

Evaluation of Queensland
Public Interest Law Clearing
House Incorporated (QPILCH)
Homeless Persons' Legal Clinic
(HPLC) and Refugee Civil Law
Clinic (RCLC)



November 2011

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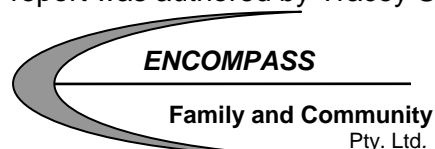
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GLOSSARY and ACRONYMS

Client	Refers to those persons who access the HPLC and the RCLC
Host agency	Refers to the non-government agencies from which, and in partnership with, the HPLC and the RCLC operate
HPLC	Homeless Persons' Legal Clinic
Pro bono	Refers to legal work performed without charge for clients who cannot afford to pay the usual fee
RCLC	Refugee Civil Law Clinic
Resident	Refers to those people who are residents in supported accommodation services operated by some of the host agencies.
Service user	Refers to those persons who access the services offered by host agencies. It is acknowledged that other terms, such as 'client', are used by some host agencies to refer to persons accessing their services.
Volunteer lawyers	Refers to partners, senior associates, associates, lawyers, graduates and articled clerks from private legal firms and Community Legal Centres who attend a designated HPLC or the RCLC to provide legal assistance

EXECUTIVE SUMMARY

The Queensland Public Interest Law Clearing House Incorporated (QPILCH) Homeless Persons' Legal Clinic (HPLC) has been operating since late 2002. The HPLC operates from 13 host agencies in Brisbane, Toowoomba and Townsville that provide crisis accommodation and welfare services to homeless people and those at risk of homelessness. Using the same model, the Refugee Civil Legal Clinic (RCLC) commenced in 2007 and operates from one host agency to meet the civil legal needs of refugees, humanitarian entrants and asylum seekers who have been in Australia for less than five years. The clinics provide pro bono legal assistance and advocacy, predominantly in civil and administrative matters.

Outreach legal services to homeless and other marginalised persons respond to the systemic, service and individual barriers that interact to reduce access to the services and social inclusion to which people, often with multiple and complex needs, are entitled. Their provision is consistent with the Queensland and Commonwealth Government strategies to prevent people becoming homeless and help homeless people to move to sustainable housing and community living through integrated services that address their range of needs. Legal issues can cause or contribute to homelessness and homelessness can cause, contribute to, or maintain legal problems and may change as people move along the homelessness journey.

The purpose of the evaluation, consistent with the current Service Agreement with the funding body (Department of Communities, Community and Homelessness Services), was to report on client outcomes, leverage of pro bono private legal resources and government's return on investment.

Quantitative and qualitative data were collected through:

- interviews with host agency representatives and the QPILCH HPLC work group
- on-line surveys of Team Leaders and volunteer lawyers from the partner legal firms
- case studies prepared by volunteer lawyers
- the Community Legal Service Information System (database used to record QPILCH HPLC and RCLC case records)
- an in depth case file reading for 58 Roma House clients for whom case files were opened in 2010/11

During 2010/11, 14 host agencies, 22 legal firms involving 18 Team Leaders and approximately 260 volunteer solicitors, and the HPLC work group of 5 people (FTE = 3) worked in partnership to deliver the HPLC and the RCLC. Funding of \$197,400/annum from the Queensland Government was significantly boosted by an estimated pro bono contribution from legal firms of over \$1.97 million to the HPLC and over \$423,000 to the RCLC.

In 2010/11, there were 415 new HPLC clients and 24 new RCLC clients, which exceeds the number of clients specified in the Service Agreement with the Department of Communities. Legal assistance was provided mostly in respect of debt, tenancy, family and criminal law, with many clients assisted in more than one area of law and / or more than one matter.

Numerous examples of good client outcomes from accessing the HPLC and the RCLC were given by host agencies and in the case studies. These of course include many successful legal cases which would not have been possible without the HPLC and RCLC pro bono services provided by solicitors and barristers. Also important however are the personal outcomes and achievements for clients who may or may not have had a successful legal outcome. Clients are reportedly more positive about contact with lawyers and courts, more positive about seeking legal assistance, better informed about their legal rights and options, and having addressed legal issues that are directly or indirectly related to their homelessness, feel better and less distracted about moving forward generally. Many good outcome stories are available in the Queensland Public Interest Law Clearing House Incorporated annual reports and HPLC newsletters, available from QPILCH's website.

The HPLC and RCLC have been established and operate consistent with factors identified in research about outreach legal services to homeless and other marginalised people. Feedback through the evaluation about the HPLC and the RCLC was very positive. While there are similarities and differences in the way that the model operates at each agency, there is a tight fit with host agencies' service models and visions. A good working relationship between the clinics and host agencies was identified. Notwithstanding that some host agencies operate drop-in services (i.e. not case management models), service users are assisted to identify legal issues, seek legal assistance through an outreach clinic integrated with other host agency services, and have access to non-legal supports over the legal journey. The evaluation found that the legal assistance is accessible to the target group and that quality services are provided by the volunteer lawyers. While 17.4% of 2009/10 HPLC cases were closed because of difficulties with keeping in contact with clients, feedback was positive about the volunteer lawyers persistently engaging with this hard-to-reach population.

In addition to individual client work, the HPLC also contributes, at a system level, to law reform, public policy, advocacy, legal education and community development activities to promote and protect the rights of people experiencing homelessness. In this work particularly, the HPLC's commitment to involving service users at host agencies is apparent. The partnering involved in the biennial *HPLC and RCLC Art Show* was well regarded and appreciated by host agencies.

The evaluation identified some areas requiring attention. A core issue relates to a shared understanding by host agencies and volunteer lawyers about the nature and scope of the areas of law for which assistance is available through the HPLC and the RCLC, and the nature of the legal assistance provided. As host agencies view the clinic as part of their overall service, they value volunteer lawyers interacting with staff and service users while at the clinic and taking up other opportunities to be involved in their agency. Host agencies identified service users' need for legal assistance with criminal and family law matters. Also identified were the benefits of working out an agreed and appropriate level of liaison between host agency workers and volunteer lawyers to support clients' engagement with and comprehension of HPLC and RCLC assistance. Host agencies were also keen to receive details about usage, areas of law and inappropriate accessing of the clinic at their service, as well as information they could use in staff and service user induction. There was also support for exploring ways in which the idea and content of the legal health check used at Roma House could be adapted for use, resources permitting, at other clinics.

INTRODUCTION

Homeless people and those at risk of homelessness commonly have multiple and complex needs. Legal issues can cause or contribute to homelessness and homelessness can cause, contribute to, or maintain legal problems. The legal issues confronting this target group may change as they move along the homelessness journey. Specific issues vary across the homeless population, for example, for those at risk of homelessness, young people, those living 'visibly' on the street, women escaping domestic violence, people moving between the criminal justice and homeless sectors, separated families, and Aboriginal and Torres Strait Islander homeless peoples. De-escalating or resolving legal problems can help address homelessness and move people toward sustainable, community living (Forell, McCarron & Schetzer, 2005).

Barriers at system, service and individual level contribute to homeless people and those at risk of homelessness having reduced access to the legal assistance to which they are entitled. These barriers are underscored by a lack of understanding about basic legal rights and limited access to legal services targeted to homeless persons.

Over the last decade, legal clinics targeted to homeless people have commenced in Queensland, Victoria, New South Wales, Australian Capital Territory, Western Australia and South Australia. The Queensland Public Interest Law Clearing House Incorporated (QPILCH) Homeless Persons' Legal Clinic (HPLC) commenced in late 2002. Using the HPLC model, the Refugee Civil Legal Clinic (RCLC) commenced in 2007.

Since 2005, QPILCH has received funding from the Queensland Department of Communities to provide outreach, pro bono civil legal services at crisis accommodation and welfare agencies attended by homeless people or people at risk of homelessness. The current service agreement between QPILCH and the Department covers the HPLC and the RCLC, and specifies an evaluation to report on client outcomes, leverage of resources from private legal firms and government's return on investment. QPILCH contracted Encompass Family and Community to undertake the evaluation.

BACKGROUND

About QPILCH and the HPLC and the RCLC

QPILCH, a Community Legal Centre, is the primary pro bono coordination agency in Queensland providing access to justice for vulnerable Queenslanders in civil law matters. QPILCH established the HPLC in late 2002. The Refugee Civil Law Clinic (RCLC) commenced in 2007, in recognition of refugees' need for improved access to civil legal services. The RCLC operates using the same model as the HPLC in that the clinic is coordinated by the HPLC Coordinator and all volunteer lawyers participate in the same ongoing professional training and development program.

From 2002 to 2005, the HPLC was staffed by secondments from private legal firms. From 2005, the Department of Communities provided funding on an annual basis. For July 2010 to June 2013, a grant of \$197,400/annum was approved

through the Department of Communities (Community and Homelessness Services) to deliver the HPLC and the RCLC. Three-year funding of \$70,000/annum from 2010/11 is also received through the Commonwealth Attorney-General's Department.

Four elements have been identified as integral to the HPLC model:

1. pro bono resources of private legal firms, trained and supervised by QPILCH
2. outreach to locations where clients are accessing essential services
3. addressing civil legal needs
4. full legal representation (not just advice), casework and court work, supported by pro bono barristers.

Services provided through the HPLC and the RCLC include free legal assistance, advice, casework, advocacy and referral pathways. The HPLC is targeted to assisting people out of homelessness, or to prevent homelessness, with the intention of reducing civil legal concerns from escalating or addressing the matters impacting on the client. The RCLC is targeted to refugees, humanitarian entrants and asylum seekers who have been in Australia for less than 5 years, are experiencing financial hardship and cannot access mainstream legal services.

Each clinic is delivered in partnership with a 'host agency'. The HPLC is delivered with 13 host agencies across Queensland - 10 emergency accommodation centres and welfare agencies across Brisbane, a drop-in welfare agency in Toowoomba (The Basement), and at two agencies in Townsville (Townsville Women's Centre and South Townsville Drop In Centre). During 2010/11, the Pindari Women's Hostel and The Basement clinics only operated from July to December 2010. The Basement was significantly affected by the January 2011 floods and did not resume until August 2011. The HPLC at Pindari Women's Hostel is expected to resume at the beginning of 2012.

The RCLC is delivered in partnership with one host agency, the Multicultural Development Association (MDA).

Appendix A details each host agency, clinic frequency, mode of delivery and partner legal firms.

The HPLC and the RCLC focus predominantly on civil legal needs, although these are not the only legal issues facing homeless people, those at risk of homelessness or refugees. Access to civil legal services through other organisations is limited. Legal Aid Queensland provides no civil services (other than for family related issues) and Community Legal Centres have limited capacity to take on casework of this type.

Clients can be assisted with debt and loans, fines, consumer issues (sale of good, and entering into contracts for goods), guardianship, housing and tenancy issues, social security, discrimination, and police and public order offences. The RCLC does not provide advice in relation to immigration law.

Complementing and building on the work with individual HPLC clients, QPILCH contributes, at a system level, to law reform, public policy, advocacy, legal education and community development activities to promote and protect the rights of people experiencing homelessness. The RCLC also has an interest in policy

and law reform work and hopes to expand this capacity as issues relevant to refugee clients arise.

Policy context

The Commonwealth Government's White Paper on Homelessness, *The Road Home*, and the 2010 update, *Along the Road Home*, support the need for targeted legal services to homeless people. The National Partnership Agreement on Homelessness (NPAH) refers to improved service provision and coordination, and engagement with legal services. Under the NPAH, Queensland reports annually on the 'number of people who are homeless or at risk who are provided with legal services' (Department of Communities, 2010). Funding the HPLC and the RCLC continues the Queensland government's commitment to integrated support services for people at risk of, or experiencing, homelessness.

The HPLC aligns with the three priorities of *Opening Doors: Queensland Strategy for Reducing Homelessness 2011-14* (Department of Communities, 2011):

1. 'Helping people avoid becoming homeless' includes supporting people to sustain their housing as a key factor in preventing homelessness, which, a Departmental officer advised can include, for example, advice about tenancy legislation or addressing debt.
2. 'Helping people get ahead' recognises that people may need a range of services to address factors that lead to or keep them homeless, with legal issues significant. It is also imperative that responses (including professional legal advice and advocacy) are provided holistically to promote social inclusion for vulnerable community members. Common scenarios include:
 - contact with the justice system as a result of occupying public space because of having nowhere to go, which leads to cycling through the courts, jail and homelessness
 - accumulation of debts to a government housing provider, which often creates a barrier to accessing further public housing which results in being compelled to stay in the expensive and volatile world of boarding houses or worse
3. 'Working together for stronger services' recognises that better outcomes are achieved for people at risk when services function in a coordinated and integrated way. This is particularly the case when people need to navigate complex processes, for example, legislative jurisdictions and processes.

