



# Health Justice Partnership Legal Clinics in the Hospital

## **Evaluation Report on the Health Justice Partnership: The Royal Melbourne Hospital and Inner Melbourne Community Legal**

**2018**

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## Acronyms

CLASS	Community Legal Assistance Service System database
CLC	Community Legal Centre
FCLC	Federation of Community Legal Centres
FGI	Focus Group Interviews
IDI	Individual In-depth Interviews
IMCL	Inner Melbourne Community Legal
HCV	Health Care Victoria
HJA	Health Justice Australia
HJP	Health Justice Partnership
MOU	Memorandum of Understanding
NACLC	National Association of Community Legal Centres
RMH	Royal Melbourne Hospital

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## Executive Summary

### Overview

Evidence confirms that legal issues can negatively impact on an individual's health and wellbeing.<sup>1</sup> Legal issues can be considered to be one of the social determinants of health. In a tertiary health setting, legal issues often form part of a patient's complex psychosocial needs and, if not addressed, can impact greatly on risks associated with safe discharge, length of stay and readmission rates. Health Justice Partnerships (**HJPs**) provide accessible, free legal assistance at a hospital-based legal clinic. Referrals are accepted from all health professionals, however are predominantly made by social workers.

The Legal Australia-Wide (LAW) Survey in 2012<sup>2</sup> found that many people seek legal advice from non-legal sources. The survey found that disadvantaged people often experience inter-related legal and non-legal problems. People seeking professional legal advice faced barriers including accessibility and cost. HJPs provide accessibility to legal services by situating the legal clinic on-site, making referrals through known health professionals, and providing services at no cost. The HJP provides the only accessible route for legal assistance for some people, and therefore delivers an invaluable service.

Inner Melbourne Community Legal (**IMCL**) established a HJP with the Royal Melbourne Hospital (**RMH**) to provide free, accessible legal assistance at clinics situated within the two hospital campuses: City and Royal Park. Pro bono partnerships with commercial and other law firms ensure patients receive legal assistance in areas where IMCL does not have expertise. The HJP model builds on best practice established in other institutions internationally, tailored for the RMH environment by learning from the experiences of other institutions, and adding value to the service in the specific setting. Lawyers consider the patient's individual needs in a private consultation and provide legal advice, case work and representation or a referral as appropriate. Dealing with the legal issues of a patient provides coordination of care and management of risk in discharge planning, particularly for those with complex psychosocial needs. It can therefore help to reduce the length of stay and the likelihood of re-admission, by addressing family violence issues or providing tenancy security.

The close proximity of the legal clinic allows the individual legal issues of the patient, which may be creating a barrier to discharge, to be addressed concurrently with medical and other non-medical issues in order to facilitate a speedy and safe discharge, and to reduce the possibility of re-admission. Co-locating the legal clinic improves access for patients with mobility or transport problems. For these reasons it is essential that the legal clinic is appropriately located within the hospital setting.

Situating the legal clinic within the hospital is an innovative model. The legal team become an integral part of the care coordination processes, providing both the patient and the multi-disciplinary team direct access to legal expertise. Lawyers give training for health professionals to increase their understanding and identification of legal matters, and to promote referrals. Additional secondary consultations by telephone allow health professionals to call the lawyer directly for advice or clarification about a legal question. The HJP between RMH and IMCL is supported by robust, ongoing executive support and strong communication between lawyers and health professionals.

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<sup>1</sup> 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.

<sup>2</sup> Ibid.

## The evaluation

This evaluation report details the findings of the Health Justice Partnership between IMCL and RMH, a tertiary hospital providing health services for in and out-patients at its two campuses in Parkville. This evaluation assesses whether the on-site legal services provided by IMCL at RMH have had a positive impact on the health and wellbeing of the patients, some of whom would not have otherwise sought legal assistance.

## Evaluation questions

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

## Evaluation activities

1. Patients were asked if they wished to participate in the evaluation. If they consented, they completed a survey before and after their legal consultation. The attending IMCL lawyer completed a corresponding survey. Surveys were collected between January 2017 and March 2018.
2. Two IMCL lawyers and four social workers based at RMH were interviewed on their views regarding the HJP at RMH.

## Key Findings

This evaluation provides evidence that the on-site legal clinic at RMH provides access to legal help, adding value in the coordination of care for the patient/client. The access to legal assistance within a hospital is beneficial to the patient in both medical and legal terms; this link between legal issues and health is outlined in the case studies presented in the report. The close collaboration between the health professionals and lawyers has provided both with insights into how their respective systems work, and allowed optimal working relationships to develop.

Data on the number of patients who consulted the lawyer at RMH are not available for the complete period of the evaluation. The central database used by community legal centres (**CLCs**) was changed in mid-2017 and, to date, reporting functions are not able to provide accurate statistics. Data on the total number of patients seen, their circumstances and the legal work is therefore not presented.

### *Patient experience*

- IMCL was the first ever point of contact for legal assistance for 80% of the 25 patients surveyed. The main reasons were:
  - They didn't know where to find a lawyer
  - They didn't think they could afford it
  - They didn't recognise it as a legal issue
- 95% of patients found it easy to see the lawyer at the hospital due to the location and the time and day of appointments.

- 48% of patients surveyed would not have seen a lawyer if they had not had access via the HJP. Cost and accessibility were the main reasons provided.
- 88% of referrals came from social workers.
- 84% of patients surveyed were seeking advice and information regarding their legal issue.
- 92% of patients surveyed found the legal advice they received helpful or very helpful. Patients stated that they had gained knowledge and the support required to make informed decisions about their legal issues.
- 60% of patients were more confident to deal with their legal issue after the consultation.

### *HJP impact on patients*

- Of the 25 patients surveyed, 60% felt that their legal issue had an impact on their health and wellbeing.
- 36% of patients surveyed had visited a hospital emergency department 1-4 times in the previous three months. This is considerably higher than findings of a study in three Melbourne hospitals, which found 0.7% of adult patients attended the emergency department 8 or more times in 12 months, accounting for 4.2% of adult emergency department presentations.<sup>3</sup> Addressing the legal issues related to personal safety, family violence or tenancy may help to reduce the risk of re-admission.
- 76% of patients surveyed had a Kessler 10 score of over 20, indicating mild to severe distress.
- 48% of patients surveyed had a Kessler 10 score of over 30, indicating likelihood of severe distress. These two figures are considerably higher than the 12.6% of people in Victoria with a score of more than 21.<sup>4</sup>
- 48% of patients surveyed thought that the legal advice they had received would have a positive impact on their health and wellbeing.
- After the legal consultation, 76% of patients felt they were able to cope better with their legal issues, compared to before the legal consultation (44%).

### *HJP impact on the role of allied health professionals*

Four social workers participated in interviews. As a result of working with the lawyers in the HJP, these social workers said they had better knowledge of legal issues, capacity and support. They were more confident that they could identify legal issues.

When the patient's legal issues were addressed, social workers said they were able to facilitate faster, safer and more successful discharges.

Social workers commented that those who answered the direct hospital phone line were approachable and informative during the secondary consultations. The flexibility of the appointments and lawyers to meet patients on a ward has enabled social workers to engage vulnerable patients with legal assistance.

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<sup>3</sup> Characteristics of frequent emergency department presenters to an Australian emergency medicine network Markham and Graudins BMC Emergency Medicine 2011, 11:21

<sup>4</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.

### *Social worker observation of patient impact as a result of the HJPs*

Social workers noted that patients were more able to focus on their health when the stress due to a legal issue is relieved. They also noted that when patients had a better understanding of their legal issues, they felt they had the ability to make more informed decisions.

### *Challenges and limitations*

Most vulnerable patients (e.g. in emotional distress), as assessed by the lawyer at the time, are not asked to participate and complete the surveys as it was not deemed appropriate. Likewise people who require an interpreter are not requested to participate. The sample group represented in this report is therefore not fully representative of all patients, and intentionally excludes the most distressed and vulnerable, who may be those who had most to benefit from the legal service provided.

Social workers felt they could assist more if kept in the loop with progress or developments in the legal issue; however ethical constraints and referrals to pro bono lawyers can make this difficult to realise. Patient medical and legal records are kept separately and are not shared.

