starting a health justice partnership: toolkit

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contents

acknowledgements

The Health Justice Partnership Toolkit (HJP Toolkit) aims to guide individuals and organisations in providing legal assistance in health and welfare settings. The idea for the project commenced in 2013.

The medical-legal partnership movement has been growing in the United States since 1993, and helped catalyze the development of Health Justice Partnerships (HJP) in Australia.

Much of the framework for this toolkit was inspired and guided by the U.S. Medical-Legal Partnership Toolkit and other resources developed by the National Center for Medical-Legal Partnership at the George Washington University (NCMLP).

This toolkit has also benefited from learnings shared by the U.S. medical-legal partnership community in literature and at NCMLP's annual Summit[1].

Consistent with the HJP philosophy of collaboration and consultation, the final product has been born from a collaboration of many people's efforts. This first version has resulted from a number of people contributing their ideas, experience and case studies.

We acknowledge Dr Fiona Lander (doctor and lawyer) for creating the initial draft of the HJP Toolkit in 2014 and providing a thorough analysis of the literature on the U.S. position and the U.S. Medical-Legal Partnership Toolkit. Since Dr Lander started the project, there have been major contributions added to the HJP Toolkit under the leadership of Melissa Hardham (HJP Network member and lawyer).

Particular thanks goes to Deborah Di Natale (Justice Connect), Peter Noble (ARC Justice), Linda Gyorki (Inner Melbourne Community Legal), Nickie King (Bendigo HJP), Dr Nicole Woodrow (Royal Women's Hospital), Professor Mary Anne Noone (LaTrobe University) and Dr Liz Curran (Australian National University).
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Case studies are an essential component of the HJP Toolkit. Many HJPs from around Australia have contributed their stories and experiences.

These case studies serve as practical examples and invite opportunities for conversation and networking. We are therefore grateful to the many contributors including Dr Margaret Camilleri and Alison Ollerenshaw (Federation University), Christina Burke (Eastern Community Legal Centre), Tania Wolff (First Step Legal), Christine Newman (Centre for Population Health), Faith Hawthorne (Justice Connect), Maureen Convey (cohealth), Cameron Lavery (Homeless Persons' Legal Clinic), Karen William (Health Advocacy Legal Clinic), Meredith Osborne (Legal Aid NSW), Joanne Shulman (Redfern Legal).

There are a number of resources referred to in the HJP Toolkit including the Legal Health Check developed by the Queensland Public Interest Law Clearing House Inc (QPILCH). We thank Sue Garlick for her advice regarding this resource and for sharing her knowledge about the development of HJPs in Queensland.

Finally, we thank all of the inspirational people who have committed their time to developing HJPs and for creating tools and resources that will contribute to the overall success of this approach to addressing unmet need.

introduction

Disability and chronic illness are associated with increased rates of multiple and significant legal issues. Research conducted by the Law and Justice Foundation of New South Wales found age, illness, disability and family status were the strongest independent predictors of legal problem prevalence in Australia[2].

Individuals with a chronic illness or disability were more than twice as likely to experience legal problems and those problems were more likely to be on the serious end of the spectrum. In particular, chronic illness or disability were significant predictors of every major category of legal problem studied.

The Foundation's research also indicates that a person's experience of chronic illness and disability is determined by both their biological aspects and the social environment[3]. People with chronic illness or disability are more likely to experience disadvantage and social exclusion, and are vulnerable to a wide range of legal problems with lower rates of resolution.

This suggests that the association between chronic illness/disability and legal problems may be bi-directional. For example, long-term incapacity can cause unemployment, family breakdown and debt problems and conversely the experience of these problems can also cause or exacerbate mental or physical illness. It makes intuitive sense that a person's medical and legal issues have some connection in certain circumstances. Unfortunately, there is a paucity of research to inform us of the nature of this association and thus understanding is limited and difficult to measure.

Since individuals with chronic illness or disability have an "increased likelihood of having multiple, complex and interconnected legal and non-legal needs[4]" it follows that there may be enhanced benefits in developing integrated service models where health, welfare and legal services work together to improve health, social and justice outcomes.

HJPs recognise that an individual's issues are not always two-dimensional

In response to this pattern of vulnerability, in the United States of America (USA) Medical-Legal Partnerships (MLPs) have emerged as an increasingly popular approach to care. MLPs in the USA have matured and currently operate in 276 healthcare institutions in 36 states[5]. HJPs are still relatively new to Australia but fast evolving.

In 2012, the Health Justice Partnerships Network[6] (formerly Advocacy Health Alliance Network) hosted the Advocacy Health Alliance Symposium[7]. The purpose was to introduce and promote the MLP (HJP) concept[8] to an Australian audience. Since the Symposium many HJPs have formed and the interest in this area is growing.

The HJP Toolkit has been created as a general guide to lawyers, health and welfare practitioners interested in setting up a HJP. The HJP Toolkit introduces the concept and provides a step-by-step guide for establishing a HJP, drawing upon recent Australian experiences. Case studies have been included to provide practical examples for each step and contact details are offered to invite conversations between those who are in the embryonic stages of setting up a HJP and those who have implemented a partnership.

We encourage users to provide feedback and further case studies to expand the scope of learning and development for the next edition. The majority of contributors to the HJP Toolkit have legal backgrounds. We welcome input from those who provide health and welfare services. We will continue to develop the HJP Toolkit as we learn more from the expanding HJP network.

Melissa Hardham

On behalf of the Health Justice Partnerships Network

health justice partnerships

What is a Health Justice Partnership?

Although HJPs take many forms, essentially they are partnerships between members of the legal, health and welfare professions and are intended to create a more effective, supportive and multidimensional approach to problem solving for those whose issues are many and interconnected. HJPs have also been referred to as advocacy health alliances[9], medical legal partnerships[10], and multidisciplinary practices[11].

Beyond service provision, HJPs also see it as their role to advocate on issues that have a noticeable impact on their patients/clients groups and some offer educational resources on particular issues[12]. Practitioners working collaboratively often have greater potential to identify and respond to matters that require changes to policy and practice.

Although HJPs are reasonably new to Australia, some health, welfare and community legal centres have long recognised the benefit of working collaboratively to create better outcomes for their clients[13].

Health Justice Partnerships – meeting complex needs

Ordinarily, individuals are more likely to approach health and welfare practitioners with their social problems, than lawyers[14]. In the event that the health and welfare practitioners recognise that their patient has a legal problem and advises them to seek out a lawyer, patients are sometimes reluctant or unable to take the next step and seek legal assistance.

