

2018

# PARTNERS IN CARE:

## THE BENEFITS OF COMMUNITY LAWYERS WORKING IN A HOSPITAL SETTING

Report on the Cross-Site Evaluation of Health Justice Partnerships Between Three  
Metropolitan Melbourne Hospitals with Inner Melbourne Community Legal



INNER MELBOURNE  
COMMUNITY LEGAL

HELPING YOU  
BE HEARD

# ACKNOWLEDGEMENTS

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## ACRONYMS

AOWS	Acting on the Warning Signs	IMCL	Inner Melbourne Community Legal
CLASS	Community Legal Assistance Service System database	HJP	Health Justice Partnership
CLC	Community Legal Centre	RCH	The Royal Children's Hospital
CLE	Community Legal Education	RMH	The Royal Melbourne Hospital
DHHS	Department of Human Health and Services	RWH	The Royal Women's Hospital
FV	Family Violence	SHRFV	Strengthening Hospitals Responses to Family Violence
FGI	Focus Group Interviews	VOCAT	Victims of Crime Assistance Tribunal
IDI	Individual In-depth interviews	WADS	Women's Alcohol and Drugs Service

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## Acknowledgment of Traditional Owners

Inner Melbourne Community Legal acknowledges the Wurundjeri people of the Kulin Nation as traditional custodians of the land where IMCL is based and works. We pay our respects to the Elders, past, present and emerging.

# Overview



## EXECUTIVE SUMMARY

Inner Melbourne Community Legal (IMCL) is a not-for-profit community organisation that provides free legal assistance, education, and advocacy to disadvantaged and marginalised people in the City of Melbourne area.

IMCL was the first community legal service in Australia to establish Health Justice Partnerships (HJPs) with metropolitan hospitals, and has now worked with three hospitals in Melbourne to provide free, accessible legal assistance at clinics situated within the hospitals. Offering a generalist legal clinic, IMCL provides legal advice on a variety of areas of law including civil, family and criminal law. Within Australia this is a new service model, and while there is no universal practice for HJPs, IMCL has included training and secondary consultations within their partnerships.

With the benefit and learning from several years of experience, IMCL has identified the essential requirements, as a small, locally based Community Legal Centre (CLC), for a successful HJP with the major metropolitan hospitals:

- Relationships
- Professional Training
- Continuity and Presence
- Evaluation
- Broad engagement across all aspects of CLC work

These elements are discussed in further detail in later sections of the report.

Medical and legal practitioners have had a shared understanding for many years that the integration of services improves access to justice for vulnerable people. This view that access to legal assistance within a hospital is beneficial to the patient is supported by the findings of this evaluation.

By contributing to an earlier and safer discharge, through addressing family or civil legal issues for the patient, a HJP can provide a cost benefit to the hospital. The close collaboration between the health professionals and lawyers allows for coordination of care for the patient. For both the health care and legal professionals, the HJP has provided insights into how their respective systems work, and allowed optimal working relationships to develop.



## KEY FINDINGS

From the commencement of the on-site legal clinics across the three HJPs The Royal Women's Hospital (RWH) in August 2010, The Royal Children's Hospital (RCH) in October 2014 and The Royal Melbourne Hospital (RMH) in October 2015 to January 2017:

A TOTAL OF 599 PATIENTS WERE SEEN



617 ADVICES WERE PROVIDED



283 LEGAL CASES WERE OPENED



21% OF PATIENTS WERE EXPERIENCING HOMELESSNESS



OVER A THIRD (34%) OF PATIENTS WERE EXPERIENCING FAMILY VIOLENCE



JUST UNDER A QUARTER (24%) OF PATIENTS HAD LOW OR NO INCOME



JUST UNDER A QUARTER (23%) OF PATIENTS HAD A DISABILITY



THREE QUARTERS OF PATIENTS (74%) FELT THAT THE LEGAL ISSUE HAD AN IMPACT ON THEIR HEALTH AND WELLBEING



## PATIENT EXPERIENCE

- IMCL was the first ever point of contact for legal assistance for many; 82.5% of the 80 patients surveyed had never seen a lawyer about their legal issues before. The reasons provided were:
  - They didn't think they could afford it
  - They didn't know where to find a lawyer
  - It was a recent issue
  - They didn't recognise it as a legal issue
  - Fear of retaliation for seeking legal assistance
- Of the patients surveyed, the majority (80%) of referrals came from social workers.
- 94% of patients found it easy to see the lawyer at the hospital due to the time and day of appointments, location, and parking.
- The legal clinic was open to patients from any hospital department. Of those surveyed, 49% had visited the hospital emergency department 1-4 times during the previous three months. 5% had visited the emergency department 5 or more times. While a direct comparison cannot be made due to different time frames, this is considerably higher than findings of a study in three Melbourne hospitals, which found frequent attenders (8 or more visits in 12 months) represented 0.7% of adult emergency department patients and 4.2% of adult emergency department presentations.<sup>1</sup>
- If it were not for the free on-site legal clinic at the hospitals, 40% of patients surveyed said they would not have seen a lawyer. Cost and accessibility were the main reasons provided.
- 81% of patients surveyed were expecting to receive assistance in the form of advice and information regarding their legal issue
- After the legal consultation, 92% of patients surveyed found the legal advice they received helpful. Patients found that the most useful aspect was the knowledge and support they had received to make informed decisions about their legal issues.

<sup>1</sup> Characteristics of frequent emergency department presenters to an Australian emergency medicine network Markham and Graudins BMC Emergency Medicine 2011, 11:21.

## IMPACT OF HJPS ON HEALTH AND WELLBEING OF PATIENTS

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- 74% of patients surveyed felt that the legal issue they were seeing the lawyer about had an impact on their health and wellbeing.
- Patients indicated that the stress they experienced stemmed from being overwhelmed by the legal processes and uncertainty about their legal options.
- 28% of patients surveyed prior to the consultation had a Kessler 10 score of 20-30, indicating mild to moderate distress.
- 41.3% of patients surveyed prior to the consultation had a Kessler 10 score above 30, indicating likelihood of severe distress. The patients consulting a lawyer through the HJP have both medical and legal issues, both of which may contribute to a level of distress; however it is clear that these two percentages are considerably higher than the 12.6% of people in Victoria with a score of more than 21.<sup>2</sup>
- 59% of patients surveyed thought that the legal advice they had received would have a positive impact on their health and wellbeing. Patient responses indicated that gaining a better understanding and receiving the support required to navigate their legal issues provided a sense of relief and control.
- After the legal consultation, 69% of patients felt they were able to cope with their legal issues, compared to before the legal consultation (43%).

## TRAINING OUTCOMES AND FEEDBACK FROM HEALTH PROFESSIONALS

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- The Acting on The Warning Signs (AOWS) workshops run by HJP lawyers for health professionals at RWH were well attended. 226 staff participated and 73% completed the post-training survey. Of the respondents,

89% rated the workshops as very good or excellent. This percentage is slightly higher than Phase One of the AOWS evaluation. In Phase One, 84 (85%) of 99 participants completed the post-training survey and 86% rated the workshops as very good or excellent.

- 100% of hospital staff that participated in the training and completed the surveys had a positive learning experience. Participants found the sessions and activities informative, interactive and engaging.
- Participants gave their feedback immediately following the workshop. They said they had gained a better awareness of the indicators of family violence and the resources available, and felt better equipped with the communication skills required for broaching the topic of family violence with patients.

## HOSPITAL STAFF EXPERIENCES OF THE HJP

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- Interviews with 14 social workers indicated that, as primary referrers, they have a good sense of awareness of the on site legal service. Through four focus group interviews, it was reported that hospital departments will often refer patients experiencing psychosocial issues to the social work department to better capture and address their problems, including legal issues.
- Social workers gained awareness of the on-site legal clinic through various ways, such as Grand Rounds (which provide an opportunity for all health professionals to learn about all aspects of patient care through case examples), emails, team meetings, and training within their own team.
- Social workers had positive experiences with the direct telephone line to IMCL available to them for immediate assistance on legal queries. Overall, social workers found that IMCL lawyers were approachable,

<sup>2</sup> Your Health; Report of the Chief Health Officer Victoria 2016, Part 2: Victoria's Health Indicators. State of Victoria, Department of Health and Human Services, Jan 2018.

informative, communicative and flexible with appointments.

- Where IMCL was not able to assist in an area of law and provided a referral to another service, social workers continued to use those contacts in similar situations due to positive experiences.
- Due to the quick response times of the HJP lawyers, social workers were able to make informed decisions about discharge planning. As a result of positive experiences from the on-site legal service, social workers continued to use the service.
- Across the three hospital sites, social workers fostered positive and respectful relationships with the lawyers, as both share a patient centred approach to advocacy along with providing options based on the patient's wishes.

## IMPACT OF HJPS ON HEALTH PROFESSIONALS

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- Social workers highlighted the importance of the co-located legal service and the ability to discreetly link patients at risk of family violence with a free legal service.
- Social workers at RMH's sub-acute rehabilitation specialist site (the Royal Park Campus) expressed the value of having an on-site legal service as leaving the premises would be physically and mentally demanding for their non-ambulant patients. The co-location of the service facilitated improved patient centred care, which kept patients engaged and connected with clinical services.
- Social workers had improved knowledge, capacity, and support as a result of the on site legal service. Through focus groups and interviews, social workers said they felt more knowledgeable describing legal topics and had confidence advocating for patients to utilise the on-site legal clinic where appropriate.
- Access to a direct telephone line and the on-site legal clinic was a valuable resource

for social workers. Social workers reported that the direct access to legal assistance improved their capacity to provide more comprehensive, patient centred services. Hospital staff can use the direct line to call IMCL for secondary consultations, during which the lawyer can assess if the patient has a legal problem, provide legal information to staff for them to provide to the patient, determine a patient's eligibility for assistance, or provide a referral to another legal service.

## PRACTICE RESPONSES AND CHANGES

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- Social workers have greater awareness of legal matters and capacity to identify patients, better resources, and a clear pathway to provide assistance through the on-site legal clinic.
- Orientation packages for new social workers at the RMH and RWH contain information about the on site legal clinic.
- Increased collaboration between legal and health professionals to provide patient centred services.

## SOCIAL WORKER OBSERVATION OF IMPACT ON PATIENTS AS A RESULT OF THE HJPS

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- Through focus groups, social workers reported they often observed the inter-relationship between the stress experienced by a patient as a result of their legal issues, and their ability to focus on their health and wellbeing. Social workers identified that patients with legal issues often experience stress, anxiety and a poorer sense of wellbeing, as many people prioritise dealing with one given problem at any given time.
- Through the on-site legal service, a social worker in a focus group specified that lawyers were able to assist patients to navigate through both simple and complex legal processes.

- Social workers have found that by addressing the legal needs of patients, patients have an improved capacity to engage in therapy, which can result in safer long-term patient discharges, a point highlighted by a senior social worker in interview.
- Social workers reported that the empathy, sensitivity and professionalism that IMCL lawyers demonstrated to their patients were common feedback they received.
- Social workers received feedback from patients who felt more relieved due to having a better understanding of their legal issues and the ability to make informed decisions.

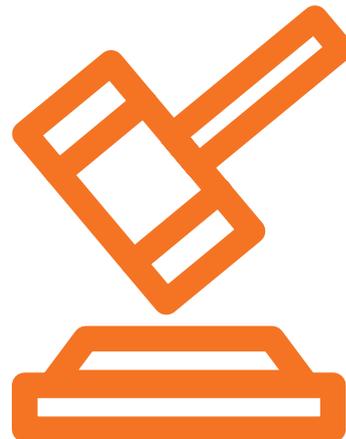
## CHALLENGES AND LIMITATIONS

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- As they are the first point of contact for patients, social workers felt they could assist further, especially for patients with cognitive difficulties, if lawyers kept them in the loop about the progress of a patient's case more often e.g. appointment dates, reminders, and documentation to be provided.
- One of the most common challenges encountered was the misunderstanding by the social workers of the type of information lawyers could or could not provide due to patient lawyer confidentiality. These situations included: being unable to provide reason for conflicts; uncertainties around the amount of patient information that can be disclosed to the referrer; or lack of understanding about why lawyers are unable to provide third party legal advice (as distinct from legal information).
- There are areas of law that IMCL lawyers do not have the expertise to assist with except to offer pro bono referrals in some instances. These include: migration law, wills, and powers of attorney. Established pro bono relationships have and continue to provide important and valuable specific legal assistance to vulnerable patients in the areas of law where IMCL does not have the necessary expertise. In addition, IMCL can

also provide and pay for referrals to migration law specialists when appropriate for individual patients. With suitable, long-term funding, IMCL can investigate replicating this model for other areas of law with other legal partners.

- An ongoing challenge identified by lawyers was the resourcing of HJPs. Concerted efforts need to be made in order to maintain a positive relationship with the hospitals and a steady stream of new referrals. Without resources, funding and executive-level support, the on site legal service may be at risk of being rolled-back.
- Staff turnover with both the legal service and the hospitals has the potential to have a significant impact in maintaining the momentum of the service, especially where stakeholder relationships centre around one person.



# RECOMMENDATIONS

IMCL is experienced in establishing and operating on-site clinics through HJPs, with substantial operational experience and strategic professional management of the partnership. The following recommendations are based on this experience, and the key findings of this report, drawing on patient survey responses, staff feedback from training, focus groups and interviews.

## 1. Ensure sustainability of HJPs through ongoing organisational support

It is necessary to maintain and foster broad executive support for Health Justice Partnerships across partner hospitals and IMCL. The accessibility of a legal service within the hospital setting, as part of the healthcare team, provides valuable assistance for many people, as shown in previous research and in this report. It is acknowledged that a successful HJP depends on mutual commitment and support at the executive level.

## 2. Ensure sustained and secure funding for HJPs to continue to meet the expected level of demand for quality legal services and other aspects of the partnership

The level of resourcing must be sufficient to provide direct legal assistance for patients as well as professional legal education, joint strategic policy work and planning. The availability of long-term and secure funding is essential for the continuation and sustainability of the HJP. Partners should not underestimate the time required to source funding. Seeking avenues of funding together can further strengthen the partnership.

a) Joint advocacy by Health Justice Australia (HJA), the National Association of Community Legal Centres (NACLC), the Federation of Community Legal Centres, Health Care Victoria (HCV) and IMCL should continue to ensure that the model is well understood locally, nationally and at all levels of government.

b) Government departments of Justice, Health and Community Services, as well as health-

related philanthropic foundations that seek to promote health contribute to the long-term funding of HJPs due to the increasingly well-recognised link between legal matters and a person's health and wellbeing.

## 3. Maintain and build strong communications between the partners and all relevant staff to ensure continued promotion of the legal clinic within the hospital setting

There should be regular communication between IMCL and the hospital, lawyers and the health professionals. Regular communication increases awareness of the legal clinic, the areas of law covered and appropriate referrals. Consistent and reliable communication will maintain momentum of the service over time and over any future staff changes. Communications between lawyers and social workers with feedback on individual cases should continue to be augmented with regular monthly meetings, quarterly written updates, published case studies on de identified patients (with their consent) and evaluation progress. These will provide a reference for health professionals and clarity on which issues can be referred. Regular communication should include regular updates and working group meetings to resolve minor issues, professional legal education, executive level meetings and internal promotion of the service.

#### 4. Utilise pro bono legal assistance by private law firms to maximise the impact of the HJP

Develop and build on pro bono relationships with law firms to assist with the range of matters where those firms have expertise and take on patients for representation where possible and as appropriate. The pro bono referral pathways should be actively used and there should be regular two-way feedback between IMCL and the law firms.

#### 5. Develop and regularly review memorandums of understanding between IMCL and partner hospitals

To ensure all aspects of the partnership are active and the benefits of the project are being maximised there should be a formal Memorandum of Understanding (MOU) in place that captures the essence of the partnership. This would enable IMCL and the hospital to continue to develop the partnership and take advantage of any emerging issues and opportunities. Ideally the MOU would capture a range of aspects of the work including:

- Relationships
- Professional Training
- Continuity and Presence
- Evaluation
- Broad engagement across all aspects of CLC work

#### 6. Continue to regularly conduct evaluation of HJPs to ensure continual best practice and adaptations to changing circumstances

The on-site legal clinic at RMH and RWH will continue to adapt as circumstances change, in order to best meet the needs of the patients and their legal needs. Continued monitoring and evaluation should inform best practice and encompass the feedback from staff and patients alike. Given the impact and correlation between health and legal issues, evaluations should also encompass the health impacts of the legal intervention, with a longitudinal view.

The nature of the evaluations will be amended to be more streamlined, easy to administer, conform as much as feasible to the research undertaken by Health Justice Australia, and aim to contribute to the body of research across the sector.