What the research says about providing outreach legal services to the target group

There is a growing body of research on barriers to accessing legal assistance and the inter-relationship between addressing legal needs and improving the lives, safety and wellbeing of homeless people and those at risk of homelessness (eg. Forell et al, 2005; Black & Gronda, 2011; Forell & Gray, 2009; Noone & Digney, 2010). The research refers to improving client outcomes through:

- holistic needs assessment
- service integration
- partnerships between community, private and government agencies

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- partnerships between mainstream and specialist service providers
 - concerted outreach to hard-to-reach populations
 - acknowledging the human right of vulnerable and marginalised groups to social inclusion.

Homeless and other disadvantaged people face significant barriers in accessing mainstream and specialist services due to a lack of knowledge, previous poor experiences, and inadequate assessment and referral mechanisms (eg. Black et al, 2011). Also recognised are the challenges of providing legal assistance to disadvantaged people with complex and multiple needs (eg. Forell et al, 2009), including addressing their reluctance to access legal services and capacity to work with lawyers, and ensuring timely assistance.

Based on the literature, a number of factors were identified as integral to good practice in delivering outreach legal services to homeless people, those at risk of homelessness and other marginalised populations. The evaluation findings are discussed in respect of the following factors:

- respect and recognition for service users' legal and human rights
- integrated access to legal assistance with the provision of other services
- making outreach legal assistance accessible
- a good relationship between the host agency and the HPLC and the RCLC
- assisting service users to identify and acknowledge legal issues and seek legal assistance
- providing quality legal assistance that takes account of clients' multiple and complex needs
- persistent engagement with hard-to-reach clients
- access to non-legal supports
- incorporating consumer perspectives in the service model

While the literature does at times specify 'homeless people', the messages are just as relevant to refugees, humanitarian entrants and asylum seekers.

The following scenario illustrates the consequences of service users not having timely access to assistance with civil legal matters.

Over a number of years, a person on a low income may accumulate many debts to telecommunication companies and credit providers. The person loses their job and can no longer pay the minimum repayments. The private companies pass the debts onto a debt collection agency, which charges them high interest and harasses them to pay the debt back. They are also no longer able to afford rent. They are blacklisted on the tenancy database for at least seven years, or sometimes indefinitely (depending on the database used) and forced to leave the private rental market. The current wait time for public housing can be up to ten years, so the person is compelled to stay in short term boarding houses or 'live rough' on the streets. Further fines are accumulated from living on the street, such as public nuisance, urinating in a public place, or refusing to comply with a police direction to move on, which the person simply does not have the capacity to pay.

Without assistance from a free legal service, the person will remain homeless burdened by debts and fines and unable to find long term, stable accommodation.

PURPOSE OF THE EVALUATION

The service agreement between the Department of Communities and the Queensland Public Interest Law Clearing House Incorporated refers to an evaluation to report on client outcomes, leverage of pro bono resources and government's return on investment from the HPLC and the RCLC.

With a focus on 2010/11, broadly the evaluation therefore aimed to identify:

1. The similarities and differences in the HPLC model as implemented at different locations - strengths, weaknesses and learnings about providing outreach legal services to the target group and any improvements or modifications that could be made
2. How effective the model has been in achieving stated outcomes about assisting people to address civil legal issues
3. The program's leverage of pro bono private resources from private legal firms
4. Good practice case studies from the HPLC and the RCLC about assistance to clients to reduce and address legal matters.

METHODOLOGY

The evaluation drew on a range of quantitative and qualitative data:

- data for 2010/11 and for comparison, 2009/10, held in the Community Legal Service Information System which is used to demographic, record usage and services for HPLC and RCLC clients
- in depth analysis of case files (n=58) opened in 2010/11 for Roma House clients to identify the primary and secondary areas of law for which assistance was sought, the assistance provided, whether the case is closed and reason for closure
- semi-structured interview with the QPILCH HPLC work group about the HPLC model
- semi-structured, face-to-face interviews with representatives (managers and / or case workers) from 12 of the 14 host agencies about the HPLC and the RCLC – fit with their model and services, how the clinic operates, relationship between the host agency and the HPLC or the RCLC, perceptions of outcomes for clients, barriers and suggestions for improvement of the model and its operation
- comments provided by email by a departmental officer, Homelessness Program Area, Department of Communities
- case studies (n=6) prepared by volunteer lawyers about work with clients of the HPLC or the RCLC
- on-line survey of Team Leaders (n=16, associated with 13 clinics) from partner legal firms about the operation of the HPLC or the RCLC for which they are a Team Leader, being a Team Leader, relationship between the

-
- clinic and host agency, management and coordination of the HPLC or the RCLC , the HPLC model and perceptions about outcomes for clients
 - on-line survey of volunteer lawyers (n=101, associated with 12 clinics) conducted by the QPILCH HPLC work group about why they volunteer, administration and management of the HPLC or the RCLC, relationship between the clinic and host agency, the HPLC model and perceptions of outcomes for clients

Input was not directly sought from clients who have or are accessing the HPLC or the RCLC. Limited resources was a contributing factor, as was the perceived challenge of contacting clients whose cases were closed and who were unlikely to still be in contact with the host agency. Qualitative data about perceptions and anecdotal evidence of client outcomes were sought through case studies, host agency representatives, Team Leaders and volunteer lawyers.

FINDINGS

The evaluation findings are first discussed in respect to the component factors - management and coordination of the HPLC and the RCLC, partner legal firms, host agencies, clients, how each clinic operates, and the areas of law for which assistance was provided.

The findings are then discussed in respect to the factors identified in the literature as integral to good practice in providing outreach legal services to the target group.

Finally, the findings are discussed in respect to outcomes for clients.

Management and coordination of the HPLC and the RCLC

It was clear from the review (of literature about outreach legal services) that appropriately resourced coordination and administration are also intrinsic to the success of outreach legal services to people with complex needs...The importance of access to technology, infrastructure and maintaining records has also been identified as important to effective outreach legal services (Forell et al 2009, p.13-14).

Running the HPLC and the RCLC is integral to QPILCH's role in coordinating pro bono legal services in public interest matters. In 2010/11, the HPLC work group comprised five workers:

- full-time HPLC Coordinator
- Policy Officer, Solicitor and Para-legal, each three days/week at QPILCH Brisbane office
- Support Coordinator, 1 day/week in Townsville

From July 2011, a part-time Support Coordinator has coordinated the HPLC in Toowoomba. The position has funding for two years from Perpetual.

A Policy and Procedures Manual guides the operation of the HPLC and the RCLC. Volunteer lawyers, Team Leaders and the HPLC work group access the manual, clinic forms and legal precedents from the HPLC and the RCLC on QPILCH's resources web page. When asked about the resources page, over

50% of volunteer lawyers (n=75) reported they find it contains all the necessary information. Almost 80% of Team Leaders (n=13) agreed it was 'good' or 'very good'.

The HPLC Coordinator has primary responsibility at the intersection between host agencies and legal firms. This entails liaising with Team Leader/s at each firm and designated host agency contacts. Volunteer lawyers provide legal assistance at clinics and if necessary, undertake follow up work, under the supervision of the firm's Team Leader, for example, to provide the client with advice or to pursue a matter. Written advice is not however provided directly to a client from the legal firm. The HPLC work group supervise and oversee the legal advice. All client correspondence is managed through the HPLC Coordinator. After each clinic, volunteer lawyers are expected to update client records to record activity and case work.

Team Leaders (n=13) identified the critical success factors about support and supervision from the HPLC Coordinator as being accessible to Team Leaders and volunteer lawyers (69.2%), giving timely responses (61.5%) and effective coordination of follow up work (53.8%). All Team Leaders (n=14) indicated that the level of supervision and the level of support from the HPLC Coordinator 'always' or 'usually' matches their need and that the support and supervision of casework is 'good' or 'very good'. Over 70% of volunteer lawyers (n=93) reported they received a 'good' or 'very good' level of support from the HPLC Coordinator.

The HPLC host agencies contact the HPLC Coordinator or the Team Leader about their clinic, for example, to advise about scheduled appointments for the next clinic. The legal firm for the RCLC is directly contacted about appointments. Host agencies expressed no ambiguity or confusion about who to contact about HPLC or RCLC matters.

Induction and ongoing training

To support the effective operation of the clinics, induction sessions and Continuing Legal Education (CLE) sessions are offered to Team Leaders and volunteer lawyers. Approximately 65% (n=98) of volunteer lawyers reported they had done induction training in the last two years, with all but one finding it 'satisfactory' through to 'comprehensive'. Over 57% of Team Leaders (n=14) had not however had an induction session, although most (70%) reported they would have found it useful. Over 75% of Team Leaders (n=13) rated induction training for volunteer lawyers and Team Leaders as 'good' or 'very good'.

The usefulness of the CLE program was described by 73% (n=90) of volunteer lawyers as 'moderately useful' through to 'very useful'. Over 84% of Team Leaders (n=13) rated it as 'good' or 'very good'. Appendix B includes the CLE training offered in 2010/11.

Training sessions about legal issues and pathways are also offered to host agency workers. A number of host agency workers remarked that if QPILCH is organising training, *everyone* wants to go. A caseworker training and networking event in May 2011 was hosted by the Commonwealth and State Ombudsman's Offices. Feedback about the event was overwhelmingly positive. About 45 caseworkers attended presentations made by:

- Legal Aid Queensland on consumer law, family law, and child protection
- Tenants Union Queensland

-
- Welfare Rights Centre
 - Queensland Advocacy Inc
 - Special Circumstances Court
 - Commonwealth and State Ombudsman
 - Anti-Discrimination Commission Queensland
 - Commission for Children and Young People and Child Guardian.

Case worker training was also held for 40 Micah Projects (auspice for the Brisbane Homelessness Service Centre) workers in September 2011.

Keeping on top of worker turnover in host agencies is however a challenge.

The clinic's fit with host agency service models

Homeless people or those at risk of homelessness require access to legal assistance as legal and other issues are often inter-connected (Forell et al, 2005, p.21). Ensuring that otherwise inaccessible specialist or mainstream services are available where needed requires agencies to work together (Noone et al, 2010, p.7). Service delivery can be both enhanced and streamlined when specialist homelessness services offer access to specialist legal support and expertise (Forell et al, 2009, p.14).

Host agency representatives reported they value the HPLC and the RCLC as another 'tool in the box' for responding to service users' often complex and multiple needs, and assisting them to prevent or move out of homelessness. Representatives variously stated that clients, particularly long term homeless, cannot move forward without resolving legal issues.

For some services, a positive about the HPLC was simply being able to offer 'real practical help' on-site for long term homeless people, "being able to say, we *can* help with this", as meeting other needs, like stable housing, might take a couple of years.

Across the different host agency service models, the following were distinguished as underlying the value and benefits of the HPLC and the RCLC:

- host agencies do not have *legal* skills or knowledge and clients value the information and advice provided by lawyers about, for example, legal options and remedies to 'fix things'. As a host agency representative said:

The lawyer is calm, rational, has a calming ability, says it's going to be ok. The difference in a young person's response to a lawyer compared with workers is unreal. They know that the legal system is their (the lawyers') system. They don't trust caseworkers.

- opportunity to offer service users another specialist 'visiting service' - the legal clinic is one of a number of outreach services with others focused on medical, health and tenancy needs, Centrelink and State Penalties Enforcement Registry (SPER) debt. "Clients wouldn't get access (to legal services) otherwise." (Host agency representative)
- the connection between tackling legal issues and host agencies' visions for client self-determination, sustainable tenancies, social inclusion etc. For example, "Future tenancies aren't sustainable if people have

outstanding debt. It affects their capacity to budget and therefore to sustain a tenancy and that's our objective with service users." (Host agency representative). Case study 1 highlights the importance of resolving legal issues and the positive impact that can have on addressing homelessness and other issues.

Case Study 1 - Rachel

When Rachel moved to Roma House, she was experiencing substance use and mental health problems. One night she was involved in an altercation with another resident and the police were called. A police officer claimed that in the course of his efforts to subdue Rachel, she kicked him a number of times. Rachel was charged with assaulting a police officer.

The HPLC assisted Rachel because there was some doubt about Rachel's eligibility for legal aid and there were reasonable prospects for defending the charge, as it appeared the officer had used a disproportionate amount of force to subdue Rachel.

A barrister on the QPILCH HPLC Criminal Law List took up the matter pro bono and provided strategic advice and overall guidance on defending the prosecution. A volunteer lawyer handled the factual and legal investigations, including taking statements from witnesses and obtaining documents from third parties. Considerable work over a number of months saw the matter referred to mediation where the police agreed to discontinue the prosecution on the condition that Rachel provide a written apology for her conduct. Rachel provided the apology, and shortly after the charge was dismissed.