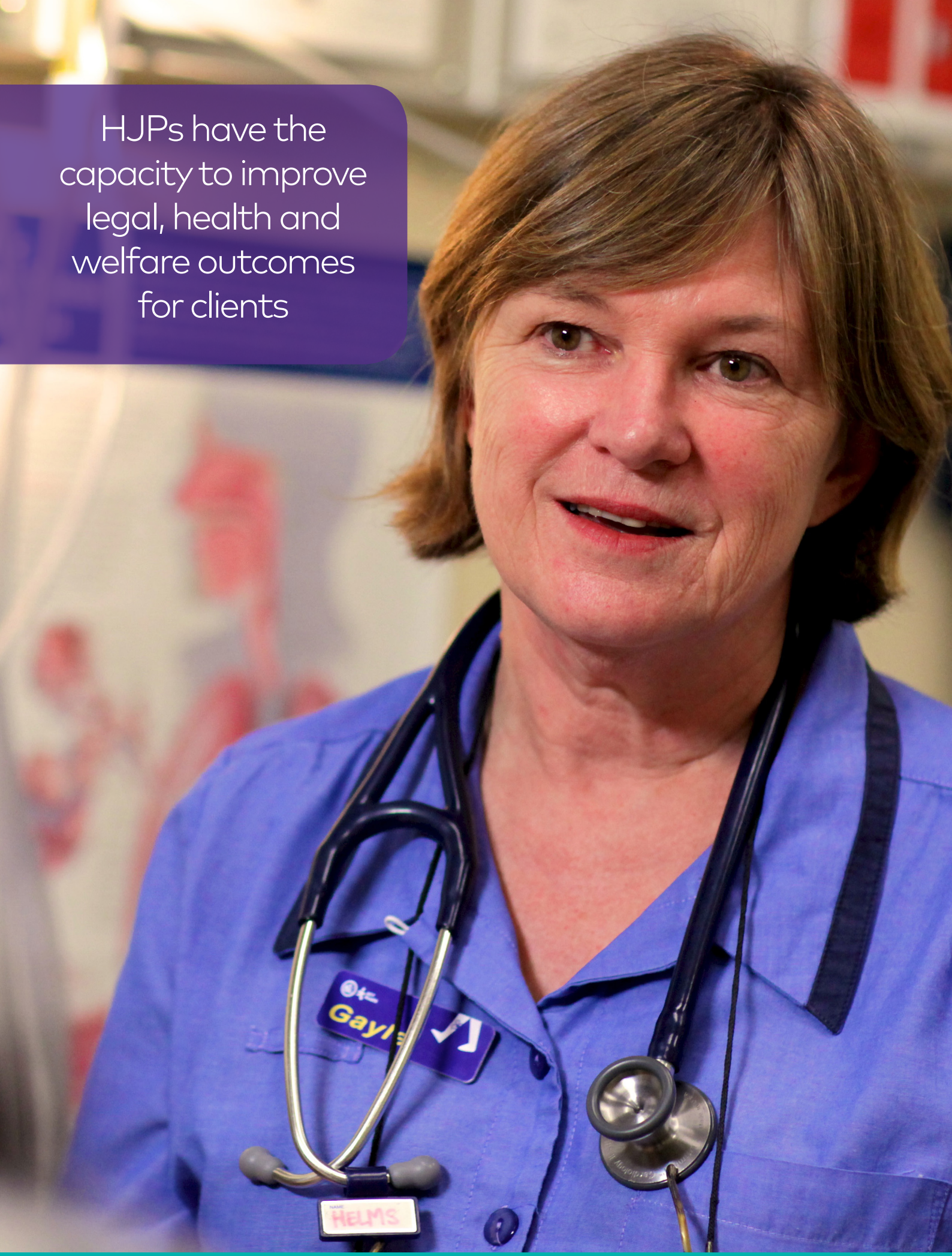
An integrated service model is able to meet immediate health, legal and social needs through patient/client-centred services that utilise effective referral pathways for those with complex interrelated legal and non-legal needs.

These improvements in service delivery are likely to produce better outcomes for individuals and remove many of the impediments to accessing legal assistance.

Health Justice Partnerships – adding value

The potential benefits to HJPs include:

- A patient/client centred delivery model founded on greater understanding of the patients'/ clients' issues
- Improved health, welfare and legal outcomes
- Collaborative approach to problem-solving in an environment in which the patient/client feels comprehensively supported
- Proactive referrals enabling issues to be dealt with expeditiously
- Practitioners' development and training opportunities through increased "cross-professional awareness"
- Greater potential for systemic policy change.


HJPs have the capacity to improve legal, health and welfare outcomes for clients
HELMS

creating a partnership in 12 easy steps

The following steps are informed by the experiences of Australian HJPs, and may assist you in the development of your partnership. The steps are modelled on the U.S. Medical-Legal Partnership Toolkit (created by the National Center for Medical-Legal Partnership at the George Washington University)[15].

Step	Action	Time Frame
Step 1	**Community consultation** Conduct consultations with target populations to assist with the formation of a clear understanding of the unmet legal, health and welfare needs and the best approaches by which to address these needs.	**Initial stages with regular review**
Step 2	**Choosing the right partner** Select an appropriate partner/s to assist to service the identified unmet needs. It's important to take the time to get this step right. Research and careful consideration at this embryonic stage will heighten the likelihood that the partnership is successful and enduring.	**Initial stages**
Step 3	**A common vision** Health, wellfare and legal partners set the vision, values and objectives together and collaborate on decisions as to how much scope the partnership will aim to achieve. This process also enables partner expectations to be clarified.	**Initial stages with regular review**
Step 4	**Leaders and champions** HJP champions are likely to self select and adopt leadership roles, however it is important that persons capable of making decisions on behalf of each partner organisation be actively involved in the planning and implementation of the HJP.	**Initial stages and ongoing**
Step 5	**Effective communication and co-location** Co-location assists in the development of relationships. It fosters confidence between practitioners of different expertise who are inexperienced in working together and may even view each other as historical adversaries. It facilitates communication and builds efficient processes in the interests of patients/clients.	**Ongoing**

Step	Action	Time Frame
Step 6	**Resource management** Resource mapping that takes account of available financial, administrative, information technology and human resources, will assist in ensuring that commitments do not exceed available resources. The development of clear patient/client intake processes will also assist. Pathways for involvement of senior students, volunteers and pro bono assistance should be considered with availability of appropriate training and supervision.	**Initial stages and ongoing**
Step 7	**Training and capacity building/practitioner development** Training and other opportunities to exchange ideas and information should ideally be available to staff so they have a clear understanding of the vision, values, objectives of the HJP and are able to identify and respond to issues that arise.	**Initial stages and ongoing**
Step 8	**Referral process** These processes should be designed so as to demand as little of the patient/client as possible. Referral processes should be understood and agreed by each partner and ensure that practitioners are afforded the information they need to provide an expeditious and sensitive service to the patient/client, while observing relevant legal and ethical requirements.	**Initial stages and ongoing**
Step 9	**Privacy and boundaries** Protocols need to be constructed regarding information security, referral and intake processes, reporting back to the referring practitioner and generally how information is to be shared and managed. Most public Australian institutions have privacy guidelines and these can be easily adapted for HJPs.	**Initial stages and ongoing**
Step 10	**Communication and feedback** Feedback from patients/clients, board members, management, staff and external stakeholders is essential to ensure the model realises its potential, remains sustainable and problems are identified and addressed.	**Ongoing**
Step 11	**Community education** Over time, common themes and issues may arise which can lead to opportunities for community education for groups served by the HJP and the broader community.	**Ongoing**
Step 12	**Monitoring and evaluation** Monitoring and evaluation of the model assists to understand the impact and overall value. It also enables continuous learning and improvement of the services, promotes the benefits of this type of partnership, and potentially attracts funding opportunities.	**Ongoing**

step 1: community consultation

Conducting preliminary research on the characteristics of the population to be served and their unmet health, welfare and legal needs provides useful information for partners during the formative stages of a HJP.