#### 7. Undertake cost-benefit evaluation of HJPs

To understand the economic impact of these HJPs there should be a review of how the work of community lawyers in hospitals reduces hospital costs in terms of length of stay and re-admission, as well as economic benefits for patients. Issues to be covered would include the nature of the health issue, patient safety, discharge and length of stay, and re-admissions. As these areas of research would require access to health records, they will be subject to ethical approval.

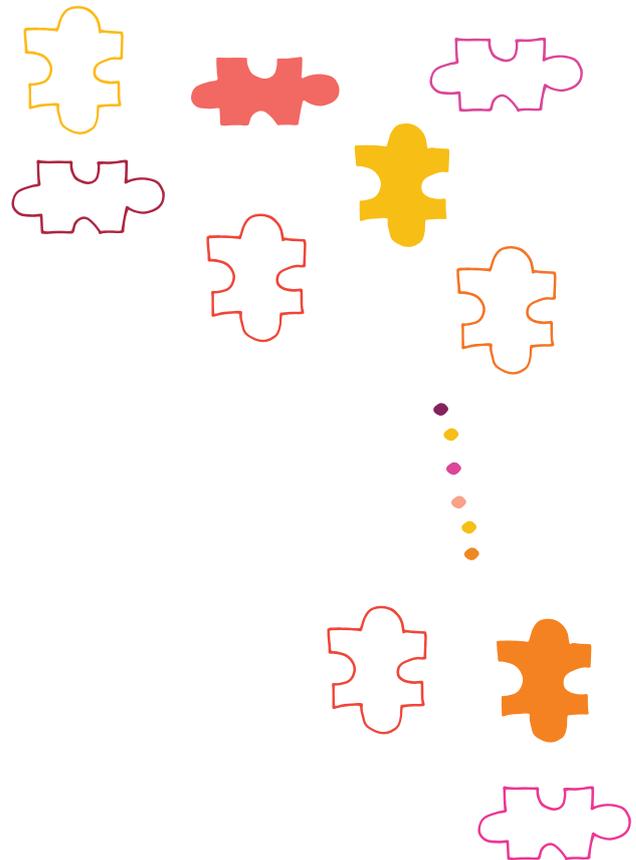
## CONCLUSION

Respectful, professional relationships have been developed in the HJPs between health professionals and lawyers, with the joint objective of providing patient-centred services. The partnerships between IMCL, RWH and RMH were the strongest and most successful due to the consistent and sustained support from the hospitals. A combination of co-location, appointment flexibility, empathy, and responsiveness helped to facilitate the accessibility and quality of the on-site legal service, and assist with care coordination by the multi-disciplinary team.

As a result, patients received professional legal assistance when required, in a location accessible to them. Addressing the legal issues of the patients, earlier than otherwise possible for many, had an associated positive impact on their wellbeing.

IMCL and the partner hospitals will continue to work together on research and policy issues, and seek new, mutually beneficial ways of working together, or to develop new partnerships in the sector.

IMCL and the partner hospitals will seek to continue to provide legal assistance through the HJP for people at the on-site legal clinics, remaining open to opportunities to further develop the partnerships and respond to emerging needs e.g. older persons, homelessness or mental health.



# The Need for Health Justice Partnerships



HJPs integrate legal assistance into a healthcare setting. Through this collaboration, the lawyer becomes part of the multi-disciplinary healthcare team, and provision of legal consultations is usually conducted on-site and initiated through the health professionals. Location of the clinic within the hospital assists with care-coordination between the interdisciplinary team. Patient medical and legal records are held separately; lawyers do not have access to medical records, and health professionals do not have access to legal files. The HJP provides legal services for patients, while also arming health professionals with the skills and knowledge to refer a patient in their care when legal assistance is required.

The Legal Australia-wide Survey (2012)<sup>1</sup> found that many people seek legal advice from non-legal sources, such as health and welfare professionals. The research also showed that unresolved legal problems experienced by an individual will often have detrimental effects on their health, financial and social situation. Accordingly, legal assistance has been shown to alleviate health problems<sup>2</sup>, and should be recognised as social determinants of health.

The LAW survey found that in only around a third of cases (30% Australia-wide) did a person seek a legal adviser when faced with a legal issue.<sup>3</sup> As half of respondents in the survey did not seek any advice, this implies that only 16% of people seek legal advice for a legal problem. Furthermore, people with higher levels of disadvantage are less likely to take any action in response to a legal problem.<sup>4</sup>

Barriers identified for people seeking professional legal advice are accessibility,

including cost, ease of making appointments and distance to the appointment. HJPs provide this accessibility by situating the legal clinic on-site, making referrals through known health professionals, and providing services at no cost.

Curran<sup>5</sup> also suggested that legal services should be available where the person is more likely to be; in this case, the hospital. The RWH, in particular, recognises that they are in a unique position to intervene and assist women to safety and recovery from family violence.<sup>6</sup>



The on-site HJP provides a legal service within the healthcare setting, which ensures it is accessible to vulnerable people when other legal services may not be.

The LAW survey<sup>7</sup> found that disadvantaged people often experience interrelated legal and non-legal problems, and are likely to consult non-legal professionals for legal advice. Disadvantaged people often present with more than one (and more severe) legal problems, and sometimes have reduced capacity for resolving the problems.<sup>8</sup>

Legal and non-legal problems often co-exist, and sometimes are correlated or in clusters, highlighting the need for an integrated approach,

1 Christine Coumarelos et al “Legal Australia-Wide Survey: Legal need in Australia” (Report, Law and Justice Foundation of New South Wales, August 2012) xvi-xvii.

2 Wendy Parmet, Lauren Smith & Meredith Benedict, “Social Determinants, Health Disparities and the Role of Law” in Elizabeth Tobin Tyler et al (eds), *Poverty, Health and Law: Readings and Cases for Medical-Legal Partnership* (Carolina Academic Press, 2011), 21.

3 Coumarelos et al (n 3).

4 McDonald, HM & Wei, Z 2015, How people solve legal problems: level of disadvantage and legal capability, Justice issues paper 23, Law and Justice Foundation of NSW, Sydney.

5 L Curran (2008) ‘Relieving Some of the Legal Burdens on Clients: Legal Aid services working alongside Psychologists and other health and social service professionals’, *Australian Community Psychologist*, Vol 20 (1), pp 47-56.

6 A Future Free from Violence, *The Women’s Prevention of Violence Against Women Strategy 2017-2021*. The Royal Women’s Hospital.

7 Coumarelos et al (n 3).

8 Parmet et al (n 4).

including both legal and non-legal professionals in a partnership to provide the individual with an accessible service and the best response.<sup>9</sup> This integrated and connected service is fundamental if legal services are to be accessible and effective for the most disadvantaged people.<sup>10</sup>

A further obstacle to seeking legal assistance is that the individual may not recognise a legal matter as such. An important aim of a HJP, therefore, is to build the capacity and skills of health professionals to identify when their patients have legal needs. The patient need not explicitly identify themselves as in need of legal assistance for the health professional to see that they require legal advice.<sup>11</sup> A doctor will know, and will usually be able to recognise, for example, that the symptoms of a child with problematic asthma can be exacerbated by poor living conditions, and the family may need legal assistance with their housing, or that a patient with low income may have debt issues.<sup>12</sup> The LAW survey suggests that non-legal advisers provide a gateway to legal services,<sup>13</sup> as is accomplished in the HJP model.

In an integrated model, with the lawyer as one of the healthcare team, secondary consultations by phone allow health professionals to call the lawyer for advice or clarification about a legal question. Training is given for health professionals, via attendance at staff meetings and presentations at hospital Grand Rounds (which provide an opportunity for all health professionals to learn about all aspects of patient care through case examples). This increases their understanding and ability to identify legal matters, and promotes referrals. Secondary consultations and a straightforward, easy referral system can aid the integration of a HJP within the hospital.

Unresolved legal problems experienced by an individual will often have detrimental effects on their health, financial and social situation.

For many people, a HJP offers the only accessible route to legal assistance available to them, and therefore provides an invaluable and indispensable service.

9 Pleasence, P, Coumarelos, C, Forell, S & McDonald, HM 2014, Reshaping legal assistance services: building on the evidence base: a discussion paper, Law and Justice Foundation of NSW, Sydney.

10 Buck, A & Curran, L 2009, 'Delivery of advice to marginalised and vulnerable groups: the need for innovative approaches', Public Space: The Journal of Law and Social Justice, vol. 3, pp. 1–29.

11 Gyorki, L. (2014). Breaking down the silos: overcoming the practical and ethical barriers of integrating legal assistance into a healthcare setting. Retrieved from Winston Churchill Memorial Trust website: [https://www.churchilltrust.com.au/media/fellows/Breaking\\_down\\_the\\_silos\\_L\\_Gyorki\\_2013.pdf](https://www.churchilltrust.com.au/media/fellows/Breaking_down_the_silos_L_Gyorki_2013.pdf)

12 Megan Sandel et al, "The MLP Vital Sign: Assessing and Managing Legal Needs in the Healthcare Setting", (2014) 35(1), The Journal of legal Medicine, 41, 48.

13 Coumarelos et al (n 3).

In a HJP, health professionals can identify and refer patients with legal problems directly to the lawyer on-site, and it is critical to establish clear and effective referral pathways to the on-site legal service. Effective communication between lawyers and health professionals is important for maintaining a successful alliance. The Medical-Legal Partnership at the Boston Medical Centre, for example, publishes a quarterly newsletter with success stories, staff updates and other information.<sup>14</sup> To assist with referrals, they have also distributed pocket sized fact sheets for staff.

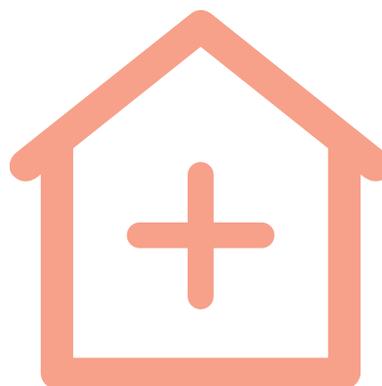
Integrating legal services into a hospital also provides a greater opportunity for individuals to know that legal advice is available, and can increase their capacity to seek legal advice.<sup>15</sup>

Access for disadvantaged people must remain a priority, as they are consistently vulnerable to multiple legal problems, a wide range of severe legal problems<sup>16</sup> and show the lowest rate of seeking professional legal assistance. Added to this, those with more disadvantages often have a lower capability to deal with legal problems through self-help.<sup>17</sup>

A HJP promotes early identification of legal needs and allows for timely preventive legal intervention, often for people who had not recognised they had a legal issue, and/or would not have sought legal assistance. The LAW survey further suggests that legal services should therefore be able to handle and resolve severe and complex legal problems.<sup>18</sup> Where this is not possible, due to legal expertise available within a small organisation, referral partnerships are a viable and practical alternative.

A robust HJP requires strong executive support, sustainable financial backing, and consistent and clear bilateral communication between the lawyers and health professionals. Development of pro bono relationships with a variety of commercial and other law firms can help to ensure patients with legal matters in areas not covered by IMCL will still receive help they seek. This benefits the patient and also the multidisciplinary hospital staff, who know that they can refer a patient with any legal matter beyond those within the expertise of IMCL.

Unresolved legal matters can have a negative impact on health and well-being, and resolving these legal matters can have a beneficial effect on an individual's health. A HJP provides holistic, patient-focussed and integrated approach, including legal and non-legal services. For many people, a HJP offers the only accessible route to legal assistance available to them, and therefore provides an invaluable and indispensable service.



14 Pleasence et al (n 11).

15 Pleasence et al (n 11).

16 Coumarelos et al (n 3).

17 Parmet et al (n 4).

18 Coumarelos et al (n 3).

# OUR HEALTH JUSTICE PARTNERSHIP MODEL

## INPUTS

- Consultation
- Engagement with Hospital executive, social workers, IMCL executive and lawyers
- Funding
- Agreement on co-location
- Processes for referral agreed
- On-site clinic
- Direct phone line for secondary consultations

## ACTIVITIES

- Referrals from social workers to on-site legal clinic
- Legal consultations at on-site clinic
- Follow up case work and representation (as appropriate)
- Secondary legal consultations for health staff
- Training given to health staff on identifying legal issues
- Regular working group/Advisory group meetings
- Feedback to social workers (where appropriate)
- Evaluation of HJP

## OUTPUTS

- Social workers able to provide more holistic care for patients
- Patients receive legal advice and assistance

## SHORT- TO MEDIUM-TERM OUTCOMES

- Patients receive more holistic care; health and social work care from hospital and legal assistance from IMCL
- Patients receive legal advice and representation (as appropriate)
- Patients resolve their legal issues or severity of impact is reduced

## LONG-TERM OUTCOMES

- Patients more likely to recognise legal issues in the future
- Patients more likely to seek legal assistance for future issues
- Patients health and wellbeing improved

## ACTIVITIES OF THE LAWYER WITHIN A HJP

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The HJPs assist patients by providing legal assistance in one or more of the following forms:

1. **Legal advice** tailored to the patient's particular situation
2. **Legal information** to explain the law and the legal system in general terms, including procedural information
3. **Legal task assistance** for discreet document drafting which may include preparing a letter, applications or other documentation
4. **Casework** involving ongoing representation by IMCL or pro-bono services (where appropriate)
5. **Legal referrals** to other appropriate legal or non-legal agencies referrals where IMCL does not have expertise or capacity to assist

### 1. ON-SITE LEGAL CLINIC

IMCL lawyers provide a free on-site legal service at the hospitals on a regular basis by appointment.

- RWH; weekly
- Plus Women's Alcohol and Drugs Service (WADS) clinic; fortnightly
- RCH (discontinued from 2018 due to lack of funding)
- RMH (City campus and Royal Park campus as required); weekly

The on-site legal clinics are embedded within the hospital complex, in a room provided by the social work department. Referrals are made by hospital staff, usually social workers, and appointments booked in advance, on scheduled week days. The appointments are not identified at reception as being with the on-site legal clinic, to retain confidentiality for the patient. Consultations are also held 'out of turn' when a legal issue is identified as urgent. Since January 2018 an

additional online referral system has been in place.

The RMH currently includes details of the on-site legal clinic on the website and on notice boards within the hospital. The service is also promoted on a recorded message for inbound callers while the phone line is on hold. The Women's also has a link to the legal service on their website, and continue to promote the service discretely and verbally to women where appropriate. Additional posters on the recognition of family violence placed in the hospitals will further advertise the on-site legal clinic and allow for self-referral. The service has previously been included in the hospital Grand Rounds; continuation of this will help to integrate the legal on-site service fully and maintain prominence in the knowledge of health professionals.

Both health professionals and lawyers are bound by ethics and confidentiality on matters relating to the patient, and respect the confidentiality of the individual. As such, they seek the consent of the patient before sharing information, as appropriate.

### 2. SECONDARY CONSULTATIONS

IMCL has a dedicated and direct HJP line which hospital staff can call for secondary consultations. The aims of secondary consultations are to: assess if the patient has a legal problem; provide legal information to staff so that they can in turn inform patients; determine if a patient is eligible for IMCL's assistance; or to provide a referral to another legal service. Legal advice is only provided to the patient directly, not through nonlegal intermediaries.

### 3. PROFESSIONAL DEVELOPMENT: ACTING ON THE WARNING SIGNS (AOWS) HOSPITAL STAFF TRAINING

From August 2014 to April 2016 IMCL delivered 10 Community Legal Education (CLE) sessions to hospital staff at the RWH, as part of Phase 2 of the AOWS project. IMCL provided multi-modal training to frontline health professions about identifying and responding to the warning signs of family violence. The staff that attended

the sessions received a booklet that contained resources for future reference. In 2015 the Victorian Government funded the RWH to develop and implement the Strengthening Hospitals Responses to Family Violence (SHRFV) service model. The Department of Human Health and Services (DHHS) are conducting its own evaluation of the family violence training provided to hospital staff through the initiative. Through SHRFV, hospitals are funded to provide family violence training to its staff; as a result, IMCL has discontinued coordinating study days after April 2016.



Both health professionals and lawyers are bound by ethics and confidentiality on matters relating to the patient.

“We know our work in hospitals alleviates patient stress and anxiety, leading to better health outcomes. Health Justice Partnerships work.”

IMCL Senior Lawyer

# WHY OUR HEALTH JUSTICE PARTNERSHIPS WERE EVALUATED

## EVALUATION AIM

The principal aim of this evaluation is to detail the extent to which IMCL's HJPs are operating as intended and to assess the impact on both patients and health professionals at the hospitals.

The partners IMCL worked with are: The Royal Women's Hospital, The Royal Children's Hospital and The Royal Melbourne Hospital.