Rachel was extremely grateful for the assistance provided by the HPLC, particularly because the dismissal of the charge eliminated having a conviction recorded on her clean record. It also eliminated any risk a finding of guilt would have had on her prospects of re-unifying with her infant child who had been removed from her care prior to the incident with the police.

The successful resolution of the charge removed what was distracting from the Rachel's efforts to deal with her other problems. She continues to access various support services available through Roma House and is making significant progress with her rehabilitation.

As each host agency is unique, the legal clinic is operationalised slightly differently at each site and in some cases, has been adjusted to fit service users better over time. Similarities and differences across host agencies are discussed below in *How the clinics operate*.

The involvement and commitment of legal firms

The HPLC model is critically dependent on the pro bono support from the legal community to achieve outcomes for the target group. (Department of Communities officer)

The HPLC is essential. If we don't do it, who will? (Team Leader)

It's 'the big end of town' to more marginalised people. (Host agency representative)

At November 2011, 22 firms in Brisbane and Townsville provide pro bono services for the HPLC and the RCLC to operate at 11 sites. The same firm provides volunteer lawyers for Anglican Women's Hostel and New Farm Neighbourhood Centre, with those clinics operating on alternate weeks. The clinic at The Basement in Toowoomba is shared between eight individual legal practitioners, rather than a commitment by a legal firm. Appendix A lists the host agencies, firms and individuals.

When asked about the key strengths of the HPLC model, over 80% of Team Leaders (n=13) identified the practical and worthwhile difference the clinic makes to disadvantaged people. Over 50% identified the strategic harnessing of pro bono private resources and over 45% identified the excellent return for government on their investment through attracting volunteer lawyers.

The opening of 415 HPLC files in 2010/11 brings the number of files opened since the clinic's inception in 2002 to 2,683 files. The estimated pro bono contribution in 2010/11 of over \$1.97 million brings the level of pro bono assistance provided through the HPLC to in excess of \$8.67 million.

Since its inception in August 2007, 136 clients have been assisted by the RCLC. The estimated pro bono contribution during 2010/11 was over \$423,000.

Some clinics operate as 'joint' or 'shared' clinics, whereby more than one firm provides volunteer lawyers. Some host agency representatives were not aware of whether their clinic involved more than one firm and were therefore of the view that 'handover' must be going smoothly. Others however expressed concern that incoming volunteer lawyers (who could be from the same firm or another firm) did not spend enough time familiarising themselves with files for which follow up appointments had been made. Clients therefore have to repeat their story. Striking the right balance between a client not having to repeat their story unnecessarily and clinic efficiency is important. The different perspectives of volunteer lawyers and host agencies are captured in the following comments:

Clients just want someone to listen to them. (Volunteer lawyer)

If a follow up appointment has been made, the lawyer could prepare better, for example, by reading the files on the way over in the cab. (Host agency representative)

The involvement and commitment of Team Leaders

Each participating legal firm has at least one designated Team Leader. There is a total of 18 Team Leaders who serve as a contact at the firm and have responsibility, within the firm, for:

- rostering at least two volunteer lawyers for each clinic
- distributing HPLC and RCLC materials within the firm
- organising volunteer lawyers to attend HPLC and RCLC training sessions
- in conjunction with the HPLC Coordinator:
 - monitoring the file management and casework provided by the firm's volunteer lawyers

- arranging for all files to be delivered to and collected from the HPLC Coordinator for checking
- if a shared clinic, liaising with the Team Leader from the other firm/s to ensure smooth handover at rotation

Fifty percent of team Leaders (n=14) indicated they had been in the position less than six months and over 40% indicated more than two years. Over 40% indicated they had greater than two years post admission experience, and almost 30% are associates, senior associates or partners. Almost 60% share the Team Leader role within the firm. All 14 also volunteer at a clinic, with over 85% attending 'frequently' or 'sometimes'. As one Team Leader contributed:

I have thoroughly enjoyed my involvement since 2006 with the program - proud to be affiliated with it.

When asked about the workload associated with the Team Leader role, 25% (n=12) indicated it was 'reasonable' and over 58% said it was 'ok'. Table 1 shows the estimated amount of time spent on Team Leader duties per week. As well as this work, 50% of Team Leaders (n=12) indicated they sometimes do follow up on files that should have been done by volunteer lawyers at their firm.

Table 1: *Estimated time spent per week by Team Leaders on various responsibilities (n=14)*

	<i>Rostering and distributing HPLC materials</i>	<i>Supervising casework and file management</i>
Less than 1 hour	5	3
1 to 2 hours	7	5
2 to 4 hours	1	6
More than 4 hours	1	0
	14	14

When asked about the support they receive from their Team Leader, over 70% of volunteer lawyers (n=90) indicated they received a 'good' or 'very good' level of support.

The involvement and commitment of volunteer lawyers

Each clinic operates with two or more volunteer lawyers, often a 'junior' (i.e. graduate or articled clerk) and a 'senior' (i.e. post admission) lawyer. Across the state, there are approximately 260 volunteer lawyers. As graduates and articled clerks are not qualified to provide legal advice coupled with perceptions about safety of visiting services, each client is usually seen individually by all of the lawyers. One host agency however remarked that if it is anticipated there will be too many people for the allocated clinic time, they contact QPILCH to see if the rostered volunteer lawyers can interview clients separately.

While over 30% of volunteer lawyers (n=101) have been volunteering for less than 6 months, over 30% have also been volunteering for 2 or more years. In terms of the level of volunteer lawyers' experience, around 25% are graduates or articled clerks and around 21% are newly admitted. Over 30% have one or more years experience as a solicitor and around 21% are associates, senior associates

or partners at their firm. Table 2 shows the amount of time each volunteer lawyer has been volunteering and Table 3 shows the level of experience of each volunteer lawyer.

Table 2: *Length of time as a volunteer lawyer (n=101)*

	<i>Number</i>	<i>Percent</i>
0 to 6 months	34	33.7
6 months to 1 year	12	11.9
1 to 2 years	24	23.8
2 to 3 years	12	11.9
3+ years	19	18.8
	101	100

Table 3: *Level of experience of volunteer lawyers (n=101)*

	<i>Number</i>	<i>Percent</i>
Graduate or Articled Clerk	25	24.8
Newly admitted	22	21.8
1 to 2 years post admission experience	16	15.8
2 or more years post admission experience	16	15.8
Associate, Senior Associate or Partner	22	21.8
	101	100

When asked about the frequency of attendance at a clinic, over 48% (n=91) indicated once every three months. Around 8% attend monthly with almost 30% attending once every 6 months. Twelve volunteer lawyers (13.2%) reported attending once per year.

When asked about the main reasons for their involvement in the HPLC and the RCLC, over 70% (n=101) of volunteer lawyers agreed with “giving back and doing something valuable for my community”. This is consistent with 84.6% of Team Leaders (n=13) agreeing that a strength of the clinics is making a practical and worthwhile difference to disadvantaged people. Over 75% of Team Leaders (n=13) also identified volunteer lawyers’ enthusiasm and interest for the aims of the clinic as a critical success factor. This view was echoed by host agency representatives who similarly noted the benefits arising from volunteer lawyers demonstrating commitment and interest. A host agency representative stated:

The legal clinic is effective here because they (the volunteer lawyers) believe in the cause and are dedicated which makes the clinic run a lot smoother...Their dedication increases over time. It’s hard to find and rare, but they speak with people who they don’t have to (speak with).

The commitment of volunteer lawyers extends beyond actual attendance at a clinic as follow up work on files may be required. Over 25% of volunteer lawyers (n=96) reported they ‘sometimes’ do follow up work, 36.5% ‘usually’ do, and

29.1% indicated they 'always' do follow up work. Table 4 shows the estimated time spent on follow up after a clinic.

When asked about their attitude to doing follow up work, over 85% (n=90) indicated they 'love it' or that it is 'fine'. Fifteen (16.6%) however indicated that although they do not particularly enjoy the work, they realise it is necessary.

Table 4: Average time estimated for follow up work by volunteer lawyers after the clinic (n=90)

	Number	Percent
30 minutes	10	11.1
1 hour	25	27.8
2 hours	22	24.4
3 hours	12	13.3
4 hours	8	8.9
5 hours	6	6.7
6 hours	1	1.1
7+ hours	6	6.7
	90	100

Consistent with the literature that the experience in itself of working in legal outreach can enhance lawyer's skills (Forell et al, 2009, p.13), almost 55% of volunteer lawyers (n=101) place value on using a different set of skills, both in terms of areas of the law and working with the clients who present at clinics. Over 45% of Team Leaders (n=13) agreed a strength of the HPLC model is knowledge and skill development for volunteer lawyers.

The people assisted by the HPLC and the RCLC

In 2010/11, there were 415 new HPLC clients. This compares with 441 new clients in 2009/10. The decline is likely due to a number of Brisbane and Toowoomba-based host agencies and firms being adversely affected, and for many weeks, by the January 2011 floods, as well as another clinic which did not operate during 2011.

Approximately 60% of HPLC clients in 2010/11 were male, a slight decrease from 2009/10 (63.9%).

The percentage of Aboriginal and Torres Strait Islander HPLC clients increased from 8.6% in 2009/10 to 13% in 2010/11. While the target group of each host agency includes Aboriginal and Torres Strait Islander peoples, Indigenous people most accessed the clinics at Brisbane Homelessness Service Centre, Café One, Roma House and South Townsville Drop In Centre. Notwithstanding that a consideration in establishing the 4AAA Kiosk was increased access for Indigenous peoples, it was speculated that usage has been limited by not focusing on family or criminal law. As a host agency representative stated, "If they (the volunteer lawyers) did that, they could be there constantly, all day."

Table 5 shows the breakdown by age of HPLC clients in 2009/10 and 2010/11. The percentage of young people increased, as did people aged between 46 and 65 years. The percentage of people aged 26 to 45 years decreased. In 2010/11, 54.4% of clients, for whom birthplace was recorded, were born in Australia.

Table 5: *HPLC clients by age in 2009/10 and 2010/11*

	16-25 years	26-35 years	36-45 years	46-55 years	56-65 years	65 years+	Total
2009/10	35 (7.9%)	85 (19.2%)	120 (27%)	101 (22.8%)	50 (11.3%)	19 (4.3%)	443*
2010/11	40 (9.6%)	75 (18%)	99 (23.8%)	106 (25.5%)	56 (13.5%)	13 (3.1%)	415**

* includes 33 unknown ** includes 26 unknown

Table 6 shows the breakdown of clients at each clinic for 2009/10 and 2010/11. The number of clients increased at only four clinics – 4AAA Kiosk, New Farm Neighbourhood Centre, Roma House and Townsville Women’s Centre – from 2009/10 to 2010/11. The HPLC experiencing the most growth in client numbers was the Townsville Women’s Centre, which increased by over 60% from 2009/10 to 2010/11. The busiest clinics are consistently Café One, Brisbane Homelessness Service Centre, Roma House and Pindari Men’s Hostel.

Table 6: *Number of HPLC clients by host agency in 2009/10 and 2010/11*

	2009/10		2010/11	
	Number	Percent	Number	Percent
Pindari Women's Hostel	10	2.3	4	1.0
The Basement	19	4.3	4	1.0
Kyabra Phone Clinic	10	2.3	9	2.2
Anglican Women’s Hostel	16	3.6	14	3.4
Brisbane Youth Service	21	4.8	19	4.6
4AAA Kiosk	20	4.5	23	5.5
New Farm Neighbourhood Centre	17	3.9	25	6.0
South Townsville Drop In Centre	25	5.7	25	6.0
Townsville Women's Centre	14	3.2	36	8.7
Pindari Men's Hostel	61	13.8	53	12.8
Roma House	52	11.8	61	14.7
Brisbane Homelessness Service Centre	62	14.1	61	14.7
Café One	100	22.7	80	19.3
Not recorded or unknown	14	3.2	1	0.2
Total	441	100	415	100

Consistent with eligibility criteria to access the clinics, 74.2% of HPLC clients in 2010/11, for whom income was recorded, were in receipt of a government pension, benefit or allowance.

For the RCLC, there were 24 new clients in 2010/11, compared with 30 in 2009/10. In 2010/11, just over 60% were male, while approximately 36% were male in 2009/10. Over 79% were in receipt of a government pension, benefit or allowance in 2010/11, similar to 80% in 2009/10.

The Service Agreement between the QPILCH and the Department of Communities specifies that 100 “homeless people or those at risk of homelessness” be provided with services each quarter. The HPLC and the RCLC performed above the agreed level.