### *Practice responses and changes*

The referral process is now well established. It is intended to be as simple as possible, to encourage referrals and remove any possible barriers. Information about the on-site legal clinic is integrated into the RMH orientation package for new social workers.

## **Unpacking our Findings**

IMCL's collaborative partnership with the RMH has proved beneficial to patients and hospital staff. In providing a clinic within the hospital grounds, many patients could seek help from a lawyer who would not have done otherwise. The strong relationship between lawyers and hospital staff has allowed direct, timely referrals. Patients are able to seek help from a lawyer sooner, and before their legal issues become more complicated or issues start to compound.

While the connection between health and legal matters is apparent in cases of family violence, the burden of legal issues has been shown to negatively affect a person's health. Legal concerns around debt, infringements or family law matters can cause stress, anxiety and depression, and worsen a person's health. 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.<sup>5</sup> The disparity between high levels of psychological distress among the patients compared with the general population demonstrates the vulnerability of the people seeking legal help through the HJP, whether their increased stress is due to their medical or legal issues.

Resolving, or simply starting to address legal issues, has been demonstrated to have a positive effect on a person's health. Social workers at RMH commented that patients were more able to focus on therapies when their legal issues were being addressed or were resolved. Patients gained a better understanding of their legal problem through the provision of information or tailored advice and this

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<sup>5</sup> 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)

had a positive impact on their health and wellbeing and provided a sense of relief and control. Together, these aspects can help the patient to also recover from their medical issues.

Through provision of legal education and a relationship of mutual respect, multi-disciplinary health professionals are better equipped to identify legal issues and refer their patients. IMCL has a dedicated hospital telephone line 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 weekly clinic on-site.

IMCL's HJPs have experienced many successes and faced some challenges. Together these experiences have exemplified the key elements to a successful partnership of this nature. The first key factor to keep in mind is that hospitals are very large organisations compared with CLCs. As a consequence, regardless of 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 to focus on key factors that contribute to success:<sup>67</sup>

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

### *Relationships*

The strength of IMCL's relationships with key people at the RMH has been crucial to the success of the ongoing partnerships and therefore IMCL lawyers' capacity to assist the most vulnerable patients.

It is important that the hospital has champions who believe in and promote the HJP, be they the CEO, head of allied health, strategic planning/policy managers, chief social workers or medical professionals. The passion and influence of these champions has helped maintain energy and support for IMCL's HJPs.

### *Professional Training*

Provision of professional legal education and exposure to the on-site legal service has given hospital staff knowledge on IMCL's work, a better understanding of the legal system and how to identify legal issues, and how to make the most effective referrals. Staff at RMH who received training from IMCL lawyers in family violence felt more confident to identify and address legal concerns of their patients. Presentations by IMCL lawyers at the RMH grand rounds also serve to promote the on-site legal clinic, and increase both confidence in the clinic and the number of referrals. Throughout 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 them. Staff make a referral only if they have confidence in the ability of IMCL to assist.

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<sup>6</sup> Additional references: HJP Toolkit (Justice Connect)

<https://www.justiceconnect.org.au/sites/default/files/HJPs%20Toolkit%20final%2020150908%20low%20res.pdf>

<sup>7</sup> <http://legalhealthcheck.org.au/>

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 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 increase the capacity of health professionals to provide holistic and coordinated services for their patients by providing a direct and easily accessible pathway to legal assistance. 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 non-legal 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 domestic 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 constraints, 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, introduced during the course of the evaluation to streamline the referral process. IMCL prioritises responding to calls from hospital staff on the dedicated hospital referrals phone line.

### *Evaluation*

Health services have long experience of 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 partnership because the health sector recognises the value in assessing the impact and benefit of any intervention. Evaluation of the benefits of the partnership therefore resulted in key supporters in the hospital seeing the beneficial impact of a co-located legal service. 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 on-site legal clinic for patients in terms of length of stay and reduced re-admissions, and hence the long-term cost-effectiveness for the health and legal sectors of having integrated legal services in healthcare settings.

### *Broad Engagement*

The breadth of IMCL engagement with the hospitals has also been extremely beneficial to the partnerships. As well as providing legal advice and case work 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.

Another key aspect to the partnership that has created increased mutual understanding is the joint approach IMCL and RMH 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 to best work together in a resource-constrained environment. Ultimately, it has been important for IMCL and RMH to approach the need for funding as a joint challenge.

In order to make all these aspects of the partnership work IMCL holds regular meetings with key hospital staff, such as senior social workers and social work managers. These meetings, which are held approximately monthly and are often brief, provide an opportunity to discuss any problems or barriers, 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.

## Recommendations

### *1. Ensure continuation and sustainability of HJP between RMH and IMCL through ongoing organisational support*

The HJP has clear benefits for patients in providing necessary access to legal assistance and should continue. For the viable partnership between IMCL and RMH, maintenance of the executive support at RMH and IMCL is essential. It is acknowledged that a successful HJP depends on mutual commitment and support at the executive level.

The value to patients of legal assistance available within the hospital is apparent, not least in the high percentage that would not have seen a lawyer had this service not been available. However, this partnership depends on the support both from executive management and sustainable financial backing. Maintaining mutually beneficial relationships requires time, respect and sincere communication. This is an important factor for the continuation of a HJP, as the on-site clinic is one tiny part within the large organisation of a working hospital. Sourcing and maintaining this funding is time consuming.

While Health Justice Australia (**HJA**) will continue to advocate for HJPs and funding at a national level, it is recommended that other avenues of funding are explored, including philanthropic bodies that work to promote health, as the link between legal issues and health is becoming increasingly well recognised.

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

Resourcing for the HJP must be sufficient to provide direct legal assistance for patients as well as professional legal education, joint strategic policy work and planning. Long term and secure funding is essential for the continuation and sustainability of the HJP, and the time required to source funding should not be underestimated. The partnership can be further strengthened when partners work together to seek funding.

- a) Joint advocacy by HJA, the National Association of Community Legal Centres (**NACLC**), the Federation of Community Legal Centres (**FCLC**), 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, and 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 strong communication between IMCL and RMH staff; continue to promote the legal clinic within the hospital setting***

Maintain the existing strong relationships and open communication between lawyers at IMCL and hospital staff. Continue to promote the on-site clinic directly to potential patients.

One of the strengths of the partnership between IMCL and RMH has undoubtedly been the consistent communication and a high level of mutual respect between the different professionals. The regular and smooth communication allows health workers to remain confident in referring patients, and in being able to seek information when they need clarification. Communication has been successful via a direct telephone line and email, and with regular meetings to discuss arising issues. Keeping these channels open will enable the service to maintain this beneficial communication in the event of any future staff changes. In addition to meetings, information and updates can be provided to RMH for inclusion in the hospital newsletter or social media as appropriate and published case studies on de-identified patients, with their consent. 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. The on-site clinic should continue to be promoted to patients directly within hospital channels, including the notice boards, the telephone on-hold message and social media.

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

Maintain and nurture the existing pro bono relationships IMCL has established with commercial law firms to assist with areas of law 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 continue to be regular two-way feedback between IMCL and the law firms.

### ***5. Develop and regularly review Memorandum of Understanding between IMCL and RMH***

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 and enables IMCL and RMH 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 conduct regular evaluation of the health justice partnership to ensure continual best practice and adaptation to changing circumstances***

The on-site legal clinic at RMH 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 and easy to administer, work in step as much as feasible with the research undertaken by HJA, and aim to contribute to the body of research work across the sector.

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

To appreciate and understand the economic impact of the HJP, there should be a review of how the work of community lawyers in RMH reduces costs of the hospital 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. These areas of research would require access to health records, and as such will be subject to ethical approval.

## **Conclusion**

The consistent and sustained support from staff at RMH has enabled the HJP to remain successful since its establishment in 2015. Relationships of respect have been developed between RMH health professionals and IMCL lawyers, working with the joint objective to provide coordinated patient-centred services to people attending hospital who also require legal assistance. The accessibility of the service is assured by the location of the clinic within the hospital campus, and appointment flexibility. Responsiveness and empathy help to provide the valuable and quality service. Providing access to legal assistance and early intervention facilitates a legal resolution before issues worsen or compound. This can, depending on the case, reduce length of stay and hospital re-admissions by addressing safety or the root cause of medical issues such as stress, or provide tenancy security and avoid homelessness.