The RWH is a specialist hospital for women and newborns providing a range of services including women's cancers, maternity, gynaecology and neonatal care. The RCH is a specialist paediatric hospital that provides a range of clinical services, tertiary care and health promotion programs for children and adolescents. The RMH is a generalist hospital that provides a range of health services at two campuses in Parkville: City and Royal Park. The City campus provides both generalist and specialist medical care and surgical care. The Royal Park campus provides sub-acute services, including rehabilitation, aged care and outpatient and community programs.

This cross-site evaluation report details the findings of the HJPs between IMCL and RCH, the RWH and RMH. The HJP with the RCH has not been able to continue due to lack of funding.

This evaluation of IMCL's three HJPs assesses whether the on-site legal services had a positive impact on the health and wellbeing of the patients, some of whom stated that they would not have otherwise sought legal assistance. The impact of the HJP on the role of health professionals is also assessed. The evaluation findings will assist to improve the experience and outcomes of present and future patients accessing the on-site legal service, as well as contributing to the development and evidence base of HJPs in both the national and international context.

Ethical clearance to commence the evaluation was provided by the Human Research Ethics Committee from each hospital site.

- The RWH's ethics approval on 15 December 2015.
- The RCH's ethics approval on 17 November 2015.
- The RMH's ethics approval on 13 September 2016; governance approval on 13 December 2016.

## EVALUATION QUESTIONS

1. What are patients' experiences of the on-site legal clinic?
2. To what extent have the HJPs had an impact on the health and wellbeing of patients?
3. To what extent have the HJPs had an impact on the role of health professionals?
4. To what extent has there been any policy, program or practice change as a result of the HJPs?

## EVALUATION ACTIVITIES

1. Evaluation of the on-site legal clinic surveyed 80 patients across three hospitals from 2015-2017. Interviews were conducted with 14 social workers, and 2 IMCL lawyers.
2. Evaluation of professional development activities conducted under AOWS project at the RWH:
  - a.) Between August 2015 and April 2016, IMCL facilitated 10 multidisciplinary professional development days, incorporating CLE, for staff at the RWH. A total of 226 hospital staff participated in the AOWS workshops, surpassing its target of training 60 individuals.

# The Evaluation

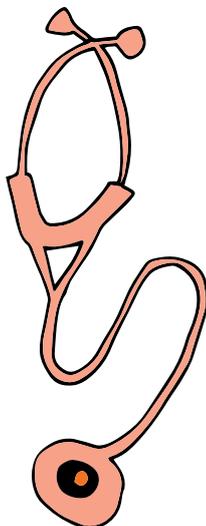


This cross-site evaluation report details the findings of the HJPs between IMCL and three partner hospitals: RCH, RWH and RMH. The HJP with RWH (“Acting on the Warning Signs”) was also evaluated in a separate report.<sup>19</sup>

This evaluation of IMCL’s three HJPs will assess whether the on-site legal services have had a positive impact on the health and wellbeing of the patients, some of whom would not have otherwise sought legal assistance.

## OVERVIEW OF PATIENT DEMOGRAPHICS AND LEGAL ISSUES

A total of 599 patients were seen since the establishment of the on-site legal clinics at each of the HJPs to January 2017.<sup>20</sup> The large discrepancies between hospital numbers (detailed in Table 1) are due to different commencement dates at each hospital.



“I am very, very grateful that someone is willing to help me deal with my problems. It is very thoughtful of them to help me out. Just the fact someone is willing to advise me what to do next, I am stuck and have no family or friends to ask for advice.”

“[The lawyer] clarified the law in a succinct and practical way beyond what I could gauge from online reading, due to complexity of NZ/ Australia, family law etc.”

“I needed to know my rights and confirm what I am going through is, in fact, family violence. Also knowing I can [be] protected through orders. The lawyer had heaps of information to do with my situation and is putting it in a letter so I can refer to what we spoke about.”

<sup>19</sup> Hegarty K, Humphreys C, Forsdike K, Diemer K and Ross S (2014) Acting on the warning signs evaluation: Final Report. (University of Melbourne: Melbourne, Victoria).

<sup>20</sup> Data correct as of January 2017.

**TABLE 1:****NUMBER OF PATIENTS, ADVICES AND CASES BY HOSPITAL**

HOSPITAL	WHEN HJP COMMENCED	TOTAL NUMBER OF PATIENTS SEEN	NUMBER OF ADVICES PROVIDED	NUMBER CASES OPENED
The Royal Women's Hospital	August 2010	452	479	220
The Royal Children's Hospital	October 2014	80	79	38
The Royal Melbourne Hospital	October 2015	55	59	25
<b>TOTAL</b>		<b>599</b>	<b>617</b>	<b>283</b>

- 21% of patients seen were experiencing homelessness
- Over a third (34%) of patients were experiencing family violence
- Just under a quarter (24%) of patients had low or no income
- Just under a quarter (23%) of patients seen had a disability. A higher percentage of patients with a disability (81%) were seen at RMH, which offers Emergency Care, trauma care and rehabilitation services.

**TABLE 2:****VULNERABILITY OF PATIENTS BY HOSPITAL**

HOSPITAL	% OF PATIENTS EXPERIENCING HOMELESSNESS		% OF PATIENTS EXPERIENCING FAMILY VIOLENCE		% OF PATIENTS WITH LOW OR NO INCOME		% OF PATIENTS WITH A DISABILITY	
	n	%	n	%	n	%	n	%
The Royal Women's Hospital	85	19%	158	35%	36	8%	77	17%
The Royal Children's Hospital	20	25%	23	29%	61	76%	17	21%
The Royal Melbourne Hospital	18	33%	20	36%	46	10%	45	81%
Combined total across three HJPs	123	21%	201	34%	143	24%	139	23%

A total of 80 patients participated in the evaluation and completed surveys from November 2015 to March 2018. The numbers at each hospital are given in Table 3.

**TABLE 3:****NUMBER OF SURVEYS COMPLETED AT EACH HOSPITAL**

HOSPITAL	TOTAL NUMBER OF PATIENTS SURVEYED
The Royal Women's Hospital	38
The Royal Children's Hospital	17
The Royal Melbourne Hospital	25
<b>TOTAL</b>	<b>80</b>

## MULTIPLE COMPLEX LEGAL ISSUES

Half of the patients surveyed were experiencing two or more legal issues (Table 4). The broad areas of law patients required assistance with are given in Table 5.



“The lawyer was compassionate and generous with her explanations and I now feel more informed.”

“I am more empowered to stand up for myself and not accept the family violence in my life.”

**TABLE 4:**  
NUMBER OF LEGAL ISSUES PER PATIENT (n=74)

NUMBER OF LEGAL ISSUES	PERCENTAGE OF PATIENTS SURVEYED EXPERIENCING MULTIPLE LEGAL ISSUES
One legal issue	49%
Two legal issues	37%
Three or more legal issues	14%
Total	100%

**TABLE 5:**  
AREAS OF LAW PATIENTS SURVEYED REQUIRED ASSISTANCE WITH (n=74)

AREA OF LAW	PERCENTAGE
Children issues #	43%
Family violence	39%
Debts and Centrelink	22%
Personal safety	3%
Victims of crime	12%
Housing problems	9%
Work and employment	7%
Criminal law	11%
Other *	20%

# Family law matters where there are disputes regarding children

\* Other comprised of immigration, wills, and powers of attorney

# PATIENT EXPERIENCES OF THE ON-SITE LEGAL CLINIC

The most common referral pathway to the on-site legal clinic was through social workers at the partner hospitals. Across the three hospitals, the majority of patients (80%) were referred by social workers. A further 8% were referred by another health professional and 8% self-referred to the on-site clinic.

## CO-LOCATION TO ADDRESS THE BARRIERS TO LEGAL ASSISTANCE

The majority of patients (94%) found it very easy or easy to see the lawyer at the hospital (Figure 1). Reasons patients found it easy was due to the co-location of the clinic (52%), the time and day of appointments (43%) and parking (9%).

In the last three months, just under half (49%) of the patients surveyed had visited a hospital emergency department 1-4 times and 5% had visited the emergency department between 5-8 times.

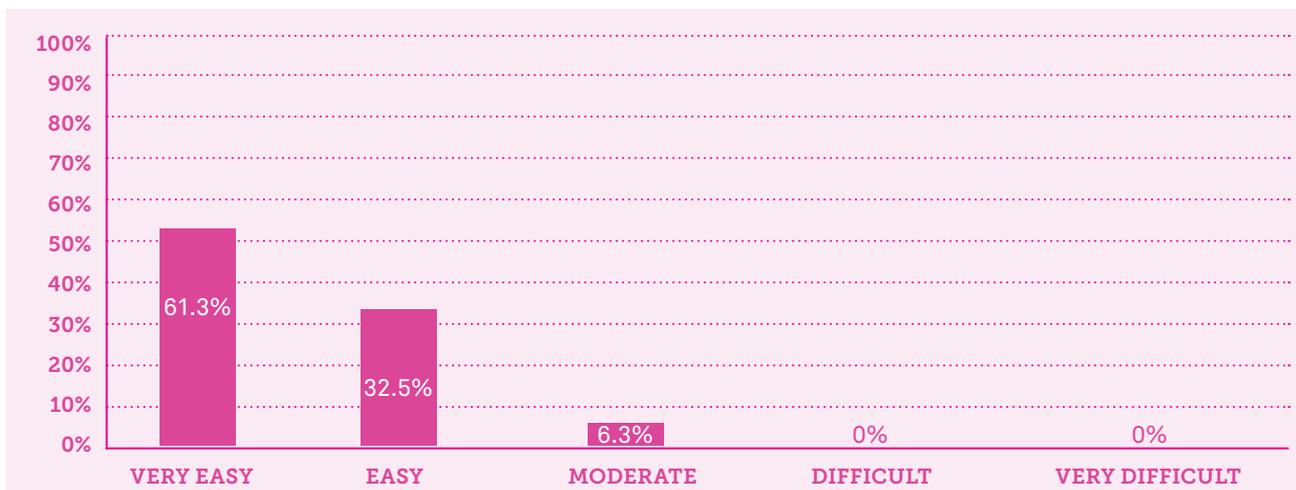
## REACHING PATIENTS WHO WOULD NOT HAVE OTHERWISE SOUGHT LEGAL ASSISTANCE

In most cases, IMCL was the first point of contact for legal assistance as 82.5% of patients had never seen a lawyer about their legal issues before. Patients who had not seen a lawyer listed one or more of the following reasons:

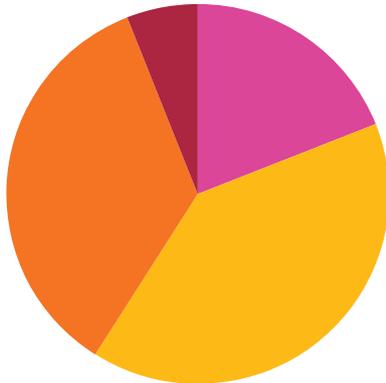
- 33% of patients didn't think it was affordable
- 27% didn't know where to find a lawyer
- 20% said it was only a recent issue
- 12% didn't recognise it as a legal issue
- 3% feared retaliation for seeking legal assistance
- 3% needed time to process

If it were not for the free on-site legal clinic at the hospitals, 40% of patients surveyed would not have seen a lawyer (Figure 2). Cost and accessibility were the main reasons patients provided where they indicated they wouldn't have seen a lawyer if the free-legal service was not available.

**FIGURE 1:**  
EASE OF SEEING A LAWYER AT THE HOSPITAL (n=80)



**FIGURE 2:**  
WOULD YOU HAVE SEEN A LAWYER  
ELSEWHERE? (n=80)



<b>YES</b>	<b>19%</b>
<b>NO</b>	<b>40%</b>
<b>UNSURE</b>	<b>35%</b>
<b>NR</b>	<b>6%</b>

One patient in response to the survey wrote:

*"Yes, I would've seen a lawyer if not for the free on-site legal service, but it would've been a considerable financial stress. Or I would have sought to understand all the info through online resources, which would have been very difficult."*

Patients who had responded with 'Don't know,' often explained that cost, trust, and urgency would be factors in deciding to see a lawyer if the free legal service was not available.

*"Cost would be the main issue. I may think of it if the situation was life-threatening."*

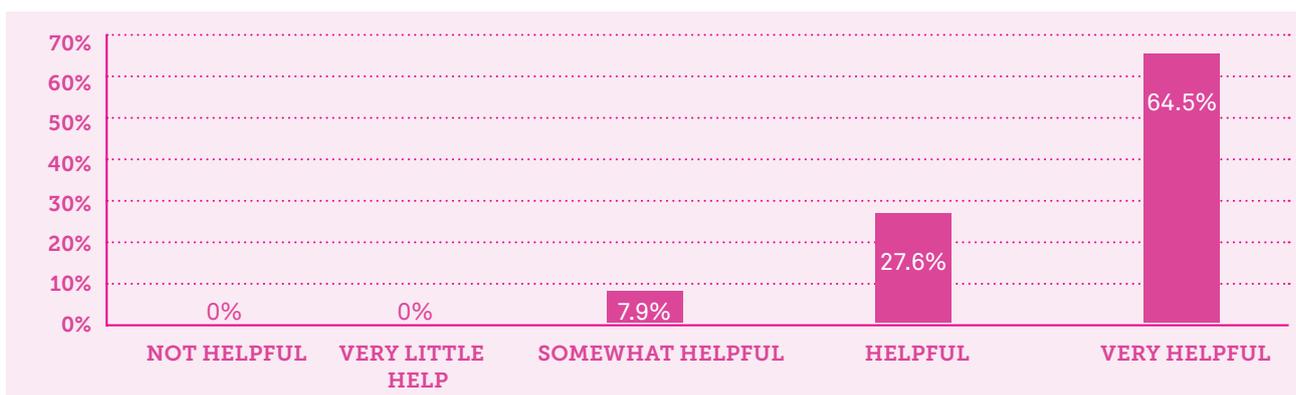
*"I couldn't decide who to trust and who would best support me in my situation."*

## PATIENT EXPECTATIONS AND SERVICE PROVIDED

On the whole, the on-site legal service met the expectations of patients, where 81% of patients surveyed were expecting to receive assistance in the form of advice and information. After the legal consultation, 92% of patients surveyed reported that they found the legal advice they had received to be helpful (Figure 3).

In addition to gaining information and tailored legal advice, patients frequently reported the most useful aspect was the knowledge and support they had received to make informed decisions about their legal issues. Follow-up letters of advice were helpful in consolidating what was said during the legal consultation, for patients to refer back to. Other reasons were to confirm that the patient's uncertainties if they were experiencing family violence.

**FIGURE 3:**  
PERCENTAGE OF PATIENTS THAT FOUND  
THE LEGAL ADVICE HELPFUL (n=80)



# IMPACT OF THE HJP ON THE HEALTH AND EMOTIONAL WELLBEING OF PATIENTS

## STRESS AS A RESULT OF LEGAL ISSUES

A majority of patients (74%) that were surveyed felt that the legal issue they were seeing the lawyer about was having an impact on their health and wellbeing (Figure 4). Patients experiencing stress as a result of their legal issue stemmed from feeling overwhelmed by the legal processes and the uncertainty of their options. 28% of patients surveyed had a Kessler 10 score of 20–29; suggesting they were experiencing a degree of mild to moderate distress.<sup>21</sup> Some patients (41.3%) had a score of 30 or above, indicating likelihood of severe distress. This is considerably higher than the proportion of people in Victoria with a score of more than 21 (12.6%) as recorded by the Chief Health Officer’s Report.<sup>22</sup>

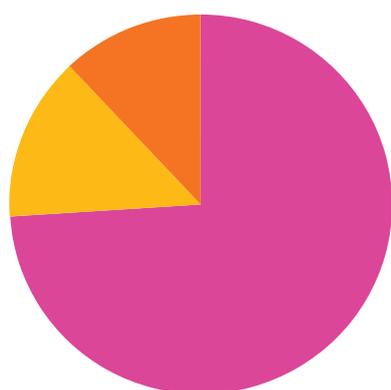
*“It’s provoking a degree of anxiety on a consistent basis, sometimes more, sometimes less.”*

*“I am very stressed about what the father of the baby may do and I feel anxious about the situation and have trouble sleeping.”*

*“Knowing I can do something about my situation and this legal team can help me with it. I am currently seeing a psychiatrist and taking anti-depressants due to these issues.”*

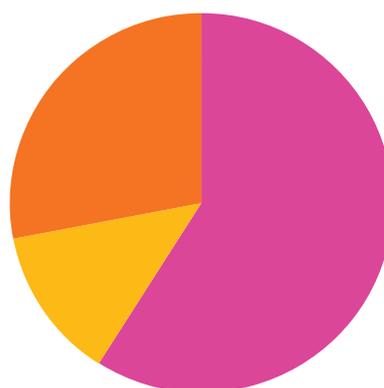
*“It is constantly at the back of my mind, that I will be taken away from my son. It will impact on him and I don’t want that.”*

**FIGURE 4:**  
IS THE LEGAL ISSUE HAVING AN IMPACT ON YOUR HEALTH AND WELLBEING (n=80)



**YES** 73.8%  
**NO** 13.8%  
**UNSURE** 12.4%

**FIGURE 5:**  
DO YOU THINK THE LEGAL ADVICE WILL HAVE AN IMPACT ON YOUR HEALTH AND WELLBEING? (n=80)



**YES** 59%  
**NO** 13%  
**UNSURE** 28%

<sup>21</sup> Based on CRUFAD & GPcare score groupings and categorisation <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4817.0.55.001Chapter92007-08>

<sup>22</sup> Your Health; Report of the Chief Health Officer Victoria 2016, Part 2: Victoria’s Health Indicators. State of Victoria, Department of Health and Human Services, Jan 2018.