How the clinics operate

Drawing on Goldie’s 2003 review of the PILCH HPLC (cited in Forell et al, 2005, p.224), the main roles and responsibilities of host agencies, as relevant, include:

- hosting and making space available for the clinic
- promoting the clinic to service users
- assisting service users to identify any legal issues
- organising appointments for clinics and advising the HPLC Coordinator or Team Leader
- supporting clients during the appointment
- if requested and appropriate, offering non-legal supports to a client during a legal process
- if requested, following up on a client’s behalf with the HPLC or the RCLC
- participating in learning opportunities offered by QPILCH

Notwithstanding that some host agency service models do not incorporate ‘case managing’ (all) clients or have the capacity to provide support for legal matters, the descriptions provided by host agency representatives were largely consistent with the above.

There are however similarities and differences in the ways the clinics operate. These relate to:

- mode of delivery - all but one clinic is provided face-to-face. The Kyabra Clinic is a telephone clinic with the call to the lawyer being made from the client’s location
- preparation prior to the legal clinic - there is a standard ‘intake’ form for both the HPLC and the RCLC. The HPLC form is usually completed by a lawyer at the clinic. For the Kyabra Phone Clinic, support workers part-complete the intake form and copy any documents for forwarding to the lawyer prior to the appointment. A MDA case worker completes the RCLC intake form, which is provided with the details about the booking for a language interpreter, to the legal firm prior to the appointment
- level, if any, of direct contact between the host agency and legal firm - three of the interviewed host agencies reported they have direct contact about appointment scheduling and / or particular client’s cases with the legal firm/s

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- how the clinic is referred to - host agencies referred to the clinic by various names, including 'the legal clinic', 'HPLC', 'free legal team' and 'QPILCH'. While one person remarked "In the end it doesn't matter what it's called, it's that it exists", the literature refers to branding and marketing as key contributors to accessible outreach legal services
 - frequency of the clinic - three clinics (the RCLC and the HPLC at New Farm Neighbourhood Centre and Anglican Women's Hostel) operate fortnightly. Other host agencies were very satisfied with a weekly clinic, as explained by one host agency, "It works because it's weekly, so even though attendance ebbs and flows, we want a consistent service offered and any longer between sessions would be too long for them to remember and for their issues"
 - time spent providing legal assistance during the clinic - descriptions varied about the time available or allocated to each client. Up to four RCLC appointments of around 45 minutes are made per clinic, although appointments are likely to involve a language interpreter. Other appointments were described as lasting between 20 and 40 minutes per client. For one drop-in clinic, around 10 minutes is spent with each client, although "They (the volunteer lawyers) stay as long as they need to, so it could be 1 hour or 3, to see everyone who's waiting."
 - venue for interviews with clients - some appointments are held in a room and others in a common, open space at the host agency. The 4AAA Kiosk is held in a public outdoor space, presenting its own challenges ("but just challenges") about confidentiality and privacy. Host agencies asserted the importance of lawyers feeling and being comfortable, supported and safe, while protecting clients' confidentiality and privacy. One drop-in clinic tried an interview room but "They didn't want to go into the room even with a worker. They want a visible presence, same as other visiting services."
 - interaction between volunteer lawyers, service users and host agency staff during the clinic - while related to how busy a clinic is and volunteer lawyers' comfort levels, host agencies remarked that given they see the legal clinic as an integral component of their overall service, they like, as do service users, a level of (non-legal) interaction and engagement. The host agencies expressed appreciation for the volunteer lawyers and their firm's involvement with their agency. Moreover, some host agencies remarked that volunteer lawyers' safety is enhanced the more they interact. One host agency representative stated "We want the lawyers to mingle...some are outgoing, make a cuppa, chat, others just sit working. It's better if they mingle but the lawyer needs to feel supported as it can be an intimidating space."

Two other factors about how the clinics operate are:

- appointments or drop-in
- host agency workers' knowledge of clients' legal issues

Appointments or drop-in

Appendix A notes whether clients present at each clinic by appointment or 'dropping-in'. Regardless, clients present about new and ongoing matters. The latter may be initiated by the client or because they have been contacted to attend for follow up (i.e. to receive advice or to provide information, documents etc). Host agencies generally indicated that service users are willing to present at the legal clinic:

- if they believed they had a legal issue
- were aware about what the clinic could assist with
- because it is well promoted by word-of-mouth by other service users.

Host agencies using 'drop-in' were adamant that appointments would not work for their service users. They advertise the clinic time and where legal issues are apparent or indicated, encourage service users to present at the clinic. Continuity and consistent attendance by volunteer lawyers to create a 'clinic presence' was identified as critical to the drop-in approach.

Appointment systems generally involve a designated host agency worker liaising with the HPLC Coordinator or clinic's Team Leader prior to each clinic. One agency admitted "Only our role needs improving re communicating which residents want to see QPILCH". Another admitted the need to streamline communication about follow up appointments. Clients in supported accommodation services are reminded in resident meetings and other announcements about the next clinic or that they have an appointment. One host agency said there is no limit to the number of appointments that are made and range from 1 to 7 per week.

As to clients presenting for appointments, one host agency reported that, due to high demand, clients make appointments 2 to 3 weeks in advance *and* attend the appointment. At others, host agencies were aware that some clients did not present. If there are no scheduled appointments, the volunteer lawyers do not need to attend. One host agency utilises non-presentation for an impromptu 'appointment' by someone around at the agency at that time.

Host agency workers' knowledge of service users' legal issues

Host agency workers are not necessarily aware of service users' legal issues, even if a case management model is used or an appointment system operates. Generally intake or initial assessment variously includes prompts about debt, family relationships, income or financial issues and tenancy issues. If issues are apparent or disclosed and workers perceive that the clinic could be of assistance, service users are encouraged to access the HPLC or the RCLC. The following factors were identified as impacting on knowledge of individual service users' legal issues. A service user:

- may choose not to disclose about a 'legal issue', although "an issue might come up" or "DV is at the forefront of her mind, so that opens a doorway to conversation". Alternatively, the person may want to keep the information private, especially if an offence is embarrassing or they fear others finding out about the issue

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- may not recognise they have a *legal* issue, for example, “Young people are not that good yet at identifying *legal* issues. It’s not just court or the police” and therefore not know to raise an issue
 - may not think that a lawyer can or would assist them, for example, because of previous bad experiences with lawyers or court, or they have access to other agencies which they believe have greater expertise in a particular area (eg. criminal law)
 - be trying just to ‘forget about it’, ‘hope it goes away’

Host agency representatives also reported that some service users are confident about and relish the independence and privacy attached to seeking legal advice, in part because they perceive the issues as separate to the host agency’s services for their ‘homelessness’ issues. Again, workers may therefore have ‘no idea’ about the details or progress of a matter, unless ‘legal’ goals are in the client’s support plan. The following comment from host agency representatives further exemplifies these views:

Clients see the need for a lawyer and this is separate to their caseworker and other business. They can deal with QPILCH by themselves which supports their self determination.

They see value in giving their legal story to an independent legal person and person they trust to get good legal advice.

While completing the Legal Health Check is a condition of program entry for Roma House residents, unless the resident raises related goals in their support plan, legal issues are separately addressed through the HPLC or other agencies.

The areas of law for which legal assistance was provided

Research about the areas of law for which homeless people and those at risk of homelessness require assistance points to as wide a range of matters as for other people – family, criminal, estate, employment, discrimination, contracts, consumer, insurance, tenancy etc. Undoubtedly though, some issues have greater prominence during ‘homelessness’. And as one host agency representative commented, this range of legal areas leads to service users having high expectations and wanting specialist advice, not generalist advice, from volunteer lawyers.

Table 7 shows the primary areas of law for which assistance was provided by the HPLC in 2009/10 and 2010/11. Those areas of law are consistently criminal matters, debt owed by the client, tenancy matters, personal injury and family law.

Table 7: *Primary areas of law for which legal assistance was provided by the HPLC in 2009/10 and 2010/11*

	2009/10		2010/11	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
All criminal and police matters	115	25.5	79	18.8
Credit and debt owed by client	47	10.4	63	15
Tenancy matters	37	8.2	58	13.8
Personal injury, defamation, property disputes, other civil law	53	10.9	46	10.9
Family law	69	15.3	37	8.8
Other*	130	28.8	138	32.8
	451	100	421	100

* Other includes bankruptcy, guardianship or administration, Centrelink matters, succession, injuries compensation, family or domestic violence, SPER matters

In 2010/11, the Townsville Women's Centre was the busiest HPLC with family, relationship, domestic violence and child support matters (46.2%). Legal assistance with criminal matters occurred most often for Brisbane Youth Service, South Townsville Drop In Centre, Pindari Men's Hostel and Café One service users. All but Kyabra Phone Clinic recorded activity in respect of family and criminal law matters. A Team Leader for that clinic stated however that "We only provide advice in relation to debt and property matters."

In terms of tenancy matters, 4AAA, Brisbane Homelessness Service Centre, New Farm Neighbourhood Centre and Café One were the busiest, ranging from 18.3% to 29.2% of all matters in 2010/11.

Clients at all but one HPLC (South Townsville Drop In Centre) had cases opened in respect to debt related matters. Roma House (42.9%) and Café One (14.6%) had the highest proportion of debt related matters.

Table 8 (on page 22) shows most HPLCs and the area of law for which the most files were opened in 2010/11. The number of areas of law for which assistance was provided through that clinic is also included, supporting a comment from a Team Leader for a drop-in clinic, "The clinic is open to whoever walks in, no appointments. Therefore, more clients and a wider variety of issues."

The case file reading of Roma House client files opened in 2010/11 (n=58) revealed that 47 residents (81%) received advice in regard to more than one area of law. In four cases, the client thought they were subject to an outstanding criminal charge but investigations by the HPLC revealed this was not the case.

Of the 24 RCLC cases in 2010/11, 10 were related to credit and debt owed by the client and five concerned personal injury, defamation, property disputes and other civil law. Both legal areas highlight the difficulties confronting people from non-English speaking backgrounds entering into written contracts and dealing with insurance.

Host agencies, Team Leaders and volunteer lawyers expressed a range of views about the areas for which legal assistance is available and provided. Tenancy

matters were, for example, an area of confusion, perhaps because some host agencies also have visiting tenancy rights services (eg. Tenant Advice and Advocacy Service).

Table 8: HPLC clinics by the areas of law in 2010/11

	Primary area of law for which most assistance was provided	Percentage of that HPLC's files	Number of areas of law across which assistance was provided
Kyabra Phone Clinic	Credit and debt owed by client	66.7	5
Roma House	Credit and debt owed by client	42.9	15
Anglican Women's Hostel	Credit and debt owed by client	36	8
4AAA Kiosk	Tenancy	29.2	11
New Farm Neighbourhood Centre	Tenancy	20	13
Brisbane Homelessness Service Centre	Tenancy	21	18
Brisbane Youth Service	Criminal	52.6	8
South Townsville Drop In Centre	Criminal	33.3	10
Pindari Men's Hostel	Criminal	25.5	22
Café One	Criminal	24.4	21
Townsville Women's Centre	Family	35.9	17

Case study 2 offers insight into the number and diversity of legal issues leading to and keeping people in homelessness and disadvantage.

Case Study 2 - Harry

When Harry first came to the Mission Australia Café One clinic, he was on a downward spiral. He had been living with his wife and children in the family home, ran his own electrical engineering business but then suffered a nervous breakdown. He was unable to continue running the business and could not maintain employment as a casual labourer. His situation was not helped by suffering an injury on a construction site for which he was unable to obtain workers' compensation. When Harry came to the clinic:

- he was unemployed
- he had been refused Centrelink benefits (because of his assets) and therefore did not have a Health Card
- he could not afford the medication needed to treat his mental health issue
- his marriage had broken down
- he was living at a local supported share accommodation home for adults

-
- with special needs
 - he had begun amassing considerable debt.

The HPLC provided Harry with considerable advice and assistance in relation to his legal issues and, importantly, helped him to reconnect to various support services. Harry was initially referred to the HPLC by a community group which had been assisting him to apply for Centrelink benefits and volunteer lawyers continued to liaise with that community group through the application process. Harry was ultimately granted Newstart Centrelink benefits. The HPLC also worked with a large accounting firm that provided pro bono advice and assistance in relation to lodging tax returns and coming up with a solution for Harry to manage his debts and finances. The HPLC also organised Legal Aid family law assistance in relation to divorce proceedings and had significant input into that matter with particular focus on its impact on Harry's other issues. HPLC also communicated with Harry's various creditors successfully negotiating holds on demands for payment.

Ultimately, Harry's divorce settlement involved the sale of his property, the proceeds of which were sufficient to pay off all of his debts. With the help of the HPLC's advice and support (and that of the accountant), he had sufficient income from Centrelink and part-time work, he had stable accommodation and was unlikely to get into further debt. His mental health issues were now being adequately addressed.

Unfortunately, shortly after his matters were resolved, Harry was diagnosed with terminal cancer. The HPLC provided some final further assistance for Harry by arranging for the early release of his superannuation into his ex-wife's account.