Sometimes reliable data will already exist. If not, effort should be made to obtain it so that services are designed in ways that best serve those in greatest need, within available resources.

Just as many people do not realise they have a health problem until it is too late, some people do not recognise that they have a legal problem until it escalates. Thus, in meetings, surveys or interviews, the language used should be problem based rather than using legal terminology.

For example, consider asking if there are any outstanding fines or Court matters coming up, or whether there is an issue with the condition of a rental property or problems with paying rent.

Case Study 1

RedLink is an integrated service hub located in the heart of Redfern public housing estate, easily recognised by five distinctive high-rise towers. With around 1500 tenancies, the estate is one of the most concentrated areas of public housing and social disadvantage in the Sydney district. Through consultations with the Redfern community and Neighbourhood Advisory Board it became clear that many people living on the estate were not utilising existing local services located nearby (including health services, a community legal centre and Legal Aid office).

Too frequently, individuals engaged only at crisis point when their tenancy was at risk of termination. The barriers to accessing local services were varied and included fragmentation across the service system and lack of integrated planning for clients with very complex needs. During consultations, the community asked for services to be delivered directly onto the estate.

RedLink provides health, housing, legal, and wellbeing programs onsite from a refurbished space, using shared assessment, referral and pathway tools. A weekly RedLink Law Clinic is provided jointly by Legal Aid NSW and Redfern Legal Centre. Integral to RedLink's success has been intensive collaboration with the community, as equal partners, at all stages of development.

The model is truly flexible and embraces new ways of thinking and working together on hard community problems, such as intergenerational disadvantage, social isolation, poor nutrition and drug and alcohol misuse. While there are agreed goals, principles and directions, all participants are willing to try innovative ways of doing things and have contributed to service design from the outset.

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step 2: choosing the right partner

How do you choose the right partner?

Many factors will influence this decision including:

- The purpose of the HJP
- The needs of the target group
- The compatibility between the vision, purpose and core components of the potential partner organisation and your organisation
- Shared goals and objectives for the partnership
- The level of commitment and resources partners are willing to contribute
- Funding arrangements
- Potential impediments and/or limitations
- The likelihood of 'top down, bottom up' support

Learning about partners

Each partner should learn as much as they can about how partner organisation and staff operate. Some areas to consider are:

- The reputation of the partnering organisations' strengths and weaknesses
- Identification of staff who will champion the HJP
- Support for the partnership by organisation leadership (board, executive and senior management)
- Strategic and business plans (short and long term)
- Governance procedures and requirements
- Capacity and willingness to engender commitment to the partnership among staff
- Potential allocation of resources
- Staff readiness and enthusiasm for the partnership

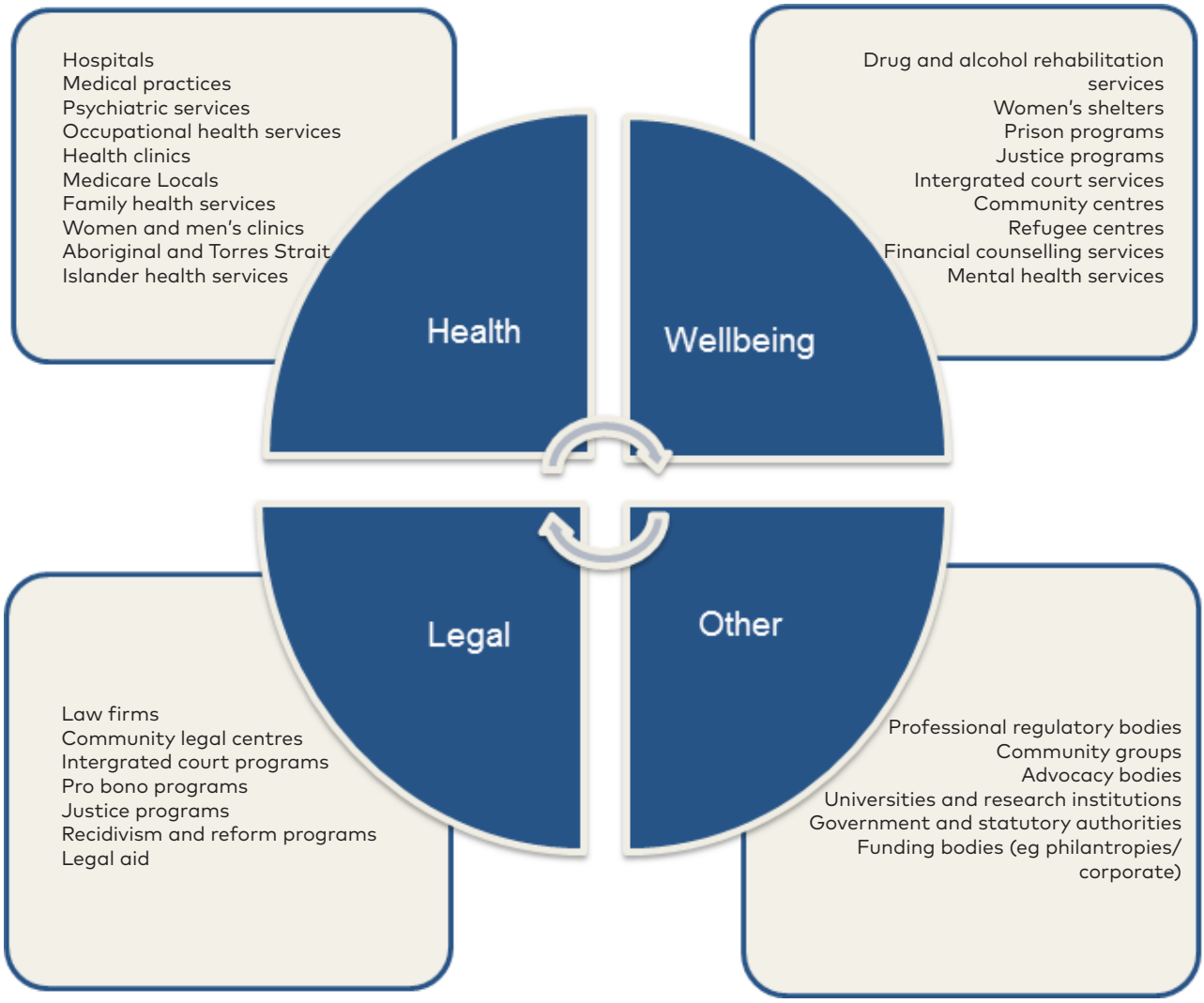
Other Stakeholders

You may choose to involve universities and research institutions to assist with monitoring and evaluation. Other potential stakeholders include government departments, statutory authorities, court integrated programs, community services, police and prosecutorial bodies.