With ongoing executive and financial support, IMCL and RMH will continue to provide legal assistance through the HJP for people at the on-site legal clinics.

## The Need for a Health Justice Partnership

Health Justice Partnerships (**HJPs**) integrate legal assistance into a health-care setting through the provision of legal consultations on-site. The lawyer becomes embedded as one of the health care team, and referrals are made by the health professionals. The medical and legal case records of the patient are held separately; lawyers do not have access to medical records, and health professionals do not have access to legal files. The lawyers provide training for the health professionals to recognise when a patient in their care requires legal assistance.

Legal assistance can, and has been shown to, alleviate health problems.<sup>8</sup> The Legal Australia-wide (LAW) Survey (2012)<sup>9</sup> observed that unresolved legal problems experienced by an individual will often have detrimental effect on their health, financial and social situation. It has been argued that as legal needs can have an impact on a person's health, they should be considered to be among the social determinants of health. This research also found that many people seek legal advice from non-legal sources, such as health and welfare professionals.

The LAW survey found that half of their respondents sought any advice on a legal matter, and only about a third of those sought advice from a legal adviser.<sup>10</sup> This infers that only 16% of people seek legal advice for a legal problem. People with higher levels of disadvantage are less likely to take any action in response to a legal problem,<sup>11</sup> often experience inter-related legal and non-legal problems, and are likely to consult non-legal professionals for legal advice.<sup>12</sup>

There can be several barriers for people seeking legal advice, namely accessibility (including cost), ease of making appointments and distance to the appointment. HJPs provide this accessibility by situating the legal clinic on-site, providing services at no cost and making referrals through known health professionals.

When they do seek legal help, people experiencing disadvantage often present with more than one and more severe legal problems, and may have reduced capacity for resolving the problems.<sup>13</sup> Legal and non-legal problems are often found to be co-existing, and sometimes correlated or in clusters, highlighting the need for an integrated approach, including both legal and non-legal professionals in a partnership to provide the individual with an accessible service and the best response.<sup>14</sup> This integrated and connected service is fundamental if legal services are to be accessible and effective for the most

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<sup>8</sup> 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.

<sup>9</sup> 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.

<sup>10</sup> Ibid.

<sup>11</sup> 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.

<sup>12</sup> Coumarelos et al (n 1)

<sup>13</sup> Coumarelos et al (n 1)

<sup>14</sup> 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.

disadvantaged people.<sup>15</sup> Partnerships with commercial law firms allow for the referral of complex or severe legal cases as appropriate.

In the integrated HJP model, the lawyer becomes one of health care team; secondary consultations allow health professionals to phone the lawyer for advice or clarification about a legal question. Training for health professionals, via attendance at staff meetings and presentations at hospital grand rounds on the identification of legal matters, and a straightforward, easy referral system can aid integration within the hospital.

This also builds the capacity and skills of health professionals to identify when their patients have legal needs. The patient may not recognise a problem as a legal matter, whereas if the health professional can identify the need, the person can be referred for legal advice.<sup>16</sup> The HJP model provides an avenue for non-legal advisers to provide a gateway to legal services, as suggested by the LAW survey.<sup>17</sup>

For an effective HJP, it is critical to establish clear and effective referral pathways to the on-site legal service to enable health professionals to refer patients with legal problems directly to the lawyer. 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>18</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>19</sup>

A HJP promotes early identification of legal needs and allows for timely preventive legal intervention. In many cases, the HJP provides legal advice for people who had not recognised they had a legal issue, and/or would not have sought legal assistance.

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<sup>15</sup> 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.

<sup>16</sup> 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)

<sup>17</sup> Coumarelos et al (n 1)

<sup>18</sup> Pleasence et al (n 14)

<sup>19</sup> Pleasence et al (n 14)

## IMCL and HJP

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.

With the benefit and learning from several years of experience, IMCL has identified the essential requirements, as discussed in the section ‘Unpacking Our Findings,’ for a small, locally based CLC to operate a successful HJP with the Melbourne hospitals:

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

## Activities of the on-site legal clinic

IMCL lawyers provide a free, weekly on-site legal service at the RMH. Patient appointments are made by referral from hospital staff, or patients can self-refer. IMCL also has a direct HJP line for secondary consultations, accessible to hospital staff. The aims of secondary consultations are to assess if the patient has a legal problem, provide legal information to staff for them to provide to 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, and not through non-legal intermediaries.

The HJPs assist patients by providing legal assistance in one or more of the following forms, as appropriate for the individual patient and case:

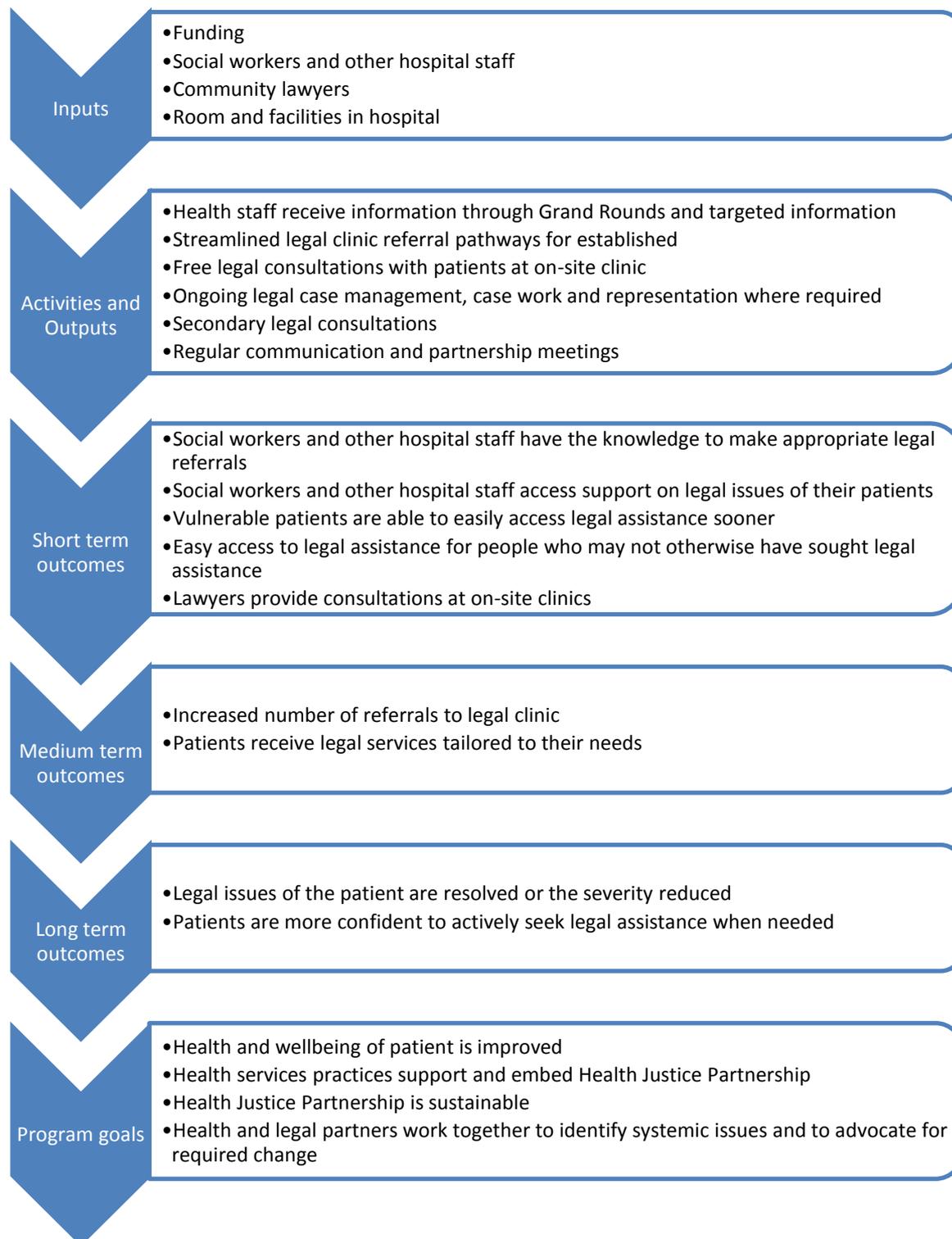
1. **Legal advice** tailored to the patient’s particular situation
2. **Legal information** to explain the law and the legal system in general terms, including procedural information
3. **Legal task assistance** for discreet document drafting which may include preparing a letter, applications or other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

## Why and How the Health Justice Partnership was evaluated

The objective of this evaluation is to review the implementation, impact and early intervention outcomes of the HJP at the RMH.

