warrants for possession of clients' homes. The three practitioners working together also assist clients to address the underlying causes of mortgage stress, for example through referrals to specialist family violence or family law advice, emergency relief services, mental health care or assistance with hardship arrangements for rates and other debts.

Mortgage stress is commonly associated with an unexpected change in circumstances. Changes such as unemployment, relationship breakdown, family violence, mental health issues, personal injury, other debts or a change in interest rates can together and separately cause mortgage stress. Mortgage stress is a financial issue, a legal issue and an emotional issue.

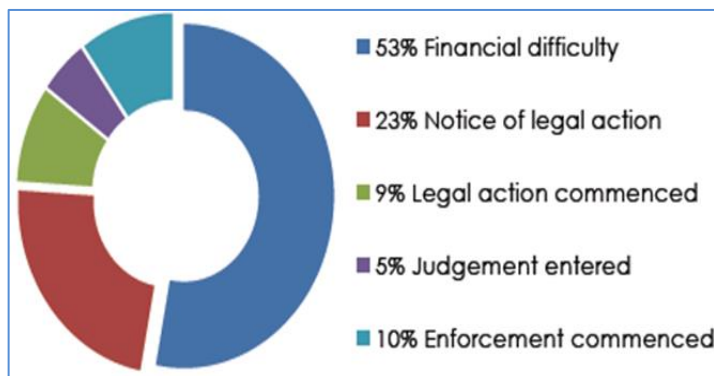
Impact and Learning

MWS assisted 120 clients in its first year of service. Of those :

- **93%** of clients regained control over the decision to remain in their home
- **93%** of applicants to mortgagees for hardship relief were granted
- **100%** of Ombudsman complaints were resolved in the client's favour
- **63%** of clients surveyed reported feeling less stressed about their situation as a result of their experience with MWS

MWS' unique multi-disciplinary service model, utilising its lawyer, financial counsellor and social worker at intake and then on a case management basis, was found to deliver significant benefits to clients. Client-centred and coordinated assistance between the three practitioners meant clients only had to tell their story once, clients were holistically supported to address their mortgage stress and its underlying causes, clients were more likely to engage with social work assistance, and practitioners' resources were utilised more effectively.

The service's early intervention strategies resulted in more than three quarters (76%) of clients attending before legal proceedings had commenced for the repossession of their homes. This astounding result has enabled the MWS to reach clients earlier in the legal cycle of mortgage stress when clients have more options and greater opportunity to achieve more sustainable outcomes, including in most cases the option of remaining in their home.



Almost two thirds (64%) of clients presented with multiple factors that contributed to their mortgage stress:

- ❖ 20% reported family violence
- ❖ 33% reported relationship problems
- ❖ 28% reported mental health issues
- ❖ 46% reported unemployment
- ❖ 14% reported personal injury, such as a workplace injury or a major car accident
- ❖ 19% reported other disability or illness



Identification of the systemic issues causing mortgage stress for our clients has enabled the MWS to pursue strategic policy reform tackling those causes. This includes working together with financial service providers, insurers, arbiters, personal injury lawyers and specialist consumer law practitioners to improve coordination of services for people who have suffered personal injuries and, as a result, are in mortgage stress.

Click on the image below to watch a video about the MWS.



The First Step Program

First Step (FS) Legal Service Development Project

This project helps clients break the cycle of drug and alcohol abuse and addiction, relapse and reoffending. They aim to provide enhanced multidimensional services within a unique advocacy health alliance that better supports the health, legal and social needs of clients and assists them to make positive life choices and live more meaningful lives.

Project Objectives

The project set out to:

- ❖ Expand the legal service to include, in addition to criminal law advice and representation, an assistance, advice and warm referral program in relation to other legal matters, such as housing and tenancy, family law and infringement;
- ❖ Introduce a Case Manager and follow-up

program; and

- ❖ Develop an evidence-based position in relation to the efficacy of the expanded AHA model, to inform future directions in terms of resource allocation and priorities. This would in turn be used to influence and advocate for policy change and law reform.

Project Development

A part-time Legal Case Manager role has been established to administer the new case management program. The program was designed to assist in the practice management of the legal service and facilitate regular case conferencing with clinical staff and clients, enabling time communication between the health and legal services, and the client, regarding issues of relevance and concern to the welfare of the client.

In addition to providing criminal law advice and representation to clients, FS Legal initiated the advice and referral program. This was directed towards providing clients advice in relation to infringements, family law and landlord and tenant issues. Where FS Legal was unable to directly advise the client, warm referrals are made to other law firms which had existing or new pro bono arrangements with the organisation.

