Challenges in Providing Integrated Legal Services ©

National Access to Justice and Pro Bono Conference
28 August 2010
Assoc.Prof. Mary Anne Noone

Outline

• Integrated Legal Services
  – Why focus on integrated legal services?
  – Beneficial aspects of integrated legal services
  – Models of integrated legal services

• Research Project
  – Context
  – Objectives
  – Methodology

• Findings of research
  – Opening up is not straightforward
  – Some do and some don’t
  – Despite the best of intentions

• Features of integrated legal services
  – What facilitates?
  – What impedes?

• Conclusion

Legal Needs Research

• Genn, H., Paths to Justice (1999)
  – ‘justiciable event’
    – defined as a matter experienced by a respondent which raised legal issues, whether or not it was recognized by the respondent as being ‘legal’ and whether or not any action taken by the respondent to deal with the event involved the use of any part of the civil justice system.

• Causes of Action Research
  Legal Services Research Centre (UK) [http://www.lsrc.org.uk]
Causes of Action Research

- The number of people with civil justice problems
  - 36% in 2001
  - 33% in 2004.
  - 3 years reference period (36% incidence, continuous to date)

Overall, 36% of CSJS respondents report 1+ problems,
- People with long-term health problems or disabilities: 40%
- People aged between 25 and 44: 44%
- Victims of crime: 48%
- The unemployed: 48%
- Lone parents: 60%

People report problems more often.

Findings from this body of research

- People often experience problems in clusters.
- There can be a ‘trigger’ event that causes a cascading of events that leads to further problems.
- Most people do not seek or receive legal advice.
- If they do it commonly is not from a lawyer.
- Individuals suffer from ‘referral fatigue’.

Advice from non-legal sources

When people face legal problems, most do not go directly to a lawyer for assistance. Rather, some people do nothing, some deal with the issue themselves and some seek advice and assistance from non-legal sources and services.


- Handled alone 16% (n=467)
- Did nothing 33% (n=958)
- Sought help 51% (n=1486)

<table>
<thead>
<tr>
<th>Legal Adviser</th>
<th>76%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional legal</td>
<td>12%</td>
</tr>
<tr>
<td>Private solicitor/barrister</td>
<td>10%</td>
</tr>
<tr>
<td>Local court</td>
<td>1%</td>
</tr>
<tr>
<td>Legal Aid NSW</td>
<td>1%</td>
</tr>
<tr>
<td>LawAccess NSW</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Aboriginal legal services</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>CLCs</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Lawyer friend/relative</td>
<td>7%</td>
</tr>
<tr>
<td>Published (e.g. lawyer)</td>
<td>9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Legal Adviser</th>
<th>74%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-lawyer friend/relative</td>
<td>16%</td>
</tr>
<tr>
<td>Government</td>
<td>20%</td>
</tr>
<tr>
<td>Police/complaint handling</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>66%</td>
</tr>
<tr>
<td>Other professionals (e.g. doctor, financial counselor)</td>
<td>28%</td>
</tr>
<tr>
<td>School/Uni</td>
<td>4%</td>
</tr>
<tr>
<td>Insurance company/broker</td>
<td>4%</td>
</tr>
<tr>
<td>Trade union/professional body</td>
<td>4%</td>
</tr>
<tr>
<td>Private agency</td>
<td>4%</td>
</tr>
<tr>
<td>Non-legal community group</td>
<td>4%</td>
</tr>
<tr>
<td>Company/business bank</td>
<td>4%</td>
</tr>
</tbody>
</table>

Link between health and legal problems

People with health problems are more prone to having a justiciable problem.

Conversely, people’s health may also suffer due to experiencing a justiciable problem and trying to resolve it.

Multifaceted nature of problems

Clients’ problems are often multi-faceted, legal and non-legal, complex, interrelated and require more than simple narrow legal techniques for problem solving.

Vulnerable clients benefit from co-ordinated management as they often experience very complex clusters of problems.

Moorhead, Robinson et al. (2006). A Trouble shared: Legal problems clusters in solicitors and advice agencies DCA

Legal and non-legal solutions and services required

Given the overlap of legal needs with other basic needs associated with physical and social well-being, a complete solution may not only require legal advice or assistance, but also broader non-legal support services, such as support through housing, financial counselling, social, welfare, family or health services.


Beneficial aspects of integrated legal services

For client
- Package of services in one location
- Efficiency and continuity of care
- No referral roundabout
- Access of services/worker known to client
What are integrated services?