Ethical approval for the evaluation was provided by the Human Research Ethics Committee at RMH on the 13<sup>th</sup> of September 2016 and governance approval on the 13<sup>th</sup> of December 2016.

## Our Health Justice Partnership Model



**Assumption:** Improved access to legal advice has a positive impact on patients' health and wellbeing

## Evaluation questions

1. What are patients' experiences of the on-site legal clinic?
2. What impact has the HJP had on the health and wellbeing of patients?
3. To what extent has the HJP 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 HJP?

## Methodology

This evaluation used a mixed-method approach, incorporating both qualitative and quantitative data. It is important to note that this evaluation will focus on the short-medium term outcomes.

## Participant Groups

There are three participant groups:

1. Patients over the age of 18 who accessed the on-site legal service at RMH
2. RMH staff who promote or refer to the on-site legal service
3. IMCL lawyers who provide the on-site legal service

## Exclusion Criteria

Patients who required an interpreter for their legal appointment were not asked to participate in the evaluation, as this would have involved the lawyer asking patients the survey questions through an interpreter. This was to remove any possible bias or influence. Patients who showed emotional distress during their legal appointment were not asked to complete the survey as it was deemed inappropriate.

## Consent and confidentiality

All participants were advised that their involvement in the evaluation was voluntary and that they could withdraw at any point. All participants were required to read and sign a participant information and consent form written in plain language. Patient participants were informed that their decision to take part would not affect any service/s they were receiving, nor future services. Participating hospital staff and IMCL lawyers were informed that their decision whether or not to participate would not affect their employment.

## Data collection methods

### Patient and lawyer surveys

From January 2017 to March 2018, all eligible patients were asked if they wished to participate in the evaluation. Patients were asked to complete a pre-legal consultation survey prior to meeting the lawyer and a post-legal consultation survey immediately afterwards. The attending lawyer completed a corresponding post-legal consultation survey. The Kessler 10, included in the pre-consultation survey, was incorporated as a risk assessment tool, not a diagnostic tool.<sup>20</sup> It is a 10-item questionnaire intended to yield a global measure of distress on questions about anxiety and depressive symptoms. When a patient consented to participate, they were given 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 anonymous. They and the lawyer survey were assigned a code in order to match them.

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<sup>20</sup> The questionnaire is used by Victorian state health departments as part of their population health surveys.

### **Patient case studies**

Two patients at RMH consented to provide an in-depth account of their circumstances, legal problem, and the process of resolution as a case study.

### **Interviews with social workers and IMCL lawyers**

Face-to-face in-depth individual interviews and focus group discussions were conducted by the IMCL Evaluation Officer with IMCL lawyers and hospital social workers. With the consent of participants, these interviews were audio recorded. There were two small group interviews of three participants each and one individual interview. The interviews lasted between 20-40 minutes.

## ***Data Analysis***

### **Patient and lawyer surveys**

All survey data was entered onto Excel spreadsheets and cross checked for accuracy. Quantitative data analysis was completed with pivot tables and frequency counts. Qualitative responses were reviewed and coded into categories, to allow identification of frequent responses and emerging patterns.

### **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. Data was stored and analysed on Nvivo 11. All participant data was de-identified.

## ***Evaluation Limitations***

### **Sample bias**

It is acknowledged that hospital staff who volunteered to participate in interviews may have been more likely to share positive experiences about the on-site legal clinic. Responses given by staff participants are views of the individual and are not necessarily representative of the organisation.

### **Data collection**

The collection rate of surveys was slower than had been anticipated. This was due to the vulnerability of the patient group, the length of the surveys and difficulties in the administration.

If patients were exhibiting emotional distress they were not asked to complete the survey as it was considered inappropriate. Similarly, if patients arrived late to appointments and therefore had insufficient time, were incapacitated, or required interpreters, they were not asked to complete the survey. The latter were not asked to participate as they would have required assistance or an interpreter, both of which may have affected their responses.

### **Staff turnover**

Staff turnover of key individuals promoting and supporting the HJP was relatively stable for the duration of the data collection at RMH, and the staff changes were mainly internal.

### **3-month follow-up**

Patients were contacted a maximum of three times to complete a three-month follow-up survey, through their preferred contacts (email or phone) provided on the initial survey. Although the majority of patients consented to a three-month follow up, none completed the follow-up survey. It is recognised that this vulnerable patient group can be difficult to engage. There is, unfortunately, no follow-up data to report or compare.

### **CLASS database**

The transition from the former to current Community Legal Sector's database (Community Legal Assistance Service System, **CLASS**) in January 2017 encountered various problems, resulting in some data, including age and gender, being unavailable. Reporting of demographic data is therefore not included.

## **Findings**

### **Patient demographics and legal issues**

Data on the total number of patients seen from January 2017 to March 2018, when data collection ceased, are not available due to reporting limitations on CLASS.

Of patients who attended a consultation between January 2017 and March 2018, 25 completed pre and post consultation surveys. In each instance, the lawyer completed a corresponding survey.

The patients seen at the on-site clinic and who completed a survey showed high levels of vulnerability. Of the patients with available data seen at RMH (n=23), 43% were homeless or at risk of homelessness, 74% had some form of disability and 35% were experiencing family violence or at risk of family violence.

### **Legal Issues**

Patients attending a consultation at the legal clinic at RMH presented a range of legal issues. The number and percentage by legal issue, as defined by lawyer where the patient completed a survey, is given in table 1. Ten (40%) patients presented with more than one legal issue; two patients had four legal issues to discuss.

**Table 1: Legal Issues presented at consultations (as defined by lawyer)**

Area of Law	Number of Patients (n=25)	Percentage
Children issues #	3	12%
Family law	4	16%
Debts or fines	10	40%
Personal safety	1	4%
Victims of crime	3	12%
Housing	4	16%
Work and employment	2	8%
Criminal law	7	28%
Other *	6	24%

# Matters of family law which involve disputes around children

\* Other included issues around total permanent disability, wills and powers of attorney

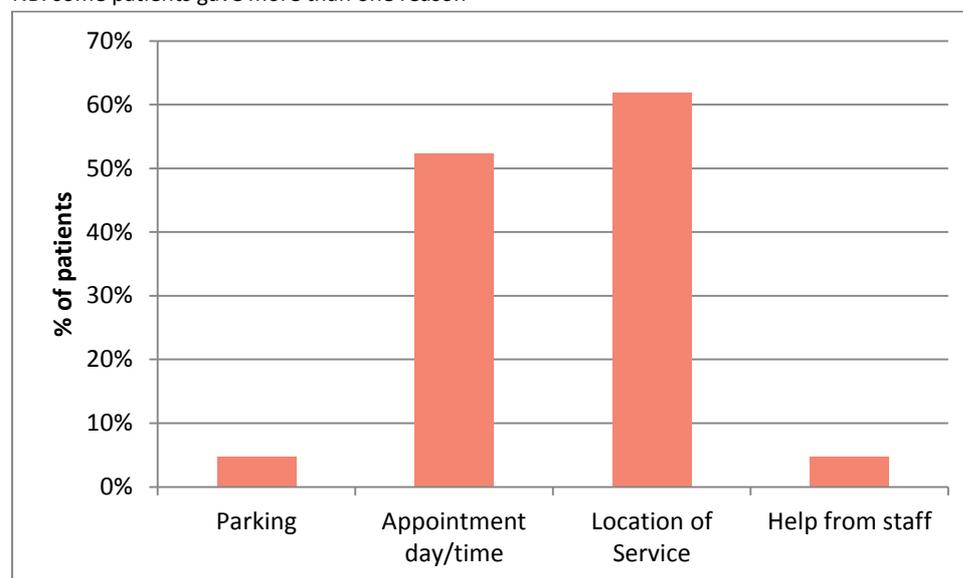
## Patients' experiences of the on-site legal clinic

Social workers at RMH referred the majority, 22 (88%), of patients seen at the on-site legal clinic. One patient was referred by a nurse and two self-referred, one after seeing a poster on the notice board.