During the reporting period, there were 1040 secondary consults between First Step staff and FS Legal. Secondary consults occur when staff of the clinic, in an unscheduled manner, asks questions and seek on-the-spot advice from the on-site legal team. Most often queries included advice about re-licencing and driving issues, alcohol interlock requirements and periods of alcohol interlock installation, debt concerns, Centrelink queries, and sheriff-related questions, often concerning wheel-clamping. By being able

to address the issue of concern there and then, the clinician is able to help the patient move forward with something that may have been on their mind.

Impact and Learning

During the first year of the project, 56 clients were represented and advised on 84 matters, which represent **44% increase in the number of client assisted**. Most of the clients surveyed stated they would not have sought legal advice if they had not been referred to FS Legal.

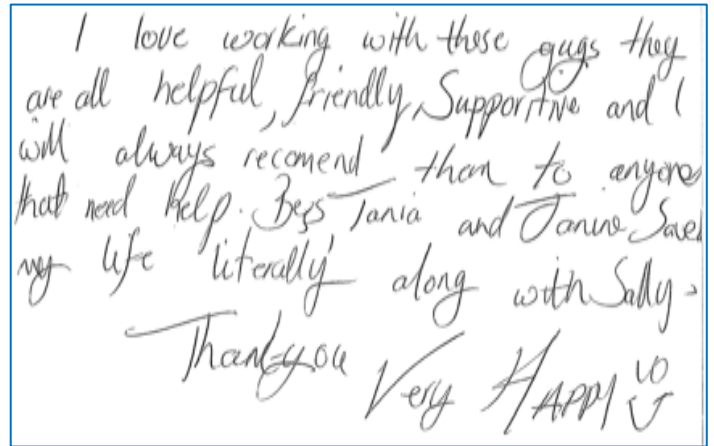
With the appointment of the Case Manager there has been a **significant increase (50%)** in the number of files opened and managed and clients represented, assisted and advised. It also achieved a **260% increase** in assistance for non-criminal matters when compared to the previous year.

The successful introduction of the Case Manager role has been a key achievement of the project. It has facilitated the effective management of legal files and advice on matters outside of criminal law – in particular debt and infringement matters, which cause significant stress and anxiety to patients of First Step and has allowed the service to meet a greater legal need.

Surveys from clinicians and clients have been very positive about the program. Clinicians believe FS Legal assistance has improved the attendance and engagement with treatment of around half of the patients seen by FS Legal.

Clients also felt well supported and valued the on-going assistance provided by the Case Manager; liked the fact that the medical and legal teams worked together, believing it to be beneficial to their matters; and appreciated the convenience afforded by co-location. Again, most indicated that

if it had not been for FS Legal they might not have sought legal advice.



I love working with these guys they are all helpful, friendly, Supportive and I will always recommend them to anyone that need help. Bless Tania and Janine Saved my life 'literally' along with Sally -
Thankyou Very HAPPY ✓

Client's written remark on the survey

Federation University Australia partner with Central Highlands Community Legal Centre and Ballarat Community Health Centre

Central Highlands Advocacy Health Alliance – Improving legal, health and wellbeing outcomes for disadvantaged young people

This partnership aims to reduce the impact of legal issues on the health and well-being of disadvantaged young people by providing timely identification and response to their legal needs at three community health sites across Ballarat, and through increasing the capacity of the agencies and raising the awareness amongst young people of the legal services available to them.

Invitation

Ballarat Community Health, Central Highlands Community Legal Centre and Federation University Australia invite you to attend the launch of:

Health Justice Partnership for Youth

Delivering an integrated Health Justice service response for young people in the Central Highlands Region.

Friday 3 July 2015
10:30am – 11:30am
Ballarat Community Health
12 Lilburne Street, Lucas

Guest speakers:
Dr Marie Bismark
Melbourne School of Global Health


Ms Susan Ball
Grants Manager, Legal Services Board

Ms Ariel Couchman
Director, Youth Law

RSVP

By Friday 26 June 2015 at the following link: www.cerdl.edu.au For more information contact Dr Mary Camilleri on 03 5327 6947 or email m.camilleri@federation.edu.au. Light refreshments will be provided. Please advise of any dietary requirements.

This project received funding through the Legal Services Board Major Grant Program.



Victorian Legal Services
BOARD + COMMISSIONER
Funded through the Legal Services Board Grants Program

Ballarat Community Health

Central Highlands Community Legal Centre
Striving for Community Justice

Federation UNIVERSITY AUSTRALIA

Project launch invitation, July 2015

Project Objectives

This project aims to:

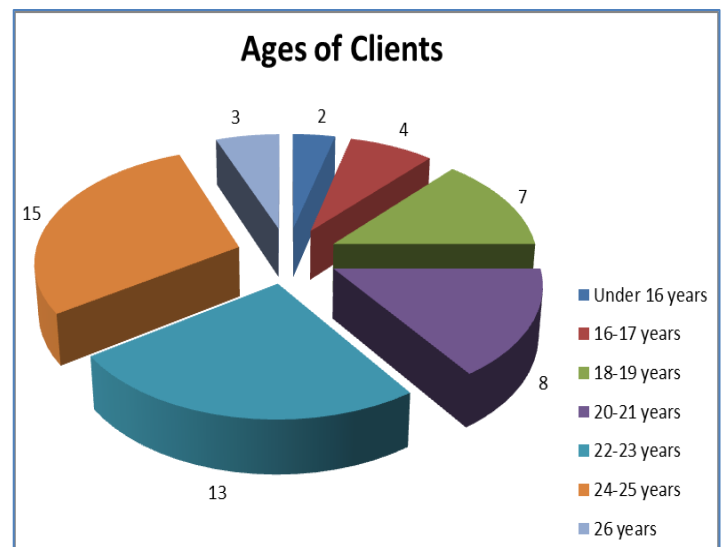
- ❖ Improve health and legal outcomes for young people (attending service) aged 16-25 through the implementation of an early intervention HJP strategy in the Grampians region.
- ❖ Build capacity and foster practice change of health and legal professionals at partner agency's about the health and legal issues commonly experienced by young people in the central Highlands region aged 16 to 25 and the potential of the HJP to address or minimise these issues.
- ❖ Increase the awareness amongst young people about the legal resources available in the Central Highlands and state-wide.

Project Development

Research has been undertaken since commencement of the program to examine its impacts on clients, and to capture observations about the program from staff at the partner agencies.

CHCLC has been collecting data from all clients entering the HJP program. The following data indicates that between July and December 2015, **52 young people** have received services through the HJP program. This represents **41 new clients** and **11 as repeated clients**. The number of repeat clients is encouraging, as it would suggest that the young people are engaging with the service.

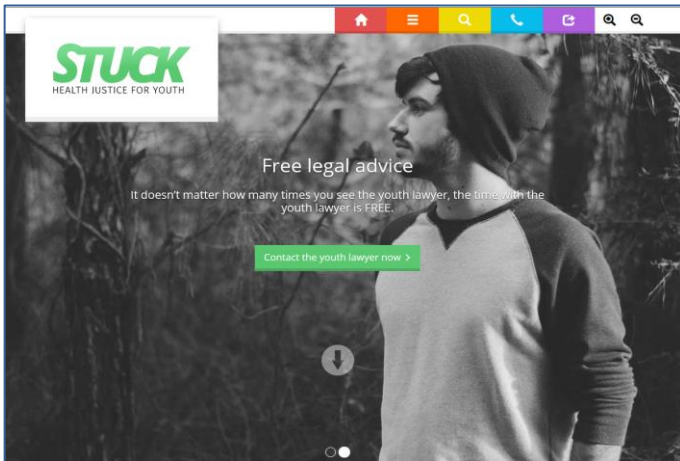
Evaluation data was also collected by researchers at FedUni using a Client Intake Survey. A total of 15 clients entering the HJP completed a survey at intake (after their appointment with the Youth Lawyer).



Young people assisted by the Youth Lawyer presented with a wide range of legal issues including Family Violence, Will, Family Law, Motor Vehicle related issues, debts and tenancy related

issues to name a few. The data indicates that young people from across the greater Grampians region have accessed the service and that **the gender split is approximately 50% female and 50% male.**

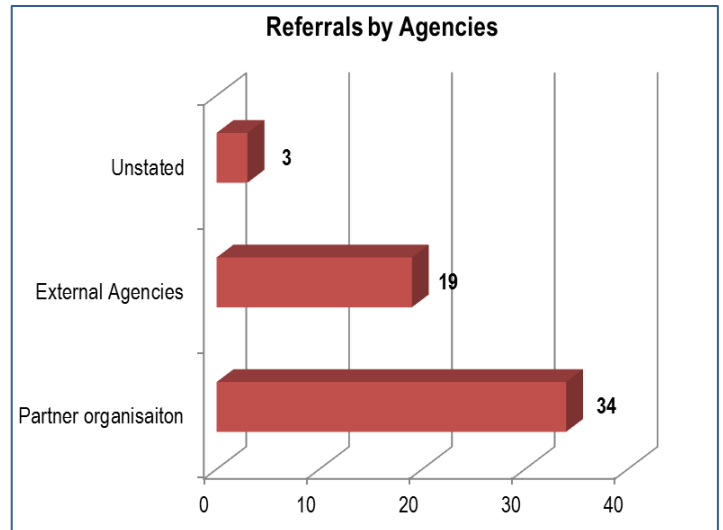
The first stage of the website was completed and available in July 2015. The first stage was used to promote the project, capture registrations for the launch of the project and garner ongoing interest about the information of the project over its entirety. For detail of the website, click on the picture below.



Comprehensive program information for agency staff, clients, and the broader community developed. This included information sessions about the program to partner agency staff and external agencies; an information brochure about the program; posters and postcards were also developed.