However, be sure to choose wisely as there may be reticence from the patients/clients if stakeholders are controversial or have not enjoyed a positive relationship with this particular group. This will depend largely on the nature of the service.

where to start?

This diagram presents examples of potential partners[16] - remembering that the key focus must always be the group the HJP seeks to serve.



step 3: a common vision

What are the vision, values and objectives?

HJPs seek to improve the overall health and welfare of the people they aim to assist. In order to do this effectively HJP collaborators need to identify their vision, values and objectives. Representatives of each partner should participate in this process. Some factors to consider when determining these matters will include:

- The target populations
- The added value to be derived through partnering
- How the practice might operate
- The outcomes sought
- Potential barriers to working together

Defining the scope of the service

It is advisable to define the scope of the service at the early stages of development. Partners must clearly identify the populations they will serve and the nature of the services to be provided.

For example patients/clients may be subject to means testing, target groups may be identified (homeless persons, people suffering from substance abuse issues, children, women), or the HJP may limit itself to dealing with single issues, a combination of issues or provision of a comprehensive service.

It may be beneficial to start with narrow parameters. These can be broadened when the partnership has developed a working understanding of available resources and effective time management.

The HJP may begin by making referrals to external services and build more comprehensive in-house services as the partnership evolves.

The priorities and parameters of the HJP should be clear, predictable and transparent, so that staff and the individuals accessing the service understand them.

Avoid overpromising – failure to live up to the expectations that have been created can have an impact on patient/client trust in the HJP.

Case Study 2

Population Health Services staff from the Western Sydney Local Health District (WSLHD) attended a Health/Justice Forum where the relationship between the experience of chronic disease and legal issues was discussed. These staff became the organisation's HJP champions.

Legal Aid staff were subsequently invited to present at the WSLHD Population Health Leadership Group Meeting, which includes senior representation from the Executive, Mental Health, Drug Health, Aboriginal Health, Multicultural Health, Medicare Local, Community Health, Service Planning, Sexual Health, Oral Health, Health Protection and Health Promotion. The Group endorsed the establishment of a HJP and resolved to set up a working group to scope the possibilities.

The Working Group has convened and developed a manageable work plan that includes two projects. Population Health has committed 'in-kind hours' of a project officer one day per week to coordinate the planning, implementation and evaluation of their first project in partnership with Legal Aid. As a result of the newly formed partnership, Legal Aid was invited to attend the WSLHD Integrated Care Strategic Planning Day.

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Case Study 3

The "Justice and Health Come Together in North West Melbourne" project (the Project) is a HJP between cohealth (a large community health organization) and Justice Connect Seniors Law (Seniors Law). Under the Project, funded by the Legal Services Board, a full time Seniors Law lawyer is based at cohealth 4 days a week, as an integral part of the interdisciplinary team. Prior to this, Justice Connect Seniors Law had worked closely with cohealth delivering a Seniors Law clinic at their Footscray site for 5 years prior to the Project.

As a result of this ongoing collaboration, the partners had identified shared values and a mutual commitment to improving health and social outcomes for older people. This provided a sound basis for making a joint application for funding for the Project. Following receipt of the grant, representatives of the parties, together with key stakeholders, including the Board and LaTrobe University, met to refine the shared vision, objectives, evaluation strategies and outcomes for the project.

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Maureen Convey, Senior Manager, Aged & Chronic Diseases Outer West, cohealth
maureen.convey@cohealth.org.au | (03) 9334 6667

step 4: leadership & champions

Buy-in from leadership

In order to maximise the potential for success, it is important secure support from the senior leadership of all partnering organisations. General enthusiasm will not usually be enough - a real commitment from the people able to make binding decisions for the organisations is essential. Commitment at this level also sends a clear message to staff that this initiative has support, which is necessary if changes to practice are to succeed.

Bedding-in the concept at senior leadership levels

It is advisable to establish some form of HJP Advisory Group or Committee comprising senior representatives from each of the partnering organisation. Others regarded as having useful expertise might also be invited. The HJP should be integrated into the operation of each partner. It may be useful for the committee of the HJP to provide regular reports on its progress to partner board and executive meetings and offer training to interested staff.

Case Study 4

The Central Highlands HJP is a partnership between Ballarat Community Health, Central Highlands Community Legal Centre and Federation University Australia. The Central Highlands HJP will provide a program for early intervention for disadvantaged young people experiencing multiple health and legal issues in the Central Highlands region of Victoria.

The initial idea for a HJP for youth arose in response to the high level of youth disadvantage in the region as compared to the rest of the state. Few young people in the region were accessing legal services in a timely way or at all, resulting in the limited ability to find legal remedies.

Partner organisations met in early 2014 to discuss a funding application to the Legal Services Board. Key objectives were discussed and agreed ensuring that forward planning could progress. Victoria Legal Aid (Ballarat Office) (VLA Ballarat) has also been involved in the project (as an interested agency, not a partner). VLA Ballarat offers extensive expertise and experience in dealing with the downstream legal issues experienced by young people.

A steering group comprising each of the partner organisations and VLA Ballarat was established to guide the project through its earliest establishment phases, and beyond. The group meets monthly to discuss key areas of the project's development. Establishing regular steering committee meetings has facilitated the transparency of the program's development and maximised the consensus of each organisation in relation to the project; this has been a widely successful process.

For further information contact
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Case Study 5

The Acting on the Warning Signs project (the Project) is a HJP between the Royal Women's Hospital (the Women's) and Inner Melbourne Community Legal (IMCL). An IMCL lawyer visits the Women's five times per fortnight to provide free legal advice to patients. The Project is fortunate to have significant support from the Executive at the Women's. The governance structure for the Project includes an Executive Sponsor who is the Executive Director of Clinical Operations at the Women's.

There is a steering committee made up of members from the Women's and IMCL. Members from the Women's include the Chief Social Worker, the Manager of Clinical Education, the Manager of Strategy and Planning and the Project Manager for Preventing Violence Against Women. From IMCL, the steering committee includes the CEO and the Senior Project Manager.

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step 5: communication & co-location

Effective communication

Usually, the more engaged and communicative service providers are with each other, the greater the likelihood that the HJP will succeed. True integration of health, welfare and legal services involves effort, time and cost.

At one end of the spectrum, a health service may simply refer patients for legal assistance. At the opposite end, services will partner in a co-located setting with co-case management. In some HJPs this will also include cross referrals from lawyers who recognise that their client has a health or welfare problem that requires attention (eg a mental health issue that has become evident).

A cooperative approach by health, welfare and legal services will enable patients'/ clients' problems to be managed more comprehensively – but in doing so there are legal obligations that must be considered (see "Step 9: Privacy and boundaries" below).

Decisions relating to co-location

There are significant benefits resulting from co-location. These include:

- Convenience to patients/clients
- Immediate access to services that patients/clients might otherwise not attend
- Comprehensive response to patient/ client concerns that reduces the anxiety they may experience about outstanding problems
- Better understanding and improved working relationships between practitioners from different disciplines.