All patients (100%) said they found it easy to see the lawyer. Reasons given were location of service, time and availability of appointments, parking and help from staff (figure 1).

**Figure 1: Reasons why patients found it easy to see the lawyer (n=25)**

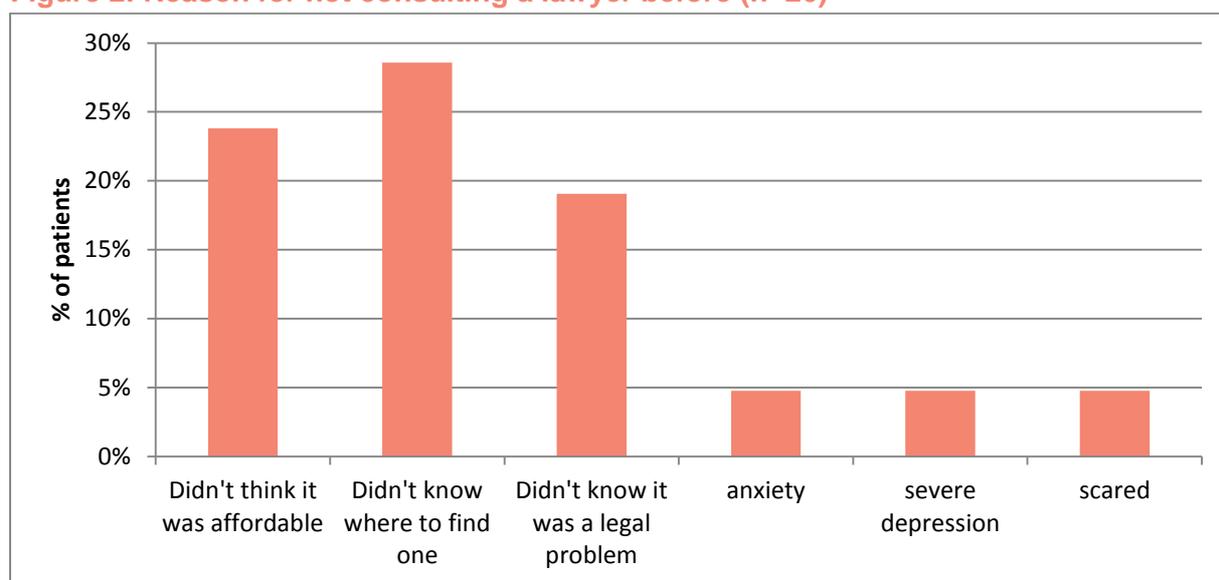
NB: some patients gave more than one reason



### Seeking other legal assistance

In most cases, IMCL was the first point of contact for legal assistance for the patient; 20 (80%) had never seen a lawyer about their legal issues before. Patients surveyed stated they had not seen a lawyer before because they did not know where to find one, did not think it affordable, did not know it was a legal issue or for an emotional reason (figure 2). Some gave more than one reason.

**Figure 2: Reason for not consulting a lawyer before (n=20)**



If the free clinic had not been available to them, 12 (48%) of patients would not have seen a lawyer for their current issues, and 8 (32%) said they did not know whether they would or not (table 2).

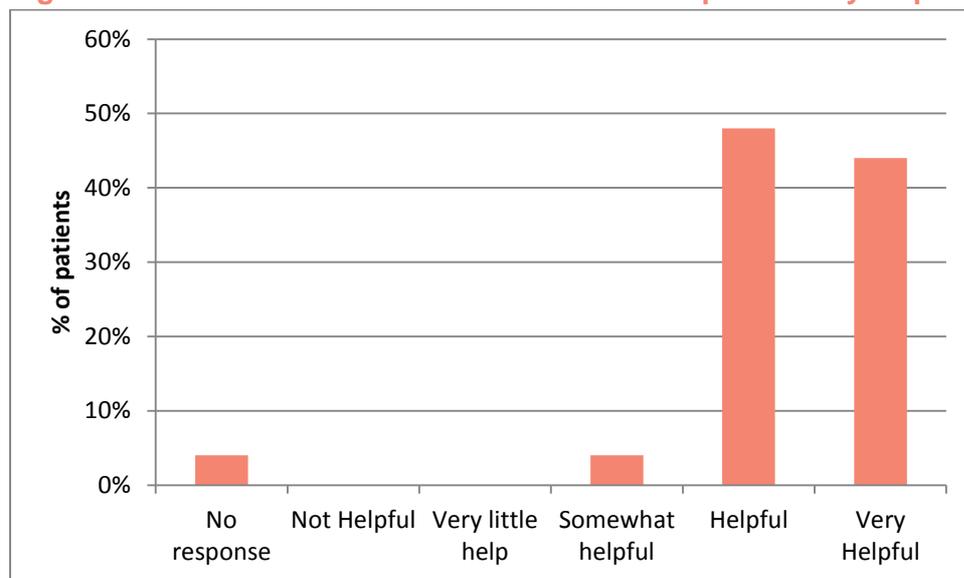
**Table 2: Would patients have seen a lawyer elsewhere**

Response	Number (n=25)	%
Yes	3	12%
No	12	48%
Don't know	8	32%
No response	2	8%

### Patient expectations and satisfaction with service

Most patients (84%) said prior to their consultation that they wished to obtain advice on their legal issue. Following the consultation, 92% stated they had found the legal consultation helpful or very helpful (figure 3).

**Figure 3: Patients who found the consultation helpful or very helpful (n=25)**



Patients stated that they had gained information and knowledge through the consultation, and were able to make informed choices. Some also valued the opportunity to talk to a lawyer and hear the options available, and their rights.

*“I have been given some options”*

*“What or what I can do or cannot do about the subject”*

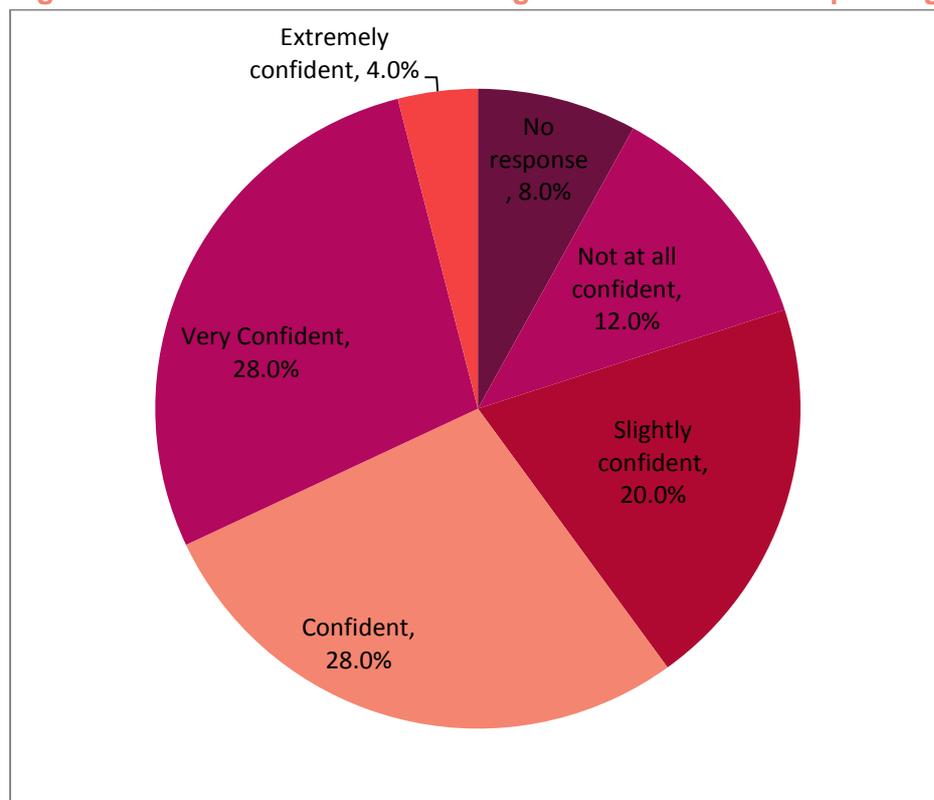
*“It was at least informative and laid out my options and sent me in what I believe is the right direction to proceed with issues raised.”*

*“Gave us a better idea of what to do from now on”*

*“Very easy person to talk to”*

Following the consultation, more than half of the patients (60%) stated that they felt confident to deal with their legal issues after speaking with the lawyer (figure 4).