## ABILITY TO COPE WITH LEGAL ISSUES AND THE IMPACT ON HEALTH AND WELLBEING

After the legal consultation, 59% of patients surveyed thought that the legal advice they received would have an impact on their health and wellbeing (Figure 5). Patient responses indicated that gaining a better understanding and receiving support in navigating their legal issues provided relief and a sense of control.

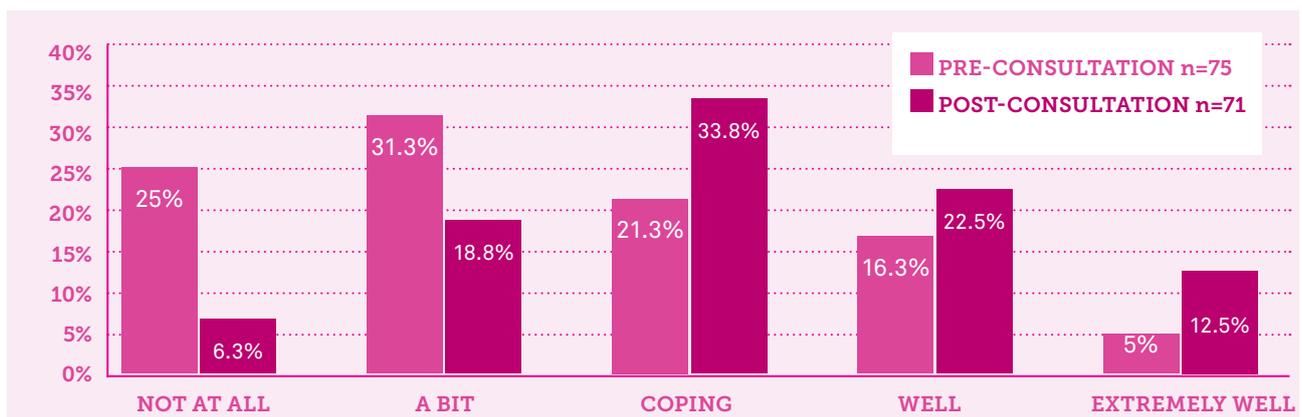
Before the legal consultation, 43% of patients felt they were coping with their legal issues, which increased markedly to 69% after the legal consultation (Figure 6).

*"I was given direction about my rights and feel more relieved knowing what my rights are."*

*"It helped me to have a clearer idea of my rights and to make me feel empowered when negotiating with my partner."*

*Before the legal consultation, 43% of patients felt they were coping with their legal issues, which increased markedly to 69% after the legal consultation (Figure 6).*

**FIGURE 6:**  
ABILITY TO COPE WITH LEGAL ISSUES  
BEFORE AND AFTER CONSULTATION



## PATIENT CASE STUDIES

Patient case studies were collected from each of the HJP hospitals with the patient's consent. Two patients were also interviewed for the Law Report on Radio National.<sup>1</sup>

<sup>1</sup> Law Report on Radio National: <http://www.abc.net.au/radionational/programs/lawreport/health-justice-partnerships/8984390#transcript>

# PATIENT CASE STUDY: SASHI



In 2017, Sashi saw IMCL lawyers through the HJP with RMH. Sashi was an outpatient receiving ongoing assistance with rehabilitation following a brain injury incurred in a rock climbing accident in 2011. As a result of her injury, Sashi's relationship with her family became fractured. Sashi attempted to return to work following her injury but was made redundant twice and began to experience financial strain.

When Sashi sought assistance from IMCL, she was effectively homeless, couch surfing at friends' houses. Sashi was unable to work and had incurred almost \$58,000 in debts. Sashi sought assistance to manage her debts and obtain early access to her superannuation.

We contacted the creditors and assisted Sashi to have over \$51,000 in debts

waived. Where debts were not waived, we were able to negotiate reductions and manageable payment plans for Sashi. We referred Sashi to a private law firm who assisted her to make a total and permanent disability claim with her superannuation company. Without IMCL's assistance, Sashi's creditors may have pursued legal proceedings against Sashi putting her further into debt, and risking bankruptcy.

*"If it wasn't for the referral from social work, I would not have known that this service existed. I would have just gotten into more and more debt. I was not well informed about services. My mental health had a lot to do with it...the debts were impacting my ability to think straight and my ability to cope*

*Now I am actually able to breathe I can fully focus on my therapy...it's like a huge chunk of my stress is relieved.*

*How about that, I could sleep at night! I didn't have to worry that I owe this much, I owe that much... that mental capacity was something that had opened my mind, that okay I can breathe. I can think.*

*You have given me a new life...I can now think forward...I feel like I can breathe...I can plan for my future."*

# PATIENT CASE STUDY: SAMANTHA

We saw Samantha as part of our HJP at the RCH. Samantha's daughter had disclosed over a year ago that she had been sexually abused by her father, Samantha's husband. A report was made to Police but there was not enough evidence to charge him. Police subsequently applied for an Intervention Order on behalf of her daughter, which still allowed her husband to have contact with their daughter but prohibited him from committing family violence against her. At the time of the disclosure Police also reported the sexual abuse to DHHS, who became involved with the family. They recommended to the family that any contact between Samantha's husband and her daughter be supervised and subsequently closed their file without taking any further action.

Following the investigations by Police and DHHS, Samantha remained living in the family home with her husband and children as she felt that she had to try to keep her family together. She tried to supervise her husband's contact with their daughter; however, she became increasingly more concerned for her children's safety and later made the decision to separate from her husband. She moved out of the family home with her

children, and her social worker at the hospital referred her to us out of fear for Samantha's safety and that of the children.

Two days after meeting with Samantha, we assisted her to urgently apply for parenting orders in the Federal Circuit Court of Australia. A lawyer from IMCL appeared on Samantha's behalf and in his absence was granted orders for the father to have no contact with the children until further orders could be made, as the Court was very concerned about Samantha's allegations that the children had been exposed to family violence and child abuse.

We also assisted Samantha to apply for an Intervention Order on behalf of her and her other children, because her husband and members of his family were going to her new home and the children's school. This Intervention Order was subsequently breached by the husband. We supported Samantha to make complaints to Police and he was later charged.

We continued to assist her through the proceedings in the Federal Circuit Court, and for the children to receive counselling. The matter took over a year to resolve and Samantha was able to successfully obtain orders for her children to

live with her and have no contact with their father, which was in accordance with their wishes. We helped Samantha to apply for a divorce, which she chose to lodge herself after gaining in confidence through the continual support she had received. We were also able to refer her to a private lawyer so that her daughter could make an application for compensation to the Victims of Crime Assistance Tribunal (VOCAT).

Prior to meeting us, Samantha had not had any opportunities to get independent legal advice, even when Police and DHHS were involved with her family. With the support of her social worker, Samantha was able to get the advice she needed and take immediate action to protect her and her children's safety. We were able to provide Samantha with the legal support she urgently needed in a time of crisis, whilst the counsellor was able to continue working with her daughter to support her ongoing recovery from her experience as a victim of sexual assault.



*"This is my first time I've ever had a lawyer working on behalf of me. The reason why I didn't think of getting a lawyer is because I'm a single mum, I don't work, I never have worked over the years I've been married to this man because my duty was a mother. So I had to stay home, look after the children, cook, clean, that was my job at home while he was the breadwinner of the family. So I didn't know anything, education wise, qualification wise I had nothing. I was worthless; I'm nothing to him... He made me feel like an unworthy woman and a mother... But as for physically and mentally he loves playing with the mind and ensuring me that I am nothing, telling me that I am stupid and I don't have qualifications and he can do better without me. That's why I was afraid to go out and see someone or leave him... Because all these 20 years of hearing him say that I'm nothing and that, I took it in.*

*And we feel protected by the law too and we have people working here in [the legal sector] who not only do legal stuff but they... they're warm and open-hearted and they listen even though they're legal workers. But yeah, all open ears, they hear us, they hear our story and they want to*

*help us and do things to set things straight.*

*If it wasn't for the hospital, the counselling and the legal side, I would have been stuck, still, now I would have been still there, afraid and just not reaching out. We would have been stuck there and being afraid and just living in an unsafe environment.*

*[The lawyer] made me feel comfortable, she made me feel that I can do it, and [by] listening... she heard me and she gave me good advice too, I mean ... it's up to the person if you want to take it or leave it. But the advice that I got from [the lawyer]... what she's done for my life and for my children and that, it means a lot. It made me, where I am now, I can stand up to the man if I see that man again, but to come to IMCL and to have [the lawyer] there as a mentor or a help, that helps me, and guide me and explain the legal stuff of things, the right way. I know I'm safe, because everything that I've done is all legal, all right and all true and that gives me the strength to stand up and I have my head held up high."*

# PATIENT CASE STUDY: JOE



A lawyer from IMCL saw Joe at the RMH. He suffers from a complex medical disorder and had recently attempted suicide, in part because he was struggling to deal with the family violence that he was experiencing at the hand of his sibling who was a drug user and lived at home with Joe and his elderly mother.

He was very worried about returning home and concerned for his safety and wellbeing. Due to the family violence situation, the multidisciplinary hospital team agreed that his home was an unsafe and inappropriate destination, and discharge was delayed. There was a limited Intervention Order in place for his protection, but it still allowed his sibling to live with him and contact him.

We contacted Police to see if they would assist Joe because he was very vulnerable but they would not take any action in part because of his mental health issues. We assisted Joe to draft an application to have the Intervention Order varied, and arranged with the Melbourne Magistrates' Court for him to make his application the day he was discharged from RMH so that his sibling would be excluded from the home. If IMCL

did not have our existing relationship with the Court, it is unlikely that we would have been able to get Joe an expedited appointment. Joe was able to successfully vary the Intervention Order in place which enabled his to return home safely.

*"...I've got a brother who's an older sibling and he's extremely addicted to ice... And basically, while I was in hospital he was ransacking the house, stealing everything and anything possible, just all for drugs...*

*He came at me with a tomahawk axe. And I had to close my security door to stop it. Then a member of the public called the police, so you get the idea of how severe it is.*

*I got a one-year, mum's got a five-year [Intervention order], and my jaw dropped when she received that due to her frailness because she's 80 years old and she just wants to be left in peace like anybody else. But the heart-wrenching part about it is it's still her son.*

*The whole environment was toxic, extremely toxic; I cannot stress to you in words how bad it was. And I'm battling my own problems as I've mentioned and mum just wants to be left in peace...Because when*

*you're living in a toxic environment, especially when you've got medical issues, things can go wrong mentally. Mental health can be really bad.*

*I hate to think what would have happened if [the IMCL lawyer] didn't come into the hospital. My mental health probably could have gotten much more dangerous than a mental breakdown due to the severe chronic pain that I suffer. If she didn't come in there, I don't know where I'd be – maybe in a coffin. I'd hate to say that, god forbid, but that's where it was possibly leading."*

# PATIENT CASE STUDY: SARA



Sara, a 30-year old African woman, was referred to IMCL by her social worker at the RWH when she was 10 weeks pregnant with her second child. She was living in public housing and had experienced significant family violence at the hands of several previous partners. Sara told the lawyer that she was not sure whether she required legal assistance and then started telling the lawyer her story. Sara raised many legal issues whilst telling her story, and the lawyer immediately gave Sara advice on intervention orders, child support, financial assistance through VOCAT, debts, infringements, housing, employment, criminal law and divorce.

IMCL spent many months working with Sara, assisting her to apply for a divorce as well as an intervention order against her violent ex-partner. IMCL also assisted Sara to transfer to a new public housing property that was safer and more appropriate for her circumstances. IMCL assisted Sara with her criminal matter and has assisted Sara to apply to have her infringements revoked. IMCL also applied to VOCAT on behalf of Sara and she was awarded a total of \$5,969 including a lump sum of financial assistance, counselling expenses, home security and the fees

for a Certificate I and II in English language.

Sara told IMCL that she wouldn't have seen a lawyer if there had not been a lawyer at the hospital. She said that she didn't know anyone in Melbourne, so she thought that she would have to pay for a lawyer and she didn't know where to find one.

*"It especially helped with my divorce. I feel free right now. I can walk around and I don't feel like anyone owns me anymore. I feel safe. You helped me a lot."*

# IMPACT OF HJPS ON THE ROLE OF HEALTH PROFESSIONALS

## ACTING ON THE WARNING SIGNS (AOWS) STAFF TRAINING

Between 1 August 2015 and 26 April 2016, IMCL facilitated 10 CLE sessions for staff at RWH as part of Phase 2 of the HJP project. A total of 226 hospital staff participated in the AOWS workshops. This surpassed the target of training 60 individuals through the provision of multi-modal family violence education.

TABLE 6: NUMBER OF SURVEYS COMPLETED

	RESPONSE RATES	% RESPONSE RATE
Attended AOWS training	226	-
Completed pre-training survey	160	71%
Completed post-training survey	166	73%

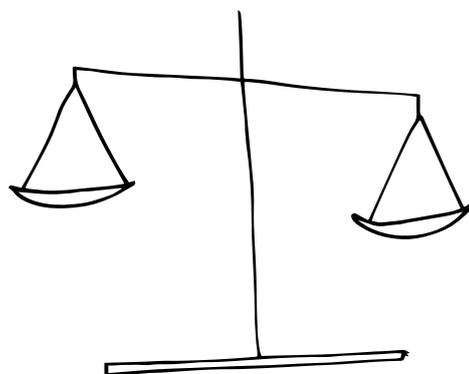
There are some discrepancies in these numbers as some health professionals attending did not complete the surveys. Surveys were not matched; all are included in analysis.

The majority of health professionals that attended the RWH training sessions had positive attitudes towards working with lawyers to address family violence (Table 7).

- 98% of health professionals thought that having a multidisciplinary approach is an effective way in responding to women experiencing family violence.
- 84% thought that healthcare providers should work with lawyers responding to family violence.
- 81% thought it was a good idea to have a lawyer in the hospital.

Overall, participants rated the workshop coordination, organisation and delivery highly (Tables 8 and 9). In an overall rating of the workshop, 89% said it was good or excellent (Table 10). A high number of participants (95.2%) agreed that they would recommend the workshop (Table 11).

The AOWS workshops were generally well received, with 89% (n=132/148) rating them as very good or excellent. This is slightly higher percentage than the first phase of the AOWS evaluation, where 86% (n=72/84) rated the workshops as very good or excellent.