The main barriers to co-location tend to be cost and space. Some services have found that it is easier at first to be located off-site and accept referrals, subsequently moving to an integrated model in response to demand.

Case Study 6

The Bendigo HJP lawyers are based on-site at BCHS Kangaroo Flat. Working on-site means that communication, collaboration and trust develop. Secondary consults occur daily and may include topics such as parental responsibility or explanations regarding Court orders and legal processes.

The HJP lawyers do not attend on-site team meetings as clients and their children are discussed in a manner that would not be of assistance to a lawyer nor appropriate. However, with client permission, coordinated legal support is provided and sometimes extends to a counselor or family support worker supporting a client at their appointment with the legal advisor.

For further information contact
Nickie King, Health-Justice Partnership Lawyer, Bendigo HJP (Loddon Campaspe Community Legal Centre, Bendigo Community Health Services)
nickie@lcclc.org.au | (03) 5444 4364 | www.lcclc.org.au

step 6: resource management

Determining available resources

Consideration should be given to available resources during the planning, implementation and expansion stages. This includes:

- Human resources
- Financial resources
- Office space
- Equipment and stationery
- IT and information storage systems
- Websites and social media

A review conducted shortly after the commencement of a new HJP is helpful to access how the organisation is managing and accommodating the increased staff and (possibly) increased patient/client numbers. Further audits should be carried out at regular intervals.

Funding

Securing foundation and ongoing funding for the HJP is critical to sustainability. Anticipating long-term funding needs and tailoring monitoring and evaluation to ensure data is available to justify funding requests (see Step 12), are two of the biggest challenges.

It is useful to maintain a list of potential funding sources and to keep this up to date. New funding avenues might emerge for the HJP, which were not available to the individual partners (for example, the Legal Services Board, Major Grants 2014, Justice and Health Partnerships).

Applying for grants that extend over three or more years will be more stable than short-term grants. In addition, diversifying funding sources so that there are several different grants will ensure that if one source ceases to provide funding, the HJP will continue.

Students, volunteers and pro bono assistance

Student volunteers and secondees from the health, welfare and legal professions can be a valuable resource. Consideration ought to be given to their training and supervision. Involving students and emerging practitioners at these early stages in their career broadens the learning and reach of the HJP concept.

Case Study 7

All resources for the Central Highlands HJP have been carefully considered by all partner organisations throughout the development of the project proposal, and since the project's official commencement in February 2015.

In-kind support for the project is apparent through the support received across the partner organisations and in facilitating client referrals to the service; there is also a commitment to evaluation across both agencies. BA (Criminal Justice) students from FedUni will be involved in administering surveys, and FedUni staff will conduct the evaluation.

For further information contact:
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Case Study 8

QPILCH supervises and trains pro bono lawyers to provide services at their Mental Health Civil Law Clinics, located at two community-based mental health support agencies. The fortnightly clinics offer legal casework and supported referrals for the areas of law indicated in their Mental Health Legal Health Check.

Workers at the agencies receive regular training in the use of the Legal Health Check, so that referrals to the visiting lawyers are appropriate. The lawyers are provided with a room at the services, and staff at the Centre manage the bookings for the clinic. Where a client needs more urgent assistance, the workers contact QPILCH to arrange alternatives.

For further information contact
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Case Study 9

QPILCH has developed the Health Advocacy Legal Clinic. The Clinic commenced in mid 2014 as a joint project of QPILCH, the University of Queensland, the Queensland University of Technology and Griffith University. Supervised students who come from different disciplines including law, social work and medicine provide multidisciplinary services to in-patients at St Vincent's Hospital, Kangeroo Point.

The focus is currently on guardianship, advanced care planning and mental health legal issues. A legal supervisor and the students have a room with access to a telephone and computer at the hospital. The students work closely with clinical staff to optimise appropriate service delivery.

For further information contact:
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step 7: training and capacity building

Get everyone on the bus

Providing training about HJPs helps to develop knowledge and collaboration. Capability building enables all practitioners to understand the cyclic and mutually reinforcing nature of health, social and legal problems.

Awareness is increased about the ways in which patients/clients experience their problems and how addressing each concurrently has the potential to produce enhanced patient/client outcomes. Given what are undoubtedly heavy staff caseloads, training should be delivered in ways that maximises the possibility of participation.

Screening tools

Screening tools can aid health and welfare practitioners to identify the legal needs of patients. A useful tool is the Legal Health Check produced by QPILCH with accompanying tutorials and other resources developed in partnership with the National Association of Community Legal Centres. [See below and visit legalhealthcheck.org.au/legalhealthcheck/].

The National Center for Medical-Legal Partnership at the George Washington University (NCMLP) developed the trademarked I-HELP® acronym to understand the most common civil legal problems that affect health -- income and insurance, housing and utilities, education and employment, legal status and personal safety and stability.

In the United States, it is used to train health care providers on the connection between civil legal problems and health. NCMLP has also used it to develop tools that hospitals and health centers can use to screen patients for civil legal needs and connect them to appropriate medical-legal partnership resources.

Recommended areas of training

Consider ongoing training in the following areas:

- Screening tools / legal needs surveys
- HJPs – risks and benefits
- Referral processes
- Understanding the roles and responsibilities of practitioners within the partnership and how they assist people accessing the HJP
- Privacy, other laws and ethical requirements
- Professional obligations and standards of the different professional disciplines involved (eg doctors, lawyers, psychologists, nurses, social workers, psychiatrists)
- Policies and procedures to manage conflicts

Case Study 10

The Acting on the Warning Signs project between the Royal Women's Hospital (the Women's) and Inner Melbourne Community Legal (IMCL) includes three components: a generalist on-site legal service, training and evaluation. The on-site legal service provides legal advice to patients on a range of areas of law and a lawyer is on-site five times per fortnight. The training to hospital staff focuses on family violence.

Two training modules have been developed. The first module runs for a day and includes presentations by clinicians, social workers, lawyers, Victoria Police and others. The second training module is 90-minutes and aimed at doctors. This module has received RANZCOG accreditation from a number of medical colleges so that participants can receive professional development points. Since August 2012, the Project has provided training to 235 hospital staff including 39 doctors. In addition to this formal training, the Project Manager has attended may unit and staff meetings to talk to clinicians about the legal service and the referral process.

For further information contact
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Case Study 11

Before community lawyers from the Eastern Community Legal Centre were embedded into local health centres, they ran training for the health practitioners on:

- Lawyers' professional obligations to clients
- The lawyers' role (what level of assistance; types of legal matters)
- The legal system's response to family violence
- The non-legal supports around family violence

The training sessions were designed to ensure that when the community lawyers and health practitioners started working together everyone understood the vision, goals and parameters of the Project. Of crucial importance was the role of the lawyer working in the health practitioners' workspace and the issues to be addressed through the partnership. However, the sessions also served to build and enhance relationships of trust between health practitioners and lawyers.