Informal to formal
- Coordination
- Collaboration
- Partnership
- Integration
  - New organisational structures

Models of integrated legal services

- Immersion - Legal workers based in Health agency
  - Advice workers in GPs
  - Pro bono schemes in hospitals
- Network of services
  - Cooperative Legal Service Delivery Program NSW
- Multi disciplinary practices
  - Family Advocacy Practice (Boston)
- Collaborative law
  - Family law

Models of integrated legal services

- Collocation
  - West Heidelberg Community Legal Services and Banyule Community Health
“Definitely, they feel comfortable….a lot of them their issues….its very hard to open up to strangers about….somewhere where they feel comfortable”

- Interview WHCLS staff reception

West Heidelberg Community Legal Service and Banyule Community Health established in the 1970s

- “a high standard, low cost, integrated health/welfare service in West Heidelberg. The need is URGENT [sic]”.

- Two different organisations, with separate funding sources

- Sharing facilities and expertise,

- To meet the needs of a ‘district of special need” (this being their common purpose).


Noone Seminar 23 August 2010

Figure 1. Sign in entrance foyer of BCH.
Improving Access to Justice: The Key Features of an Integrated Legal Service Delivery Model

Objectives

- Gather data on the integrated (holistic) legal practice based at the West Heidelberg Community Legal Service and Banyule Community Health
  - Exploratory in nature
  - What is going on at West Heidelberg Community Legal Service in its workings with Banyule Community Health?
- Assess what facilitates and impedes the provision of an integrated legal service to clients with multiple problems
- Identify key features of an integrated legal service delivery model

Methodology

- Advisory Group
  - two WHCLS solicitors, BCH CEO, BCH community worker and Primary Care Partnership EO
- Collection of existing data
  - Six month period Jan–June 2009
- Identify referral practices
  - Formal policies and practices
  - Informal (through observation)
- Staff online survey – 62 responses (150 staff approx)
- Worker diaries (3 WHCLS & 6 BCH)
- Client interviews/lawyer interviews (30)
- Staff interviews (12 (approx 1 hour))
- Staff workshop (19.3.10)

Themes for data analysis

- Needs of Client and Local Community
- Holistic service delivery approach
  - Service Delivery and Worker Practice
- Organisational partnership and collaboration
- Systemic influences
  - Whole of government and service system approach
A lot of them do not have cars, a lot of them rely on public transport, a lot of them have kids.

WHCLS – Reception

She had no transport, and little family support...relied on taxis and public transport to get to all her appointments at the hospital...

BCH – Community Nurse

We are working with refugees, asylum seekers, people who have lived in the community for twenty years, people who have lived here for two days...our target group are people who are HCC [Health Care Card] holders... pressures around income, access to income, access to housing, access to appropriate housing, access to support while they are in their housing.

BCH - Manager

Clients’ problems

Range of presenting legal problems
- General crime (6)
- Family law (5)
- consumer law issues, traffic offences, accident and injury claims and will and estate problems (3)

90% (27) clients experiencing some other problems in addition to their legal problem:
- Health problems (18 participants) most prevalent “other problems”
- employment problems (11),
- family or relationship problems (8),
- problems with the legal system (7),
- problems with housing (6) and
- credit and debt problems (5).

Client and Lawyer questionnaires (30)

In contrast : identification of legal need in online survey

- Ten most common legal problems identified:
  - credit and debt,
  - government benefits [Centrelink]
  - Government services problems for elderly or disabled,
  - problems with health system,
  - tenancy,
  - criminal charges,
  - victims of crime,
  - victims of family violence,
  - family law issues,
  - problems with the legal system
Clients’ lives

- Many things going on in the lives of the participants
  - health problems, income pressures, housing and family/relationship difficulties
  - combined with at least one legal problem
  - often significant levels of stress and anxiety.
- Most participants identified a link between at least some, if not all, of their problems.

Findings confirm

- People do not always seek assistance with legal or rights problems
- If they do, often GPs or other health and community services the first point of contact
- Complex and interconnectedness between people’s problems
- Most people seeking assistance from legal service had problems other than the one they sought help for

Factors influencing client access to services

- **Client has to be ready/want to discuss other problem/s**
  - clients did not talk about their other problems in their legal interview even though they could see a connection between these problems.
- **Ability to identify relevance of service to their problems**
  - Clients often stated other they did not think other problems relevant
- **Awareness of services**
  - More connected a client is to WHCLS and BCH the more likely their problems discussed holistically in a legal interview
- **Ability to physically access services**
Factors influencing client access to services

- Client has to have the confidence to ask for help
  - expectation that something can be done

- Client wants to do something
  - Overcoming fears
    - Losing what they have
    - Being denied assistance
    - Not being understood

- Clients need to trust and respect the staff
  - takes time

---

the community centre has a level of trust and respect in the community and that washes over us...