Impact and Learning

Solicitor is embedded in the youth team and has begun to assist clients. The program has received 56 referrals from range of agencies for the period from 1 July to 31 December 2015. Six of them were from BCH staff and they have indicated that the HJP has increased their knowledge of the legal-health issues experienced by their clients.



Surveys have been conducted including staff reflections about the program and their observations of how it has assisted their clients and informed their practice. Feedback was very positive:

'Increase knowledge of legal requirements and processes, and being able to inform a client, thus alleviating stress'.

'Sets a framework within which the context of health and legal issues are placed and the links between how health wellbeing and legal issues relate especially for young people with risk issues around their sexual health and identity'.

'The program has highlighted the issues surrounding housing, rent and homelessness for young people. The difficulties young people experience with obtaining rental accommodation and how easily they can be exploited by the system particularly when sharing with others'.

To date, there has been ongoing monitoring of the project through the regular governance meetings and evaluation data collected. Minor alterations have been made to the program as a result of this

monitoring. This has led, for example, to an adjustment to the exit survey process, and broadening the methods for data collection to enhance the opportunity for young people to participate in the research.

Western Community Legal Centre with Werribee Mercy Hospital.

Health Agency to Court

This project was funded in the 2015 Grants Funding Round and will work with the Werribee Magistrates' Court, the Wyndham City Council and local health and therapeutic agencies to establish a holistic program to assist local residents who owe collectively \$54 million in fines.

It is aiming to establish a cradle to grave process to provide Wyndham residents and the Werribee Magistrates' Court with appropriate medical and therapeutic assessment and advice and assist clients within those agencies with significant fines. WEstjustice is also commencing work with Transurban to better understand why toll debts are so large for outer-suburbs residents, and investigate what programs can be developed to assist toll road users experiencing hardship.

The project is at the early stage of developing tools to collect service statistics in order to use for case studies. As data has shown that there is a lack of services around the project area, the project team has established a partnership network and referral pathways.

The project is also working with the psychiatric unit in the partner hospital, focusing on clients with similar issues, in order to address these issues in bulk rather than one at a time, with the help of the Infringements Court. This will provide some

efficiencies and systemic work to stop the revolving door.



Image courtesy [Travel Victoria](#)

Hume Riverina Community Legal Service

The Invisible Hurdles – Better outcomes for young people experiencing family violence in North East Victoria

This project, funded during 2015 Grants Round, will support young persons aged 15-25 years in North East Victoria who are at risk of family violence to engage with and access legal services to achieve positive outcomes.

It aims to identify the hurdles that prevent young people from accessing legal assistance, and to develop service delivery models that most effectively overcome those hurdles with the aim of increasing the capacity of young people to engage with the legal system. Through early intervention

and integrated service delivery it is envisaged that this will reduce occurrences of family violence and associated legal problems.

The project has established a network in the community and with three partner agencies, which are Albury Wodonga Aboriginal Health Service, the Flexible Learning Centre, and North East Support and Action for Youth.

A project lawyer has been employed and commencing in July 2016. Dr Liz Curran has been engaged for project evaluation.

Mental Health Legal Centre (MHLC) partner with Royal District Nursing Service (RDNS)

Partners in the Community – MHLC & RDNS Homeless Person Project

MHLC and RDNS Homeless Person Project (RDNS HPP) have committed to working together in a unique pilot to provide increased access to justice for a vulnerable cohort of Victorians with multiple complex needs.

This pilot project seeks to establish a collaborative and effective legal-health service model to address the unmet legal needs of RDNS HPP clients at risk or experiencing homelessness, particularly those experiencing social isolation.

The service model will be developed in response to the range of identified unmet legal needs of RDNS HPP clients and its key objectives are to

- ❖ Improve access to legal assistance HPP clients
- ❖ Cross-agency exchange of skills and expertise to increase positive client outcomes.

- ❖ Key stakeholders co-design services and the evaluation framework.

The project has consulted with clients to develop meaningful client surveys to measure service quality. Evaluations have been conducted with practitioner to assess professional development (PD) sessions. Findings indicated the PD exchanges have been effective, both CLE sessions and shadowing arrangement between the lawyers and nurse. Nurses and lawyers report feeling better informed through the PD exchange interactions.

Frequent meetings are held between service partners in order to provide updates and progress on the project, which have been highly effective in collaboratively monitoring and developing this important initiative.

Information Sources

The information in this report was obtained from a number of sources, including the Victorian Legal Services Board project descriptions for 2014 to 2015 Grants Funding Round, the Health-Justice Partnership workshops hosted by the Board and facilitated by Dr Liz Curran during 2015 and 2016, from project progress reports and evaluation reports submitted by agencies and from agencies directly. Photographs and images in this report were sourced from the reports provided by agencies.

July 2016