**TABLE 7: HEALTH PROFESSIONALS' VIEWS ON MEDICO-LEGAL PARTNERSHIPS (\*n=15)**

	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DIS-AGREE		AGREE		STRONGLY AGREE	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
A multidisciplinary approach is effective in responding to women experiencing family violence	0	0.0%	0	0.0%	3	2.0%	64	42.7%	83	55.3%
Healthcare providers should work with lawyers in responding to family violence	0	0.0%	4	2.7%	19	12.7%	94	62.7%	33	22.0%
It is a good idea to have a lawyer in the hospital	1	0.7%	3	2.0%	25	16.7%	71	47.3%	50	33.3%

**TABLE 8: HEALTH PROFESSIONALS' VIEWS ON THE WORKSHOP (\*n=166)**

	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
The workshop was well coordinated	0	0.0%	1	0.6%	3	1.8%	61	36.7%	101	60.8%
Communication about the workshop was clearly and timely	0	0.0%	1	0.6%	1	0.6%	66	39.8%	98	59.0%
The workshop fitted in well around my other responsibilities	0	0.0%	1	0.6%	9	5.5%	71	43.0%	54	50.9%
The way the workshop was delivered supported my learning	0	0.0%	4	2.4%	2	1.2%	74	44.8%	85	51.5%
The depth and breadth of the workshop content was right for me	0	0.0%	5	3.0%	7	4.2%	72	43.4%	82	49.4%
Training resources and materials assisted my learning during the workshop	0	0.0%	2	1.2%	3	1.8%	69	41.6%	92	55.4%
Participating in the workshop was a worthwhile experience	0	0.0%	1	0.6%	5	3.0%	59	35.5%	101	60.8%

**TABLE 9: FEEDBACK ON WORKSHOP PRESENTER (\*n=166)**

	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
They were well prepared for the workshop	0	0.0%	4	2.4%	1	0.6%	51	30.7%	110	66.3%
They made connections between learning materials and activities, and my workplace	0	0.0%	0	0.0%	5	3.0%	57	34.3%	104	62.7%
They demonstrated a sound knowledge and understanding of the workshop content	0	0.0%	0	0.0%	1	0.6%	44	26.5%	121	72.9%
They presented in a clear and stimulating manner	0	0.0%	2	1.2%	4	2.4%	53	32.1%	106	64.2%

**TABLE 10: OVERALL WORKSHOP RATING (\*n=148)**

	POOR		FAIR		GOOD		VERY GOOD		EXCELLENT	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
Overall workshop rating	0	0.0%	4	2.7%	12	8.1%	39	26.4%	93	62.8%
Undertaking the workshop was a positive learning experience	0	0.0%	0	0.0%	4	2.7%	33	22.3%	111	75.0%

**TABLE 11: PARTICIPANTS WHO WOULD RECOMMEND THE WORKSHOP (\*n=148)**

	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE	
	No.	%	No.	%	No.	%	No.	%	No.	%
I would recommend the workshop to colleagues	0	0.0%	3	2.	4	2.7	27	18.2	114	77.0

## STAFF FEEDBACK ON THE WORKSHOP

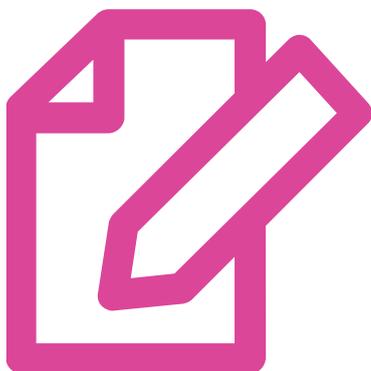
All hospital staff (100%) that participated in the training and completed the surveys had a positive learning experience. In general, they found the sessions and activities, informative, interactive and engaging. The combination of presentations of various different groups, case studies, small group discussions, videos, roleplays and workbooks helped to consolidate learnt knowledge. Participants seemed to gain a better awareness of the indicators of family violence, resources available and felt better equipped with the communication skills required for broaching the topic of family violence to patients.

*"It has given me the confidence to speak to women in my care about family violence. I have learnt many services out there for women and myself."*

*"It made it very clear that I had much to learn. Very interesting and informative presenters who provided in-depth information. Roleplays were challenging but increased my confidence in asking about family violence and responding/referring appropriately. Sensitive practice skills -very useful. Printed resources will be a good reference to have. Enjoyed the case study work and input from police violence liaison officer."*

*"Clarifying what constitutes family violence, the warning signs and mostly, how as professionals, we approach and broach the subject with our [patients]."*

Staff feedback on the workshop



## AREAS WHERE WORKSHOPS COULD BE IMPROVED

There were polarising comments regarding certain aspects of training. Some staff didn't feel comfortable participating in the roleplay as they found it embarrassing and confronting. Having the option to choose different activities during break-out discussions could help accommodate preferred learning styles. Additional improvements that were suggested included having more breaks after lunch as the information was too dense and repetitive, to include more culturally diverse case studies and to provide more visual stimulation and audience participation for better engagement.

*"The legal aspects were very dry and felt too in depth and not within my scope of practice. I found it hard to take any of this in later on in the day. The day seemed very long and it felt like there was too much content trying to be crammed in."*

*"I would have appreciated a little more information from the Aboriginal Family Violence P & L service e.g. case studies, differences in what interventions are more culturally sensitive."*

## FINAL COMMENTS

Overall participants at the RWH had positive learning experiences. Many attendees noted that family violence training should be embedded within training curriculum.

*"Thank you. A very important workshop which I think all nurses, midwives and doctors should do to inform us in our practice. It has made me much more aware of warning signs and statistics."*

**"People had difficulties with the roleplay. Hard in particular to play the patient. I wonder whether a video of a similar exercise might assist (in addition to doing it yourself)."**

Staff feedback on the workshop

**"This workshop was more informative than I thought. I have learnt so much and hope to use these tools in my practice. It has given me confidence to ask questions many others don't. Thank you for the eye-opening day!"**

Staff feedback on the workshop

# STAFF EXPERIENCE WITH ON-SITE LEGAL SERVICE

Focus Group Interviews (FGI) and Individual In-depth interviews (IDI) were completed with 14 social workers and two IMCL lawyers.

## AWARENESS

Hospitals often refer patients experiencing psycho-social and wellbeing issues to the social work department. As the primary referrers, there was a better sense of staff awareness about the on-site legal service within the social work departments across the three hospitals.

*"Within social work, I'd say it's very good and maybe not all the details but everyone knows it's there and it's available. Outside of that, I'd be surprised if anyone did direct referrals themselves, more so that they'd go through us anyway." (RMH City FGI, Participant 1)*

*"...in talking to the social workers at the Royal Women's Hospital and the Royal Melbourne Hospital their point of view is if the patient has to have a psycho-social issue that's linked to their legal problem anyway, ... they think that social work should be referred for most of the patients that we see. So from their point of view, they don't think that it's necessarily problematic that we don't get referrals from medical staff." (IMCL FGI, Lawyer 1)*

Social work staff came to learn about the legal service through various ways, including emails, flyers, an IMCL staff member attending team meetings and presentations at Grand Rounds.

*"... when we do go along to trainings we do tend to notice that, you know, that there will be a bit of a spike in referrals." (IMCL FGI, Lawyer 1)*

Some hospital staff from other departments also seemed to gain a better awareness about the on-site legal service from the Grand Rounds.

*"After they did the Grand Round more doctors and geriatricians actually were talking about it quite a lot..." (RMH Royal Park FGI, Participant 2)*

Some departments such as Gatehouse Centre at RCH have promoted the on-site legal service within their own team by circulating emails as a result of their positive experiences. Suggestions to maintain awareness were targeted email reminders and updates on appointment changes.

*"I think in Gatehouse we all know it, and I know that when we've had positive experiences, we've spruiked it and sent out emails to remind everybody that we've got this service..." (RCH IDI 1, Participant 1)*

*"...I think the emails are helpful as a sort of reminder, particularly if there's a change of days or if there's been a couple of weeks that there haven't been appointments, that stuff's always helpful." - (RCH IDI 2, Participant 1)*

At the RWH, a senior social worker at the Women's Alcohol and Drugs Service (WADS) reflected that awareness of the on-site legal service had seemed to improve throughout the years.

*"I feel like people are utilising the service more than what they were when I first started in the position, so I don't know whether that's because we've built more of a relationship over the 2½ years." - (RWH WADS, Participant 1)*

## APPOINTMENT FLEXIBILITY, AVAILABILITY, AND RESPONSIVENESS

Social workers interviewed expressed positive experiences of the referral process to IMCL and access to a direct line. It was highlighted that IMCL staff and lawyers who answered were approachable, informative, and responsive to communication and were flexible with out of turn appointments if required.

*"I think it's a very quick turn around and they're very responsive when you call on the phone like I don't get put on hold or can't get through which we've experienced in a lot of other places we call." (RMH City FGI, Participant 2)*

When social workers felt uncertain if a legal matter was appropriate to refer to IMCL, they felt comfortable calling and gaining additional information, knowing secondary referrals would be provided if necessary.

*"...if we had any questions about whether something would be appropriate for them to do, or if we didn't have enough understanding or someone we could call them directly and that was a really big help knowing that there was a legal service who could then refer families to another service." (RCH FGI, participant 2)*

At RCH, a social worker reported she had a positive experience with a referral provided by IMCL and would continue to use the contact for similar cases.

*"I think I will add that the solicitor that you referred us to in South Melbourne, I will add to my list of good people to refer other families too, like now that I know that they have a really sensitive and good person, a female [which is] important, that is added to my bag of resources." (RCH FGI, Participant 1)*

IMCL lawyers recognised the importance of prioritising the hospital line to ensure social workers who referred to the on-site legal service had the support they needed.

*"... I think that is important that we do have that dedicated line – and that we do prioritise answering that. It's important that the staff do see the value of the work." (IMCL FGI, lawyer 1)*

In other instances, flexible timing and the ability to accommodate patients on the wards has been helpful for social workers to better engage vulnerable patients and link them to legal assistance.

*"A lot of my patients are limited in being able to move and so the legal service has been really flexible in meeting with people on the ward. I think with the type of clients sometimes they can be homeless or have mental health issues or a disability that also makes it challenging for them to follow through with an appointment if they ever booked one." (RMH City FGI, participant 2)*

As a result of prompt responses and flexibility of the HJP lawyers, social workers were able to make informed decisions about discharge planning and other clinical decisions.

*"...in our hospital setting, it's really important to have that really quick response time, particularly in acute settings. So it's very, very helpful because it can also help with making clinical decisions around discharge and other stuff as well." (RMH City IDI, Participant 1)*

Overall social workers who had referred to the on-site legal service had positive experiences which provided incentives for continued use.

*"Once you've had an experience, a positive experience of a service, you want to keep going back to that." (RCH FGI, Participant 1)*

## RELATIONSHIP BETWEEN SOCIAL WORKERS AND LAWYERS

Across the three sites, the social workers fostered positive and respectful relationships with the community lawyers, where they felt a mutual respect for the complementary roles they both play.

*"... well I don't understand legal as much as they don't understand my job. So I think there's a respecting what we both do and what we both bring to it." (RCH FGI, Participant 2)*

On multiple occasions social workers commented on the empathy, sensitivity and respect community lawyers demonstrated with sensitive issues regarding sexual abuse to both staff and with patients at the hospital.

*"...like I said, really respectful of the client in that not forcing them to have to tell their story and delve into detail...So that's been really useful and I think clients that I have spoken to have found it, that they've said that they've felt really respected in the process as well." (RCH FGI, Participant 1)*

*"...I just think that the lawyers that we've dealt with in our clinic so far since I've been here are just so compassionate and non-judgemental, which is probably what makes the women feel comfortable to talk about what they need to talk about because they feel comfortable."*

RWH WADS IDI, Participant 1



## CO-LOCATION

Interviews with social workers supported the patient survey results of co-location, where the majority of patients found it easy to see the lawyer at the hospital. The importance of co-location and the ability to discreetly link patients in with legal services was raised by a number of social workers across the three hospital sites.

*"...they often say that that's one thing that people are allowed to do if they're in controlling relationships is go to hospital appointments...If that sort of support can be there, you've allowed them to access it subtly and actually access it full stop." (RMH City FGI, Participant 1)*

*"... most lawyers they...don't have the mobility that we have of being able to see people on-site. They're really tied to their office so I think that can make or break whether [patients] get legal help at that time." (IMCL FGI, Lawyer 2)*

*"...And this is so much better because it's partly the co-location but it's also the relationship of the partnership, it's just easy and we know each other, not just on the phone but face-to-face...I think it means that you can be much more collaborative if you're face-to-face." (RWH WADS IDI, Participant 1)*

At RMH Royal Park campus where patients are undergoing extended care and rehabilitation, the on-site legal service also caters to patients for whom travelling and leaving the premises would be both physically and mentally demanding.

*"We've got a lot of patients on our ward who are non-ambulant or actually can't leave the ward, so having someone come to the ward to do that [the legal service] is really helpful..." (RMH Royal Park FGI, Participant 1)*

*"It's very useful because, particularly for our women, they're really difficult to engage and they often don't follow up with appointments if they're offsite so having a bit of a 'one-stop shop' at our clinic is really helpful..." (RWH WADS IDI, Participant 1)*

At the RMH City campus, social workers were able to use the on-site legal clinic at the hospital as both a central hub and an incentive to keep patients linked in with clinical health services. A social worker highlighted the value in this for keeping patients with chronic diseases engaged with ongoing healthcare treatment through a patient-centred space.

*"...because HIV, there is no cure, there is no end point for the contact that I have with a patient, and the importance of the social worker role in that space to provide a link to clinical care...So if I can link them in, if I can work from a truly patient-centred space and work with where they're at, and sometimes that can be their legal issues that keeps them linked and engaged into care and provides a pathway for them eventually accessing the clinical care that they need... if I have a tool like access to a free, fast, efficient legal clinic like you guys, it's like a hook ... particularly when you're dealing with vulnerable people who aren't prioritising their health, who might be transient or chaotic in terms of their lives – you need to be opportunistic in your interventions and so if you've got instant access (a) you can resolve issues sooner; but (b) you've got heaps better chance of having a win and then maintaining and developing that rapport and keeping them linked and engaged." (RMH City IDI, Participant 1)*

## IMPROVED KNOWLEDGE, CAPACITY, AND SUPPORT

All social workers interviewed, recognised the improved knowledge, capacity, and support they have gained as a result of the on-site legal service. Social workers felt more confident to promote and advocate for the legal clinic and were more skilled in understanding and describing some legal topics due to exposure from the legal service.

*"I feel a bit more confident to advocate ...I've learnt an awful lot about VOCAT and other legal issues by sitting in and hearing the lawyers go through it all... Just in my practice, I'm just more considerate of those legal things and more supportive of it." (RCH IDI 1, Participant 1)*

The HJPs provide a direct pathway for social workers to easily access the legal service and use it as a resource to better provide patient-centered services for their patients.

*"...I suppose because we are not experts in law stuff and we don't always know what to do, but we are tasked with often doing everything that is not medical, so having those relationships and having that access to information and to consultation is huge." (RCH IDI 2, Participant 1)*

*"...we would address it [the legal issues] as much as we could, like I'm often writing letters to say so and so can't attend their Court Hearing because they're an in-patient, so we try and address the immediate issue, but we haven't been able to help them... as much as we can now." (RMH City FGI, Participant 2)*

Prior to the HJPs being established, some social workers experienced difficulty navigating the referral criteria of generalist state-wide services, such as Victoria Legal Aid.

*"For me, it's so much easier because, before this, I'm like, driving patients down to Wingate Avenue to the legal service, or driving them different places cause they've got no idea. And doing it over the phone, or battling with Legal Aid and I don't know what the hell I'm doing with Legal Aid, it's just – like, I don't understand that process at all – and feeling well out of my depth..." (RMH Royal Park FGI, Participant 1)*

A consistent theme that surfaced was how the on-site legal service alleviated the stress experienced by social workers. Direct access to a legal service was a valuable resource that better supported social workers' capacity in providing patient-centered care.

*"...knowing you've got access to something like that, it really helps us as a worker in terms of our own levels of stress and impotence and stuff, which then flows onto the next lot of patients you see. I think if we were feeling like we were running into a brick wall all the time trying to, you know, get answers to questions or to give support to families and we couldn't do it, I think that would add to [social] workers' difficulties as well." (RCH FGI, Participant 1)*

*"I think it's really helpful in terms of compartmentalising what the legal team can help with and what they can work on with a patient and then leaving space for social workers to just work on their tasks as well." (RMH Royal Park FGI, Participant 1)*

## OBSERVATION OF PATIENT IMPACT

### ALLEVIATING STRESS AND ANXIETY TO FOCUS ON HEALTH AND EARLIER DISCHARGES

Consistent with the patient survey results, social workers often identified that their patients with legal issues often experienced stress, anxiety and a poorer sense of wellbeing.

*"So we'll often be helping people... but then they go home and they're under so much stress they can't cope and whatever has happened can sometimes deteriorate further... it seems like such a small thing if they had of had support with that [the legal issue], it wouldn't have spiralled out of control." (RMH City FGI, Participant 2)*

*"...but because you've added this extra thing on top of it, they're really vulnerable, they're less able, their coping skills and stuff have been impacted on and so they're kind of a vulnerable group because of the extra stress that's placed upon them. So their cognitive functioning even wouldn't be good as it would've been." (RCH FGI, Participant 1)*

A key theme identified was the interrelationship between the stress as a result of a patient's legal issues and their ability to focus on their health or that of their children. A social worker below makes reference to Maslow's hierarchy of needs and its link to legal issues.