Figure 4: Level of confidence dealing with the issue after speaking with the lawyer (n=25)



## Impact of the Health Justice Partnership on the health and emotional wellbeing of patients

### Effects on health and wellbeing

Prior to the consultation 15 patients (60%) stated that the legal issue had been having an impact on their wellbeing. Nine (36%) said it was causing them stress, two cited mental health concerns, one had had suicidal thoughts, and one had lost a lot of weight.

Patients were asked if and how many times they had visited an emergency department at a hospital in the previous three months. Most had not; nine (36%) had visited between 1-4 times. One patient had visited emergency between 5-8 times in the previous three months. This is considerably higher percentage of patients than those in a study in three southern Melbourne hospitals, which found frequent attenders (eight or more visits in 12 months) represented 0.7% of adult emergency department patients and 4.2% of adult emergency department presentations.<sup>21</sup>

Patients were asked to rate how they had been feeling in the past 30 days; for example if they had been nervous, restless, depressed. Their responses were used to assign a score on the self-assessed Kessler Psychological Distress Scale (k10)<sup>22</sup>. Nineteen (76%) patients had a k10 score over 20, indicating that

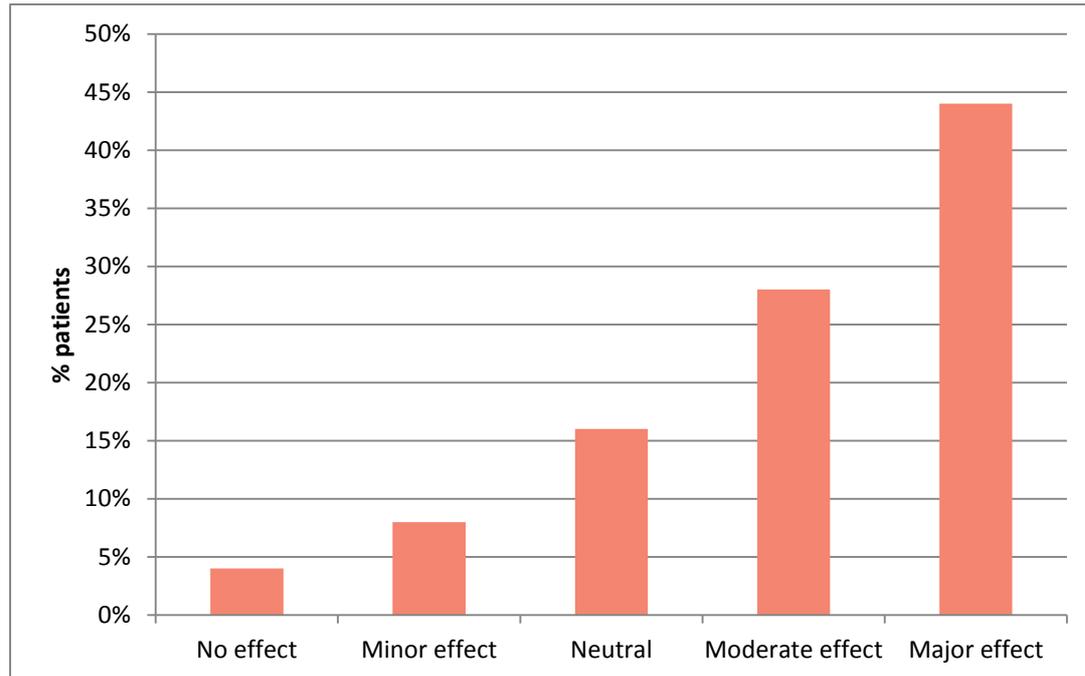
<sup>21</sup> Characteristics of frequent emergency department presenters to an Australian emergency medicine network Markham and Graudins BMC Emergency Medicine 2011, 11:21

<sup>22</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.

they were experiencing a degree of mild to severe distress.<sup>23</sup> Almost half (48%) had a score of 30 or above, indicating a likelihood of severe distress. This is considerably higher than all Victorian adults (12.6%) who reported high or very high levels of psychological distress (k10 score over 21) as reported in the Chief Health Officer's Report.<sup>24</sup>

Most patients thought that their legal issues were affecting these feelings (figure 5). Almost three quarters (72%) said their legal issues had a moderate or major effect.

**Figure 5: Patients who thought their legal issues had an effect on their feelings (n=25)**

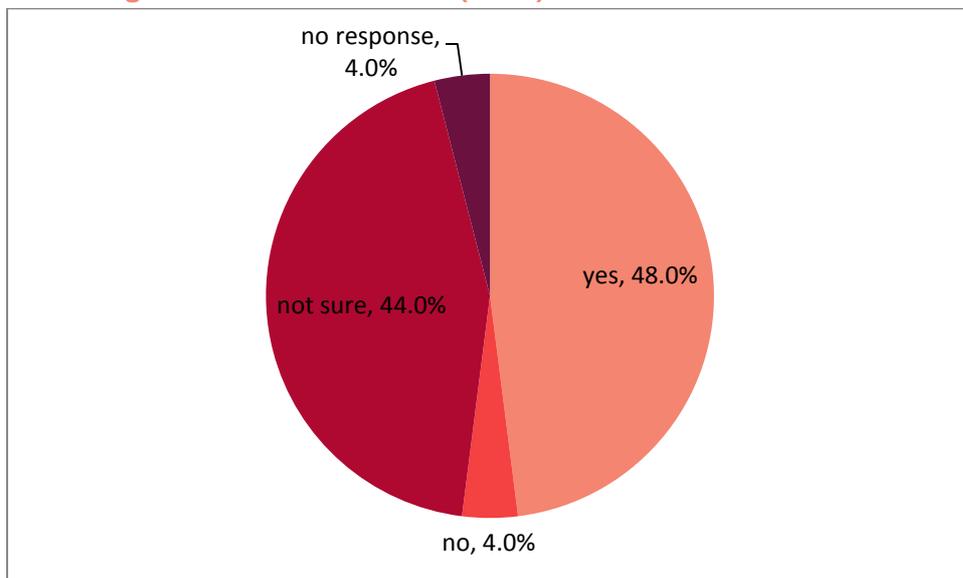


Following the consultation, almost half of patients (48%) said they thought the legal advice would have an impact on their health and wellbeing. A similar number (44%) said they were not sure (figure 6).

<sup>23</sup> Based on CRUFAD & GPCare score groupings and categorisation  
<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4817.0.55.001Chapter92007-08>