Host agencies frequently mentioned the gap in assistance for family (i.e. child protection, custody, access) and criminal law matters, although all mentioned Legal Aid or specific community legal centres to which they (and volunteer lawyers) direct clients. The data indicate however that assistance (albeit perhaps one-off information, advice or referral) in respect of criminal and family law is provided through HPLC. A host agency representative stated that it would be good to know if referrals are inappropriate and also what other referrals could be made. The following comments were also made:

The biggest difficulty is access to criminal (and to a lesser extent family) advice for clients. Legal Aid applications often take 3 weeks and often clients will not be eligible. Often these issues are ones that are extremely stressful for clients. Access to firms with these specialties (even for short pieces of advice or brief mentions) would greatly improve the legal outcomes for many homeless clients that we have seen recently. (Team Leader)

The only big issue is family law and criminal, especially family, and the clinic can't see those people and services that do deal with those matters are not able to visit. (Host agency representative)

Host agencies, the HPLC and the RCLC refer clients to Legal Aid and community legal centres, for example, Caxton Legal Service (family law), RAILS (immigration law), Tenant Advice and Advocacy Service, Youth Advocacy Centre (under 17 year olds) and other services targeted to Indigenous peoples or women. In addition, a volunteer lawyer stated, "The drop in nature of the clinic means that

the vast majority of advice requires referral or is otherwise not something we can assist with.”

There was also a level of confusion about the nature of legal assistance offered through the clinics, as indicated by a host agency describing the HPLC as “Just advice and referral...they tend to help as much as they can within the guidelines.” Full legal representation is however available through the HPLC and RCLC.

Many host agencies are keen for QPILCH to provide them with reports about usage and the areas of law for which assistance is provided.

Legal and non-legal issues presented at the HPLC and the RCLC

Volunteer lawyers (n=98) were asked about whether clients present at the HPLC and the RCLC with legal matters. Over 68% indicated ‘always’, ‘almost always’ or ‘usually’. Approximately 30% indicated ‘sometimes not’ and one indicated they are ‘never’ presented with a legal matter. Despite the pathways to presenting at a clinic (i.e. via a case worker or self-presenting), the majority of cases tend to be legal matters. Whether service users present with legal matters, host agencies asserted, is largely out of their control. Not only are they not qualified to screen legal matters, service users have a right to (independently) seek legal advice.

More than one host agency referred to matters of which they were aware but were uncertain as to whether the HPLC or the RCLC could or would assist. Workers were unsure about the eligibility of the matter in terms of the area of law or were, on occasion, dubious about pursuing the matter. In some cases, legal assistance was provided and there were positive outcomes for clients. Such uncertainty points to the need to improve understanding of clients’ rights and the nature and scope of legal matters suitable for the HPLC and the RCLC.

Volunteer lawyers (n=98) were also asked about whether they deal with legal matters (i.e. take further than providing advice or information). Over 54% indicated ‘always’ or ‘almost always’, and 38.7% indicated ‘sometimes’. Volunteer lawyers’ views are captured in the following comments:

...in a pro bono context one tends to be more sympathetic towards claims that are clearly hopeless in law because they are often discussed beyond the point at which a lawyer would advise a paying client that they are wasting their money by continuing with the matter.

I think there needs to be tighter controls around how much time is dedicated to unmeritorious claims/issues or clients who regularly fail to follow up on advice.

Some host agency representatives were critical of volunteer lawyers they felt were ‘too enthusiastic’ about cases which they, having more knowledge about the client, considered lacked substance. Emphasising the need for a client to gather evidence early in discussing a matter, it was suggested, would avoid unrealistically raising vulnerable clients’ expectations. A volunteer lawyer’s view highlights a perceived difficulty from their perspective:

Sometimes it appears we keep progressing hopeless matters or don’t just tell the client the plain truth about the situation because the truth isn’t what they want to hear.

Respect and recognition for service users' legal and human rights

In order to access legal rights, people need an understanding of their rights, legal processes and pathways, as well as available services and resources. A lack of awareness and understanding is consistently identified as a barrier for people with a mental illness, women escaping domestic violence, young people, people from non-English speaking backgrounds, people with learning difficulties and others (eg. Black et al, 2011; Karras et al 2006; Forell et al, 2005). The issue is described by a host agency representative:

It's about homeless people's rights. They don't understand their rights and need and deserve advocacy about education, accommodation etc to be able to access their rights, the same as other people.

Support for social inclusion and advocating for the rights of vulnerable and marginalised people was clearly evident in the interviews with host agency representatives. Also, given the prevalence of particular legal issues in the homelessness population (eg. debt, tenancy, domestic violence orders, defaulting on contracts) or for refugees (eg. contracts, insurance), agency workers agreed they build-up a (non-lawyers') 'working knowledge' of processes and pathways. Notwithstanding worker turnover, enhancing workers' understanding is a key means to promote client rights and access to legal remedies. Induction training that includes such information and ready access to up-to-date plain English resources and websites would also assist. Host agency induction processes varied and some acknowledged the need to tighten their processes and requested information about the HPLC and RCLC.

Since its inception, the HPLC has worked with law students, legal firms, host agencies, regulatory bodies, consumers, other community legal centres, interstate PILCHs and others on advocacy, law reform and policy change. Examples include:

- preparing policy submissions and participating in Queensland and Commonwealth government consultations to assert the need for and benefits of outreach legal services as part of an integrated approach to reducing the impacts of homelessness - the Queensland and Commonwealth frameworks for addressing homelessness both recognise the importance of addressing legal issues to preventing and moving out of homelessness
- research, submissions and advocacy for legislative and administrative changes to 'move-on', police 'pat down', public nuisance and other laws that have the effect of forcing people who are living rough to cycle through the streets, courts, prison and homelessness simply because they have no where to live
- developing and running Court Connect which includes training consumers to deliver training and peer advocacy for the HPLC and Special Circumstances Court
- research and coordination with other agencies to highlight the adverse impact of the SPER regime of fine enforcement on homeless debtors. A good result has emerged with SPER and Corrective Services agreeing to consider more appropriate Fine Option Orders (Community work) and work is proceeding

with homelessness service providers to explore opportunities for service users to undertake work orders in-house

- given identified inadequacies in through and after-care for prisoners and the link with homelessness post-release, work with the recently funded Offender Reintegration Support Service (ORSS) to offer a limited civil legal service to ORSS clients at one or two prisons

Integrated access to legal assistance with the provision of other services

The HPLC delivers face to face, mobile support to clients at community organisations where the target group attend. Outreach and mobile support are key elements for a successful contemporary homelessness service system. (Department of Communities officer)

The trust that clients feel for an organisation with which they are already engaged or familiar is a pathway to accessing legal assistance (Forell et al, 2009). This was affirmed by a host agency representative:

They trust us, so having the clinic is a way to access mainstream services from a point of trust. And it's easy to access.

That the legal clinics are provided by outreach is critical to the target group, as indicated by a host agency's comment:

If not for the legal service, there'd be no access to legal supports. Residents are too scared, shameful. They prefer not to do anything, but the service is on the doorstep.

Appropriate location and connection with target groups and their support services have also been identified as key factors in effective outreach legal services (Forell et al, 2009, p.7). Non-stigmatising and non-threatening environments and being accessible by public transport (PILCH, 2010, p.11) also support integration. Over 50% of Team Leaders (n=13) agreed that a critical success factor of the HPLC model was providing services where clients receive other services and over 90% agreed it is important to work with other agencies to the address the range of client needs, which includes their legal needs. A Team Leader stated:

Accessibility appears to be the key to effective assistance...homeless people do not seek help and it is up to the agencies to find ways of taking assistance to them.

The following comments demonstrate the criticality of location and connection:

Some clients are still in their pyjamas when they see QPILCH. (Host agency representative)

The clinic is located in an area where (homeless) people hang around and near the train station. (Host agency representative)

I think the model of a 'drop in' service works well in that many of the clients would not, or would not be able to, attend a formal appointment. (Volunteer lawyer)

The model of 'outreach' varied across host agencies. The Kyabra Phone Clinic fits with support workers going to where clients are. The 4AAA clinic operates from a table in a park in a busy area frequented by homeless and marginalised people. A host agency representative explained:

It's a pretty challenging environment, open to anyone who comes in. There can be disruptive behaviour in the park, but they've (the volunteer lawyers) soldiered on. Sometimes we just move the table forward. They take it in their stride and they all come back again.

When the 4AAA Kiosk cannot operate in the park and moves to the host agency's office, a host agency representative expressed concern that the momentum and profile gained from the community observing a regular presence (i.e. 'must be the lawyers') is broken and disrupts access to the clinic. Host agencies place a very high value on outreach and visiting services being available, per se, rather than the service being 'booked out' each time. There is a feeling of security and comfort for host agencies and service users generated by a consistent presence - people know they can rely on it being there if they need it. For HPLCs that are not used consistently, host agencies lamented that the clinic is a resource which could and should be better used by their organisation.

The dilemma is expressed from a Team Leader's perspective:

The workload varies according to the level of commitment of members of the team. In my first year it was not uncommon for team members not to show up which impacted on the clients who were less inclined to turn up if they feared we might not be in attendance which in turn impacted on the other team members who did show up only to have no clients and who felt they were wasting their time.

In the spirit of facilitating access to related services, the HPLC facilitated a clinic to help with tax returns. Two tax specialist volunteers from PricewaterhouseCoopers provided basic tax advice and assistance for a day at the Brisbane Homelessness Service Centre in August 2011.

Making outreach legal assistance accessible

The accessibility of any service relies on stakeholders having a shared understanding about the purpose and scope of services and the actions taken to ensure that the target group can fairly and equitably access those services. From the perspective of host agencies and service users, a contributor to a shared understanding includes volunteer lawyers understanding the host agency, its service model (eg. drop-in), programs and target group. Over 60% of Team Leaders (n=13) agreed that a shared understanding about the nature and scope of the clinic's work is a critical success factor.

Generating a shared understanding links to host agencies seeing the legal clinic as an integral component of their total package and many feel strongly about the lawyers not 'hiding' in the office, but taking the opportunity to mingle and interact with service users, or to be involved in host agency community activities.

Ensuring accessibility includes promoting the existence of services, what the service can do for whom, and how to access it (Forell et al, 2009, p.10) and includes explaining abstract concepts such as 'civil law' to host agency workers, as well as service users.

Most HPLC host agencies displayed a QPILCH HPLC A4 flyer on an often busy noticeboard. Agency workers referred to their role in flagging the clinic's existence, how to access it and that information is available from host agency brochures, websites, newsletters and service user induction materials.

Inconsistencies in how the HPLC and the RCLC are referred to and differences in understandings about the nature and scope of clinics have already been discussed (see above *How the clinics operate* and *The areas of law for which legal assistance was provided*). Gaps in host agencies' staff induction processes, a key mechanism for providing verbal and written information to new workers about what they need to know to do their jobs well, has also been raised (see above *Respect and recognition for service users' legal and human rights*). Attention to fostering a shared understanding about the HPLC and the RCLC will better support host agencies, volunteer lawyers, firms and the target group, and enhance accessibility, effectiveness and efficiency of the clinic.

Karras et al (2006) found that people with a mental illness lack access to affordable legal services. If accessing the HPLC or the RCLC was not free, host agencies were certain fewer service users would seek or receive the legal assistance they need and are entitled to. That it is free and provided 'in-house' is perceived by host agencies to increase service users' capacity and willingness to access legal assistance. For example, "Refugees do not have money, money is a big thing. If they had to pay, it would reduce access" and "People are vulnerable and need help. They don't have the money, now or ever, to get legal assistance."

Over 90% of Team Leaders (n=13) agreed that providing free legal advice (in areas of civil law) to people who might not otherwise have access is a critical success factor in the HPLC model. One host agency related however that clients sometimes say "Free lawyers, what's the catch".

Karras et al (2006) identified the need for lawyers working with people with a mental illness to deal effectively and respectfully with their disorganisation, mistrustfulness and sometimes difficult behaviour. Host agencies comments about volunteer lawyers were very positive in this regard, for example:

There's a professionalism, a capacity to engage with a difficult client base who have no social skills, hear voices etc.

Providing legal assistance at the RCLC usually entails a telephone hook-up with a language interpreter. While it was acknowledged that this can be daunting and challenging, host agency feedback about volunteer lawyers' skills was positive, "Very good effort using interpreters and trying to get that to work". Similarly, satisfaction was expressed about volunteer lawyers' capacity to communicate well with clients accessing the Kyabra Phone Clinic and viewing that initial phone contact as a first step in building a professional relationship.

Making services accessible to people with literacy issues was also raised, with one host agency representative stating:

After the first interview, it's correspondence and paperwork. They (clients) need support to go through the letters. They lose contact when this happens. The lawyers need to communicate more by phone with people with literacy issues.