*"...It's a priority thing. So like you know it's like the hierarchy of needs. So for some people – how can you be adherent to taking medication daily when you're not housed or when your mental health issues aren't being addressed? Or when you don't have those bare minimum foundational needs met? I see legal issues like that, like 100% part of creating the foundation for them to then be able to prioritise their health." (RMH City IDI, Participant 1)*

Through the multi-disciplinary nature of HJPs, social workers have found that addressing the legal need of patients, has improved the capacity for patients to engage in therapy – which can support safer, long-term patient discharges.

*"So if someone has significant financial or legal issues that they need legal consultation, we can't engage them as well in therapy. So if that need's not met, because their mind is on something else, or they've got multiple stressors. So you know, I would recommend [the legal clinic] because it means that that's one less stressor and your patient's likely to be more engaged, and have a safer discharge when they go home and a highly successful discharge. Because that need is being met." (RMH Royal Park FGI, Participant 2)*

*"It relieves them of their anxieties, so they can actually focus on their child and meet their child's needs in that moment rather than worrying about something that's really you know quite frightening for them. Definitely, it has a huge impact and actually, it impacts on our work as well because as long as they're anxious about that legal issue they can't actually talk about anything else or focus on anything else." (RCH FGI, Participant 2)*

In some cases, addressing the legal needs where safety is a primary concern can assist in facilitating safer and earlier hospital discharges.

*"...sometimes it's not safe because of the legal problem, it's not safe for the patient to actually return home so that's a different side of the story where I think their health and legal problem are fairly strongly tied." (IMCL FGI, Participant 1)*

At the RCH, a social worker described a situation where a mother wanted to prolong the discharge of her child as she was experiencing threats from her partner and feared returning to the family home.

*"...she was actually kind of sabotaging the discharge of the child because the fear of going home means the fear of the father taking the child away... she didn't want to go home, but when she realised that he had no legal right to do what he wanted to do, it also empowered her to say "no" because he kept coming back; kept trying to force her to sign this affidavit and [IMCL] kept reinforcing "you do not have to sign that" ... She didn't have a very good sense of self, so she was empowered to say no." (RCH FGI, Participant 2)*

### **SUPPORT NAVIGATING LEGAL ISSUES FOR PATIENTS AND THEIR ABILITY TO MAKE INFORMED DECISIONS**

Supported by patient survey findings, social workers observed patients feeling more empowered due to having a better understanding of their legal issues and the ability to make informed decisions.

*"...Apart from that relief that something's being done and feeling more in control of the situation. That there's an actual solution or a potential solution, which is very empowering to them." (RMH Royal Park Participant 3)*

*"...not only can someone listen properly, there is something you can do, but someone had said, "And this is the order we are going to do it in" ... you could quite palpably see a difference in their ability to become present and yeah." (RCH IDI 2, Participant 1)*

Social work teams and IMCL lawyers shared the belief of the importance of putting the patient at the center of decision making, and they have been able to advocate based on their wishes.

*"What I found is that the lawyers we have seen haven't just gone 'this is your only option.' They've really outlined all the different options that [the patients] have and in no way have been pushing families to do it this way or we're not going to support you, or whatever. Just in times*

*of crisis, really getting that clear understanding of what your options are is just vital." (RCH FGI, Participant 1)*

Through the on-site legal clinic, lawyers were able to help patients navigate through simple and complex legal processes.

*"...I'm just thinking about the times I've seen [the IMCL lawyer] talk through the VOCAT application and the process, and how clearly she unpacks it, and is able to describe it and kind of pre-empt the kind of concerns that clients might have and issues around the process, like how long it could be and kind of normalise feeling around that ... So I think that that's been really helpful and helped families kind of be able to conceptualise their issues in a kind of more supportive kind of way." (RCH FGI, Participant 1)*

At WADS, based at RWH, one of the social workers had positive feedback from the wrap around service, where IMCL was able to assist a patient with both criminal and family law matters.

*"And she said 'more has happened for me legally in terms of progressing forward in the last two weeks than it has in the last two years'... her daughter was removed from her care, I think it was two years ago, and it sounds like she's tried to seek legal advice on a number of occasions but hasn't really been going to the right place or hasn't really been given the right information..." (RWH IDI, Social Worker 1)*

*"...some clients we've been able to provide a really wrap around service where we've been able to help them with every legal problem that they've had. So we haven't had to refer them to other services and they haven't had to repeat their story each time..." (IMCL FGI, Participant 2)*

## CHALLENGES

### ETHICAL AND CONFIDENTIALITY CONSTRAINTS

One of the challenges social workers experienced was navigating the situations where lawyers were bound by confidentiality. These situations were experienced across three hospitals, inclusive of lawyers being unable to disclose the reason for the conflict or when the lawyer was unable to provide third party advice.

*"...what's the conflict now? Why is this happening? I don't understand it. And she's like I can't actually tell you. I have to go back to the family and go – I don't know she can't tell me." But even with that, [the lawyer] would then refer the client to somebody else." (RCH IDI1, Participant 1)*

*"I think that's just a bit of a misunderstanding of the role of a lawyer and our ethical constraints. And it was something that in the end we did give the [patient] advice about, but it had to be from lawyer to [patient] not through a third party. But I do just think it's just a bit of a misunderstanding of you know – if it's information we can certainly release information but if we need to give advice we need to see the patient." (IMCL FGI, Participant 1)*

A focus group at RMH and RWH highlighted that social workers felt they could assist if they were kept in the loop where possible. As they were the first point of contact for patients that may have cognitive difficulties, social workers felt they could help patients prepare for appointments or encourage them to re-engage if they didn't attend.

*"So I find with my cancer patients, their ability to absorb stuff is often not great anyway. So if we're able to just give a prompt – I don't know – remember that appointment is next week, I think it helps, it would help in some cases...But it's more just that I think because we're often their*

*first point of contact and we're the first ones that they have a good rapport with, they come back to us to check." (RMH FGI, Participant 1)*

*"It would be helpful to know whether it's something we should revisit, if there was a reason they didn't want to go – you couldn't go on that occasion but still want another appointment. Yeah. So I think that feedback about the unattended appointment would be helpful." (RWH FGI, Participant 1)*

Lawyers discussed that there are some limitations in updating social workers, such as confidentiality obligations to legal clients, which include their consent to inform the referring health professional whether they attended the appointment. In other circumstances, when a patient is referred to a pro-bono service, IMCL lawyers may not always get updates on the case.

*"And when we've made referrals to pro bono firms you know some of them will keep us posted of the outcome...but because they're not our client anymore we don't really necessarily get that information..." (IMCL FGI, Participant 1)*

### AREAS OF LAW

There are areas of law that social workers often encounter which IMCL lawyers do not have the knowledge to assist with, other than via referrals. These areas include visa, migration, wills, and powers of attorney.

*"...just within my practice, gosh it would be good to have someone with special, specialisation around immigration because that's one of the biggest questions that gets raised by my people." (RMH IDI, Participant 1)*

Although CLCs such as IMCL have a mix of generalist and specialist skills, there have been challenges in addressing the un-met legal needs in-house.

*"... if there is a law that we're not skilled in and that there's not traditionally much free legal help. Those potentially are obviously migration and wills, powers of attorney and they're posing real issues for patients ... So that can be hard where there's a considerable gap, as we all know in the legal assistance sector and there's a lot of un-met legal needs and yeah, unfortunately, we can't always plug that gap..." (IMCL FGI, Participant 2)*

## RESOURCING

An ongoing challenge is the resourcing of HJPs, gaining a steady stream of referrals and maintaining relationships with the hospitals. Concerted efforts were made when both IMCL and the hospitals experienced staff turnover in order to maintain the momentum of the service.

*"...we can't just take it for granted. Like you know just because something's been working for years ...it has to take constant work in rebuilding relationships and hospitals are huge... Royal Melbourne Hospital hadn't had a lawyer for a few months...we almost felt like we had to start from scratch a little bit ...sort of go back out and re-promote the service and build those numbers up again... and we did notice that once we sort of re-engaged and built relationships, you know, or reconnected those relationships that there was a...healthy jump in the referrals." (IMCL FGI, Participant 1)*

In addition to the staff turnover, support is also required at executive levels to maintain a partnership between organisations rather than individuals.

*"...you've got these stakeholder relationships sometimes it does centre around one person or the relationship that are with key people, and if you lose those key people sometimes that impacts on the service that you provide in conjunction with the stakeholder." (IMCL FGI, Participant 2)*

In terms of allocating resources to the on-site legal service, an IMCL lawyer explained that HJPs may not see similar numbers of legal clients in comparison to other services CLCs provide, like duty lawyer services or advice clinics. This may be attributed in-part to providing an early intervention service through an opportunistic intervention for vulnerable clients who may not otherwise have seen a lawyer.

*"[In the HJP] compared to other services like a duty lawyer service, the numbers are low... And when you're a duty lawyer and you're at Court, the clients are turning up because they've got a Court date, whereas you know the early intervention sort of model is going to have a different rate of ... uptake." (IMCL FGI, Participant 1)*

Where resources are limited and there is less support at executive levels, services have been rolled back. At the RCH, the on-site legal clinic was initially reduced from weekly to monthly, with telephone advice also available. The clinic has since been discontinued due to lack of funding. A social worker has expressed missed opportunities to link families into the free on-site legal service as a result of the decreased service.

*"... it's a bit of a shame because we are sort of saying you know you can refer this on-site legal... but then we're saying "but they might only be monthly at the moment" and then often the families that you have been working with aren't still going to be here in a month." (RCH IDI 1, Participant 1)*



# SUGGESTED IMPROVEMENTS

## CASE STUDIES AND SCENARIO-BASED CASE STUDIES

Improvements that were suggested included circulating scenario-based case studies or de-identified outcomes to the social work department to help contextualise the range of legal issues the on-site legal service could assist with. At RMH, it was highlighted that social workers could be reminded that the on-site legal clinic can also help with minor legal issues, and is not reserved for major legal cases, as may be perceived.

*"I think having case studies to share with the team would help them ... Things that you might not think as obvious – not you know, just straight criminal law or something but, like parking fines and things like that that do come up on the wards, but you might not think about them as serious in comparison..." (RMH City FGI, Participant 2)*

De-identified case studies would assist social workers in learning more about the process after the referral and the potential outcomes for their patients.

*"I would just say like I'd like to have more feedback or know like some case studies even if they are de-identified just so we can see a bit more about what outcomes have happened or if we're referring the right type of people." (RMH City FGI, Participant 2)*

## REFERRAL INSTRUCTIONS GUIDE

Throughout the focus group interviews, there was an interest in streamlining the referral process, so that conflict checks and key information can be provided more consistently during the initial intake. Where social workers make their first

referral to the on-site legal service, there have been occasions where they were not aware of the information required.

*"...there is a few times I wasn't aware that the details of the other party had to be included. But now...that's just a routine that I'll ask them and then explain why those details are required by the legal service." (RWH FGI, Participant 2)*

*"...it might just be when someone's referring for the first time or they haven't even turned their mind...in a tenancy issue they haven't thought who's the landlord... I can understand why they wouldn't turn their mind to that." (IMCL FGI, Participant 1)*

Both HJP social workers and lawyers have suggested that a referral sheet would be helpful in ensuring that key information is provided, especially for new referrers.

*"That would be good to actually have a referral type sheet...If we can have something in writing to do it and why they've been asked that type of thing, that's much easier to do." (RMH FGI, Participant 1)*

In response to informal staff feedback and interaction, there are currently discussions of how an online referral form can be timely, accessible and secure.

*"I've been a bit concerned recently that maybe, you know, we have quite a detailed intake form and being a bit worried that that is a bit of a barrier for staff members.... we're sort of in progress ... about discussing whether that could be built securely online and we've talked about that for other referrals as well, so that staff members can just directly plug into an online form..." (IMCL FGI, Participant 1)*

# POLICY, PROGRAM, AND PRACTICE CHANGE DUE TO THE HJP

## HOLISTIC SERVICE PROVISION

During the discussion groups, some social workers expressed that they felt more keenly attuned to identify legal problems.

*"I think I'm definitely more proactive in supporting the patients work out those issues, more aware – it's more on my radar now." (RCH FGI, Participant 2)*

*"I guess in terms of practice because we have the service we're able to consult more in terms of the legal stuff... because we have that access to that resource, it helps round out our clinical reasoning and round out our practice, which is really useful." (RMH City IDI, Participant 1)*

Other social workers expressed that although their ability to identify legal issues remains comprehensive; they now have greater capacity, resources, and a clear pathway to connect their patients to legal help through the on-site legal clinic.

*"I think like when we meet with families at the back of our heads, we're always going in with a whole lot of potential supports and services ... I can immediately work out whether this family would benefit and so it does change my practice in a sense that it's there when I'm going in, it's something I'm thinking about." (RCH FGI, Participant 1)*

*"The difference now is that I can actually connect someone with the service not just give them information on where to seek it. So I think that we're actually, yeah, being more proactive with*

**"The difference now is that I can actually connect someone with the service not just give them information on where to seek it."**

*the legal issues and probably trying less to muddle through and guess what might be the case doing random internet searches." (RCH FGI, Participant 2)*

Hospitals such as RMH and RWH have integrated mandatory training of the onsite legal service into orientation for new social workers.

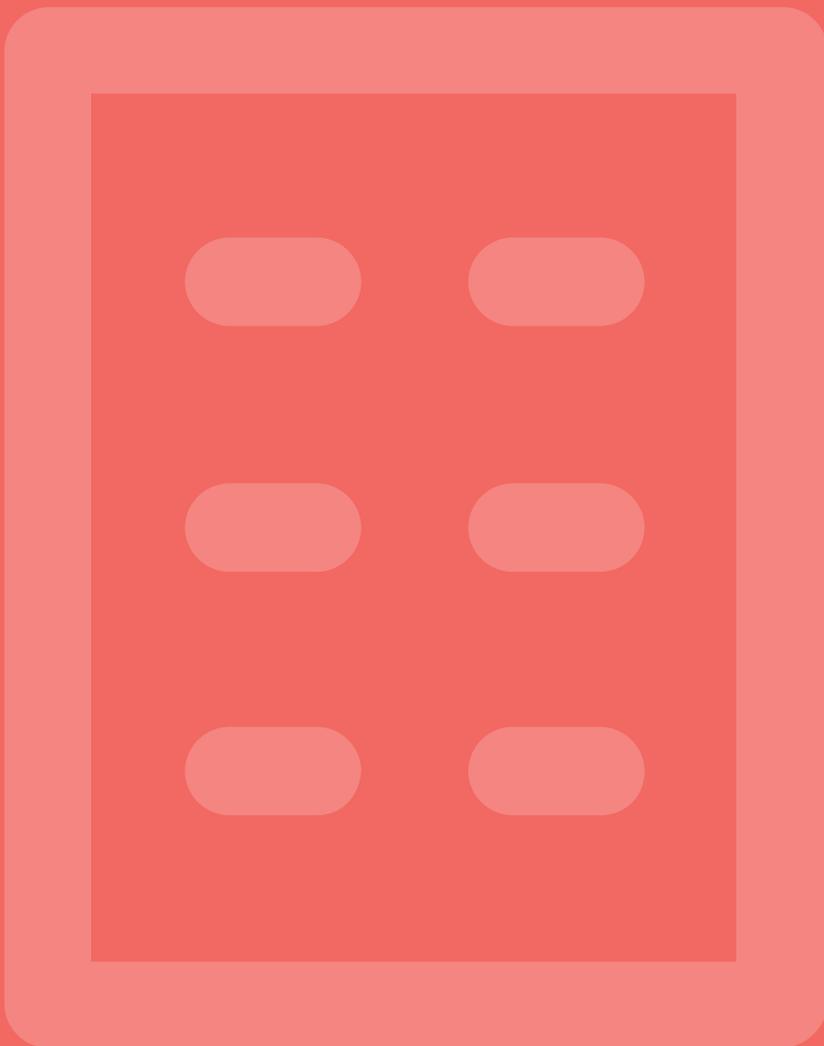
*"...we have this thing called a social work orientation checklist which is what new people that are coming into the team have to do within the first six months of their being hired. They have to go through all of you know, all of the steps. So it's doing a mandatory training." (RMH City IDI, Participant 1)*

One of the social work team leaders at RMH noted that the clinical governance structure also helps reinforce the use of the on-site legal service where appropriate.

*"... and you're needing further advice, more often than not, the way the clinical governance structure works is you've got to talk to a senior about that...so it's pretty covered..." (RMH City IDI, Participant 1)*

*"It is mentioned when we start and then it's probably something that you also learn on the job when something comes up. You know, people suggest booking with the legal service – so there's a bit of both." (RWH FGI, Participant 3)*

# Unpacking Our Findings



Through IMCL's HJPs with RWH, RCH and RMH, the on-site legal service has been able to provide legal assistance to a growing number of people who may not otherwise have sought legal help. Some patients also sought legal help earlier than they would have otherwise done.

