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"Partnerships in Healthcare Delivery"

By  
Dr Liz Curran, ANU College of Law on a partnership with ARC Justice (Bendigo) incorporating Loddon Campaspe Community Legal Centre (LCCLC) and Bendigo Community Health Service

\*Research Assistance Dr Robert Southgate.  
Thanks to staff of LCCLC and BCHS


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### Client Feedback Interview with Client

*I was heading to a very dark place...without the help I may have been dead by now. I thought I was going to jail but I ended up with a CCO. I've been in services for a long time and this one is remarkable...Stress has been reduced 100%. My life was out of control...now in more control...I feel as though I have hope...I feel as though I have been empowered...*


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### Professional Journal

*Nurse:*  
*'Had a client who was concerned about her rights as a grandmother in a custody battle with daughters ex, children court in Melbourne, child protection requests, access to the children, living arrangements and seemed generally confused about process. I was able to introduce client to Lawyer with great effect. Lawyer was able to guide client in process and give information about requirements and inform of potential outcome then client options once outcome determined. Invaluable as I could not have provided this... I still see such huge value in having a lawyer on site for the spontaneous meetings that would not be possible without having Lawyer physically here. Also by just having access to Lawyer allows for me to do my job more holistically through secondary consult with Lawyer and really just more confident of opening legal issues as I can then get advice for the client which may lead to reduced stress for this client, ultimately leading to a better health outcome.'*


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### Partnership in Health Service Delivery


The Bendigo Health Justice Partnership (HJP) project is a partnership between ARC Justice's Program and Bendigo Community Health Service (BCHS). The evaluation brings ANU in as a further partner. The HJP project aims to address the social determinants of health capable of legal redress. The partnership is based on the understanding that many vulnerable and disadvantaged people do not consult lawyers for problems instead they see their trusted health worker. Dr Robert Southgate Research Assistant, Advisory Dr Alex Phillips (Public Health Expert) + Professor Mary Anne Noone (LTU)

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- Embedded evaluation commenced in January 2014.
- Examining not only the effectiveness of the service but also measuring the social determinants of health.
- Bendigo evaluation includes the clients and service providers in the design of the evaluation and in participation reporting on their experience in its process.
- Ethic approval ANU & BCHS and ensures the measurements are not remote from the reality of the lives of people the HJP is assisting.
- Qualitative as well as quantitative data – participatory action research

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Staff have opted for snapshots of research data collection in one week slots (less onerous).

The first though was a two week trial to test the measures in April (short term) and then every eight months November 2015 & June 2016 to gain comparable data for the medium and longer term also tracking clients over this time.

Methodology available on request

As 10 minutes to present - straight to findings and matters that may be of interest

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- Other things being measured (not exhaustive) – stress, anxiety, but for the intervention, early intervention, prevention, hope, de-escalation, holistic service, responsiveness.
- Qualitative and quantitative instruments for each snapshot (with informed consent of participants) have been undertaken. A triangulated approach is taken to test and verify results between the tools.
- Methods for the snapshot include the 360 degree involvement of clients and professional staff, management and stakeholders

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### Some preliminary findings from the first snapshot:

- Complexity of clients and need for responsiveness. Appointments problematic – time and place, need to be 'opportunistic'. The HJP doesn't rely on clients to work out if their problem is legal. Due to a trained intermediary (through PD and secondary consultations) they trust who makes their pathway clearer as the professionals have been trained in identifying legal issues e.g. debt, Centelink, housing, family violence, discrimination, fines, child protection, human rights under the Charter.

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- Clients are getting better help and there is a positive impact already e.g. no drug relapse, reduced stress.
- Lawyer being on-site critical to success as 'opportunistic' so reaching more clients who have not otherwise been able to get legal help. Clients who have multiple and complex problems and reported they were anxious and frightened as they did not know their rights/ position. They now report having 'hope' as they now have someone to negotiate who knows their legal position.

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- Capacity of professionals to respond to legal issues with confidence has increased 'empowered'. Capacity of workers both lawyers and non-lawyers is key/critical to being able to support clients in a timely way and when in crisis or ready for help.
- Secondary Consultations are critical – helps workers help clients, understand the legal system, professionals can get advice on their own obligations ethical and legal which increases confidence – extends reach of the HJP, builds on knowledge, correct misunderstandings. E.g. 'when department says 'no' it might not be'. Professionals - 86% had used secondary consultations and noted benefit. 14% had not used secondary consultation -said they would like to as would help.

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- The type of lawyer has been critical to the success of an HJP – lawyers can't sit in office need to interact, integrate, not be 'too stuffy' or 'too hierarchical' ' avoids jargon' 'respect' – type of person in role is key to success. The HJP lawyer has integrated and broken down stereotypes – 'we work as a team'.

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## ANU Legal Workshop

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## Areas for Further Work

- More community education to empower local community about their rights and engage them in the process more – ‘hear us’
- More visibility with workers – ‘double edged sword’ as a pilot and capacity of staff lawyer is an issue – needs more resources
- Possibilities to work together on solving systemic problems by policy work in the future

These will be monitored to see if there is progress.

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## Some comments from the USA where there are Medical Legal Partnerships (Our HJPs)

### Challenge

*A number of factors contribute to this mutual aversion, e.g. preconceived notions of distrust between the professions arising from conflict such as malpractice suits; a fundamental lack of understanding of one another’s methods, values and roles; complicated professional jargon hindering open communication; arrogant and elitist attitudes; and interrelated but conflicting goals (these include lawyers safeguarding clients’ autonomy and liberty while doctors protect and care for the health of their patients). Hence these two professionals can easily clash while pursuing what they believe to be in the best interests of their mutual patients/clients. (Hum and Faulkner, 2009:107-08)*

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## Advantage

*The addition of lawyers to the medical team can promote health, prevent disease, and address barriers to the effective care and management of illness by screening patients and their families for social problems that can affect their medical care, assisting in the resolution of specific social problems and enhancing the effectiveness of advocacy by the entire health team. (Williams et al., 2008:S11)*

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Research by the Legal Services Research Centre (UK) and the Australian LAW Survey demonstrates that unresolved legal problems are likely to have deleterious impact on stress and health outcomes. Individuals only consult lawyers for about 16% of their legal problems and a key access point for disadvantaged individuals is the health profession. Legal problems have a detrimental impact on the health and wellbeing of individuals.

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**STAY TUNED Phase Three and Four to follow+ other project evaluations of HJPs Underway.**

**Questions?**

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- **Overall Achievements/Outcomes** – if the below proxies are demonstrated as present then outcomes likely:
- **Proxy One – Engagement** (including learning and life skills development) clients & worker of Bendigo Community Health Service (BCHS) and the Legal Services lawyer/s
- **Proxy Two - Capacity** - of clients, worker of Bendigo Community Health Service (BCHS) and the Legal Services lawyer/s.

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- **Proxy Three - Collaboration between** clients, worker of Bendigo Community Health Service (BCHS) and the Legal Services lawyer/s and other relevant partners.
- **Proxy Four - Empowerment, Advocacy and Voice** clients, worker of Bendigo Community Health Service (BCHS) and the Legal Services lawyer/s and involvement in systemic work for change informed by on-the-ground experience.