Although negative comments were not made, working with clients from non-English speaking backgrounds and Indigenous Australians prompted host agencies to comment that volunteer lawyers would benefit from cross-cultural awareness training.

Case study 3 demonstrates how effective and accessible the 4AAA Kiosk has been to an Aboriginal woman. The client has received assistance about more than one matter and over a number of years. Stable accommodation has assisted her to keep in contact and a positive, professional relationship exists between the client and volunteer lawyers.

Case Study 3 - Lucy

Lucy was born in Cherbourg, Queensland and is one of four siblings. She and her siblings are believed to have spent time as children in children's institutions.

The 4AAA Kiosk has been seeing Lucy on and off since 2008. Lucy has lived in hostels and lodges in and around Woolloongabba which has greatly assisted Lucy having a fixed address to receive correspondence.

Lucy was first assisted with a debt issue. She is prepaying for her funeral through an Aboriginal Community Funeral Plan with ACBF Funeral Plan Pty Ltd. She got behind by two payments and was worried that the organisation would cancel her plan. We contacted the organisation on her behalf. They advised us to arrange payment of the two missed payments. They further advised that if four payments are missed, under the rules of the plan, the organisation would have no alternative but to cancel the plan. We explained this to Lucy, who arranged payment of the two missed payments. She said she would ensure she made the payments on time from now on because her funeral was important to her for cultural and spiritual reasons.

The second issue we assisted Lucy with was a better understanding of the administration of her mother's estate. We obtained a copy of the will from the Aboriginal and Torres Strait Islander Legal Service, which was explained thoroughly to Lucy at the clinic. Lucy was concerned that one of her brothers was named as the executor of the estate and she believed he would not distribute the estate pursuant to the terms of the will. We advised her that he is legally obligated to do so and that she should speak to him about this. We also offered to contact her brother on her behalf, which was not accepted.

One of the complicating factors in working with Lucy is that the HPLC has also concurrently acted for another brother, William. Unfortunately we have been unsuccessful in both of his matters due to him being considerably outside the legislated time limits. While this had the potential to cause tension with Lucy, the volunteer lawyers were careful to deal with each client independently.

Good relationships between host agencies and the HPLC and the RCLC

From their systematic review of outreach legal services, Forell et al (2009, p.10) identified the criticality of a positive relationship between the host agency and legal clinic. This includes good communication and other shared formal and informal mechanisms and activities to sustain the relationship. The following comments demonstrate the good relationships between host agencies and the HPLC and RCLC and the value placed having such a relationship:

We have a positive relationship. We hope we're supporting the lawyers in this environment. Staff generally go around and say hello, engage with them, check-in. (Host agency representative)

The people at the service are fantastic. They know all the local homeless and are able to provide you with valuable additional information. (Volunteer lawyer)

Over 75% of Team Leaders (n=13) agreed a good relationship is a critical success factor to the HPLC model.

Host agencies generally reported a good, positive, on-the-ground working relationship with volunteer lawyers. As a host agency representative explained, "It's successful because both us and the lawyers are comfortable so the organisation and running of the clinic is smooth." Townsville-based clinics highly praised the benefits of appointing a local Support Coordinator for fostering interaction between the host agency and the HPLC and providing a constant face and HPLC presence.

All Team Leaders (n=13) described the relationship with the host agency as 'good' or 'very good'. A Departmental officer added "The HPLC model appears to collaborate well with key partners to support the target group."

Only one negative description was received from a volunteer lawyer:

In my experience the Clinic does not appear to value the services provided by HPLC or the time sacrifice made by volunteers. The times I have attended the Clinic the Clinic's staff do not appear to have told anyone in the preceding days that we would be attending and the staff have been reluctant to spruce our services.

Assisting service users to identify and acknowledge legal issues and seek legal assistance

High quality assessment and effective referral pathways have been identified as critical to effective outreach legal services (Black et al, 2011; Forell et al, 2009). Of course, the extent and nature of these activities has to be seen within each host agency's service model.

For host agencies that use a case management framework, intake and initial assessment generally includes querying clients about areas in which they could have legal issues. Some host agencies expressed an interest in having more information about prevalent legal issues. Host agencies, particularly those with drop-in models, referred to workers using everyday interactions to introduce the clinic and other outreach services.

To one extent or another, service users at all host agencies are assisted to identify and encouraged to follow up on legal issues. Enhancing assessment frameworks, better promotion, fostering a shared understanding of what the clinic can do, and increasing resources to support case workers' understanding of legal issues, processes and pathways will help service users to address legal matters.

Host agencies were queried about whether and the extent to which having the HPLC or the RCLC had impacted on host agency's processes or case workers' workload. Responses centred on:

- workers' increased awareness of the legal issues affecting service users and knowing they can point service users to the HPLC or the RCLC (eg. "See the clinic next week.", "The HPLC relieves workers from giving misinformed advice.")
- efficiencies and satisfaction for workers not fruitlessly chasing solutions to, for example, overdue bills, repayment plans with unresponsive companies (eg. "I hate negotiating debt. To the company, I'm a social worker, not a lawyer."; "Previously it took 1 hour trying to source something, now it's a 2 minute conversation with the lawyer.")
- the value of volunteer lawyers explaining (legal) issues and legal options to a service user, which workers do not feel competent to do.

If host agency workers are aware of an issue or are requested to do so, they advocate verbally and in writing for service users.

Legal Health Check

Since August 2009, Roma House has used a *Legal Health Check* (LHC) to assist new residents identify any legal issues. The LHC, completed with a lawyer in a HPLC appointment, is a structured diagnostic tool to elicit responses about common legal issues experienced by homeless people. If issues are identified, clients can access further assistance through HPLC. From January 2010 to September 2011, Roma House records show 247 residents. For the same period, the Community Legal Service Information System shows 111 new clients from Roma House, which represents the sum of clients for whom a legal issue was identified using the LHC and residents otherwise presenting at the clinic with a legal issue. The host agency advised that residents may not complete the check for a range of reasons, including not being present during the HPLC, exiting Roma House before an appointment is made, or an unwillingness to attend.

The evaluation included a case file reading of 58 files opened during 2010/11. Of these, more than one legal issue was identified for over 80% of residents. Residents were assisted through letters to debtors, police, SPER, TICA and superannuation companies. The range of legal assistance included briefing Legal Aid, other community legal centres and duty lawyers. Over 30% of the 38 cases closed at November 2011 were closed due to the matter being finalised. Almost 24% of the 38 closed cases were however closed because the client did not follow up the information provided by the lawyer and for another 24%, there were difficulties keeping in contact with the resident, especially after they exited Roma House.

Host agency representatives were supportive of the benefits of a 'legal health check', particularly because of its efficiency in getting legal issues directly or indirectly related to peoples' homelessness resolved.

A Department of Communities officer commended the HPLC model because it "...includes additional services to address the needs of clients with high and complex needs, for example, specific support for Roma House clients."

Of the three Team Leaders associated with Roma House, two described the LHC as 'very helpful' in identifying a client's legal issues because, for example:

Most clients don't think they have any legal problems and once you go through the LHC you find out there is a lot you can help with. They are usually very grateful as they may not associate things such as debts as being legal problems.

Of the Team Leaders (n=11) from other clinics, 45.5% thought a structured proforma could be 'quite helpful', the same percentage were 'not sure' and one thought it would 'not be helpful'. Despite its applicability at a drop-in clinic being questionable, a drop-in clinic Team Leader stated "I think it is of benefit when we have very few clients or when you can tell the client has many issues." Another however indicated "The clinic is too busy to be undertaking legal health checks."

Host agency representatives from one of the supported accommodation services remarked that the check "would be great, but it would be a fair ask", as that service can have 10 new residents per day. Although the other supported accommodation services are smaller, extending the check to agreeable sites would be a resource issue for partner legal firms which are already making a significant pro bono contribution and for the current QPILCH HPLC work group, in terms of supervising and overseeing all legal advice and managing all client correspondence.

Just as the Townsville-based Support Coordinator informally draws on the proforma's content when talking with service users at the Townsville host agencies, and until resources are available, an option is to adapt the tool for use by interested host agencies or clinics.

Case study 4 provides an insight into both the multiple legal needs of a homeless person and an example of where the HPLC worked with a client to protect her legal rights. The client was a Roma House resident and her legal needs were identified through the Legal Health Check.

Case Study 4 - Laura

Coming out of the Legal Health Check, Laura was assisted with a variety of legal issues:

- getting access to her possessions in a way that was compliant with an existing DVO
- obtaining copies of the orders from her divorce hearing, in particular, about her property settlement
- locating her unclaimed superannuation and information and assistance to access the funds early on hardship grounds
- defending an application made by her sister in the Queensland Civil and Administrative Tribunal for the appointment of the Public Trustee and Adult Guardian to manage her affairs

The volunteer lawyers:

- took instructions from Laura;
- advised Laura in relation to the QCAT hearing and in relation to sourcing supporting documentation such as correspondence from her current treating physicians;
- applied to QCAT for leave to represent Laura at the QCAT hearing and

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- to have the application dismissed;
 - met with Laura and the barrister who volunteered to represent her on a pro bono basis at the QCAT hearing;
 - attended the hearing to support Laura and the barrister; and
 - arranged for a copy of the QCAT member's verbal reasons to be provided to Laura.

After successfully defending the application in a 2.5 hour hearing, Laura was able to move on with her life and focus on returning to the workforce and securing permanent accommodation. The experience was very distressing and confronting for her but she expressed her gratitude to the HPLC for assisting her to deal with this matter.

Providing quality legal assistance that takes account of clients' multiple and complex needs

A key factor in providing quality legal services is establishing a rapport so that clients with multiple of complex needs have a positive initial experience (Black et al, 2011). This also determines their ongoing engagement. Being friendly, approachable and listening contribute to building the trust and confidence of people with complex needs (Forell et al, 2009), as do being accessible and having a shared understanding of available services. Host agency representatives consistently commended the volunteer lawyers as "really good", "excellent", "friendly", "efficient", "professional" and "dedicated".

For marginalised people and many in the target group who have already had 'bad' experiences with police, lawyers, courts and jail, building their confidence about seeking legal assistance in the future underscores an objective of the HPLC model.

When PILCH (2010, pp.10-11) explored why a high percentage of their HPLC cases were closed due to a lack of contact with clients, they concluded that clients need to feel the lawyer has a genuine regard for them, involves them in decision-making and provides legal assistance in a way that is appropriate for the client. Other factors in delivering effective services (PILCH, 2010; Forell et al, 2009) include frequent contact, developing strategies for maintaining contact, maintaining confidentiality, being flexible, communicating effectively and respectfully, timely services, and lawyers' skills in legal areas relevant to client needs, cultural awareness and administrative training.

Forell et al (2009, p.12) identified that consistency of lawyers and if that is not possible consistency of the legal service (i.e. advice and handover) are important. Many host agency representatives raised the importance to this target group of seeing the same lawyer to check progress or follow up matters. This issue was also described by a volunteer lawyer:

Many of the clients seem disenfranchised because so many different people work on their matter, they have to repeat issues already covered or their matter does not progress in a timely manner.

While host agencies understand why firms may not be able to make this commitment, it was nevertheless asserted as linked to clients not having to repeatedly tell their story.

Of high level concern to host agencies and particularly in respect to working with people with complex and challenging needs is the imperative to “do what you say you’ll do, don’t make promises about what can’t or won’t be delivered” and “you can’t muck around with people with mental health issues”. Host agencies stressed the importance of:

- clearly explaining timeframes to clients, keeping to those timeframes, and if the timeframe blows out, getting back to client especially if the client needs to follow something up
- not raising clients’ expectations about ‘unwinnable’ or dubious cases
- being clear from the outset about the nature of the assistance that can be provided, for example, “If it’s *only* information, they (volunteer lawyers) need to communicate that early and effectively to the client.”

Host agencies generally commended the HPLC and the RCLC on adhering to ‘doing what they say they’ll do’ although some stressed the need to be even more explicit with their clients, particularly given they would be aware the person likely has mental health issues, is anxious and the legal matter will be impacting on other aspects of their life and wellbeing. Host agencies also therefore hoped that ‘things’ could be done (more) quickly for this target group, as explained by this representative:

Often clients lose contact while the case drags on. True it might be the creditor is taking a long time to reply but it needs to be more urgent with this target group.

Almost 70% of Team Leaders (n=13) agreed that volunteer lawyers’ capacity to undertake follow up work is critical to a successful clinic.

Related to this point is referring clients to Legal Aid or community legal centres for ‘ineligible’ HPLC and RCLC matters, or back to the host agency (with or without giving the host agency a ‘heads-up’) if, for example, the matter is not a legal matter. One volunteer lawyer noted however that “Not everyone knows where to refer to if it falls out of scope.”