Some legal issues can be clearly identified as being strongly associated with patient health and wellbeing, for example physical and psychological injury caused as a consequence of family violence. However, other legal issues, such as infringements and debt, can also be associated with a lack of wellbeing due to the stress, anxiety and uncertainty patients feel as a result of these issues. This is often because the patient does not identify their issues as legal problems in the first instance and/or are unsure about how to resolve them. The high levels of psychological distress among patients attending the legal clinic compared with the general population<sup>23</sup> may be due to their medical or legal problems, or both, and is a further indication of their vulnerability. Patients using the legal service were also more likely to be frequent users of the emergency department than the general population.<sup>24</sup> Patients who use the emergency department frequently are more likely to have mental health issues, and arrive by ambulance or with the police. Patient experiences of the on-site legal service were positive and resulted in them gaining a better understanding of their legal problem through the provision of information or tailored advice. This had a positive impact on their health and wellbeing and provided a sense of relief and control.

Through provision of legal education and a relationship of mutual respect, health professionals are better equipped to identify legal issues and refer their patients. This care coordination allows social workers to provide more holistic care for their patients. IMCL has a dedicated phone line available to the hospitals for secondary consultations, and a direct referral pathway to link patients to legal help. By working in an integrated way with social workers to whom legal problems are often first disclosed, IMCL has been able to assist patients before their problems escalate. This strong professional relationship has been supported with reliability and the stability of a regular clinic on-site.

IMCL's HJPs have experienced many successes and faced some challenges. Together these experiences have exemplified the key components to a successful partnership of this nature. The first key factor to keep in mind is that hospitals are very large organisations compared with community legal centres. As a consequence, regardless how important the partnership is to the hospital, it can become lost in the many working parts of their organisation. IMCL has found that it is therefore important to ensure that we focus on key factors that contribute to success:<sup>25 26</sup>

- Relationships
- Professional Training
- Continuity and Presence
- Evaluation
- Broad Engagement Across All Aspects of CLC Work

23 Department of Health and Human Services (n 2).

24 Markham and Gaudins (n 1).

25 Additional references: HJP Toolkit (Justice Connect) <https://www.healthjustice.org.au/resources/practitioners/>

26 <http://legalhealthcheck.org.au/>

## RELATIONSHIPS

The strength of IMCL's relationships with key people across each of the hospitals has been crucial to the success of the ongoing partnerships and therefore IMCL lawyers' capacity to assist the hospital's most vulnerable patients. All hospitals are different in terms of their structure and areas of influence; hence the key positions and relationships will vary.

It is particularly important to ensure that the hospital has champions who believe in and promote the HJP. Again, this will vary from hospital to hospital but may include the CEO, heads of allied health, strategic planning/policy managers, chief social workers and clinicians. The passion and influence of these champions has helped maintain energy and support for IMCL's HJPs over many years and at times when the hospitals have had to divert energy into different issues.

## PROFESSIONAL TRAINING AND TRUST

Provision of professional legal education and exposure to the on-site legal service has given multidisciplinary hospital staff knowledge of IMCL's work, how to identify legal issues and how to make the most effective referrals. Through formal family violence training, health professionals also gained a better understanding of the legal system. This training gave IMCL lawyers and social workers the opportunity to mutually understand their respective professional needs relating to referrals, information sharing and patient confidentiality. A further key benefit to the partnership of this training was that it resulted in significantly increased overall trust in IMCL lawyers by the multidisciplinary hospital staff.

Across the partnerships, it is evident that social workers, nurses, midwives and doctors will only refer their patients to another professional if they have a high degree of faith in the other

professional. The staff will only make a referral for a patient to an IMCL lawyer if they have confidence in the ability of IMCL to assist them.

Provision of training and information sessions helped foster greater understanding of IMCL's work and increase confidence in what a community lawyer could do for their patients, and recognition that lawyers understand the complex issues faced by their patients. As a result the multidisciplinary hospital staff have been more confident to refer their patients for legal advice and assistance, and to assist with advocating on their behalf to resolve issues. The HJPs provide a direct and easily accessible pathway to legal assistance, increasing the capacity of health professionals to provide holistic patientcentred services for their patients. Social workers also observed that their patients had a greater capacity to prioritise their health and engage in therapy when their legal issues were being addressed. As a result, social workers found that it also alleviated the demands on their own workload and improved their capacity to focus on their nonlegal tasks. There is strong qualitative data to indicate that the HJPs assist social workers with earlier and safer discharges, thereby reducing length of stay, if discharge has been delayed for reasons of patient safety.

## CONTINUITY AND PRESENCE

Continuous and regular attendance by the IMCL lawyer in the same location, at the same time also strengthened the quality of the partnerships, and allowed for a responsive and efficient service. This can be critical for the safety of some patients, allowing a rapid response in cases of family violence. The most successful partnerships form when the IMCL lawyer is co-located with social workers. This enables social workers to bring patients to see the lawyer, and drop-in to ask the lawyer questions between appointments. Depending on the logistical restraints, this cannot always be possible; however with the certainty that the IMCL lawyer will be attending every week,

social workers can remain confident to make appointments for their patients. Lawyers are also able to visit patients on a ward, if there is privacy for the legal consultation, enabling them to assist patients who are unable to move to the usual clinic room due to their medical condition.

Similarly, reliable methods of contacting the IMCL lawyers, obtaining secondary consultations about their patients and making appointments strengthened the partnership. IMCL has an online appointment system for social workers and clinicians, and prioritises responding to calls from hospital staff on the dedicated hospital referrals phone line. The online appointment system was introduced during the project in response to provide a more streamlined system.

## EVALUATION

Health services have vast experience in evaluating the impact of their work. Although evaluation of the impact of legal assistance is relatively new to CLCs, it was important to have a strong evaluation component to the HJPs because the health sector recognises the value in assessing the impact and benefit of any intervention. Evaluation of the benefits of the partnership and periodic feedback on the findings resulted in key supporters in the hospital seeing the beneficial impact of a co-located legal service and helped to inform best practice. This in turn enabled greater buy-in by other stakeholders across hospitals and among funders.

Further evaluation and research should also focus on demonstrating the benefits of an onsite legal clinic for patients in terms of length of stay and reduced readmissions, and hence the longterm costeffectiveness for the health and legal sectors of having integrated legal services in healthcare settings.

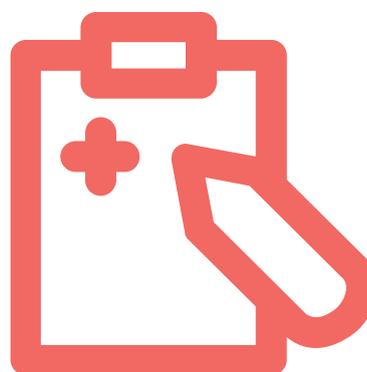
## BROAD ENGAGEMENT

The breadth of our engagement with the hospitals has also been extremely beneficial to the partnerships. As well as providing legal advice,

casework for patients and legal education for staff, IMCL has been working with hospitals on policy and law reform issues of mutual concern, as an important element of the partnership. IMCL's work with the Royal Women's Hospital on submissions to the Royal Commission on Family Violence, birth certificates and other related reforms has both broadened and deepened the partnership.

Another key aspect to the partnership that has created increased mutual understanding is the joint approach we have taken to securing funding to support the continuation of the work. This has assisted both parties to understand the constraints and opportunities encountered in the funding arena and how we can best work together in a resource-constrained environment. Ultimately, it has been important for us to approach the need for funding as a joint challenge.

In order to make all these aspects of the partnership work, IMCL holds meetings with key hospital staff, such as senior social workers and the Director of Allied Health. These meetings, which are held approximately monthly and are often brief, provide an opportunity to discuss any challenges, emerging issues or opportunities. Problems are therefore discussed and dealt with before they develop and grow. Opportunities, such as legal education sessions, internal promotions/communication and funding can also be acted on promptly.



How We  
Evaluated Our  
Health Justice  
Partnerships



This cross-site evaluation used a mixed-method approach, comprising both qualitative and quantitative data. The evaluation will focus on the short and medium-term outcomes. These outcomes will be indicative of the progress of long-term outcomes, as detailed in the program logic below.

## PROGRAM LOGIC

### INPUTS:

- Funding
- Social workers and other hospital staff
- Community lawyers
- Room and facilities in hospital

### EVALUATION ASSUMPTION:

Improved access to legal advice has a positive impact on patients' health and wellbeing.

### ACTIVITIES & OUTPUTS

- Targeted family violence and legal referral training for health care providers
- Streamlined pathways for referral to legal clinic established
- Free legal consultations with patients at on-site clinic
- Ongoing legal case management, case work and representation where required
- Secondary legal consultations
- Regular communication and partnership meetings

### SHORT-TERM OUTCOMES

- Social workers and other hospital staff equipped with the knowledge to make appropriate referrals
- Social workers and other hospital staff access support on legal issues of their patients
- Vulnerable patients are able to easily access legal assistance sooner
- Lawyers provide consultations at on-site clinics

### MEDIUM-TERM OUTCOMES

- Increased number of referrals to legal clinic
- Patients receive legal services tailored to their needs

### LONG-TERM OUTCOMES

- Legal issues of the patient are resolved or the severity reduced

### PROGRAM GOALS

- Health and wellbeing of patient is improved
- HJP is sustainable and continues to provide legal assistance to patients
- Health and legal partners are able to identify systemic issues and work together to advocate for required change

## PARTICIPANT GROUPS

The study population included four main participant groups:

1. Patients over the age of 18 who accessed the on-site legal service at The Royal Children's Hospital, The Royal Melbourne Hospital, and The Royal Women's Hospital
2. Hospital staff who promote or refer to the on-site legal service
3. Health professionals who attended the AOWS training workshops provided by IMCL at the Women's Hospital
4. Inner Melbourne Community Legal lawyers who provide the on-site legal service

## EXCLUSION CRITERIA

Patients who require an interpreter for their legal appointment were not asked to participate in the evaluation, as this would have involved the lawyer asking patients the evaluation questions through an interpreter. This was in order to reduce any bias where the patient was unable to answer questions about the service independently without influence. Patients who exhibited emotional distress during their legal appointment were also not asked to complete the survey as it was deemed inappropriate.

## CONSENT AND CONFIDENTIALITY

All participants were required to sign a Participant Information and Consent form (PICF) in plain language and were advised that their involvement in the evaluation was voluntary and could withdraw at any point. Patient participants were informed that their decision to take part would not affect the service/s they were receiving, nor future services. Hospital staff and IMCL lawyers participating in the evaluation were also informed that their decision whether or not to take part in the evaluation would not impact their employment.

## DATA COLLECTION METHODS

### PATIENT AND LAWYER SURVEYS

From 1 November 2015 to 28 March 2018, all eligible patients were asked if they wished to participate in the evaluation before the legal consultation commenced. They were informed that the evaluation had two parts, and if they consented to participate, patients were given time to complete a pre-legal consultation survey before the legal consultation, and a post-legal consultation survey immediately after. In addition to this, lawyers were asked to complete a corresponding post-legal consultation survey. The Kessler 10 is a 10-item self-assessment questionnaire designed to produce a global measure of distress on questions about anxiety and depressive symptoms, and comprised part of the pre-survey.<sup>27</sup> It was considered a risk assessment tool rather than a diagnostic tool.<sup>28</sup> If the patient was in agreement, they were provided with the surveys in an unsealed envelope. After completion of both surveys, the patient sealed the envelope and returned it to the lawyer. Patient survey forms were completed anonymously and were assigned a code.

### AOWS WORKSHOP SURVEYS

Health professionals who attended the Family Domestic Violence (FDV) training workshops provided by IMCL and The Women's were asked to complete a survey. The same survey tool was developed by the project team during Phase 1 of the AOWS evaluation.

### PATIENT CASE STUDIES

Patient case studies were collected with patient consent, from four patients to provide an in-depth first-person account of their circumstances, legal problem, and the process of resolution.

<sup>27</sup> Andrews, G., Slade, T (2001). Interpreting scores on the Kessler Psychological Distress Scale (k10) Australian and New Zealand Journal of Public Health, 25, 494-497.

<sup>28</sup> The questionnaire is used by Victorian state health departments as part of their population health surveys.

## INTERVIEWS WITH SOCIAL WORKERS AND IMCL LAWYERS

Face-to-face in-depth individual interviews and focus group discussions were conducted with IMCL lawyers and members of the social work department across three hospital sites. With the consent of participants, interviews were audio recorded. There were a total of 16 participants across 4 individual interviews and 5 small group interviews; the average duration of the interviews was between 20-40 minutes. Team leaders were interviewed separately, as pre-existing relationships in a hierarchical workplace may hinder discussion in focus group interviews. Recruitment of participants ceased when descriptive saturation was achieved.

- 4 social workers at The Royal Children's Hospital
- 6 social workers at The Royal Melbourne Hospital
- 4 social workers at The Royal Women's Hospital
- 2 lawyers at IMCL

## DATA ANALYSIS

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### AOWS WORKSHOP, PATIENT AND LAWYER SURVEYS

Survey data was entered into an excel spreadsheet which was cross checked by volunteers for accuracy. Pivot tables and frequency counts were used to analyse quantitative data. Survey data was aggregated across each of the three HJPs for the purposes of the cross-site report. Qualitative responses were reviewed and coded into categories. During later stages of analysis, the categories were integrated into higher-level categories.

### FOCUS GROUP INTERVIEWS AND IN-DEPTH INTERVIEWS

A thematic framework was developed using inductive and a priori coding. A priori coding was informed by the interview question guide and advisory group meetings. Inductive coding was developed through transcription and analysis of interviews. The framework was used to categorise and allocate data for each theme. Nvivo 11 was used to store and manage the data. All participant data was de-identified during analysis.



# EVALUATION LIMITATIONS

## VOLUNTEER BIAS

It is acknowledged that the staff that volunteered and participated in interviews may have been more likely to share positive experiences about the on-site legal clinic. Responses of staff participants may not necessarily be representative of the organisation.

## DATA COLLECTION

The collection of surveys took longer than anticipated largely due to the vulnerability of the patient group, the length of the surveys and difficulty administering them. Due to the high vulnerability of the patient group, the circumstances where it has been appropriate to conduct surveys have been infrequent.

When patients were exhibiting emotional distress it was not deemed appropriate to ask them to complete the survey. Other occasions that contributed to the timely collection of surveys included patients who arrived late to appointments, patients who were incapacitated, patients who required interpreters, staffing changes of key hospital contacts and infrequent referral periods from Hospitals.

Due to these limitations, the sample of patients who completed the surveys is not a full representation of all patients who accessed the on-site legal clinic, and the results presented here cannot be extrapolated to all patients.

## STAFF TURNOVER

Staff turnover has been relatively stable at both IMCL and the partner hospitals during the evaluation period. This has enabled key individuals to continue to promote and support the HJPs, and maintain momentum in service provision and evaluation data collection.

## THREE-MONTH FOLLOW-UP

Three month follow-up surveys were initially implemented for the cross-site evaluation. Patients were contacted a maximum of three times to complete a three-month follow-up, through their preferred contacts (email or phone). Although the majority of patients consented to a three-month follow up, very few completed the follow-up survey. This may be in-part due to the early-intervention service model the HJP incorporate, where the patient group is at-risk and can be difficult to re-engage after three months. As a result of the low number of three month follow-ups, there is not a comparison Kessler scale. Other data gained through triangulation of different data sources were used to demonstrate the impact the HJPs had on patient health and wellbeing.

## CLASS DATABASE

Due to the teething problems that resulted from the Community Legal Sector's transition to the new Community Legal Assistance Service System (CLASS) database, reporting data from January 2017 to present is currently unavailable. Demographic data presented in this evaluation is limited and significantly under-reports the numbers seen, as ten months of data is unavailable and could not be included



# Appendices



# APPENDIX 1: PARTICIPANT INFORMATION AND CONSENT FORM

## Participant Information and Consent Form

Quality Assurance Project: Evaluation of Health Justice Partnership

Investigator: Kira Lee, (03) 9328 1885, kira.lee@imcl.org.au

Please read this information and ask questions if you need more information. You may also discuss the project with a relative. Once you understand what the project is about and if you agree to take part in it, you will be asked to give your consent to participate by signing the Consent Form.

The aim of this project is to evaluate the on-site legal service. The evaluation will assess the health impacts of legal the service and if the on-site legal service improves access to legal advice. The evaluation findings will provide information that will help further develop the Health Justice Partnership and provide information to attract ongoing funding.

You are invited to participate in this project because your experience with the on-site legal service is an important part of the evaluation.