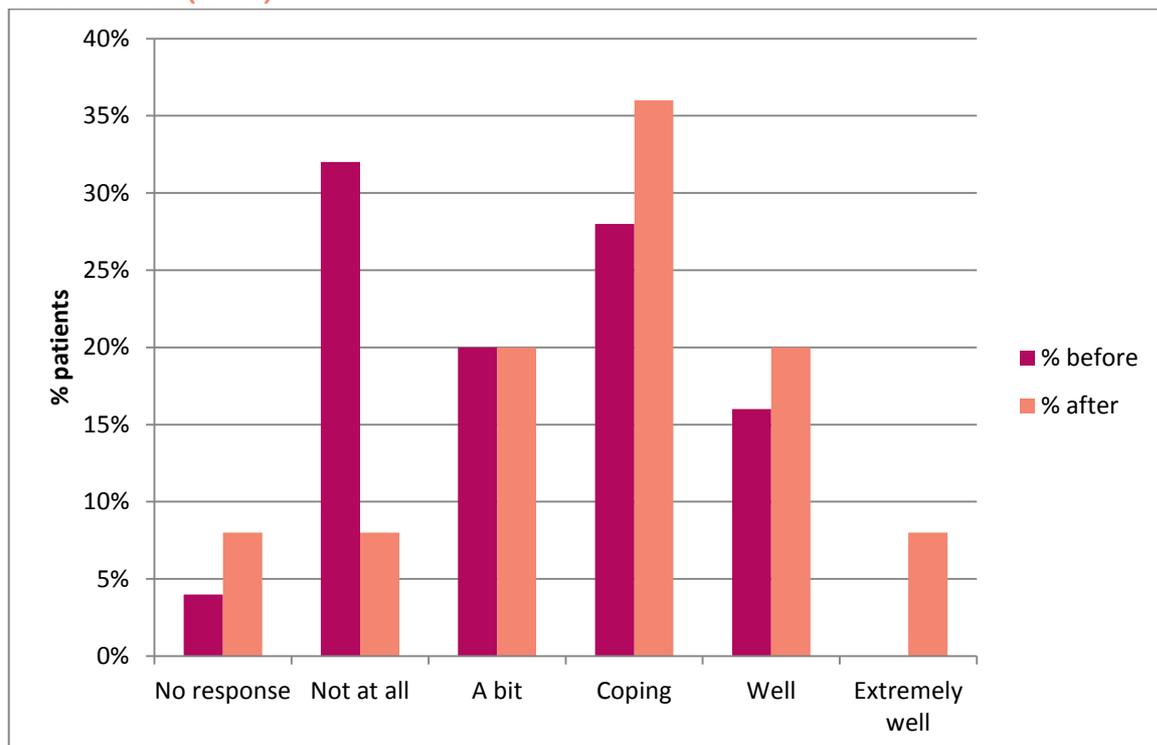
<sup>24</sup> Your Health; Report of the Chief Health Officer Victoria 2016, Part 2: Victoria's Health Indicators. State of Victoria, Department of Health and Human Services, Jan 2018.

**Figure 6: Patients who thought the legal advice would have an impact on their health and wellbeing after the consultation (n=25)**



Patients also felt they were equipped to cope better with their legal issue following the consultation (figure 7). Prior to the consultation, 52% said they were not coping or only a bit, and 16% that they were coping well. After the consultation 28% said they felt that they coping well or extremely well, and only 28% that they were not coping; approximately half the number of patients prior.

**Figure 7: Comparison of how patients felt they were coping before and after their consultation (n=25)**



## Case Studies

Some patients at RMH consented for their stories to be used as case studies, and gave more in-depth discussions about their involvement with the on-site legal clinic. Names have been changed to protect anonymity.

### Sashi's Story

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 sporting accident in 2011. As a result of her injury, Sashi's relationship with her family became fractured. She 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. She 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. 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 her, putting her further into debt and potentially 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.*

*"... I can 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."*

### Joe's Story

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 multi-disciplinary 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 we 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 him to return home safely.

*"...I've got... 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."<sup>25</sup>*

## **Impact of the Health Justice Partnerships on the role of health professionals**

### **Staff experience with on-site legal service**

#### **Awareness, access and appointments**

Hospital staff stated they were confident to identify legal issues, know how to make referrals to the on-site legal clinic or seek help when they needed it. Most referrals are made by the social work department, and other departments are more likely to go through social work than refer directly. Attendance at staff training or grand rounds by IMCL lawyers can lead to an increase in referrals.

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<sup>25</sup> As told to the Law Report on Radio National: <http://www.abc.net.au/radionational/programs/lawreport/health-justice-partnerships/8984390#transcript>

*“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 just they’d go through us anyway.” (RMH City FGI, Participant 1)*

*“... 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, Participant 1)*

IMCL maintains and prioritises a dedicated phone line for hospital calls. Social workers commented that staff who answered were approachable and informative. Flexibility with appointments when required was also appreciated.

*“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 Royal Park FGI, Participant 2)*

*“... I think that is important that we do have that dedicated line – and that we do prioritise answering that. So I think that’s important and I think that the staff do see the value of the work.” (IMCL FGI, Participant 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 in with legal assistance. The flexibility and responsiveness in the approach can also help social workers make other informed decisions.

*“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 disabilities that also makes it challenging for them to follow through with an appointment if they ever booked one.” (RMH Royal Park FGI, Participant 2)*

*“...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)*

### **Location**

The location of the legal clinic within the hospital grounds was mentioned by several staff as an important element for the success of the partnership. This not only made it easier for patients with mobility difficulties, but also for those who could not go to another location due to other circumstances.

*“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)*

*“...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)*

*“...the fact that you know that we can go and see them while they’re in hospital means that they’re not having to leave and make sure that they go to another office for appointments when they may actually not be well enough to do that ... most lawyers they...don’t have the mobility that we have of being able to see people onsite. They’re really tied to their office so I think that can make or break whether they get legal help at that time.” (IMCL FGI, Participant 2)*

At the RMH Parkville campus, the proximity of the legal clinic also enabled social workers to keep patients connected with clinical health services, particularly if they required long term health care or had a chronic disease.

*“...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 client 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)*

### **Staff knowledge and support**

Social Workers stated they had better knowledge, capacity and support as a consequence of working with the on-site legal service, and felt better able to approach generalist state-wide services, such as Victoria Legal Aid. Direct access to the legal support also helped to alleviate stress faced by social workers, and supported their capacity to provide patient-centred care.

*“... 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 that long term, but we haven’t been able to help them... as much as we can now.” (RMH City FGI, Participant 2)*

*“For me, it’s so much easier because before this, I’m like, driving patients ... 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)*

*“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)*

### **Stress and the ability to focus on health**

Feedback from social workers corroborated that from the patients, as many remarked that a legal issue causes or contributes to stress and anxiety. The social workers commented that when a legal issue

causes a patient stress, the patient is less able to focus on their health or treatment. Resolving or addressing the legal issue can help patients to engage more with their treatment.

*“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 have of had support with that [the legal issue], it wouldn’t have spiralled out of control.” (RMH City FGI, Participant 2)*

*“... It’s a priority thing. So like you know it’s like 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)*

*“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 minds 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)*

In some cases, where safety is a concern, addressing the legal needs can also facilitate faster hospital discharges.

*“... sometimes it’s not safe because of the legal problem, it’s not safe for the client 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)*

Social workers also observed that patients felt more empowered by 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 FGI, Participant 3)*

## Challenges

### *Ethical constraints*

A focus group at RMH highlighted that social workers felt they could assist if they were kept in the loop where possible. Being the first point of contact for patients who may have cognitive difficulties, social workers also felt they could help patients prepare for appointments.

*“... my patients are cancer patients, their ability to absorb stuff is often not great anyway. So if we’re able to just give a prompt... 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 City FGI, Participant 1)*

Lawyers highlight the legal limitations in sharing some information, such as the reason for a conflict of interest. In other cases, if a patient is referred to a pro-bono service, IMCL lawyers may not always receive further 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)*

*“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 client advice about, but it had to be from lawyer to client 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)*

## Suggested Improvements

### *Referral instructions guide*

The process of referrals was raised in focus groups, and the possibility of streamlining the system. When first making a referral some social workers are not aware of the information required for conflict checks. Modifications to the referral process may assist in the initial intake.

*“That would be good to actually have a referral type sheet. So most of us when we refer to places when we’re saying to a patient we’re going to refer you on, these are the questions they need, they ask us before we do it. 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, yep. And I think that just adds the difference between your first meeting is actioning rather than introducing.” (RMH City FGI Participant 1)*

Some social workers have not met the lawyers, and it is not necessarily required. The dedicated phone line has proven positive experiences, lending confidence to the process. A further online referral system has also been designed.

### **Areas of law**

The lawyers at IMCL have expertise in different legal areas, but there are some areas of law which are not covered, such as visa, migration, wills and powers of attorney. Depending on the case, some patients can be referred to a partner offering a pro bono service; however some issues will be encountered by social workers where IMCL cannot assist. IMCL is continually seeking ways to address these gaps through further partnerships.

*"...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 City IDI, Participant 1)*

*"I think a real gap for us though is helping in the migration space and because although in other services that help with migration matters it's, I think it's a key area where some clients are missing out on the systems but that's because of service gaps across the board not just in HJP." (IMCL FGI, Participant 2)*

*"... the other challenge is just that 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 but where we don't have the expertise I'm not sure – we can't – you know we're not going to draft a will for someone if we don't have the skills to do that. So that can be hard - and 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 unfortunately we can't always plug that gap through working here but we can." (IMCL FGI, Participant 2)*

### **Case studies**

Several RMH focus group participants commented that published case studies would be useful to them, both to provide information on what legal situations can be referred, and that smaller issues such as fines can be covered, and to act as a reminder of the available service.