When asked about how it makes them feel giving legal advice to homeless people, almost 70% of volunteer lawyers (n=87) reported they feel at ease about interacting with homeless people and giving legal advice. Three (3.4%) however indicated they feel confronted and around 20% indicated they find communication difficult, which impacts on them giving legal advice. Explanatory information from volunteer lawyers describes two contributing factors:

- the contrast between their current legal practice area and legal issues for the target group, for example, “A commercial/corporate lawyer isn’t well placed to deal with the issues that a homeless person has”, and
- challenges of providing legal advice to people who are substance affected, have intellectual disabilities and / or mental illness, for example, “Many of the clients I interact with have mental health issues or are affected by drugs which makes it challenging to give legal advice and ensure that it is understood.”

That volunteer lawyers and other visiting services feel and are safe is important to host agencies given that noise, rough exchanges and bad language could be

confronting or distracting to people not used to it. A 'safe and private working space' was also identified by 46.2% of Team Leaders (n=13) as a critical success factor for the HPLC model. At all clinics, it was advised that host agency workers remain close by and discretely monitoring behaviours as well as the interview in progress. No safety incidents have however been reported.

Over 50% of Team Leaders (n=13) agreed that understanding the areas of law affecting homeless people is critical to a successful clinic. They also noted the challenges of time limitations on taking instructions from clients, being confident clients understand the advice provided, patience and communication skills. Almost 80% (n=98) of volunteer lawyers reported they are 'fairly' through to 'very' confident that they give the best possible legal assistance.

Although host agencies offered suggestions about areas for up-skilling and knowledge development, most offered anecdotal evidence and observations about volunteer lawyers working very well with clients, their patience and interest. Ideas for training included Mental Health First Aid, Legal Aid Queensland guidelines, interview techniques, cross-cultural awareness, and working with aggressive and violent clients, people from different cultural backgrounds and women who have experienced domestic violence.

Host agencies also made a range of comments about volunteer lawyers' professionalism and respectful, while still challenging, interactions with clients. Many also commented that the volunteer lawyers seem to tailor their attire to the clinic. It was felt that a good balance was struck between looking, dressing and acting like a professional without appearing too business-like or unapproachable.

Case study 5 is a good example of the RCLC delivering quality outreach legal services targeted to the client's specific needs with a positive legal and social outcome that the client was unlikely to have otherwise experienced.

Case Study 5 - Mary

Mary was seriously assaulted by her former husband in Western Australian in 2008 and required significant (and repeated) surgery. She was diagnosed with Post Traumatic Stress Disorder and suffered serious damage to her left hand as a consequence of the assault. Mary could not work due to limited use of her hand but was responsible for the care of her three children. Mary was seeking assistance to submit an application to Victims Assist for criminal injuries compensation.

Mary's particular vulnerabilities (including mental health issues and language) were addressed by always having an interpreter available for telephone and face-to-face conferences. In addition, the RCLC volunteer lawyers had to be mindful that Mary became upset when she had to revisit the assault incident.

The assistance the RCLC provided included researching the process for applying for criminal compensation and the level of supporting detail required. The RCLC was able to have the fees waived for the multiple health and police reports needed to support the application. The RCLC also took a statement from Mary about the impact the injuries have had on her life. Mary was awarded \$75,000 in criminal injuries compensation (the maximum amount payable), which will supplement her welfare payments.

Persistent engagement with hard-to-reach clients

'Persistent engagement' or 'assertive outreach' refers to acknowledging that service providers are responsible to seek out and engage with clients in their own environments, rather than placing the onus on the client. It requires repeated, intensive, coordinated and flexible interactions. The particular issues for outreach legal services were explored by PILCH where they concluded that quality legal services are critical (see above *Providing quality legal assistance that takes account of clients' multiple and complex needs*) as well as other actions that increase engagement with this client group. The following were identified in respect of lawyers: their qualities and training, commitment to and actioning 'persistent engagement', getting multiple contacts for clients, giving clients their contact details, and a good relationship between the host agency and legal clinic (PILCH, 2010, p.1).

For QPILCH's HPLC, the reason for case closure is recorded in the Community Legal Service Information System. For files opened in 2009/10, 39.1% are not yet closed at November 2011. For files opened in 2010/11, 46.6% are not yet closed, which is understandable given that some files may only have recently been opened or matters may take some months to resolve. Cases are closed for a range of reasons including that the matter is resolved, the client is referred to another legal service or there are difficulties with locating or follow up with the client. Table 9 shows the main reasons why HPLC files opened in 2009/10 and 2010/11 were closed. Case closure because of difficulties keeping in contact with the client was recorded, to date, for 17.4% of 2009/10 files and 19.2% of 2010/11 files.

Table 9: Main reason for case closure of HPLC files opened in 2009/10 and 2010/11

	2009/10		2010/11	
	Number	Percent	Number	Percent
Referral	24	5.4	36	8.6
Resolved	158	35.7	99	23.5
Withdrawn	10	2.3	5	1.2
Advice given but client did not return to the clinic, insufficient evidence provided or no response from the client within a reasonable time	77	17.4	81	19.2
Rejected	3	0.7	4	0.9
Still open	173	39.1	196	46.6
	443	100	421	100

Almost 70% of Team Leaders (n=13) reported their firm had experienced difficulties keeping in contact with clients whose cases required follow up. Three reported 'no' and one was 'not sure'. One volunteer lawyer commented, "We consistently have difficulty reaching clients after work is undertaken and further instructions are required or to advise of positive developments." A volunteer lawyer commented, "As many are sleeping rough, the model of taking instructions

at the clinic and doing follow up work at the office often fails as the advice does not reach the client and return rates to next week's clinic are quite low.”

The following comments refer to approaches utilised to keep in contact with clients:

I try personal visits, not leaving long periods of time between contact, knowing their 'next move' eg. turning up at court on a day you know they have an appearance if you need them to sign something completely unrelated - you know they will be there! (Team Leader)

I've only had difficulties if no contact details are taken at the time from the client. (Team Leader)

One option that can help retain engagement of hard-to-reach clients and bring matters to closure is to liaise with host agency workers. This was of course described to one extent or another by stakeholders as occurring:

Unfortunately many of our clients do not return to the clinic to enable the matter to be finalised. Usually <name of host agency worker> will keep an eye out for a particular person and encourage them to return but other than that there is not much else we can do. (Team Leader)

Apart from having the details of a case worker, I am unsure what can be done. (Team Leader)

I really appreciated it that QPILCH rang to say that a woman (who was paranoid) had withdrawn from a case but her caseworker could encourage her as she would benefit and QPILCH would welcome seeing her again. (Host agency representative)

I make forward appointments with the client and if possible speak with their support person. (Team Leader)

As described above, the reality is that the host agency may not know about the legal matter and / or the client wants an independent, separate professional relationship. Only some host agencies are able to provide ongoing outreach to service users who have exited the host agency, and self-evidently at drop in services, contact relies on the service user dropping in. Given the importance of addressing legal issues, a continuum of liaison is required between QPILCH, volunteer lawyers and host agencies, with the client's knowledge and consent.

Some host agencies asserted that volunteer lawyers *should* liaise with them to ensure non-legal supports and because the matter is likely to be impacting on addressing the client's 'homelessness'. Over 45% of Team Leaders (n=13) identified 'access to the client's caseworker if and when needed' as a critical success factor for the HPLC model. Case workers envisaged their role as including explaining 'legal' letters to clients to help them understand the content of advice. To facilitate an agreed level of liaison, one agency suggested amending the HPLC and the RCLC intake forms to record the client's views about liaison with the host agency. While host agencies were generally supportive of a role for the host agency, two reservations were expressed:

- that the role might be exploited by HPLC and RCLC preferring to contact workers rather than 'difficult' clients

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- workload implications if the worker was used “too much” or “too often” as an intermediary.

One host agency commented that they advise the legal firm that they are closing a client’s case so the firm is aware that no additional personal supports are available to the client although the client can still use the agency’s phone and fax.

In any case, already stretched resources, some host agencies argued, preclude extensive worker involvement in client cases.

Consistent with PILCH’s (2010) findings, the following actions by volunteer lawyers were identified:

- liaison with the host agency to help ‘find’ clients or keep in touch with them
- liaison with the client’s case or support worker (with the client’s knowledge) if they have one and their contact details are available
- always trying to get multiple contact details for a client.

In such a critical area - offering outreach services to address civil legal issues that cause, contribute to or maintain homelessness - there is room for improvement to ensure repeated, intensive, coordinated and flexible efforts with clients.

Access to non-legal supports

Access to non-legal supports over a legal journey has also been identified as important in assisting homeless and other vulnerable clients to address legal issues. In addition to agency workers assisting with identifying legal issues, providing preliminary information and promoting legal services, other targeted supports (Karras et al, 2006; Forell et al, 2009; Forell et al 2005) include:

- providing practical assistance such as transport, court attire etc
- assisting clients to obtain or complete documents and gather information
- accompanying clients to court or other appointments
- explaining legal process or the advice provided
- facilitating referrals to other services
- advocating for the client, providing references etc
- assist clients with legal outcomes such as obtaining and staying on bail

Subject to available resources and knowledge about clients’ legal circumstances, host agencies agreed about the need to offer practical and other (non-legal) assistance to clients of the HPLC and the RCLC. The significance and nature of those supports is indicated by the following comments from host agency representatives:

The lawyer keeps the caseworker in the loop about matters in advance of things, for example, if the client needs to sign a letter or make it to court or help them (the client) manage their anxiety about court.

It can be a problem if case workers don’t get information or proactive updates from the solicitor. The client can’t explain *legal* things to the case worker, who then doesn’t know what’s happening, what’s been done, what needs to be done. We (case workers) just want to be contacted. Sometimes we need to know the outcome for effective casework and putting into case notes. It’s great when we’re kept up to date with the client’s permission, of course.

When asked about collaboration with caseworkers at host agencies, almost 85% of Team Leaders (n=13) rated it as 'good' or 'very good'.

Case study 6 demonstrates the criticality of the partnership between the client, host agency support workers and solicitors in delivering a successful legal and personal outcome.

Case study 6 - Kathy

Kathy contacted the HPLC through the Kyabra telephone legal clinic. She and her husband had been heroin addicts and had both successfully undergone detox and were determined to 'turn their lives around' for the sake of their children. At the time that Kathy contacted HPLC, she was dealing with a family law matter as her mother was claiming custody of her children.

Contact with the clinic occurred because criminal charges were brought against her following a police raid of the family home - failing to take reasonable care and precautions in respect of a syringe or needle and possessing utensils or pipes for use. There was some concern that, because Kathy was on probation at the time, she may be imprisoned if found guilty. In any event, a finding of guilty would not assist her in the family law matter or in her attempt to maintain her drug-free existence.

The HPLC initially assisted Kathy to adjourn her hearing date and to apply for Legal Aid (which was ultimately rejected). The HPLC then took the matter on: instructing a pro bono barrister, gathering evidence including statement taking and (with the barrister) representing Kathy in court.

The client's support worker from Kyabra played a crucial role in helping the HPLC address Kathy's legal issues. Kathy's initial contact with the clinic was facilitated by her social worker at Kyabra. Kyabra provided us with a venue where we could take a statement from Kathy's husband. They assisted the HPLC to liaise with Kathy and her husband to ensure their attendance at court and they provided a letter of support outlining Kathy's circumstances which became crucial evidence in the court case. Kyabra also assisted the HPLC to liaise with and obtain evidence from other services assisting Kathy (such as the Alcohol & Drug Service and Micah Projects which was assisting her with her family law matter).

The HPLC was successful in securing a finding of 'not guilty' on the charge relating to the syringe and amending the charge in respect of possessing utensils to the lesser charge which did not contemplate that the utensils were still to be used. Ultimately, Kathy was found 'guilty' of the latter charge but only fined \$200 (the fine being sent direct to SPER). Kathy was extremely pleased with the result which, in her words, allowed her to 'get on with fixing her life'.

Incorporating consumer perspectives in the service model

Black et al (2011, p.xx) assert that "accessible and effective services are those that incorporate consumer perspectives in the design of the service model and practice."

The HPLC is not just the outreach legal clinics. There is also the policy and advocacy work and the biennial art show which are undertaken in conjunction with service users at host agencies.

During 2011, for example, a suite of posters on legal issues for display at host agencies have been worked up with Roma House residents. When finalised, a celebration will officially 'handover' the posters to each host agency and recognise the efforts of those residents that worked with the HPLC. Development of the posters involved law students participating in long interviews with residents to gain a clearer understanding of the impact of trauma in the stories of homeless people and to better appreciate where and how policy and service delivery magnifies or addresses that trauma.