Participation in this project will involve:

- a survey before and after your appointment with the lawyer. These surveys will take about 10 minutes to complete; and
- a following up survey 3 months after the appointment which can be done by phone, email or mail. This survey will take about 10 minutes to complete

Any information obtained in connection with this project and that can identify you will remain confidential. It will only be disclosed with your permission, except as required by law. In any publication of the results of the project, information will be provided in such a way that you cannot be identified.

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a participant, then you may contact:

Royal Children’s Hospital: Director, Research Ethics & Governance, The Royal Children’s Hospital Melbourne on (03) 9345 5044.

Royal Woman’s Hospital: Administrative Officer, Research and Ethics Secretariat, The Royal Women’s Hospital on (03) 8345 3720

Royal Melbourne Hospital: Manager Human Research Ethics Committees, Melbourne Health, (03) 9342 8530.

I freely agree to participate in this project according to the conditions in the Participant Information.

Participant’s Name: (*printed*) .....

Signature: .....

Date: ..... / ..... / .....

# APPENDIX 2: PATIENT PRE-CONSULTATION SURVEY

Code: \_\_\_\_\_

## HOW TO COMPLETE THIS SURVEY

There are two survey forms for you to complete, one prior to your interview and another just after your interview. They should each take about 5 to 10 minutes to fill out.

This is the first survey form. Please read the questions carefully and answer the questions as well as you can. There are no right or wrong answers, just what you believe or have experienced.

Most of the questions can be answered by placing a tick in the box next to the answer that best applies to you. If you would like, you can add additional comments at the end of the survey.

If you have any queries or concerns about this survey please contact Kira Lee at Inner Melbourne Community Legal on (03) 9328 1885.

If at any time you feel distressed in answering the questions please see the lawyer who can provide you with assistance or refer to the attached flyer for the phone numbers of appropriate referral services.

1. How did you find out about the on-site legal service?

- Doctor
- Social worker
- Nurse
- Midwife
- Other health professional. Please specify: .....
- Friend
- Don't know
- Other. Please specify: .....

2. How easy was it for you to see the lawyer at the Hospital?

Very difficult	Difficult	Moderate	Easy	Very easy
1	2	3	4	5

Could you please briefly explain why (you can tick more than one answer):

- Parking
- Cultural/language barriers
- Day and time of appointments
- Location of service
- Other, please specify: .....
- .....
- .....

3. Have you seen a lawyer before about the issue you are seeing the lawyer about today?

Yes

How many lawyers have you seen previously? .....

Can you tell us the month and year that you saw the lawyer? .....

Did you have to pay for that lawyer?

Yes

No

No. Why not?

I didn't think I could afford it.

I didn't know where to find one.

I didn't know it was a legal problem.

Other: .....

4. What issue are you seeing the lawyer about today? .....

.....

.....

5. What help are you expecting to get from the lawyer? .....

.....

.....

6. How well are you coping with the issue you are seeing the lawyer about today?

Not at all

A bit

Coping

Well

Extremely well

1

2

3

4

5

7. Do you think that the issue you are seeing a lawyer about today is having an impact on your health or wellbeing?

Yes

No

Don't know

If yes, please briefly describe how it is impacting your health: .....

.....

.....

8. How many times have you visited an emergency room of a Hospital in the last 3 months?

0

1-4

5-8

9 or more

9. The following questions ask about how you have been feeling during the past 30 days. For each question, please circle the number that best describes how often you had this feeling.

During the past 30 days, how often did you feel ...

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	... tired out for no good reason?	1	2	3	4	5
b.	...nervous?	1	2	3	4	5
c.	...so nervous that nothing could calm you down?	1	2	3	4	5
d.	...hopeless?	1	2	3	4	5
e.	...restless or fidgety?	1	2	3	4	5
f.	...so restless that you could not sit still?	1	2	3	4	5
g.	...depressed?	1	2	3	4	5
h.	...so depressed that nothing could cheer you up?	1	2	3	4	5
i.	...that everything was an effort?	1	2	3	4	5
j.	...worthless?	1	2	3	4	5

10. How much do you think your legal issues affect these feelings?

No effect	Minor effect	Neutral	Moderate effect	Major effect
1	2	3	4	5

Please add any additional comments: .....

.....

.....

.....

Thank you for taking the time to fill out our evaluation survey.

# APPENDIX 3: PATIENT POST-CONSULTATION SURVEY

Code: \_\_\_\_\_

Thank you for taking the time to fill out the second survey. Please read the questions carefully and answer the questions as well as you can. There are no right or wrong answers, just what you believe or have experienced. The lawyer will not know of any of the answers you give.

Most of the questions can be answered by placing a tick in the box next to the answer that best applies to you. If you would like, you can add additional comments at the end of the survey. If you have any queries or concerns about this survey please contact Kira Lee at Inner Melbourne Community Legal on (03) 9328 1885.

If at any time you feel distressed in answering the questions please see the lawyer who can provide you with assistance or refer to the attached flyer for the phone numbers of appropriate referral services.

11. How helpful was the legal advice you received today?

Not Helpful	Very little help	Somewhat Helpful	Helpful	Very Helpful
1	2	3	4	5

If the advice helped in some way can you please briefly explain how: .....

.....

.....

12. How confident are you to deal with the issues you saw the lawyer for today?

Not at all confident	Slightly	Confident	Very Confident	Extremely confident
1	2	3	4	5

13. How well are you now coping with the issue you saw the lawyer about today?

Not at all	A bit	Coping	Well	Extremely well
1	2	3	4	5

14. Do you think the legal advice will have an impact on your health or wellbeing?

- Yes
- No
- Not sure

If yes, please briefly describe what you think this impact will be? .....

.....

.....

15. What aspect of this service helped you the most? .....

.....

.....

16. In the past have you ever seen a lawyer about any other issues?

Yes

For what issues? .....

How many lawyers have you seen? .....

No. Why not?

I haven't had a legal issue.

I didn't think I could afford it.

I didn't know where to find one.

I didn't know it was a legal problem.

17. If the free legal service wasn't available do you think you would have seen a lawyer elsewhere?

Yes

No

Don't know

If no please briefly explain why: .....

.....

.....

18. What is your postcode or suburb: .....

19. What is the best way to contact you in 3 months to ask some follow up questions?

Phone, provide your first name and number: .....

Email, provide details: .....

Mail, provide details: .....

Please add any additional comments: .....

.....

.....

.....

Please put the surveys in the envelope and seal before returning it to the lawyer.

Thank you for taking the time to fill out our evaluation survey today.

# APPENDIX 4: PATIENT 3 MONTH FOLLOW-UP

## PATIENT SURVEY – 3 MONTH FOLLOW-UP

Code: \_\_\_\_\_

About three months ago you attended an appointment with the lawyer at the on-site legal service and completed 2 surveys. This is the 3 month follow up survey. This survey should take about 5 to 10 minutes to complete.

The information you provide is confidential.

Are you still willing to participate in the evaluation?

Yes

No

If no, thank you for your time.

1. Thinking back now to your visit to the lawyer how helpful was the legal advice?

Very unhelpful	Unhelpful	Neither helpful or unhelpful	Helpful	Very Helpful
1	2	3	4	5

Briefly explain how: .....

.....

.....

2. How satisfied were you with the process/referral to see the lawyer?

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
1	2	3	4	5

Briefly explain how: .....

.....

.....

3. How confident are you to deal with the issues you saw the lawyer about?

Not at all confident	Slightly confident	Confident	Very Confident	Extremely confident
1	2	3	4	5

Briefly explain how: .....

.....

.....

4. Has the matter been resolved?

- Yes
- No

If no, how well are you now coping with the issue you saw the lawyer about:

Not at all	A bit	Coping	Well	Extremely well
1	2	3	4	5

Briefly explain: .....

.....

.....

5. How would you describe your level of knowledge and options now about your legal situation as compared to how it was before your visit to the on-site legal service?

About the same	A little more	A lot more	Not sure
1	2	3	4

6. Has anything changed for you because of your appointment with the on-site legal service?

- Yes
- No

Briefly explain: .....

.....

.....

7. During the past 30 days, how often did you feel (add from list below).....would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

During the past 30 days, how often did you feel ...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
... tired out for no good reason?	1	2	3	4	5
...nervous?	1	2	3	4	5
.....so nervous that nothing could calm you down?	1	2	3	4	5
...hopeless?	1	2	3	4	5
...restless or fidgety?	1	2	3	4	5
...so restless that you could not sit still?	1	2	3	4	5
...depressed?	1	2	3	4	5
.....so depressed that nothing could cheer you up?	1	2	3	4	5
...that everything was an effort?	1	2	3	4	5

8. How much do you think your legal issues affect these feelings?

No effect	Minor effect	Neutral	Moderate effect	Major effect
1	2	3	4	5

9. Would you recommend the legal service to others? Why/ Why not? .....

.....

.....

Are there any additional comments? .....

.....

.....

.....

.....

Finally, we are planning on a 12 month follow-up survey. Would you be willing to participate?

- Yes
- No

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Thank you very much for taking part in this interview. The information you have provided will help us improve our on-site legal service at the Hospital.

# APPENDIX 5: LAWYER POST-CONSULTATION SURVEY

Code: \_\_\_\_\_

## LAWYER SURVEY FORM- POST CLIENT APPOINTMENT

This survey is to be filled out by the lawyer immediately after the consultation.

Most of the questions can be answered by placing a tick in the box next to the answer that best applies to you.

Please feel free to write any further comments at the end of the survey form.

1. Date of appointment: .....

2. Site:

- Royal Children's Hospital
- Royal Women's Hospital
- WADS, Royal Women's
- Royal Melbourne Hospital

3. What was the issue/s discussed? You can tick more than one.

- Children's issues
- Family or domestic violence
- Personal Safety
- Victim of crime
- Debts and Centrelink
- Housing problems
- Work and employment
- Consumer disputes
- Criminal law
- Other, please specify: .....

4. Who referred the client to the legal service?

- Self-referral
- Social worker
- Doctor
- Nurse
- Midwife
- Other health professional. Please specify: .....
- Friend
- Other, Please specify: .....

5. Were you able to provide assistance on all the issues the clients had?

- Yes
- No
- In part

If no or in part, why?

- Fell outside service mandate
- Too complex and required further legal assistance and referral
- Not a legal issue
- Other, Please specify: .....

6. Did you refer to client to another service?

- Yes. Specify: .....
- No

7. Did you provide:

- One-off advice
- Casework

Any other comments: .....

.....

.....

.....

.....

.....

.....

# APPENDIX 6: HOSPITAL STAFF PARTICIPANT INFORMATION AND CONSENT FORM

## PARTICIPANT INFORMATION AND CONSENT FORM (THE ROYAL WOMEN'S HOSPITAL STAFF)

Study Title: Evaluation of Phase Two of the Acting on Warning Signs Project

Inner Melbourne Community Legal Evaluation Officer: 9328 1885

You are invited to participate in this project because your experience with the on-site legal service at The Royal Women's Hospital is an important part of the evaluation.

The aim of this project is to evaluate the on-site legal service at The Royal Women's Hospital. The evaluation will assess the health impacts of the legal service and if the on-site legal service improves access to legal advice. The evaluation findings will provide information that will help further develop the Health Justice Partnership and provide information to attract ongoing funding.

Your participation in this interview is voluntary. The decision to partake in this interview, will not impact on your position with The Royal Women's Hospital. Any information obtained in connection with this project that can identify you will remain confidential. It will only be disclosed with your permission, except as required by law. In any publication of the results of the project, information will be provided in such a way that you cannot be identified.

Participation in this project will involve a face-to-face interview or attendance at a focus group.

By signing this consent form, you agree to participate in the evaluation. After you make referrals to the on-site legal service you will be contacted and asked for your verbal consent to participate in an interview or focus group.

If you do not sign this consent form, you will not be contacted about this evaluation after you make referrals.

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a participant, then you may contact: The Administrative Officer of Research Ethics & Governance, The Royal Women's Hospital, (03) 8345 3720.

I freely agree to participate in this project according to the conditions in this Participant Information Form.

Participant's name (printed): .....

Signature: .....

Date: .....

# APPENDIX 7: HOSPITAL STAFF INTERVIEW MATRIX

## INTERVIEW MATRIX - HOSPITAL STAKEHOLDERS

### Individual Characteristics

1. What is your position at the Hospital, how long have you worked there? .....

2. What do you know about the on-site legal service? .....

3. How did you come to hear about the on-site legal service? .....

### Awareness and knowledge about project

4. How would you describe the level of staff awareness of the on-site legal service? .....

5. How would you describe the level of patient awareness of the on-site legal service? .....

6. Have you seen any promotional material? .....

7. How could awareness be improved? .....

### Referral pathway

8. Have you referred any patients to the legal service? Why did you make the referral/s? .....

9. What was your experience of the referral process? How easy was it? How could the process be improved? .....

10. Are the referrals recorded anywhere? .....

11. Did you receive any feedback about the referral? Who provided the feedback? .....

12. How could the feedback process be improved? .....

13. Do you find it easier to make a referral to the on-site legal service than to have to call an external service provider? .....

14. Have you spoken to the on-site lawyers about legal issues that your patients/clients may be facing? How useful did you find this? Was it helpful in making the decision to refer them? (What was the most helpful aspect of this discussion? Least helpful?) .....

15. Would you recommend an on-site legal service to your colleagues at other hospitals? If yes, why? If no, why not? .....

Impact of legal clinic on patients

16. Do you think that the on-site legal service has the capacity to impact the health and wellbeing (including stress levels) of your patients? How? .....

17. Have you noticed any change in the behaviour of your patient after attending the on-site legal service? If so what has this been? .....

Program

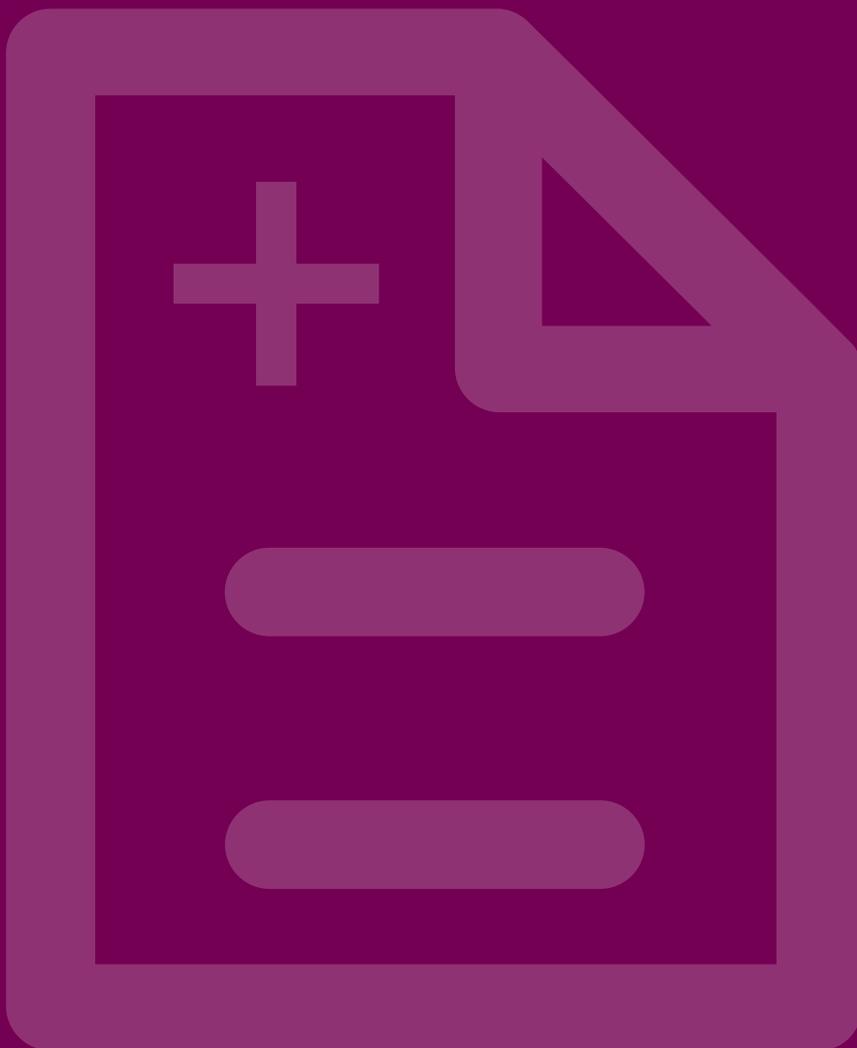
18. Have you noticed any changes in policy or practice due to this program? .....

19. What are the strengths of the service? .....

20. What do you see as the issues / challenges with the service? .....

21. Any other comments? .....

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