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Case Study 12

A HJP between Redfern Legal Service and the Royal Prince Alfred Hospital provided initial training on identifying legal issues for social workers at the Royal Prince Alfred Hospital. During the training it was recognised that there could be improvements in the referral pathway from social workers to the legal arm of the domestic violence team. They are now running training for social workers on domestic violence referral pathways.

For further information contact
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Resources

QPILCH, on behalf of the National Association of Community Legal Centres, has produced the "Legal Health Check" on-line training program for non-legal practitioners which includes:

- An overview of what legal issues are useful to target and why
- What to consider in establishing a referral pathway to lawyers and
- What legal issues a partnership wants to focus on to align with the priorities of the client and the non-legal professionals.

See training videos 1 to 4:
legalhealthcheck.org.au/legalhealthcheck/lhc-tutorial.html

See also a resource on the website, entitled Tips to Create a LHC pathway:
legalhealthcheck.org.au/legalhealthcheck/resources.html#collapseFour

The on-line training, legal health checks, posters and postcards can assist with maintaining knowledge across an organisation as to why it may be helpful to address a patient's legal issues. See for example:
legalhealthcheck.org.au/legalhealthcheck/resources.html#collapseTwo

For further information contact
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Case Study 13

The Central Highlands HJP has organised several information sessions about the HJP project and the role of its staff. The focus of the sessions includes giving a background to the HJP, identifying legal issues (through the use of the Legal Health Check) and referral pathways to the solicitor. Ongoing assessment of the HJP includes conversations with staff at various intervals throughout the project, the referral process and the impact (both positive and negative) that the project has had on the practice.

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step 8: the referral process

Managing referrals

There are several aspects of the referral process to consider:

- Who first sees the patient/client?
- Who will be responsible for determining whether the matter should be referred?
- How will matters be transferred from one practitioner to another?
- How will client information be captured in a confidential and constructive way?

When determining which staff will be responsible for referrals, consider their knowledge and skill sets. In the Australia health and welfare setting, referral will usually be from social workers, nursing or medical staff. Irrespective of the area of the HJP that will be responsible for referrals, it is essential that those staff receive training about the referral process, criteria, and relevant policies and procedures.

Conflict checks

A conflict check is a method used to ensure that conflicts of interests do not exist between an organisation's existing patient/client and a potential new client. Consider if and how the conflict checks will be conducted and who is responsible for performing them.

This should be incorporated into the initial intake processes to ensure that the patient/client is not denied access to legal services at a later stage when the conflict is finally discovered. Be clear about the reasons for service limitations. Rather than simply refusing to see the client, consider referring the client.

Case Study 14

A HJP between Redfern Legal Service and the Royal Prince Alfred Hospital are in the process of providing training to over 100 Royal Prince Alfred Hospital staff on Identifying legal issues. They have also developed a Referral Pad for health practitioners to use to enable efficient legal referrals for patients.

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Case Study 15

The Bendigo HJP, between the Loddon Campaspe Community Legal Centre and Bendigo Community Health Services, is targeted at families and their children. Referrals to HJP lawyers occur through existing health service providers at Kangaroo Flat.

Health workers have completed training in identifying issues that may be capable of legal resolution and when such an issue is identified, the health worker will attend in person, email or call the on-site HJP service. If possible, and provided it is a matter that meets the criterion, the HJP will consult with the client immediately. If not, a booking will be made to see the client as soon as possible.

For further information contact
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Case Study 16

First Step Legal (FSL) is co-located with a clinic that serves people with addictions. Conflict checks are performed at the initial intake stage. In the event that a conflict is discovered, the client is referred to another suitable organisation at the earliest opportunity.

Referrals are made by the treating health practitioner when a patient/client is actively engaged in treatment and has disclosed a potential legal concern. Being co-located, the referral process is simple, comprising of an initial, general, de-identified discussion between the lawyer and the clinician.

Then, if appropriate, a meeting is arranged with the patient/client. This can often occur on the same day. The referring health practitioner physically accompanies and introduces the client to the lawyer, facilitating an important confidence and trust-generating component of the ensuing triangular model of care. FSL is a predominantly criminal law practice with expanded services in infringements, tenancy issues, debt and family law. If FSL cannot manage the matter directly in-house, further referrals to external agencies are facilitated.

For further information contact:
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step 9: privacy & boundaries

Issues particular to HJPs

All people are entitled to have their rights to confidentiality and privacy respected. This is especially so for individuals who suffer disadvantages and are experiencing health, legal and other issues. Their rights must not be sacrificed even if it may make assisting them easier.

Implementation of clear written policies and procedures will assist staff in knowing what is permissible when patient/client information is sought. Precedents such as authorities and consent forms will be helpful.

Guiding staff to limit information exchange to only that which is consented to, makes it more likely that these issues will be properly managed. Document security may also need attention. Educating staff about the importance of protecting privacy further assists to ensure compliance.

Incorporating distinguishable physical features for co-located HJPs, such as a separate name for the legal service and secured office space will remind staff of the need to protect patient/client information and reinforce the distinction between the various services.

Professional standards and legal obligations

Clear communication among the practitioners regarding practice standards and obligations for all disciplines involved in the partnership aids parties to understand the limitations under which each group operates.

The scope and breadth of the services provided should always accord with the terms of professional insurance. If there is a risk that practitioners will pursue HJP activities that are not covered by insurance, then current policies should be reviewed and amended where required.

Mandatory reporting

Particular challenges exist in navigating relationships between health, welfare and legal practitioners when issues arise requiring mandatory reporting by healthcare staff, or when professional privilege is threatened. Mandatory reporting is an issue that has the potential to create significant conflict between practitioners.

It is advisable that partners develop an understanding of the mandatory requirements relevant to each discipline and agree on the best way to manage these issues before casework commences.

Case Study 17

Operating from within a drug and alcohol rehabilitation clinic, First Step Legal (FSL) is acutely aware of patient/client vulnerability. The need to ensure respect for the rights and privacy of patient/clients is paramount. From the initial consultation, and throughout the service delivery, there is a focus on ensuring that these matters are understood and protected.

Fundamental to the HJP however, is information sharing between health and legal services. The policies, precedents and authorities pertaining to shared information were drafted by specialised, external lawyers in plain, simple English, and are explained in person to each patient/client. Issues such as mental illness and intellectual disability, prevalent among patients/clients, are always taken into consideration with careful explanation to ensure our patents/clients are in a position to give genuine informed consent.

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Resources:
Peter Noble provides a list of common issues reported from MLPs in USA and HJPs in Australia in 'Advocacy-Health Alliance – Better Health Through Medical –Legal Partnership', (Final Report, Clayton Utz Foundation Fellowship, August 2012) at pages 18 and 22 respectively.
lcclc.org.au/programs/advocacy-health-alliance/

See also Linda Gyorki's commentary in "Breaking Down the Silos: Overcoming the Practical and Ethical Barriers of Integrating Legal Assistance into a Healthcare Setting" Churchill Fellow 2013 at p.76-80.
imcl.org.au/images/stories/docs/breaking_down_the_silos_l_gyorki_2013.pdf

step 10: communication & feedback

Feedback on effectiveness

Effective communication and feedback mechanisms provide a means by which staff can voice concerns and problems can be circumvented. It is also important for the HJP staff and users to have a sense that the HJP is working and that they are given the opportunity to celebrate successes.