Another example involving consumers is developing and running Court Connect, where consumers are trained to deliver training and peer advocacy for the HPLC and Special Circumstances Court.

Every two years the HPLC, along with many dedicated volunteer lawyers, coordinates and hosts an art show where clients are invited to exhibit works. In 2011, the project included the RCLC, making it the *HPLC and RCLC Art Show*. Recognising the isolation experienced by many of our clients, the show aims to include marginalised groups in a setting which focuses on their artistic talents and in which they can engage with other community members on an equal footing. The theme for the 2011 show was "Adventures" and 45 artists contributed 89 pieces of art. The art was exhibited in the Riverside Centre foyer for a week, a venue which was kindly offered by Riverside Centre management free of charge. Thirty-five of the pieces were sold with all proceeds going to the artist. Host agencies spoke highly of the art show:

It was a very nice thing to come out of the relationship between MDA and QPILCH.

The art show builds on an existing good relationship. It's a positive activity for clients.

Outcomes for clients

Many examples were given by host agency representatives and volunteer lawyers in the case studies about positive outcomes for clients made possible through accessing the HPLC and the RCLC. Many are also profiled in Queensland Public Interest Law Clearing House Incorporated annual reports and HPLC newsletters, available from QPILCH's website. Each of the case studies presents a successful legal outcome with which the client was pleased and which was unlikely to have eventuated without the HPLC or the RCLC. Kathy's story (Case study 6), for example, relied on some fairly sophisticated legal argument and the same result would not have been achieved if Kathy was unrepresented. She had applied to Legal Aid but was rejected. Similarly, the result for Mary (Case study 5) in terms of victim compensation was extremely good and allows Mary to live comfortably with her injuries and associated trauma. Over 60% of Team Leaders (n=13) agreed that the HPLC 'often' effectively improves the legal position of clients. Over 30% thought it 'sometimes' improved clients' legal position.

Clients also however experience personal achievements and changes from accessing the clinics such that regardless of the legal outcome, they report feelings of social inclusion and satisfaction from receiving the services and being

treated with respect. Rachel's story (Case study 1) is a good example of this in that the mediation encouraged Rachel to think differently about police. Providing quality, accessible, outreach legal services in itself can deliver positive client outcomes.

Forell et al (2009) assert that effective outreach legal services are those that:

- reach disadvantaged people with complex needs and enhance their access to legal services
- provide the range of legal assistance services that the target group needs
- improve client circumstances by addressing legal issues
- provide clients who have out-of-scope legal issues with information and / or referral to appropriate services
- improve clients' self-esteem and confidence about seeking legal advice in future
- prevent legal issues escalating in seriousness
- reduce anxiety and stress associated with outstanding legal issues, for example, debt

The above were clearly evidenced through the evaluation, for example:

- range and number of legal issues with which clients present
- compared with PILCH, lower level of cases closed due to not being able to maintain contact with the client
- range of legal assistance provided (eg. advice, letters, research, representation etc)
- low level of complaints or dissatisfaction made to host agencies about the HPLC or the RCLC, and as host agencies stated, this client group do not resile from complaining, "You'd hear about it if there was an issue"
- clients reportedly appreciating the opportunity to explore legal remedies and options so as to make an informed decision, even if they do not pursue a matter, for example, a host agency stated, "It's still a good outcome if someone with legal skills has looked at it, every avenue, and nothing can be done"
- clients report to host agencies and / or are observed to feel calmer and hopeful after seeing a volunteer lawyer, "Clients feel supported by the legal advice that's given. They've got increased confidence from the advice and skills to tackle legal issue like DV or housing"
- clients feel they direct their engagement with the legal clinic, which they often see as separate to their engagement with the host agency

When reflecting on outcomes for clients, host agency representatives felt there had definitely been positive outcomes, 'legally' and personally, for clients. Host agencies gave a number of examples of their satisfaction about positive outcomes for clients with impaired decision-making or other vulnerabilities that had been exploited to get the person into the legal problem. This was particularly the case with credit card and contract (eg. mobile phones, gym, pay TV etc) debt.

CONCLUSION

From its inception in late 2002 to 30 June 2011, 2,683 HPLC files have been opened with an estimated pro bono contribution from partner legal firms in excess of \$8.67 million. Since its inception in August 2007, 136 clients have been assisted by the RCLC, with the estimated pro bono contribution from the partner legal firm of over \$423,000 during 2010/11. Legal assistance is predominantly provided with criminal, debt, tenancy, personal injury and family law matters.

The provision of free outreach legal services to homeless people and those at risk of homelessness delivers on Queensland and Commonwealth government policy commitments around improving service provision and coordination, and engaging with legal services.

The feedback received through the evaluation was generally very positive and demonstrated the many factors identified in research about effective outreach legal services to homeless people, those at risk of homelessness and other marginalised populations.

There are similarities and differences in how the HPLC model is implemented at each location, however the following successful features were identified through the evaluation as contributing to its success:

- that free outreach legal services are available to homeless people, those at risk of homelessness, and refugees, humanitarian entrants and asylum seekers who have been in Australia for less than 5 years
- that civil legal needs of vulnerable and marginalised people are identified and addressed
- delivery of legal services is integrated with services with which the target group already has a connection
- a significant level of pro bono resources is harnessed from private legal firms and community legal centres to deliver the free legal services
- the value placed by volunteer lawyers and Team Leaders from private legal firms on 'giving back' to the community
- QPILCH's capacity to leverage other pro bono services for the target group, for example, tax advice
- full legal representation is available
- a good fit with each host agency's service model and the attention paid to the HPLC being targeted to the diversity within the "homeless" population (eg. young people, women escaping domestic violence and Aboriginal and Torres Strait Islander people)
- the engagement of a Townsville-based Support Coordinator to support the Townsville-based clinics
- good relationships between host agencies and the HPLC and the RCLC
- successes achieved through policy, law reform and advocacy work
- professional, respectful and approachable interactions by volunteer lawyers with clients
- learning from the clinics and the working with host agencies and clients to undertake policy, advocacy and law reform work relevant to homeless and marginalised people

Areas in which there is room for attention:

- fostering consistency and shared understanding about the areas of law for which legal assistance is available through the HPLC and the RCLC
- ensuring consistency and shared understanding about the nature of the legal assistance provided through the HPLC and the RCLC (i.e. not just advice and information about HPLC and RCLC legal matters)
- exploring avenues to increase clients' access to advice or information relating to criminal and family law matters
- branding of the HPLC so that it is marketed consistently across host agencies
- exploring options for an agreed and appropriate level of liaison between host agency case or support workers, volunteer lawyers and the HPLC and the RCLC to ensure clients get the non-legal supports they need and to help keep contact with clients
- promoting volunteer lawyers' interaction with host agency workers and service users when attending a clinic
- periodically circulating details to host agencies about usage, areas of law etc about the clinic at their service
- providing host agencies with information about the HPLC and the RCLC and relevant civil law matters for use in staff induction, service user induction and publications
- exploring options to utilise the idea and content of the Legal Health Check to assist case workers with identifying the range of new service user's needs and, where resources permit, adaption for use at other clinics

Overall, the evaluation found that the HPLC and the RCLC operate well delivering identified client outcomes to homeless people, those at risk of homelessness and refugees, humanitarian entrants and asylum seekers who have been in Australia for less than five years through the provision of pro bono legal assistance and advocacy.

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APPENDIX A

HOST AGENCIES, CLINIC TIMES AND DETAILS, LEGAL FIRMS AT NOVEMBER 2011

HOST AGENCY	DESCRIPTION	CLINIC TIME & DETAILS	LEGAL FIRMS
Anglican Women's Hostel	AWH provides short accommodation for up to 3 months to up to 14 adult women who are, or at risk of, homelessness, and outreach services to past residents.	Fortnightly Tuesday 10am-11am Residents only Commenced 2004	Allens Arthur Robinson
Brisbane Homelessness Service Centre	Through a mix of co-located and visiting services, BHSC offers information, support, advocacy, health, recreational and employment services to individuals and families who are homeless or might be without support, with the aim of identifying sustainable solutions.	Tuesday 9.30am -11 am By appointment From 2002 provided at Ozcare. Commenced at BHSC in 2006	Murphy Schmidt Blake Dawson
Brisbane Youth Service Inc	Programs, case management and drop in services for homeless or disadvantaged 12 to 26 year olds and their children in inner-city Brisbane.	Wednesday 1pm– 3 pm Drop-in Provided at the Red Cross Night Café but when closed in 2008, clinic moved to BYS	Mallesons Stephen Jacques Holding Redlich
Kyabra Phone Clinic	Kyabra Community Association offers community, disability support, housing support, out of home care and other supports to individuals and families. The phone clinic is targeted to HomeStay Support Service and supported accommodation clients.	Tuesday 2pm-4pm By appointment A phone clinic from Pathways to Prevention at Inala from 2006. Commenced in 2007 through Kyabra	Dibbs Barker

Mission Australia Café One on Wickham	Support, services and reduced cost meals to homeless and marginalised people.	Thursday 9am -11am Drop-in Commenced in December 2002	HWL Ebsworth Minter Ellison
Mission Australia Roma House	Short term accommodation and intensive supports to adult women and men	Thursday 9.30am - 11.30am Residents only Commenced in 2009	Freehills
New Farm Neighbourhood Centre	NFNC offers a range of drop-in services, the Tenant Advice and Advocacy Service (TAAS) and HART 4000.	Fortnightly Tuesday 10am-1am By appointment or drop-in on the day HART4000 HPLC commenced in 2006 and moved to NFNC in 2009	Allens Arthur Robinson
Salvation Army Pindari Men's Hostel	Crisis accommodation for adult males who are homeless or disadvantaged.	Tuesday 9.30 am-10.30am Residents only Commenced 2003	Clayton Utz
Salvation Army Pindari Women's Hostel	Crisis accommodation for adult females who are homeless or disadvantaged.	Residents only Commenced 2005, will re-commence in January 2012, through Clayton Utz	
West End Community House (WECH) 4AAA Kiosk	WECH offers a wide range of services and activities for local residents. The Clinic is provided as an outreach program at the 4AAA Kiosk at Boundary Street Community Park. If the weather is poor or the park cannot be used, the clinic operates from WECH.	Friday 12.30-1.30 pm Drop- in Commenced 2003	McCullough Robertson McInnes Wilson

The Basement Toowoomba	The Basement offers a free drop-in lunchtime meal to those in need in Toowoomba, as well as access to visiting services	Wednesday 11-12.30 Drop-in Commenced 2007	Debbie Richards (Shannon Donaldson Province Lawyers) Kathy Walker (Walkers Solicitors) Andrew Braithwaite (Hede Byrne & Hall) Pat Hall (Hede Byrne & Hall) Craig Burgess (University of Southern Queensland) Catherine Cheek (Clewett Lawyers) Ken Parry (MacDonald Law Toowoomba) Bill Munro (Trilby Misso Toowoomba)
South Townsville Drop-in Centre	STDIC offers free meals, other drop in services and programs for homeless, unemployed and disadvantaged people in Townsville	Wednesday 11am-12.30pm Drop in Commenced 2008	Townsville Community Legal Service Connolly Suthers Ruddy Tomlins & Baxter Boulton Cleary Kern Chris Mills MacDonnell Law
The Women's Centre, Townsville	The Women's Centre offers free counselling to all women including related to sexual assault, domestic violence and homelessness	Wednesday 2pm-3pm Drop in Commenced 2008	Roberts Nehmer McKee North Queensland Women's Legal Service Aboriginal and Torres Strait Islander Women's Legal Service NQ
RCLC – Multicultural Development Association	Community development, advocacy, client services to people from diverse ethnic and cultural backgrounds in Brisbane	Fortnightly Monday 2pm-4pm By appointment Commenced 2007	Corrs Chambers Westgarth

APPENDIX B

VOLUNTEER LAWYER AND CASE WORKER TRAINING IN 2010/11

Continuing Legal Education training

DATE	HOST	TOPIC
July 2010	Corrs Chambers Westgarth	Commonwealth Ombudsman
August 2010	Freehills	Debt matters in detail
September 2010	Blake Dawson	Workers compensation - QCOMP and the Return to Work Assist Program
October 2010	HWL Ebsworth	HPLC and RCLC precedents and procedures
November 2010	Murphy Schmidt	The State Ombudsman
March 2011	McCullough Robertson	Queensland Dispute Resolution Centre
April 2011	Clayton Utz	Tenancy issues
May 2011	Mallesons Stephen Jacques	Legal Aid Queensland - What LAQ funds and what the FACT does

Case Worker training

DATE	HOST	TOPIC
March 2011	Commonwealth Ombudsman	Legal basics

Topics included in Legal basics: debt issues, tenancy issues, making good complaints, special circumstances court

Electives in Legal basics: child protection, discrimination, family law and domestic violence, mental health law, child safety