*"I think having case studies to share with the team would help them or flag with them when they encounter something, or you know would trigger their memory maybe, 'I could use the legal service or something'... 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 as a less serious in comparison maybe. But it is potentially something they could help with." (RMH City FGI, Participant 2)*

*"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, Social worker 2)*

### **Resourcing**

The challenge of maintaining the relationships and therefore the clinic was highlighted by IMCL lawyers. Although the partnership has been in place for years, it requires attention to maintain it, especially with staff changes. Good relationships can have immediate benefits in boosting patient referrals and providing legal assistance to people who require it.

*“...the key thing where 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)*

*“... we did notice that once we sort of re-engaged and built relationships you know or reconnected those relationships that there was a pretty significant, you know a healthy jump in the referrals.” (IMCL FGI, Participant 1)*

The physical resources at the hospital have always been available, and staff have been obliging in changing circumstances.

*“[there have] been times where we’ve had to attend the hospital for appointments and they’re outside our clinic times and so we’ll have to liaise with staff to make sure that there’s a room available, but they’re really good at providing us with the space or you know even if it’s just access to a printer or something. They try to be accommodating.” (IMCL FGI, Participant 2)*

## **Policy, program, and practice change due to the Health Justice Partnership**

Referral processes are well-established, and will be improved with amendments. At RMH the clinical governance structure also helps to reinforce referrals to the on-site legal service where appropriate. Major practice changes are not required to enhance the service.

*“... in terms of practice, because we have the service we’re able to consult more in terms of the legal stuff, so we can you know in our own clinical reasoning when we’re trying to figure out directions and pathways for patients, because we have that access to that resource that helps round out our clinical reasoning and round out our practice, which is really useful.” (RMH City IDI, Participant 1)*

*“I wouldn’t say there’s been a change in their practice because ... we’re always very aware and picking up on what are potential legal issues in our social assessment, but ... we have a very easy pathway now.” (RMH Royal Park FGI, Participant 2)*

*“... for a service like this you generally are kind of stuck up against something 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 unless he was going to suggest a service so it’s pretty covered.” (RMH City IDI, Participant 1)*

Lawyers at IMCL were also aware that as relationships and awareness of the legal clinic have developed, the recognition of legal issues and referrals has also improved, and continues to improve with experience. The referral process is being made as simple and quick as possible, to remove any possible barriers due to time constraints. Most referrals come from Social Workers, and this pattern is likely to remain.

*“That's something we've definitely seen, you know in the last 5 years since we've been building up these partnerships, is that the more that the healthcare teams are aware of the legal services, the better they are at identifying when a patient discloses or starts to talk about their story, they really become better at identifying the legal problems. And fortunately, because they know that they can call us and get fairly immediate help, we can address those unmet legal problems, that might be a clear pathway for them.” (IMCL FGI, Participant 1)*

*“Sometimes there's a bit of back and forth ... they might have to call back and get the other party's name or that sort of thing.” (IMCL FGI, Participant 1)*

*“We have quite a detailed intake form and being a bit worried that that is a bit of a barrier for staff members. So I've had a few informal conversations with staff at some of the hospitals to get some feedback about the referral process and I'm doing that again with Royal Melbourne in coming weeks and then we might come back to the team and work out you know because I want to make it as easy as possible, I don't want staff members to be saying “oh I don't have time to make the referral it's going to take 15 minutes,” you know that sort of thing.” (IMCL FGI, Participant 1)*

*“Most of our referrals come from social workers and we have sort of been interested in you know whether we can increase referrals from other areas of the hospital. But ...at RMH their point of view is if the patient has to have a psycho-social issue that's linked to their legal problem anyway, then they want this, you know, they think that social work should be referred for most of the patients that we see.” (IMCL FGI, Participant 1)*

The Royal Melbourne Hospital has integrated information about the on-site legal clinic into their orientation package for new social workers, which further benefits staff awareness.

*“...we have this thing called a social work orientation checklist which is what new people that are coming into the team have to within the first I think 6 months of their being hired they have to sort of go through all of you know, all of the steps. So it's doing a mandatory training...” (RMH City IDI, Participant 1)*

## Appendices

### Appendix 1: Participant Information and Consent Form

#### Participant Information and Consent Form

Study Title: Evaluation of Health Justice Partnership: The Royal Melbourne Hospital and Inner Melbourne Community Legal

Study Number: 2016.189

Investigator: Kira Lee, 9328 1885, Kira.Lee@imcl.org.au

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

Participation is voluntary and you may decline if you wish. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. If you choose not to participate in this study you will still receive the standard service.

Please read this information and ask questions if you need more information. Before deciding whether or not to take part, you may also want to discuss the project with a relative or friend. 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 below. You will be given a copy of this Participant Information and Consent Form to keep.

The aim of this project is to evaluate the on-site legal service at The Royal Melbourne 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.

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 follow 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 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: **Ms Jessica Turner, Manager Human Research Ethics Committees, Melbourne Health, (03) 9342 8530.**

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

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?

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

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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?

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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

<b>h.</b>	.so depressed that nothing could cheer you up?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>i.</b>	...that everything was an effort?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>j.</b>	...worthless?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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

No affect	Minor affect	neutral	Moderate affect	Major affect
1	2	3	4	5

Please add any additional comments?

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**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?

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

Not at all confident	Slightly confident	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?

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

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

- Yes
  - For what issues?  

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  - How many lawyers have you seen?  

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- 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?

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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?

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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?

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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?

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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?

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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?

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4. 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

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

- Yes  
 No

Briefly explain?

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6. 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
	1	2	3	4	5
... 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
...worthless?	1	2	3	4	5

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

No affect	Minor affect	neutral	Moderate affect	Major affect
1	2	3	4	5

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

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Are there any additional comments?

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

- Yes  
 No

**Thank you** very much for taking 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:**

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## Appendix 6: Hospital Staff Participant Information and Consent Form

### Participant Information and Consent Form (The Royal Melbourne Hospital staff)

Study Title: Evaluation of Health Justice Partnership: The Royal Melbourne Hospital and Inner Melbourne Community Legal

Study Number: 2016.189

Investigator: Kira Lee, 9328 1885, [Kira.Lee@imcl.org.au](mailto:Kira.Lee@imcl.org.au)

---

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

The aim of this project is to evaluate the on-site legal service at The Royal Melbourne 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.

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: **Ms Jessica Turner, Manager Human Research Ethics Committees, Melbourne Health, (03) 9342 8530.**

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

Theme	Question
Individual Characteristics	<ol style="list-style-type: none"> <li>1. What is your position at the Hospital, how long have you worked there?</li> <li>2. What do you know about the on-site legal service?</li> <li>3. How did you come to hear about the on-site legal service?</li> </ol>
<b>Awareness and knowledge about project</b>	<ol style="list-style-type: none"> <li>4. How would you describe the level of staff awareness of the on-site legal service?</li> <li>5. How would you describe the level of patient awareness of the on-site legal service?</li> <li>6. Have you seen any promotional material?</li> <li>7. How could awareness be improved?</li> </ol>
<b>Referral pathway</b>	<ol style="list-style-type: none"> <li>8. Have you referred any patients to the legal service? Why did you make the referral/s?</li> <li>9. What was your experience of the referral process? How easy was it? How could the process be improved?</li> <li>10. Are the referrals recorded anywhere?</li> <li>11. Did you receive any feedback about the referral? Who provided the feedback?</li> <li>12. How could the feedback process be improved?</li> <li>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?</li> </ol>

	<p>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?)</p> <p>15. Would you recommend an on-site legal service to your colleagues at other hospitals? If yes, why? If no, why not?</p>
<b>Impact of legal clinic on patients</b>	<p>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?</p> <p>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?</p>
<b>Program</b>	<p>18. Have you noticed any changes in policy or practice due to this program?</p> <p>19. What are the strengths of the service?</p> <p>20. What do you see as the issues / challenges with the service?</p> <p>21. Any other comments?</p>

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