Complaint and communication channels should be introduced in the initial stages of the partnership along with staff and user surveys. These surveys should also be administered at regular intervals thereafter. The information collected can be shared with the HJP staff, champions and executive members.

The partnership should be viewed as a long-term commitment with time allocated at board and senior management meetings for a review of the program implementation.

Case Study 18

At First Step, patients/clients are invited to participate in surveys to report on their experience with the program including health, welfare and legal service provision. In addition, staff are encouraged to provide feedback about their experience working within a HJP and discuss any concerns and challenges with the senior management team. The HJP is now in its 8th year. Much of the success to date can be attributed to the clear channels of communication and value attached to the HJP model.

For further information contact:
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Resources:
Vichealth has a useful tool for measuring the phases of emerging partnerships and collaborations:
vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool

step 11: community education

Community education regarding HJPs

HJPs are a comparatively new service model in Australia. Opportunities should be taken to publicise their existence, why they are needed, the settings in which they operate, their similarities and differences, the experiences of staff, and, most importantly, what is being achieved for patients/clients.

Community education opportunities may be formal and target specialist professional groups (conferences, journal publications) and informal (social media, community gatherings, current affairs programs). As the HJP model becomes better known and understood, practitioners and the public are likely to achieve greater levels of comfort with the idea of multidisciplinary service provision.

Community education regarding common themes

HJPs are uniquely placed in their capacity to reach audiences across multiple disciplines. Where common themes arise, community educational sessions serve to reach a larger group and potentially operate to circumvent similar issues and problems occurring.

This may involve an area of education regarding an issue that is common to many of the patients/clients within the HJP. It may also occur when there are repeat issues across a group of HJPs.

Case Study 19

Inner Melbourne Community Legal (IMCL) has established a HJP with the Royal Children's Hospital (RCH) called Connecting the Dots. A forum was held in the main auditorium of the RCH for all staff, patients and their families in February 2015. The Executive Director of Legal and Information Services at the RCH formally opened the forum.

A presentation by the Senior Project Manager and Lawyer about the on-site legal service and the importance of HJPs then followed. Finally, a lawyer from IMCL presented a session entitled "Juggling work and illness – your legal rights at work when caring for a sick child".

This provided important background information to patients and their families about their leave entitlements, protection from discrimination and unlawful termination, the right to request flexible work arrangements and the government payments available for carers, parents and sick or disabled children.

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step 12: evaluation & impact

There are many forms of evaluation. The type of evaluation chosen will depend on why it is being done and the constraints that may exist (financial, time, data, environmental). Formative evaluation can help to clarify why the HJP is needed, improve its design as it is being introduced, and ensure it is operating optimally.

Summative evaluation assesses whether the HJP is meeting its goals, the impact it has had, and what should be changed. Evaluation is useful to assist with securing long-term funding, but it is also vital as a tool to determine if the HJP is delivering a consistently high quality service to patients/clients.

Evaluation may adopt qualitative methods (such as participant observation, interviews and focus groups) or quantitative methods, which seek to better understand phenomena through mathematical methods, commonly statistical analysis.

Qualitative approaches are best used when a rich description of a phenomenon is sought. Quantitative approaches are applied when the intent is to test a hypothesis or to draw conclusions that are applicable to the population under study or compare one population to another (e.g. outcomes for patients/clients of a HJP as compared with outcomes for otherwise matched individuals who have sought assistance from a doctor and lawyer independently).

Evaluation may use a mixed methods approach drawing on the strengths of each. If evaluation is introduced when a HJP commences it becomes possible to collect baseline data and compare this with data collected when the HJP has been operating for a while. This allows claims to be made about differences that are attributable to the HJP.

Since there are many types of qualitative and quantitative methods and study designs, clarifying why particular methods and study designs are being selected will ensure the validity of findings and the comparative costs associated with the options they present.

The proposed methodology should be articulated by the evaluator and understood by the commissioning body to achieve rigour and clarity of purpose. If evaluations are to be conducted by HJP staff it is important that the methods and study design chosen are not overly burdensome.

Case Study 20

The Central Highlands HJP will conduct research across the life cycle of the partnership, from mid-2015 to end of 2016. Key stakeholders from the partner agencies, and clients accessing the program, will be invited to participate in this research, including:

- Members of the governance committee,
- Staff who facilitate the access to the HJP
- The lawyer providing the legal services for the project
- Clients (aged 16 – 25 yrs) who have been referred to services

Data will be collected at multiple time points using mixed methods (surveys and interviews). Access to de-identified secondary client characteristic (including demographic, health and legal factors) collected by the project partner agencies will also inform the research. It is anticipated the data collected through this research will provide the basis from which to evaluate the project and how it meets the health and legal needs for disadvantaged young people.

This information will also enable the program to be reviewed over time and assist the service to respond effectively through its feedback/evaluation mechanisms.

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Case Study 21

A HJP in Bendigo involving Bendigo Community Health Services and Loddon Campaspe Community Legal Centre engaged Dr Curran of ANU in July 2015 to measure the impact of the service and to establish measures for social determinants of health that many other jurisdictions have lamented lack any concrete measurement. The research evaluation has expert advice from Professor Mary Anne Noone (La Trobe) and Dr Alex Philips (Evaluation and Development Coordinator).

Dr Curran is using an action research collaborative approach where clients/patients and staff are involved in the design of the approach informed by international research and Dr Curran's experience, adopting a model of continuous development, reflection and improvement. The evaluation has been embedded in the service from the start to enable comparisons over the life of the project.

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A key component of HJPs is their capacity to advocate for policy change

system improvement & policy development

A key component of HJPs is their advocacy role. Health, welfare and legal practitioners jointly and consciously seek to identify patterns of need within the communities they serve and lobby for improvements to law, policy and service provision.

By creating a clear vision, values, and objectives and staying abreast of relevant policies and reform agendas, each HJP can contribute to these broader conversations.

HJPs should develop an understanding of the social and political context in which they operate and may collaborate with others who have similar goals to share learnings and strengthen their collective voice.

The development of networks, committees and (eventually) national representative bodies will only enhance opportunities to influence the decision makers.

Health, welfare and legal practitioners can seek to change policies and practices that are detrimental to their patients/clients' health and legal status through supporting law and policy to promote health and wellbeing, and opposing that which has the potential to harm health.

HJP practitioners are uniquely placed to identify patterns of unmet need, and lobby for changes accordingly. Research, monitoring and evaluation can provide the evidence for the recommendations and this emerging movement has the potential to be a voice that represents the views of practitioners from many disciplines.

Case Study 22

Patients seen by Inner Melbourne Community Legal (IMCL) at the Royal Women's Hospital (the Women's) commonly raise questions about birth certificates. There can often be confusion and anxiety regarding whether victim/survivors of family violence are required to provide details of their child's father in a situation where they may have fears for their safety. It is critical that if confusion or anxiety arises in relation to the birth certificate that women are provided an opportunity to seek legal advice.