WHCLS Solicitor

Client's do say (that they feel more comfortable with the legal service because relationship is established with the community worker)...also one of the things that I have personally valued in the work with the community is that you can have that ongoing working relationship with the legal people and the client's aware of this and you can endeavour to get the client the help and support that they need

BCH – Community Case worker

somebody came to me because another professional in this building said I was ok, full stop, complete trust.

WHCLS lawyer

---

---
Impact of Client engagement

Benefits of being engaged and participating
- Clients who were familiar with workers and their organisations,
- were more confident and comfortable about discussing their problems and seeking help,
- these clients had a sense of belonging and trust.

In contrast when
- community members disconnected from services,
- problems are not identified holistically
- organisations not working together to meet the needs of the community.

“The client’s carer came to the centre... she asked for me because she did not understand the documentation and she was confused about having to sign paperwork on her husband’s behalf. I was the main contact for this family...I was able to access the senior solicitor... able to sort out the paperwork....

Just the fact [of] having the legal service on site, you have people come through the door, and they come through not necessarily with legal problems but with other health related issues and its then through building a rapport with the health worker, these issues are uncovered and because the services are here I think it can be dealt with a lot quicker than if it was off site.....

*Interview Community Nurse (Chronic Disease)*

Some do, some don’t

Service delivery and worker practice

Contact with some services at BCH led to a greater chance of being connected to WHCLS than others
- counselling and community programs services
  - medical, dental or allied health services and programs

- In survey period no contacts documented with allied health and medical services

- Workers with professional focus and training in social and welfare needs more likely to refer to WHCLS than those trained as health professionals
  - Counselling and Community Programs team have greater awareness and relationship with WHCLS than Clinical Services team
**Impediments identified by staff**

*Systemic*
- Lack of time and resources to do integrated practice well
- Inflexible work roles that focus on direct service delivery only and not on holistic solutions to problems
- Inability to identify local needs and holistic solutions to them because of systemic pressures to meet funding bodies’ prescribed targets and measurements

*Professional*
- Staff concern about risk, professional issues and not feeling qualified
- Staff not engaged with local community, not identifying local community problems and not being trained to do so
- Misunderstanding of other organisation’s services or programs e.g. family law at WHCLS.

**Facilitates an integrated legal service**

- The flexibility in service provision to identify problems outside of service or job descriptions and to assist with resolution of these problems.
- Workers able to access a variety of professional advice and knowledge quickly and easily.
- Workers able to facilitate referrals and support community to access other services because it is timely and responsive
- Worker trust and respect for other workers
**Issues for workers**

- Begins from individual cases
- Role of trust/respect
- Accessibility
- Ability to recognise other issues
  - Recognising solutions is dependant on how you define problems
- Preparedness/ability to address other issues

**Despite the best of intention**

**What managers don’t know**

- No formalised referral protocols, forms or practices set up between WHCLS & BCH
  - Referral practice solely influenced and managed by individual workers
  - Largely determined by knowledge and relationship between WHCLS and BCH staff members
- BCH Service Access intake system does not refer to legal problems
- Referral to WHCLS by Service Access usually by putting client through on the phone to the legal service reception or direct client upstairs to WHCLS reception.
- No referral information including connection to BCH services passes between the services

**Key Features of an Integrated Legal Service**

- Meets a common purpose:
  - aims to assist with solutions to the complex and interconnected legal, health and social needs of the community
- Increases community’s access to support to meet needs:
  - co-location
- Assists with identifying problems and developing solutions:
  - referrals and collaborative case and community work.
- Shares common values and understandings:
  - generates trust, respect and confidence
- Engages the community in problem solving:
  - prevention, early intervention and community empowerment for community to meet own needs and resolve conflicts.
Conclusion

- Integrated legal service delivery at WHCLS works for some clients and some staff at BCH
- The client impacts on provision of integrated legal services needs more analysis.
- Collocation is not everything
  - medical and allied health not as engaged in integrated legal services
  - poor referral protocols and processes

Conclusion

- Effective provision of integrated legal services is a dynamic and complex process
  - requires ongoing vigilance and evaluation
    - Client and community
    - Service and worker practice
    - Organisational
    - System and government

- Trust and respect at all levels critical to successful provision of integrated legal services

Thank You