IMCL supports the right of a child to know both of their parents. However, in the work that they do, there is an awareness of many situations in which to simply list the father on the birth registration statement without providing further support and information to the mother would place women and/or their children at serious risk of harm. In 2013, IMCL submitted a report on this topic to the Victorian Law Reform Commission (VLRC) with the VLRC adopting several of its recommendations.

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Case Study 23

By working collaboratively with non-legal support workers at homeless services, the QPILCH Homeless Persons' Legal Clinic identified that fines were creating significant pressure for our mutual patients/clients. Patients/clients were at risk of being arrested and jailed for non-payment, some were required to pay installments of over half their weekly income benefit, many were unaware of how much was owed and felt powerless about the debt, and the State Penalties Enforcement Registry (SPER) gave inadequate consideration to the circumstances of homelessness.

Research indicated that the average SPER debt of a homeless person was almost $6,000.00. A further problem was that only 8% of the patients/clients asked for assistance with this problem, so trained workers and lawyers accessed a Legal Health Check to ask patient/clients if they wanted help - 65% said "yes". QPILCH has hosted forums, written reports and been able to drive systemic changes on fines debts over a number of years, with SPER now offering better outcomes, more support and engaging more actively with homeless services.

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Case Study 24

A majority of matters referred to the Bendigo HJP are for parents involved with the Department of Health and Human Services (DoHHS). The Bendigo HJP regularly assists parents who wish to review DoHHS case planning decisions. They also support parents at case planning meetings and negotiations with the Department.

Unfortunately this is an area that is not well supported by grants of legal aid funding and parents often reach the service feeling like there is nothing more that they can do to get their children home. As a result of this work in pre-order negotiation, the Bendigo HJP has recently contributed to a submission prepared by the Office of the Public Advocate around parents with a disability and child protection.

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transforming health & legal services

Changing culture

An important aspect of HJPs is the opportunity to educate the health, welfare and legal professions regarding their potential to improve outcomes for patients/clients. 'The whole is greater that the sum of its parts' (Aristotle).

There is an almost reflexive mistrust that can exist between professional groups, particularly when one of those groups consists of lawyers! HJPs can ameliorate this over time, by fostering an environment that meets the needs of patients/clients through practitioners working together.

The mutual respect for each practitioner contribution that may develop through greater exposure to what they do, can promote a shared culture that has the interests of patients/clients at its heart. This enables comprehensive understanding of the constellation of issues faced people who are disadvantaged.

Health, welfare and legal service delivery tends to be reactive rather seeking to pre-empt problems, particularly those that are not ordinarily within a service's area of expertise. The HJPs model naturally lends itself to more proactive methods of service delivery.

Case Study 25

The HJP between Redfern Legal Centre and Royal Prince Alfred has worked with antenatal staff to identify pregnant women early in the pregnancy that may have involvement with Family and Community Services (FACS) in Sydney. The service works collaboratively with social work staff, midwives, obstetricians and drug health nurses to encourage vulnerable parents to engage early in legal advice.

The solicitor attends the antenatal clinic and sees parents at the time of their antenatal visits, identifies issues in child protection and advocates for the parent with FACS to develop a plan to overcome concerns prior to the birth of the baby. Its this pre-emptive initiative that transforms the practice method from an historically reactionary model to a more proactive response.

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resources & endnotes

Australian resources

justiceconnect.org.au/what-we-do/what-we-are-working/health-justice-partnerships

International resources

medical-legalpartnership.org

Endnotes

1. For more information on the U.S. medical-legal partnership approach, visit: medical-legalpartnership.org
2. Coumarelos, C, Macourt, D, People, J, MacDonald, HM, Wei, Z, Iriana, R & Ramsey, S (2012) Legal Australia-Wide Survey: legal need in Australia, Law and Justice Foundation of NSW, Sydney. Available from: lawfoundation.net.au/ljf/app/&id=FC6F890AA7D0835ACA257A90008300DB
3. Coumarelos, C., Wei, Z., & Zhou, A.Z. (2006). Justice Made to Measure: NSW Legal Needs Survey in Disadvantaged Areas. Volume 3: March 2006 [Internet]. NSW (AUST [Cited 2015 May 7]. Available from: lawfoundation.net.au/ljf/site/articleIDs/B9662F72F04ECB17CA25713E001D6BBA/$file/Justice_Made_to_Measure.pdf
4. Coumarelos, C. & Wei, Z (2009). The legal needs of people with different types of chronic illness of disability, Justice issues paper 11, Law and Justice Foundation of NSW, Sydney at p.24 available from: lawfoundation.net.au/report/justiceissues11
5. medical-legalpartnership.org
6. The HJP Network comprises of Deborah Di Natale (Chair) Dan Nicholson, David Hillard, Kate Gillingham, Khoi CaoLam, Linda.Gyorki, Mary-Anne Noone, Melissa Hardham, Nickie King, Nicole Woodrow, Peter Noble, Stan Winford, Weif Yee
7. Advocacy Health Alliance Symposium Report, March 2013
8. The term Medical-Legal Partnerships is used in the USA to describe an integrated approach to the provision of health and legal services that enables sharing of information and problem solving among legal and health teams assisting vulnerable people. The terms used in Australia include advocacy health alliances, health justice partnerships and, in some cases, multidisciplinary services.
9. This was the term adopted in Australia in 2012 when the Advocacy Health Alliance Network commenced. However, more recently 'Health Justice Partnerships' became the preferred reference and the Advocacy Health Alliance Network has been rebranded to the Health Justice Partnerships Network. See also Peter Noble's Clayton Utz Foundation Fellowship Final Report "Advocacy-Health Alliance: Better Health Through Medical-Legal Partnership" (2012) at p.7
10. This term is commonly used in the USA
11. Noble P, op. cit. at p.19-23

12. Lawton E et al 'Medical-Legal Partnership: A New Standard of Care for Vulnerable Populations' 74 in Tyler ET et al (eds) (2011) Poverty, Health and Law: Readings and cases for medical legal partnership, Carolina Academic Press, North Carolina.
13. Noble P, op. cit. at p.20. Some examples include the Northern Australian Aboriginal Justice Agency Throughcare Project (NT), Bama Services Support and Wellbeing Program (Qld), Youth Advocacy Centre Incorporated (Qld)
14. Coumarelos C, et al, op. cit. at p.xvi-ii; see also Peter Noble, op. cit. at p.23. Legal problems may also be identified through a health and wellbeing programs within an employment relationship, as is the case at Bama Services. The Bama Services Support and Wellbeing Program is often the first point of contact for identification of legal and other issues.
15. To view the U.S. Medical-Legal Partnership Toolkit developed by the National Centre for Medical-Legal Partnerships at the George Washington University, go to medical-legalpartnership.org/national-center
16. This diagram is a modified version of the diagram that appeared in the first edition of the U.S. Medical-Legal Partnership Toolkit

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The Health Justice Partnerhsips Network is a collaboration of dedicated not-for-profit organisations across the healthcare, access to justice and academic sectors. For more information, please contact:

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